

HILLWOOD APARTMENTS

(1) CHECK \$300.00 (NON-REFUND. PET FEE) {IF APPLICABLE} (2) CHECK \$1,000.00 (REFUNDABLE DEPOSIT) (3) CHECK \$75.00 (NON-REFUND. APP FEE)

UNIT TYPE: 2x2 2x2.5 3x2
 LOCATION: UPSTAIRS DOWNSTAIRS
 LEASE TERM: 7 MONTHS 12 MONTHS

APPLICATION

IN ORDER FOR US TO PROCESS YOUR APPLICATION IN A TIMELY MANNER, ALL QUESTIONS MUST BE ANSWERED COMPLETELY

APPLICANT _____		SPOUSE _____	
SS#, TIN _____	STATUS: <input type="checkbox"/> MARRIED	SS#, TIN _____	
DOB _____	<input type="checkbox"/> SINGLE	DOB _____	
PHONE # _____	<input type="checkbox"/> DIVORCED	PHONE# _____	
DL# & St _____	<input type="checkbox"/> SEPARATED	DL# & St _____	
CHILDREN LIVING WITH YOU _____			

RESIDENCE: CURRENT ADDRESS: _____
STREET ADDRESS CITY ST ZIP

MANAGER/MORTGAGE CO: _____
NAME PHONE CURRENT RENT/MORT \$ DATE OF MOVE IN

REASON FOR LEAVING: _____

PREVIOUS ADDRESS: _____
STREET ADDRESS CITY ST ZIP

MANAGER/MORTGAGE CO: _____
NAME PHONE CURRENT RENT/MORT \$ DATE: MOVED IN MOVED OUT

REASON FOR LEAVING: _____

EMPLOYMENT: COMPANY _____ **ADDRESS** _____ **POSITION** _____

WORK PHONE # _____ HIRE DATE _____ SALARY \$ _____ WEEKLY MONTHLY ANNUALLY

PREVIOUS COMPANY _____ **ADDRESS** _____

WORK PHONE # _____ HIRE DATE _____ DATE LEFT _____

ADDITIONAL MONTHLY INCOME?
 SSI, PENSION, CHILD SUPPORT... \$ _____

SPOUSE COMPANY _____ **ADDRESS** _____ **POSITION** _____

WORK PHONE # _____ HIRE DATE _____ SALARY \$ _____ WEEKLY MONTHLY ANNUALLY

REFERENCES: CHARACTER _____
NAME PHONE RELATIONSHIP

CHARACTER _____
NAME PHONE RELATIONSHIP

PETS:

DOG/CAT	NAME	BREED	AGE	SEX	WEIGHT	MARKINGS
DOG/CAT	NAME	BREED	AGE	SEX	WEIGHT	MARKINGS

VEHICLES - ADEQUATE PARKING AREAS ARE PROVIDED BY THE LESSOR AS A SERVICE TO THE LESSEE(S) ON A FIRST COME, FIRST SERVED BASES WITH NO DESIGNATED PARKING ANYWHERE, UNLESS OTHERWISE SPECIFIED IN A SEPARATE PARKING AGREEMENT. PARKING OF BOATS, RECREATION OR COMMERCIAL VEHICLES IN OTHER THAN DESIGNATED PARKING AREAS IS STRICTLY PROHIBITED. LESSOR RESERVES THE RIGHT TO REFUSE PARKING OF ANY VEHICLE WHICH MAY ENDANGER LIFE OR PROPERTY. LESSOR OR ITS AGENTS HAVE THE RIGHT TO REMOVE AND STORE OR HAVE REMOVED AND STORED, AT LESSEE(S) EXPENSE, VEHICLES WHICH VIOLATE THIS RULE.

MAKE	MODEL	YEAR	COLOR	TAG#	ST
MAKE	MODEL	YEAR	COLOR	TAG#	ST

HAS APPLICANT, SPOUSE OR ANY OTHER PROPOSED RESIDENT EVER:

1. FILED A BANKRUPTCY OR IS PRESENTLY INVOLVED IN AN ACTIVE BANKRUPTCY CASE?	1.	<input type="checkbox"/> NO	<input type="checkbox"/> YES
2. BEEN EVICTED?	2.	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3. WILLFULLY OR INTENTIONALLY REUSED TO PAY RENT WHEN DUE?	3.	<input type="checkbox"/> NO	<input type="checkbox"/> YES
4. BEEN ARRESTED AND/OR CONVICTED OF ANY MISDEMEANOR OR FELONY CRIME?	4.	<input type="checkbox"/> NO	<input type="checkbox"/> YES

(THIS QUESTION INCLUDES ARRESTS FOR DUI AND/OR RECKLESS DRIVING)

