

Caleb's Place Apartment Rental Application

Leasing Office: 367 Sunny Oaks Way, Lady Lake, Florida 32159 * 352-753-5933 (Office) * 352-753-5933 (Fax)

Mailing address: Post Office Box 250, Lady Lake, Florida 32158-0250

ONE APPLICATION AND FEE PER ADULT RESIDENT

Type of apartment desired: _____ Lease term desired: _____ Occupancy date desired: _____

Last Name: _____

First Name: _____

Middle Name: _____

Previous/Maiden Name: _____

Social Security #: _____

Drivers License #/State of issue _____

Date of Birth: _____

Home Phone: _____

Current Street Address: _____

City/State/Zip: _____

How long at this address? _____

Previous Home Address: _____

City/State/Zip: _____

How long at this address? _____

Current Employer: _____

Employment Address: _____

Contact Name/ Phone #: _____

Your Position/Title: _____

How long at this job? _____

Start Date: _____

End Date: _____

Current Wage/Salary: _____

Previous Employer: _____

Your Previous Position/Title: _____

Contact Name/ Phone #: _____

How long at this job? _____

Make/Model/Year of Vehicle: _____

Names and Birthdates of any other proposed occupants* (children, etc.): _____

*any occupant 18 years or older must complete an application.

Pets: Type & Weight**

****Pet fee must be paid in advance of move in**

Banking References

(1) Bank Name/Phone: _____ Checking Acct #: _____

(2) Bank Name/Phone: _____ Savings Acct #: _____

Credit References

(1) Creditor Name: _____ Account #: _____
 Balance: _____ Monthly Payment: _____

(2) Creditor Name: _____ Account #: _____
 Balance: _____ Monthly Payment: _____

(3) Creditor Name: _____ Account #: _____
 Balance: _____ Monthly Payment: _____

(4) Creditor Name: _____ Account #: _____
 Balance: _____ Monthly Payment: _____

(5) Creditor Name: _____ Account #: _____
 Balance: _____ Monthly Payment: _____

Required Information

Emergency Contact Name/Address/Phone: _____

Rental Reference Name/Address/Phone: _____

Why are you leaving present residence? _____

How did you choose our community? _____

Have you ever had an eviction filed against you, or have you vacated owing money to any landlord? _____

Describe any litigation in which you have been involved: _____

Describe any rental agreement you have not completed: _____

Have you or any proposed occupant ever been convicted or adjudicated of a crime? If yes, describe: _____

Provide any additional information or explanation of preceding answers if necessary: _____

This application must be accompanied by a **\$50.00** non-refundable application processing fee. Please be advised that a **\$900/\$1000 deposit will be required at time of application in order to "hold" a rental property for a prospective Resident.** It is understood that if the application is not approved by the Landlord, the deposit will be returned to the applicant. If the application is approved, this amount will be applied to the security deposit for this property. **If the Landlord holds the property off the market for 24 hours from the date and time of deposit, and if the Rental Agreement is not executed within seven (7) days of said date, the entire deposit will be forfeited.** Applicant understands that there is a **\$ 50.00** charge for preparing the lease prior to move in. Applicant(s) represents that all of the above statements information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment and salary history, criminal history records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I/We hereby release Caleb's Place, Inc., their employees and any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency. It is understood that criminal background and eviction/skip checks are performed, and applicant hereby authorizes us to perform such check. The applicant affirms that he/she has read and understands this disclosure and the information and has signed it, hereby agreeing to all of its provisions.

X _____ Date: _____
 Applicant Signature

For Office Use:	
Apartment Address: _____	Scheduled Move-In Date: _____
Security Deposit: _____	Non-Refundable Pet Fee: _____
First Month's Rent: _____	Last Month's Rent: _____