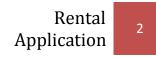
Florida Resale Properties

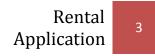


| Name (First, M.I., Last): | | | | | |
|--|--|--|--|--|--|
| Home Phone Number: | Cell Phone Number: | | | | |
| | Fax Number: | | | | |
| | | | | | |
| Current Address: Street: | | | | | |
| City: | State: Zip Code: | | | | |
| Requested Move-In Date: | why are you moving? | | | | |
| How many people will be living in the | apartment home? $\Box 1 \ \Box 2 \ \Box 3 \ \Box 4 \ \Box 5 \ \Box 6$ | | | | |
| Is this a Guarantor/Co-Signer Application | $n^{2} \square Yes \square No$ | | | | |
| If so Guarantor's/Co-Signer's | Relationship to Lessee: | | | | |
| Social Security Number: | Date of Birth: | | | | |
| ID Number (example: Driver's License) | Date of Birth: | | | | |
| Have you ever been convicted of a crim | a crime other than a minor traffic offense? | | | | |
| Have you ever been evicted? | | | | | |
| Have you ever been sued for rent? | | | | | |
| Have you ever been sued for property damages? \Box 'es \Box No | | | | | |
| nave you ever been such for property a | | | | | |
| Current Residence: | | | | | |
| Current Residence Mortgage or Rental | Company: | | | | |
| Please Check One: \Box Rent \Box Ow | vn 🛛 Other: | | | | |
| Rent or Mortgage Amount: \$ | Date you moved in: | | | | |
| Reason for Leaving Residence: | | | | | |
| Manager/Contact: | Phone Number: | | | | |
| | Email Address: | | | | |
| | | | | | |
| | rrent residence less than six (6) months, a previous address is required. | | | | |
| Previous Address: Street: | | | | | |
| - | State: Zip Code: | | | | |
| Previous Residence Mortgage or Rental | Company: | | | | |
| Please Check One: \Box Rent \Box Ow | vn 🗋 Other: | | | | |
| | Date you moved in: | | | | |
| Reason for Leaving Residence: | | | | | |
| Manager/Contact: | Phone Number: | | | | |
| Fax Number: | Email Address: | | | | |
| Employment: | | | | | |
| | | | | | |
| | | | | | |
| City: | State: Zip Code: | | | | |
| Supervisor Name: | Zip Code | | | | |
| Fax Number | Email Address: | | | | |
| | Start Date: | | | | |
| | | | | | |
| 51055 Annuai income. φ | | | | | |
| If you have worked at your curr | rent employment less than six (6) months, previous employment is required. | | | | |
| | <u></u> | | | | |
| Street: | | | | | |
| City: | State: Zip Code: | | | | |
| Supervisor Name: | Phone Number: | | | | |
| | Email Address: | | | | |
| | | | | | |
| Gross Annual Income: S | Start Date: Additional Annual Income: \$ | | | | |

Florida Resale Properties



| Name (First, M.I., Last): | ame (First, M.I., Last): Relationship: | | | | |
|--|--|--|----------------------------------|--|--|
| Home Phone Number: | Cell Phone Number: | | | | |
| Work Phone Number: | Fax Number: | | | | |
| Email Address: | | | | | |
| Street: | | | | | |
| City: | State: | | | | |
| In the event of serious illness, death, or other | | • | | | |
| contact have permission to remove your proper | ty from your apartment | home or common | areas? 🗋s 🗇 | | |
| All Occupants age 18 and over are obligated to | fill out a congrate ron | tal application an | d he listed as a Lesson | | |
| Who is the Head of Household or First Point | | | | | |
| Applicant)? | t of conduct fiving in | the updrahent no | the (this can be you of any join | | |
| Joint Applicant(s) (all individuals 18 years of a | pe and over): | | | | |
| Name: | - | | | | |
| Name: | | | | | |
| Occupants (all individuals under 18 years of age | | | | | |
| Occupant #1: | -,- | | | | |
| Name: | Social Secu | rity Number: | | | |
| Date of Birth: | Relationshir | _ Social Security Number: _ Relationship: | | | |
| Occupant #2: | | · · · | | | |
| Name: | Social Secu | rity Number: | | | |
| Date of Birth: | Relationshir | _ Social Security Number: Relationship: | | | |
| <i>Occupant #3:</i> | | | | | |
| Name: | Social Secu | Social Security Number: | | | |
| Date of Birth: | Relationshir | Relationship: | | | |
| <i>Occupant #4:</i> | | | | | |
| Name: | Social Secur | ity Number: | | | |
| Date of Birth: | | | | | |
| How many vehicles will be parked at the reside <i>Vehicle #1:</i> Vehicle type: | ☐ Motorcycle □ Oth | er: | | | |
| Make: Model: | - | Model Ye | ar: | | |
| Color:License F | Plate #: | License S | tate: | | |
| Vehicle #2 | | | | | |
| Vehicle type: Car SUV Truck | | | | | |
| Make: Model: Model Year: | | | | | |
| Color: License | Plate #: | License S | State: | | |
| Will you be bringing any pets? Yes If yes, please complete the following informatio Pet #1: | | | | | |
| Pet Type Bird Cat Dog Q Breed:W | Veight: | _ pounds | Color: | | |
| Name: A | Age: | | | | |
| Pet #2: | | | | | |
| Pet Type: \Box Bird \Box Cat \Box Dog \Box (| | | | | |
| Breed: V | | | Color: | | |
| Name: | | | | | |
| Do you owe any outstanding amounts to a previ If yes, please explain: | | | | | |
| Are you in the process of filing or have you eve If yes, please explain: | r filed bankruptcy? | □ Yes □ No | | | |



