

APPLICATION FOR RENTAL CONTRACT

DATE COMPLETED _____ (EACH CO-RESIDENT MUST SUBMIT SEPARATE APPLICATION)

This information is sought to assure the most responsible residents possible and to assist the management in case of emergencies. Your cooperation is appreciated.

Applicant's full name		Present home phone	Date of birth (M/D/Y)	Sex F <input type="radio"/> M <input type="radio"/>
Present street address		City	State	Zip
Apartment name		Apt. #	Move-In date	
Name of above property owner or apartment manager		Phone		
Previous street address		City	State	Zip
Apartment name		Apt. #	Move-out date	
Name of above property owner or apartment manager		Phone		
Marital status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Windowed <input type="checkbox"/> Separated <input type="checkbox"/>				
Social Security #		Driver's License#	State	
List all persons to be occupying the premises (including children, relatives, and other occupants)				
Name		Age	Relationship	
Name		Age	Relationship	
Name		Age	Relationship	
List all vehicles to be parked on the premises by applicant, spouse, or children (cars, trucks, recreational vehicles, motorcycles, trailers, boats)				
Type vehicle		Year	License #	State
Type vehicle		Year	License #	State
Will you or the other occupants have a pet? YES <input type="radio"/> NO <input type="radio"/>		Kind, weight, breed, and age		
IN CASE OF EMERGENCY, NOTIFY (Name of the person)			work phone	Home phone
Street address		City/State/Zip		Relationship
Present employer		Address		City/State
Kind of work		How long	Work Phone	
Monthly income \$	Supervisor's name		Supervisor's phone	
Previous employer (immediately before above)		Address		City/State
Kind of work		How long	Work Phone	
Monthly income \$	Supervisor's name		Supervisor's phone	
Spouse's full name		Date of birth	SEX F <input type="radio"/> M <input type="radio"/>	
Spouse' Social Security #		Driver's License #	State	
Spouse's present employer		Address		City/State
Monthly income \$	Supervisor's name		Supervisor's phone	
Why are you leaving your present residence?				
Have you or your spouse ever been evicted? YES <input type="radio"/> NO <input type="radio"/>		Broken a rental lease contract? YES <input type="radio"/> NO <input type="radio"/>		Declared bankruptcy? YES <input type="radio"/> NO <input type="radio"/>
Been sued for nonpayment of rent or damages to rental property? YES <input type="radio"/> NO <input type="radio"/>		Been convicted of a felony? YES <input type="radio"/> NO <input type="radio"/>		

How were you referred to us? Just dropped by: _____ Friend (name) _____ Publication (name) _____
 Rental agency (name): _____ Other: _____

CORRECT INFORMATION - Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references, criminal history records and credit record. Applicant acknowledges that false 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 PROCESSING FEE-Applicant agrees to pay \$ _____ for a non-refundable application processing fee.

Apt. No. _____ Apt. Type _____ Anticipated Move-In Date _____ Term of Lease _____

IF APPLICANT IS APPROVED:

Total Security Deposit \$ _____ DATE: _____

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED.

(SECURITY DEPOSIT NON -REFUNDABLE IF CANCEL AFTER 72 HOURS)

INITIALS _____

Applicant's Signature _____

Received by: _____

Spouse 's Signature _____

DATE: _____

SUMMERSET AT INTERNATIONAL CROSSING

5900 CASA DEL REY CIRCLE

ORLANDO, FL 32809

PHONE 407-351-5111

ADDENDUM TO APPLICATION FOR RESIDENCY

J & F MANAGEMENT GROUP will be verifying the credit status and running a criminal record check on all applicants applying for residency in this apartment community over the age of 18.

Any felony convictions, including those resulting in probationary status, will be grounds for denial of residency.

Only those persons applying for occupancy, having submitted the required paperwork, may occupy this apartment if approved by management. An authorized exception is made for the tenants' guests for a term of seven days. Any unauthorized persons occupying the apartment will be asked to immediately vacate the premises. Failure to comply with this policy will result in eviction of all occupants of the apartment.

THIS NEW POLICY IS BENEFICIAL TO OUR APARTMENT COMMUNITY, OUR RESIDENTS, AND GUESTS. IT WILL BE STRICTLY ENFORCED. YOUR COOPERATION AND ASSISTANCE IS APPRECIATED.

I have read and agree to the provisions as stated:

DATE

APPLICANT

DATE

APPLICANT