

APPLICATION FOR RESIDENCY

Renter Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

First Middle Last

Driver's License: # \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail \_\_\_\_\_

Vehicle Info: Year/Make/Model: \_\_\_\_\_ Tag #/State: \_\_\_\_\_ Color: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_

Street Apt# City State Zip Code

Dates (From/To): \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Type of Unit: Apt./House/Condo/Dorm/Other \_\_\_\_\_

Present Landlord/Mortgage Co. Name and Phone Number \_\_\_\_\_

Contact Person: \_\_\_\_\_ Rent/Own (Circle) Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Street Apt# City State Zip Code

Dates (From/To): \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Type of Unit: Apt./House/Condo/Dorm/Other \_\_\_\_\_

Previous Landlord/Mortgage Co. Name and Phone Number \_\_\_\_\_

Contact Person: \_\_\_\_\_ Rent/Own (Circle) Reason for Moving: \_\_\_\_\_

Parental/Next of Kin Info. -Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Street Apt# City State Zip Code

Income Info: Annual Salary\* (Including fees, tips, commissions, bonuses) \_\_\_\_\_
Additional Annual Income\* (Child support, grants, parental support, student financial aid, etc.) and Source \_\_\_\_\_ + \_\_\_\_\_
Total Amount of Assets (Investments, Savings, Real Estate Holdings, etc.) + \_\_\_\_\_
Annual Income from Assets (Rents, Dividends, Interest, etc) + \_\_\_\_\_

Total Anticipated Annual Income = \_\_\_\_\_

\*If self employed, Renter agrees to furnish last 2 years tax returns as verification of income. Renter agrees that any additional income claimed must be supported by documentation to verify income. If income is unverifiable, it will not be credited for approval purposes.

The undersigned warrants and represents that information on this Application is true and correct. All persons/firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequence resulting from such information. Mgt. is hereby authorized to verify the information supplied above including checking credit records, current employment status and rental history with any previous or current landlord in order to process this application/lease. The undersigned applicant hereby authorizes Mgt. to release any and all information contained in this application on behalf and for the benefit of the undersigned applicant. If references provided do not verify positive or cannot be checked due to missing or incorrect information, Mgt. may, at its sole option, void lease. Some communities require a signed Unconditional and Continuing Guaranty. Applicant has 10 days from the date the lease is signed to return the signed Guaranty form or Mgt. may, at its sole option, void lease and applicant will forfeit all deposits. If application is denied for any reason, other than applicant fulfilling the guaranty requirement, Mgt will refund all deposit monies and fees, excluding a \$35 application fee. Renter initials: \_\_\_\_\_

Have you ever been arrested, charged or convicted of a crime? \_\_\_\_\_ Yes \* \_\_\_\_\_ No
\*If yes, please explain what, where, why? \_\_\_\_\_

Are you a registered sex offender or sexual predator? \_\_\_\_\_ Yes \_\_\_\_\_ No
\*\*\*Failure to divulge such information could be grounds for automatic denial of application for residency.

Applicant's Printed Name Applicant's Signature Date

How did you hear about us? (Please Check)

- \_\_\_ Paradigm Apt. Guide
\_\_\_ Apt. Hunters Referral
\_\_\_ Apt. Finders Referral
\_\_\_ Leasing Connection
\_\_\_ Rental Guide
\_\_\_ Newspaper: (circle one) Gainesville Sun or The Alligator
\_\_\_ Internet
\_\_\_ Signage
\_\_\_ Resident/Friend Referral \*\*name of person who referred you: \_\_\_\_\_
\_\_\_ Yellow Pages
\_\_\_ Other (Please List) \_\_\_\_\_

FOR OFFICE USE ONLY:

Management Approval / Denial of Application: Initials: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_