APPLICANT AUTHORIZATION

- 1. Landlord relies on the information given above to be complete and accurate in order to act on the application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as grounds for rejection of the application or grounds for an eviction action later.
- 2.

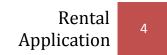
By signing this application, the undersigned authorize(s) the use of any credit reporting and/or screening agencies to verify credit and validate the accuracy of all information recorded above. Further, my/our signature authorizes Landlord and the credit reporting and/or screening agencies to later exchange credit information and access my/our credit report(s) in the event of default of the Lease Agreement for collection or skip tracing purposes.

- 3. I/We warrant that all of the representations in this application are true and correct. I/We also understand that information provided on this application shall survive approval of this application and execution of a Lease Agreement.
- 4. I/We understand that occupancy of the apartment home is limited to persons specified on this application and that if I/we apply with other Applicants; all of our individual applications are evaluated collectively as a joint application. In multiple Applicant situations, application processing will not begin until the completed rental application and application fees for all Applicants (named on the first page of this application) have been received. In addition, I/we understand that the collective decision result is shared and binding to all joint Applicants. I/We also understand that if I/we are declined individually or as a joint Applicant for any reason other than failure to meet the minimum income requirement, I/we will not be eligible to reapply at any Crawford Hoying community for a minimum of 60 days from the date of this application.
- 5. I/We agree to submit to Landlord a valid form of photo identification (such as a state driver's license) prior to execution of a Lease Agreement.
- 6. In consideration of the costs associated with the processing of this application, I/we agree to pay Landlord a nonrefundable application fee. At the time of signing a Lease Agreement, I/we agree to pay Landlord a nonrefundable administrative fee.
- 7. The undersigned acknowledge(s):
 - a. Applicant's Credit Report will be pulled and must meet Landlord's minimum requirements.
 - b. Applicant's Criminal Report will be pulled and must meet Landlord's minimum requirements.
 - c. Applicant's employment must be satisfactorily verifiable by Landlord or Landlord's agent. The following are examples of acceptable forms of verification: Employer New Hire Offer Letter, a Crawford Hoying Employment Verification Form, two (2) most recent years of tax information, an annual Social Security Income Statement, a Disability Income Statement, Savings Account Statements, Grant Statements or Loan Statements.
 - d. Applicant(s) must have a combined income of two and one-half (2 ¹/₂) times the monthly rental rate of the requested apartment home.
 - e. Applicant must be a minimum of 18 years of age to enter into a Lease Agreement.

Signature: ___

Date ____/____

Applicant



FOR OFFICE USE ONLY:

APPLICATION CHECKLIST

THE FOLLOWING MUST BE COMPLETED, ATTACHED TO THE RENTAL APPLICATION AND REVIEWED BY THE COMMUNITY MANAGER BEFORE APPLICANT IS ACCEPTED OR REJECTED. *(If not applicable, write N/A)*

- $\square \qquad \text{Rental Application (completed)}$
- Top of Application (Office Use Only Box)
- \Box Copy of I.D.
- Criminal Report
- Credit Report
- Employment Verification
- ☐ Most Recent Pay Stubs
- U Verification of Residency
- □ Quote Sheet
- Application Fee Received \$

Leasing Consultant's Signature

Date

COMMUNITY MANAGER'S APPROVAL

Concession: _____

□ Approved □ Denied

Community Manager's Signature