

Application for Rental - Gainesville Real Estate Management Co.

Please have each resident submit a separate application.

Date Completed _____

Please Tell Us About Yourself

NAME OF APPLICANT		DATE OF BIRTH	SOCIAL SECURITY #		DRIVER'S LICENSE #	
NAME OF SPOUSE		DATE OF BIRTH	SOCIAL SECURITY #		DRIVER'S LICENSE #	
APPLICANT'S PRESENT ADDRESS		CITY	STATE	ZIP	TELEPHONE #	
PRESENT ADDRESS IS: <input type="checkbox"/> OWN HOME <input type="checkbox"/> PARENTS' HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> STUDENT HOUSING					MONTHLY PAYMENT	HOW LONG?
<i>IF RENT:</i> PRESENT LANDLORD OR APARTMENT COMMUNITY / <i>IF OWN:</i> NAME OF BANK OR MORTGAGE COMPANY, ADDRESS						
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / BANK / MORTGAGE COMPANY			CITY	STATE	ZIP	TELEPHONE #
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS)			CITY	STATE	ZIP	TELEPHONE #
HAVE YOU LIVED IN A GAINESVILLE REAL ESTATE COMMUNITY BEFORE?		WHICH ONE?			WHEN?	
LIST ALL OTHER PERSONS TO OCCUPY APARTMENT 1 ROOMMATE(S) 1 CHILD(REN)						
MAKE OF CAR	YEAR	LICENSE #	STATE	OTHER VEHICLES (TRUCK, BOAT, MOTORCYCLE)		
				1.		
MAKE OF CAR	YEAR	LICENSE #	STATE	2.		
PETS: (KEEPING OF PETS REQUIRES A PET DEPOSIT AND OWNER'S CONSENT)				BREED	WEIGHT	AGE
NAME OF NEAREST RELATIVE			ADDRESS			TELEPHONE #
E-MAIL ADDRESS						

Please Tell Us About Your Job

NAME OF APPLICANT'S EMPLOYER		TYPE OF WORK		SUPERVISOR	HOW LONG?	
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME	TELEPHONE #
FORMER EMPLOYER OR 2 ND JOB		TYPE OF WORK		SUPERVISOR	HOW LONG?	
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME	TELEPHONE #
NAME OF SPOUSE'S EMPLOYER		TYPE OF WORK		SUPERVISOR	HOW LONG?	
SPOUSE'S WORK ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME	TELEPHONE #
OTHER SOURCES OF INCOME		AMOUNT		WHEN RECEIVED		

Please Give Us The Following Information

Why are you leaving your present residence? _____

Have you previously been arrested for ANY criminal offense? Yes No If yes, give details and dates: _____

Any litigation, such as: evictions, suits, judgements, bankruptcies, foreclosures, etc? Yes No If yes, give details and dates: _____

In case of emergency, notify _____ Telephone # _____

Street Address _____ City _____ State _____ Relationship _____

Please Read Carefully and Sign Below

Authorization of Release of Information - Applicant represents that all of the above statements are true and complete. Applicant hereby authorizes verification of above information, references and credit records, and applicant releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of deposits and may constitute a criminal offense under the laws of this State. Applicant agrees to the terms of the "Application Deposit Agreement" below.

Application Deposit Agreement - Applicant has deposited the total sum of \$ _____ (hereinafter referred to as "Application Deposit"), in consideration for Owner taking the dwelling unit off the market while considering approval of this application. Of this sum, the amount of \$ _____ is the Processing Fee used to process the application. The Processing Fee is non-refundable. The balance of The Application Deposit is \$ _____. If Applicant is approved by Owner and the contemplated lease is entered into, The Application Deposit shall be credited to the security deposit and/or redecoration fee, whichever is applicable. If Applicant notifies Owner that Applicant wishes to withdraw this Application prior to approval, or if Applicant is approved, but fails to promptly enter into the lease, The Application Deposit shall be forfeited to Owner. The Application Deposit (less Processing Fee) shall be refunded only if Applicant is not approved. This application is preliminary only and does not obligate Owner or Owner's agent to execute a lease or deliver possession of the proposed premises.

Property _____ Apartment # _____ Apartment type _____ Anticipated move-in date _____ Lease term _____

Total application deposit due _____ -Paid with application _____ +Balance of deposit due _____ +Lease amount _____ +Total due before move-in _____ Received by _____

I have read and agree to the provisions as stated.

Applicant's signature _____

Spouse's signature _____