

NORTHLAND APPLICATION FOR RENTAL - FLORIDA

Community Name:		Marital Status: Single Married Divorced Separated			
Applicant's Name (First, Middle, Last):		Social Security #		Birthdate: / /19	
Spouse's Name (First, Middle, Last):		Social Security #:		Birthdate: / /19	
Home Phone: ()	Work Phone: ()	Spouse's Work Phone: ()		Referred By:	
Other Occupants – All occupants over the age of 18 must be listed as leaseholders.					
Name:		Social Security #:		Birthdate: / /	
Name:		Social Security #:		Birthdate: / /	
Name:		Social Security #:		Birthdate: / /	
Name:		Social Security #:		Birthdate: / /	
Pet – Type:	Breed:	Color:	Age: yrs. mos.	Weight: lbs. oz.	
Rental History for Last 24-months					
Present Address/City/State/Zip:					
Landlord's Name:	Phone #: ()	Monthly Payment: \$	From: / / To: / /		
Previous Address/City/State/Zip:					
Landlord's Name:	Phone #: ()	Monthly Payment: \$	From: / / To: / /		
Employment History for Last 24-months					
Present Employer:		Address/City/State/Zip:			
Supervisor's Name:	Phone #: ()	Monthly Income: \$	From: / / To: / /		
Previous Employer:		Address/City/State/Zip:			
Supervisor's Name/Phone:	Phone #: ()	Monthly Income: \$	From: / / To: / /		
Spouse's Present Employer:		Address/City/State/Zip:			
Supervisor's Name:	Phone #: ()	Monthly Income: \$	From: / / To: / /		
Other Sources of Income:		Monthly Income: \$			
Bank Reference Name – Address/City/State/Zip:				Account #: Phone #: ()	
Credit Card – MasterCard VISA American Express Discover Other				Account #: Phone #: ()	
Have you ever been convicted of and/or pled "Guilty" or "No Contest" to a felony or misdemeanor, regardless of whether or not jail time was served or adjudication was withheld? Yes No If yes, explain:					
Have you or spouse ever been evicted or broken a rental or lease agreement? Yes No If yes, explain:					
Are you currently registered as a sex predator or sexual offender, or charged with (an) offense(s), which may result in your registration as a sexual predator or sexual offender, regardless of a "No Contest" or "Not Guilty" plea? Yes No If yes, explain:					
Emergency Contact:		Phone #:()		Address/City/State/Zip:	
Applicant Description - Height: ft. in.		Weight: lbs.	Eye Color:	State/Driver's License #:	
Spouse Description - Height: ft. in.		Weight: lbs.	Eye Color:	State/Driver's License #:	
Automobiles and Recreational Vehicles – Any recreational vehicles, boats, trucks or motorcycles? Yes No (Requires written approval of owner)					
Make:	Model:	Year:	Color:	Tag #:	State/Exp. Date:
Make:	Model:	Year:	Color:	Tag #:	State/Exp. Date:
Make:	Model:	Year:	Color:	Tag #:	State/Exp. Date:
I hereby agree that all information provided in this application is true, correct and has not been misrepresented in any way. If I have provided any false information or have misrepresented any of information in this application, I understand that my application will be denied residency. If the misrepresentation or false information is discovered after a rental agreement or lease has been signed, I understand that my tenancy will be terminated. All persons named in this application may freely give any information concerning me and I hereby authorize verification of the above information references, credit report and criminal background check. I hereby waive all rights of action for any consequence resulting from such information. In addition to the foregoing, applicant has paid the sum of \$ _____ as a non-refundable fee for the costs and expenses in checking applicant's credit/background. ApartmentHolding Deposit Agreement: Applicant has deposited an "Apartment Holding Deposit" of \$ _____ and a non-refundable Administrative Fee of \$ _____ in consideration for owner's taking the dwelling unit off the market while considering approval of this application. If owner approves applicant and the Lease is entered into, the Apartment Holding Deposit shall be credited to the monthly Lease rental amount. If applicant is approved but fails to enter into a Lease, the Apartment Holding Deposit and Administrative Fee shall be retained by the owner in consideration for the owner having taken the dwelling unit off the market. The Apartment Holding Deposit and Administrative Fee will be refunded only if applicant is not approved. Keys will be furnished only after all parties have properly executed the Lease and other rental documents and only after applicable rent and security deposits have been paid by certified funds. The application is preliminary and does not obligate the owner or owner's agent to execute a Lease or deliver possession of the proposed premises. Applicant further acknowledges receipt of a sample Lease copy and Fee Disclosure Form.					
EQUAL EMPLOYMENT OPPORTUNITY ACT: The Federal ECOA prohibits discrimination against applicants on the basis of sex or marital status. The Federal Agency, which administers compliance with this law concerning this apartment, is the Federal Trade Commission, 1718 Peachtree St., NW; Rm 1000, Atlanta, GA 30309.					
I HAVE READ AND AGREE TO THE PROVISIONS AS STATED:					
Applicant's Signature:				Date: / /	
Spouse's Signature:				Date: / /	
Northland Representative's Signature:				Date: / /	
FOR OFFICE USE ONLY					
Apt #:	Lease Term: mos.	M/I Date: / /	Rent: \$	Discounts: \$	Recurring Charges: \$

