

Application for Rental

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?		
IF RENT: PRESENT LANDLORD OR APARTMENT COMMUNITY / IF OWN: NAME OF BANK OR MORTGAGE COMPANY					
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 #
NAME OF PERSONAL REFERENCE		ADDRESS			TELEPHONE #

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		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 Your Bank and Credit References

BANK NAME	ADDRESS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	ACCOUNT #
BANK NAME	ADDRESS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	ACCOUNT #
CREDIT REFERENCE NAME	ADDRESS	<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> LOAN	ACCOUNT #
CREDIT REFERENCE NAME	ADDRESS	<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> LOAN	ACCOUNT #

Please Give Us The Following Information

How far away do you work? _____ miles

Why are you leaving your present residence? _____

Have you previously been convicted of 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

Correct 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 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. If applicant is approved by Owner and the contemplated lease is entered into, the "application deposit" shall be credited to the required security deposit. If Applicant notifies the Owner that Applicant wishes to withdraw this Application for Rental prior to approval, or if Applicant is approved, but fails to promptly enter into the contemplated lease, the application deposit shall be forfeited to Owner. The application deposit will be refunded only if Applicant is not approved. Keys will be furnished only after contemplated lease and other rental documents have been properly executed by all parties, and only after applicable rentals and security deposits have been paid. 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.

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

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 _____

Guarantor _____

Gainesville Real Estate Mgmt. Acct #7812

Release of Information & Authorization for Verification of Application

Unmarried Co-Applicants Fill Out A Separate Application. Do not leave any blank spaces. Please use black ink

Name _____ **SS#** - - _____ **DOB** / /
Last First MI Jr. Sr., Prior

Spouse _____ **SS#** - - _____ **DOB** / /
Last First MI Maiden

Present Address _____
Street Apt. # City State Zip Code

Please provide a previous address if you have lived at your current address for less than 24 months

Previous Address _____
Street Apt. # City State Zip Code

Have you ever had an eviction filed or left owing money to an owner or landlord?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you applied for residency in the past 2 years, but did not move in?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you ever had adjudication withheld or been convicted of crime?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

If you have answered yes to any of the above questions please explain the circumstances regarding the situation on back of this sheet.

AUTHORIZATION OF RELEASE OF INFORMATION Applicant(s) represents that all of the above information and statements on the application for rental are true and complete, and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. This application must be signed before it can be processed by management **Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State.**

NON-REFUNDABLE APPLICATION FEE - Applicant(s) agree to pay \$ _____ for a non-refundable application processing fee.
RESERVATION FEE AGREEMENT - Applicant has paid a "reservation fee" of \$ _____ in consideration of taking the dwelling unit off the market while considering the approval of this application. If applicant(s) is approved and the contemplated lease is entered into, then on the day of move in the fee will be credited towards payment of the security deposit amount of \$ _____. If the applicant(s) is approved but fails to promptly enter into the contemplated lease or fails to move in on the agreed upon date, the reservation fee will be retained by owner as liquidated damages. The reservation fee will only be refunded if the applicants cancel this application with written notice within _____ hours, or if application is not approved; refunds will be sent via mail within 30 days of cancellation. 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. No oral agreements have been made.

Applicant's Signature

Date

Spouse's Signature

Date