

CYNTHIA GARDENS

RENTAL APARTMENTS

1675 N.W. 4TH AVENUE, BOCA RATON, FLORIDA 33432 (561) 395-9676

DATE _____

(Each co-resident must submit separate applications)

APT. NO. _____ APT. TYPE _____

MONTHLY RENT _____ MOVE-IN DATE _____

SOURCE _____ PRO-IN \$ _____

LEASE DATES _____

CONCESSION AMT _____ FROM _____ TO _____

APPLICATION FOR RESIDENCY

APPLICANT'S NAME _____ DATE OF BIRTH _____ SS # _____

MARITAL STATUS _____ DRIVER'S LICENSE NO _____ STATE _____

SPOUSE'S NAME _____ DATE OF BIRTH _____ SS # _____

OTHER OCCUPANTS: _____

Name	Age	Relationship	Name	Age	Relationship

PRESENT ADDRESS _____

DATES FROM-TO _____ / _____ City _____ State _____ Zip _____

MONTHLY PAYMENT _____ Present Landlord/Resident Mgr. _____ Apt./If Home-Mortgage Co. & Loan # _____ Phone _____

REASON FOR MOVING _____ HOME # _____

PREVIOUS ADDRESS _____

PREVIOUS APT NAME OR LANDLORD _____ Apt. # _____ City _____ State _____ Zip _____

ADDRESS _____ PHONE NO _____ HOW LONG? _____

MONTHLY PAYMENT _____ REASON FOR MOVING _____

REASON FOR LEASING HERE _____

HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES? _____ IF YES, EXPLAIN _____

PRESENT EMPLOYER _____ POSITION _____

BUSINESS ADDRESS _____ City _____ State _____ Zip _____ BUSINESS PHONE NO _____

SUPERVISOR _____ EMPLOYED SINCE _____

PREVIOUS EMPLOYER _____ POSITION _____

BUSINESS ADDRESS _____ City _____ State _____ Zip _____ BUSINESS PHONE NO _____

SUPERVISOR _____ EMPLOYED SINCE _____

SPOUSE'S EMPLOYER _____ POSITION _____

BUSINESS ADDRESS _____ City _____ State _____ Zip _____ BUSINESS PHONE NO _____

SUPERVISOR _____ EMPLOYED SINCE _____

YEAR & MAKE _____ COLOR _____ LICENSE NO. & STATE _____ REGISTERED TO _____

YEAR & MAKE _____ COLOR _____ LICENSE NO. & STATE _____ REGISTERED TO _____

CONDITION OF VEHICLES _____

ADDITIONAL VEHICLES _____

GIVE DESCRIPTION AND TAG NUMBERS OF ANY BOAT, MOTORCYCLE, CAMPER, VAN, ETC. YOU MAY OWN _____

DO YOU OWN ANY PETS? _____ IF SO, HOW MANY? _____ KIND _____ WEIGHT _____ COLOR _____

EMERGENCY CONTACT _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE NO. _____

OPTIONAL ARE YOU A U.S. VETERAN? YES NO

CHECKING ACCOUNT NO _____ BANK NAME AND BRANCH _____

SAVINGS ACCOUNT NO _____ BANK NAME AND BRANCH _____

NAME _____ CITY _____ ACCT. NO. _____ MO. PAYMENT _____ OPEN/CLOSED _____

NAME _____ CITY _____ ACCT. NO. _____ MO. PAYMENT _____ OPEN/CLOSED _____

NAME _____ CITY _____ ACCT. NO. _____ MO. PAYMENT _____ OPEN/CLOSED _____

TOTAL ANTICIPATED INCOME FROM DATE OF MOVE-IN THROUGH THE NEXT 12 MONTHS

*ANNUAL SALARY (INCLUDING FEES, TIPS, COMMISSION AND BONUSES) _____

ANNUAL SALARY (SPOUSE) _____

**ADDITIONAL ANNUAL INCOME (CHILD SUPPORT, PARENTAL SUPPORT, ETC.) _____

SOURCE _____

TOTAL AMOUNT OF ASSETS (STOCKS, BONDS, SAVINGS ACCOUNT, EQUITY IN REAL PROPERTY, CAPITAL INVESTMENTS, ETC.)

\$ _____

INCOME FROM ASSETS _____

TOTAL ANTICIPATED INCOME _____

*IF SELF EMPLOYED, WE MUST BE FURNISHED WITH A NOTARIZED STATEMENT FROM YOUR CPA OR ATTORNEY THE AMOUNT OF INCOME YOU EXPECT TO RECEIVE.

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

Applicant has submitted the sum of \$ _____ which is a non-refundable payment for a credit check and processing charge of this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover the cost of processing application as furnished by the applicant; any false information will constitute grounds for rejection of application.

