

# THE FLATS

AT AVALON PARK

3821 Avalon Park East Blvd.  
Orlando, Florida 32828  
407.273.4337 Fax 407.273.1733  
www.TheFlatsAtAvalonPark.com

## FOR OFFICE USE ONLY:

APT. NO. \_\_\_\_\_ APT. TYPE \_\_\_\_\_ MONTHLY RENT \_\_\_\_\_  
APP. RECEIVED \_\_\_\_\_ LEASE DATES \_\_\_\_\_  
CONCESSION \_\_\_\_\_ LEASING CONSULTANT \_\_\_\_\_

EACH APPLICANT MUST BE 18 YEARS OF AGE OR OLDER AND MUST SUBMIT SEPARATE APPLICATIONS. MARRIED RESIDENTS SUBMIT A JOINT APPLICATION.  
FILL IN ALL SECTIONS COMPLETELY USING N/A WHEN APPLICABLE. THANK YOU FOR UNDERSTANDING THAT WE DO NOT ACCEPT CASH

## APPLICATION FOR RESIDENCY

PERSONAL INFORMATION

DATE OF APPLICATION \_\_\_/\_\_\_/\_\_\_ DESIRED MOVE-IN DATE \_\_\_/\_\_\_/\_\_\_ DESIRED LEASE TERM \_\_\_ MONTHS  
 APPLICANT'S NAME \_\_\_\_\_  
 PRESENT ADDRESS \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_ PHONE#(\_\_\_\_) \_\_\_\_\_  
 MARITAL STATUS \_\_\_\_\_ DRIVERS LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_  
 SPOUSE'S NAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
 SPOUSE'S DRIVER'S LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
 LIST ALL OTHER OCCUPANTS:  

Name	Date of Birth	Relationship	Name	Date of Birth	Relationship

 WHAT ATTRACTED YOU TO OUR COMMUNITY? \_\_\_\_\_  
 PERSON OR COMPANY WHO REFERRED YOU TO OUR COMMUNITY? \_\_\_\_\_  
 DO YOU OWN ANY PETS? \_\_\_ YES \_\_\_ NO IF SO, HOW MANY? \_\_\_\_\_ TYPE/BREED \_\_\_\_\_ WEIGHT \_\_\_\_\_  
 WILL YOU BE NEEDING A SMOKE DETECTOR FOR THE HEARING IMPAIRED (VISUAL DETECTOR)? \_\_\_ YES \_\_\_ NO

EMERGENCY CONTACTS

EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE# \_\_\_\_\_  
 2ND EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

RESIDENT HISTORY

**PLEASE PROVIDE RESIDENT HISTORY FOR THE PREVIOUS 2 YEARS (ATTACH ON A SEPARATE PAPER IF NEEDED)**  
 PRESENT LANDLORD/MANAGER \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 DATES (MO/YR): FROM \_\_\_\_\_ TO \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_  
 RENT OR OWN \_\_\_\_\_ IF HOME, MORTGAGE CO & LOAN # \_\_\_\_\_  
 REASON FOR MOVING \_\_\_\_\_  
 PREVIOUS ADDRESS \_\_\_\_\_  
 PREVIOUS LANDLORD/MANAGER \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 DATES (MO/YR): FROM \_\_\_\_\_ TO \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_  
 RENT OR OWN \_\_\_\_\_ IF HOME, MORTGAGE CO & LOAN # \_\_\_\_\_  
 REASON FOR MOVING \_\_\_\_\_  
 HAVE YOU AND/OR INTENDED OCCUPANTS EVER BEEN SUED FOR NON-PAYMENT OF RENT? \_\_\_ YES \_\_\_ NO  
 BEEN SUED FOR DAMAGE TO RENTAL PROPERTY? \_\_\_ YES \_\_\_ NO BROKEN A RENTAL AGREEMENT OR CONTRACT? \_\_\_ YES \_\_\_ NO  
 BEEN EVICTED FROM ANY LEASED PREMISES? \_\_\_ YES \_\_\_ NO LEFT A LEASED PREMISIES OWING MONEY TO OWNER OR LANDLORD? \_\_\_ YES \_\_\_ NO  
 IF ANY MARKED YES, EXPLAIN: \_\_\_\_\_