IF YES TO ANY QUESTION, PLEASE EXPLAIN. IF BANKRUPTCY, WHICH CHAPTER AND IS IT DISCHARGED? _____

IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY, PLEASE CONTACT: NAME _____ ADDRESS _____ PHONE _____ RELATIONSHIP _____	RIGHT OF ENTRY IN THE EVENT OF SERIOUS ILLNESS, INJURY OR DEATH, THIS PERSON HAS PERMISSION TO ENTER MY UNIT AND REMOVE PERSONAL BELONGINGS UNLESS OTHERWISE OUTLINED IN A LEGAL DOCUMENT: YES <input type="checkbox"/> NO <input type="checkbox"/>	HOW DID YOU HEAR ABOUT US: <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> APARTMENT GUIDE <input type="checkbox"/> INTERNET <input type="checkbox"/> DRIVE BY <input type="checkbox"/> RETURNING TENANT <input type="checkbox"/> CURRENT TENANT IF YOU HEARD ABOUT US FROM A CURRENT RESIDENT, PLEASE PROVIDE THE NAME OF THE RESIDENT: _____ PLEASE PROVIDE YOUR EMAIL ADDRESS: _____
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OFFICE USE ONLY	UNIT _____	TERM _____	MOVE IN _____	SECURITY DEPOSIT _____
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APPLICANT UNDERSTANDS THAT THE GIVING OF FALSE INFORMATION OR TENDERING A BAD CHECK MAY, AT LESSOR'S OPTION, BREACH AND VOID ANY APPLICANT SUBSEQUENT LEASE NOTICE IN WRITING MAY BE MAILED TO RESIDENT AT LEASE PREMISED OR DELIVERED TO RESIDENT IN PERSON.

I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION IS A PART OF MY LEASE AGREEMENT, ESPECIALLY THOSE AREAS REGARDING EARNEST MONIES. I HEREBY AUTHORIZE THE MANAGEMENT TO MAKE ANY NECESSARY INVESTIGATION AS TO THE INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THIS INVESTIGATION MAY INCLUDE, BUT NOT BE LIMITED TO A CREDIT REPORT, VERIFICATION OF EMPLOYMENT, PAST RENTAL HISTORY AND POLICE RECORDS. I THEREFORE CONSENT TO THIS INVESTIGATION, AND I CERTIFY THAT ALL STATED FACTS ARE TRUE AND IT IS UNDERSTOOD THAT ANY MISREPRESENTATION OR OMISSION MAY BE CAUSE FOR THE MANAGEMENT AND/OR OWNERS TO REJECT THIS APPLICATION AND/OR TERMINATE THE LEASE. I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THIS REPORT. I UNDERSTAND THAT REALPAGE/ONESITE WILL COMPLETE THE REPORT AND THAT I MAY OBTAIN THIS INFORMATION BY WRITING DIRECTLY TO THE LOCAL CREDIT BUREAU WHICH SERVICES MY AREA. I AUTHORIZE THE MANAGEMENT TO EXAMINE MY CRIMINAL RECORDS AND USE THE INFORMATION AS AN ADDITIONAL BASIS TO DETERMINE WHETHER THIS APPLICATION SHALL BE APPROVED OR DISAPPROVED.

I UNDERSTAND THAT SHOULD I PAY A SECURITY DEPOSIT IN ADVANCE, I WILL HAVE SEVENTY-TWO (72) HOURS IN WHICH TO WITHDRAW MY APPLICATION IN ORDER TO RECEIVE A REFUND OF THE SECURITY DEPOSIT PAID, PROVIDING I HAVE NOT MOVED MYSELF, BELONGINGS, ETC. INTO THE UNIT AND THE UNIT HAS NOT BEEN USED FOR ANY PURPOSE AT ANY TIME DURING THIS 72 HOUR PERIOD. NO REFUND OF SECURITY DEPOSITS PAID WILL BE MADE AFTER 72 HOURS FROM THE TIME THEY ARE RECEIVED IN THE OFFICE IF THE APPLICATION IS WITHDRAWN OR CANCELED.

I UNDERSTAND A \$75.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED.

THIS APPLICATION IS MADE WITH THE UNDERSTANDING THAT IT IS SUBJECT TO ACCEPTANCE BY THE OWNERS AND SUBJECT TO EXECUTION BY AN OFFICE OF SAID COMPANY AND DELIVERY OF A LEASE COVERING SAID PREMISES.



2353 MISSION ROAD
TALLAHASSEE, FL 32304
(850)574-1240 PH
(850)574-5920 FAX

APPLICANT'S SIGNATURE

SPOUSE'S SIGNATURE

.....
FOR OFFICE USE ONLY BELOW THIS LINE

DATE RECEIVED _____ TIME _____ AM / PM

CHECK LIST

- PROSPECT TRACKING
- APPLY
- FACTORING _____
- DECISION: APPROVED NOT APPROVED

DECISION DATE _____ TIME _____ AM / PM

MANAGER'S SIGNATURE