RESIDENT HISTORY

EMPLOYMENT

VEHICLE

BANK CREDIT

INCOME

APPLICATION FEE

DEPOSIT

The undersigned warrants and represents the information on this rental application to be true and correct. All persons/or firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequence resulting from such information.

I hereby deposit _____ with Management as a good faith deposit in connection with this application for residency. If my application is accepted, I understand this amount will be applied toward payment of my total security deposit of \$ _____. If, for any reason, Management decides to decline my application, then Management will refund this good faith deposit to me in full. I understand I will be charged \$ _____ for the processing of this application. If this application is approved, and I fail to occupy the premises on the agreed upon date, except for delay caused by construction or the holding over of a prior resident, I understand that Management will assess damages against the deposit for the amount of rental lost or any expenses incurred due to my cancellation. As these costs are difficult to ascertain, I agree to pay as liquidated damages a sum equal to fifty (50) percent of one month's rent for the apartment I agreed to occupy.

Applicant's Signature _____

Spouse's Signature _____

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

TITLE VIII of the CIVIL RIGHTS ACT of 1966 makes discrimination based on race, color, religion, sex, or national origin illegal in connection with the rental of most housing. The Federal agency which administers compliance with this law concerning this company: Department of Housing and Urban Development

EQUAL CREDIT OPPORTUNITY ACT

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 concerning this company: Equal Credit Opportunity, Federal Trade Commission, Washington, D.C. 20580

THIS PORTION OF APPLICATION IS FOR OFFICE USE ONLY

CALCULATION OF ELIGIBLE INCOME — Only for those residents with assets

- (a) TOTAL ANTICIPATED ANNUAL INCOME (FROM FRONT OF FORM) \$ _____ (a)
- TOTAL AMOUNT OF ASSETS \$ _____
- (b) FOR LOWER INCOME APPLICANTS, WHEN TOTAL ASSETS ARE LESS THAN \$5000 GO TO (c). IF THE ASSETS ARE GREATER THAN \$5000, ENTER 5.5% OF THE ASSET HERE, THEN GO TO (c) \$ _____
- OR**
- (c) ENTER AMOUNT OF INCOME EXPECTED DURING THE NEXT 12 MONTHS FROM THE ASSETS, AND ENTER HERE (lower and eligible applicants) _____ (c)
- (d) TAKE THE LARGER FIGURE OF EITHER (b) OR (c), AND ADD TO THE AMOUNT SHOWN IN (a) THEN ENTER NEW TOTAL HERE GRAND TOTAL \$ _____ (d)
- (e) WHEN THE RESIDENT FIRST GAVE US HIS ANTICIPATED ANNUAL INCOME FIGURE, DID HE INCLUDE ANY OF HIS "ASSET INCOME"? IF SO, SUBTRACT THE AMOUNT HE ALREADY TOLD US ABOUT FROM YOUR GRAND TOTAL \$ _____ (e)
- (f) ENTER REVISED GRAND TOTAL IN THIS SPACE \$ _____ (f)

COMPLETED BY _____

DATE _____

APPLICATION VERIFICATION

RESIDENCE HISTORY

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

EMPLOYMENT CHECK

Employer	Date Started	Date Ended	Salary	Satisfaction	Reason for Leaving	Title	Person Giving Information	By

SPOUSE'S EMPLOYMENT

BANK REFERENCES

Date Opened	Rating	Range	Person Giving Information	By
Checking				

CREDIT BUREAU INFORMATION

Date Reported	Date Opened	High Credit	Current Balance	Past Due Date	Rating	By

VERIFIED BY _____ DATE VERIFIED _____

BLDG _____ APT NO _____ TYPE _____ PROPOSED MOVE-IN DATE _____ APPROVED _____ DISAPPROVED _____

IF THIS APPLICATION WAS DISAPPROVED, WAS THE APPLICANT GIVEN THE NAME AND ADDRESS OF THE PERSON OR THE REPORTING AGENCY THAT VERIFIED THE APPLICATION?

YES _____ NO _____ DATE _____ MANAGER'S SIGNATURE _____

IF THIS APPLICATION WAS DISAPPROVED, WHAT WAS THE BASIS FOR REFUSAL?

- UNFAVORABLE CREDIT REPORT
- UNFAVORABLE REPORT FROM PREVIOUS LANDLORD
- UNFAVORABLE EMPLOYMENT REFERENCES
- INCORRECT INFORMATION SUBMITTED ON APPLICATION
- NUMBER OF CHILDREN OR OCCUPANTS
- NUMBER OR SIZE OF PETS
- OTHER (SPECIFY) _____