EMPLOYMENT

PRESENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE NO. \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ EMPLOYED SINCE \_\_\_\_\_ SUPERVISOR'S FAX NO. \_\_\_\_\_  
 PREVIOUS EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE NO. \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_ SUPERVISOR'S FAX NO. \_\_\_\_\_  
 SPOUSE'S EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE NO. \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ EMPLOYED SINCE \_\_\_\_\_ SUPERVISOR'S FAX NO. \_\_\_\_\_

INCOME

\*MONTHLY GROSS SALARY (Including Fees, Tips, Commissions and Bonuses) + \_\_\_\_\_  
 SPOUSE'S MONTHLY GROSS SALARY (Including Fees, Tips, Commissions and Bonuses) + \_\_\_\_\_  
 \*\*ADDITIONAL MONTHLY INCOME (Child Support, etc.) + \_\_\_\_\_  
 Source \_\_\_\_\_ Total= \_\_\_\_\_

\*IF SELF EMPLOYED, A NOTARIZED STATEMENT FROM YOUR CPA OR ATTORNEY FOR THE AMOUNT OF INCOME YOU EXPECT TO RECEIVE AND A COPY OF LAST TWO YEARS TAX RETURN

\*\*YOU MUST FURNISH US WITH A NOTARIZED STATEMENT OF THIS INCOME.

YEAR & MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ TAG NO & STATE \_\_\_\_\_ REGISTERED TO \_\_\_\_\_  
 YEAR & MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ TAG NO & STATE \_\_\_\_\_ REGISTERED TO \_\_\_\_\_

BOATS, COMMERCIAL VEHICLES, CAMPERS, RV'S, RECREATIONAL EQUIPMENT AND HITCHED TRAILERS CANNOT BE STORED ON COMMUNITY PREMISES.

HAVE YOU OR YOUR INTENDED OCCUPANT(S) EVER BEEN CONVICTED OF AND/OR PLED "GUILTY" OR "NO CONTEST" TO ANY FELONY REGARDLESS OF WHETHER SUCH ACTION RESULTED IN JAIL OR PRISON TIME SERVED AND/OR DEFERRED ADJUDICATION?  
 \_\_\_ YES \_\_\_ NO (SPOUSE) \_\_\_ YES \_\_\_ NO

HAVE YOU OR YOUR INTENDED OCCUPANT(S) EVER BEEN CONVICTED OF AND/OR PLED "GUILTY" OR "NO CONTEST" TO ANY MISDEMEANOR INVOLVING THEFT, BURGLARY, PORNOGRAPHY, PHYSICAL ASSULT, INDECENT EXPOSURE, SEXUAL MOLESTATION AND/OR ANY UNLAWFUL CONDUCT INVOLVING A MINOR, REGARDLESS OF WHETHER SUCH ACTIVITY RESULTED IN JAIL OR PRISON TIME SERVED AND/OR DEFERRED ADJUDICATION?  
 \_\_\_ YES \_\_\_ NO (SPOUSE) \_\_\_ YES \_\_\_ NO

If marked yes to any of the above criminal history questions submit a written explanation on a separate piece of paper along with this application.

**THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY MANAGEMENT.**

TITLE VII of the CIVIL RIGHTS ACT OF 1968 and subsequent amendments make discrimination based on race, color, religion, sex, familial status, handicap or national origin illegal in connection with the rental of most housing. The Federal agency which administers compliance with this law concerning the Department of Housing and Urban Development. The Federal EQUAL CREDIT OPPORTUNITY ACT prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal agency which administers compliance with this law is the Equal Credit Opportunity, Federal Trade Commission, Washington, D.C. 20580.

