

ASSOCIATES REALTY SERVICES, INC.
 2622 NW 43rd St. Gainesville Fl. 32606 (352) 372-7755
 APPLICATION FOR RESIDENCY
PLEASE FILL OUT COMPLETELY—THANK YOU

Please Tell Us About Yourself Fax: (352) 377-2550

Applicant Last First Middle Maiden				Date of Birth	Social Security #	Driver's License				
Marital Status		Present Phone # ()		9:00 to 5:00 Contact Phone #: () Ext.						
Have you ever had an eviction Filed against you? Yes No				PETS (Keeping of pets requires a pet deposit and owner's manual) Breed Age Weight						
Present Address	Street #	Name	Apt #	City	State	Zip	Rent/Mortgage Payment	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Since / /
Landlord Mtg. Co.	Name	Address		City	State	Zip	Phone No. ()			
Previous Address	Street #	Name	Apt #	City	State	Zip	Rent/Mortgage Payment	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Since / /
Have you ever been convicted of a felony? Yes No				If yes, please explain						

Please Tell Us About Your Job

Present Employer	Name	Business Address		City	State	Phone # ()
Position	Supervisor	Monthly Income		From / /	to / /	
Previous Employer	Name	Business Address		City	State	Phone # ()
Position	Supervisor	Monthly Income		From / /	to / /	

Please Give Us The Following Information

Emergency Contact	Name	Full Address				Phone # ()					
Automobile 1st Car	Year	Make	Model	Color	Tag #	Automobile 2nd Car	Year	Make	Model	Color	Tag #
Children Occupying	Name	Age	Name	Age	Name	Age					
Email Address											

Applicants represent that all of the statements and representations are true and complete, and hereby, authorizes verification of the above information, references and credit records. Applicant understands that a investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. Applicant agrees that false, misleading or misrepresented information may result in the application being rejected, will void a lease/rental agreement if any and/or be grounds for immediate eviction with loss of all deposits and any other penalties as provided by the lease terms if any. Applicant authorizes verification of all information by the Landlord and or Management Company. Applicant has the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. **NON REFUNDABLE APPLICATION FEE**—Applicant(s) has paid to Landlord and/or Management Company herewith the sum of \$ 50.00 as a **NON REFUNDABLE APPLICATION FEE** for costs, expenses and fees in processing the application. **DEPOSIT AGREEMENT**—Applicant has deposited a “**DEPOSIT**” of \$ _____ in consideration for taking the dwelling off the market while the application is being processed. If applicant is approved by Landlord and/or Management and the lease is entered into and possession of the apartment is taken the “**DEPOSIT**” shall be applied toward the security/damage deposit. If applicant is approved, but fails to enter into the lease within 3 days of verbal and/or written approval and/or take possession after lease signing, the **FULL “DEPOSIT”** shall be forfeited to the Landlord or Management in addition to any penalties as provided in the lease if the lease has been signed by the applicant. The “**DEPOSIT**” shall be refunded only if applicant is not approved. Keys will be furnished only after lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only, in no way implies that a particular rental unit shall be available and in no way obligates Landlord or Management to execute a lease or deliver possession of the proposed premises.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED Applicant Signature _____ Date _____ APPLICATION FEE \$ <u>50.00</u> CASH ONLY	SECURITY DEPOSIT	\$ _____	OFFICE USE ONLY PT # _____ MOVE - DATE _____
	PET FEE	\$ _____	
	CREDIT CHECK FEE	\$ _____	
	BALANCE OF DEPOSIT DUE	\$ _____	