Applicant has submitted the sum of \$ \_\_\_\_\_ (Doc# \_\_\_\_\_ Paid \_\_\_/\_\_\_/\_\_\_) which is **NON-REFUNDABLE** payment for application fee. Such sum is not a rental payment or a security deposit. This amount will be retained by management to cover the cost of processing this application.

I hereby deposit the following with the management as a good faith deposit and fees in connection with this application for residency.

	Amt. Paid	Date Paid	Doc#
Good Faith Deposit	\$ _____	_____	_____
Redecoration Fee	\$ _____	_____	_____
Non-Refundable Pet Fee	\$ _____	_____	_____
<b>Pet Deposit</b>	\$ _____	_____	_____

If my application is accepted, I understand the good faith deposit and per deposit will become my refundable security deposit upon meeting the terms of the lease and community policies, rules, and regulations. If, for any reason Management decides to reject my application then Management will refund this good faith deposit and the non-refundable fees, excluding the application fee, to me in full. If this application is approved, and I fail to occupy the premises on the agreed upon date, except for the delay caused by the holding over of prior resident and if I do not notify Management of my intent to cancel in writing within 48 hours of this application I understand that Management will assess damages against the deposit for the amount of rent lost or expenses incurred due to my cancellation. As these costs are difficult to ascertain I agree to forfeit the good faith deposit as liquidated damages for the apartment agreed to occupy. The fact that we perform criminal background checks does not mean that our residents and occupants have no prior or current criminal history and we cannot and do not guarantee that this community and its residents are free from crime. Verification of accuracy of information supplied to or made available to us by applicant(s) and credit or criminal reporting service is limited. Applicant(s) 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. It is understood that this application is made in good faith for residency at The Flats at Avalon Park.

I/We, the undersigned applicant(s), warrant and represent the information on this application for residency is true and correct and that I/We am/are 18 years of age or older and that Management/Owner is authorized to verify this information including, but not limited to residential history, employment history, criminal records, court records, and credit records.

By signing below I/we agree that I/we have read, understood and agreed to the terms of this application for residency.

Applicant's Printed Name \_\_\_\_\_ Spouse's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Name of Landlord	Payment History	Rent Amount	Length of Occupancy	Any Complaints	Notice Given?	Deposit Refunded?	Condition	Person Giving Information	Verified By

Employer	Date Started	Date Ended	Annual Salary	Satisfaction	Title	Person Giving Information	Verified By

**DISAPPROVED**

IF DISAPPROVED, APPLICANT MUST RECEIVE A LETTER OF REJECTION STATING THE REASON FOR THE REJECTION.

ATTACH COPY OF REJECTION LETTER

DATE APPLICANT(S) CONTACTED \_\_\_\_\_

PERSON WHO CONTACTED APPLICANT(S) \_\_\_\_\_

METHOD:  IN PERSON  MAILED

WHAT WAS THE BASIS FOR REFUSAL?

- UNFAVORABLE CRIMINAL HISTORY
- UNFAVORABLE CREDIT REPORT/SCOREX SCORE
- WAS THE APPLICANT GIVEN THE NAME AND ADDRESS OF THE REPORTING AGENCY? \_\_\_ YES \_\_\_ NO
- UNFAVORABLE REPORT FROM PREVIOUS LANDLORD
- UNFAVORABLE EMPLOYMENT REFERENCES OR HISTORY
- INCORRECT INFORMATION SUBMITTED ON APPLICATION
- NUMBER OF OCCUPANTS
- NUMBER, SIZE OR BESSD OF PETS

**APPROVED**

DATE APPLICANT(S) CONTACTED \_\_\_\_\_

MOVE-IN INFORMATION RECEIVED? \_\_\_\_\_

ADDITIONAL DEPOSIT REQUIREMENT \_\_\_\_\_

COMMENTS OR CHANGES \_\_\_\_\_

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