Apt. #\_\_\_\_\_ Size Needed\_\_\_\_\_ Date Needed\_\_\_\_\_

App.Dep. Paid $\_\_\_\_\_ Pet Dep. Paid $\_\_\_\_\_ App Fee Paid $\_\_\_\_\_ Approved\_\_\_\_\_\_ Need Guarantor\_\_\_\_\_

Santa Fe Trace Rental Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | | Middle : | | | | | | Last: | | | | | | | | |
| Date of Birth: | | | | | | SSN: | | | | | | Phone: | | | | | | | | |
| Others who will be occupy apt: Including Children: | | | | | | | | | | | | | | | | | | | | |
| Current address: | | | | | | | | | | | | | | | | | Apt # | | | |
| City: | | | | | | State: | | | | | | Zip Code: | | | | | | | | |
| E-mail:  E-Mail: | | | | | | | | | | | | | | | | | | | | |
| **Vehicle Information** | | | | | | | | | | |  | |  | | | | | | | |
| Driver’s License # : | | | | | | | | | | | State: | | County: | | | | | | | |
| Tag #: | Year: | | | | Color: | | | | | | Vehicle Make: | | | | | | | Model: | | |
| Employment Information (One Month’s Worth of Pay Stubs) | | | | | | | | | | | | | | | | | | | | |
| Employed By: | | | | | | | | | | | | | | | Position : | | | | | |
| Address: | | | | | | | | | City: | | | | | State: | | | | | Zip: | |
| Phone #: | | | Monthly Income: $ | | | | | | | | | How Long? | | | | | | | | |
| Retirement Income $ | | | | | | | | Other Income $  Fax: | | | | | | | | | | | | |
| Emergency Contact | | | | | | | | | | | | | | | | | | | | |
| Name of a person not residing with you: | | | | | | | | | | Relationship: | | | | | | | | Phone # | | |
| Name of a person not residing with you: | | | | | | | | | | Relationship: | | | | | | | | Phone # | | |
| Rental/ Mortgage History | | | | | | | | | | | | | | | | | | | | |
| Have you ever filed for Bankruptcy? YES NO | | | | Have you ever been evicted? YES NO | | | | | | | | Have you ever had a foreclosure? YES NO | | | | | | | | |
| Current Landlord: | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | Apt #: | | |
| City: | | | | | | State: | | | | | | ZIP Code: | | | | | | | | |
| Phone #: | | | | | | Fax #: | | | | | | | | | | | | | | |
| Own Rent *(Please circle)* | | Monthly payment or rent: | | | | | | | | | | | | | | How long? | | | | |
| Previous Landlord: | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | Apt # :  ZIP Code: | | |
| City: | | | | | | State: | | | | | | ZIP Code: | | | | | | | | |
| Phone #: | | | | | | Fax #: | | | | | | | | | | | | | | |
| Owned Rented *(Please circle)* | | Monthly payment or rent: | | | | | | | | | | | | | | How long? | | | | |
| Pet Information: 30lbs…… Maximum Weight Pet Deposit | | | | | | | | | | | | | | | | | | | | |
| Type of Pet/ Breed: | | | Name: | | | | | | | Color: | | | | | Weight: | | | | | Sex: |
| Type of Pet/ Breed: | | | Name: | | | | | | | Color: | | | | | Weight: | | | | | Sex: |
| Citizen Information (Complete all that apply) | | | | | | | | | | | | | | | | | | | | |
| Are you a U.S. Citizen? Yes No | | | | | | | If other than U.S. Citizen how are you documented? | | | | | | | | | | | | | |
| Resident Alien Refugee Asylum Green Card | | | | | | | Other: | | | | | | | | | | | | | |
| If you are a Non- Immigrant a required copy of your Affidavit of Support-Form # I-134. Copy Received: Yes No | | | | | | | | | | | | | | | | | | | | |
| Have you or any occupants ever been arrested, convicted, or charged with any probation, adjudication withheld, and misdemeanor or felony? Yes No | | | | | | | | | | | | | | | | | | | | |
| If Yes, Please explain : | | | | | | | | | | | | | | | | | | | | |

**Authorization To Verify Information**: Applicant(s) represent that the above statements are true and complete and hereby authorization verification of any and all information including release of information by any financial institution, employer (present and former) and landlord (present and former). Applicant(s) acknowledge that false information herein may constitute grounds for rejection of this application, termination of the right to occupy and/ or forfeiture of deposits and may constitute a criminal offense under state law. Applicant also gives authorization to verify credit and to run a criminal background check.

**Application Deposit Agreement:** Applicant(s) have tendered an Application Deposit in the amount of **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**in consideration of owner taking the dwelling unit off the market while considering approval of this application. *The Application deposit is not a security deposit;* however, it will be credited towards the security deposit when the lease contract has been signed by all applicants. At time of lease signing the remainder of the security deposit will be due. If the applicant(s) are approved and fail to enter into a Lease Agreement for the dwelling within 3 days of approval date (unless otherwise specified by management), the deposit may be retained and considered forfeited towards liquidated damages. If the applicant(s) decide to cancel or withdraw the application at ANY time, the application deposit will be retained as liquidated damages. **The Application deposit will be refunded within 30 days, only if the applicant(s) are not approved**. All deposits must be paid in the form of a cashier’s check or money order. A $40.00 Non-Refundable Application processing fee will be charged for all applicants. **Rental rates may change without notice**.

**Radon Gas:** Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county public health unit.

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| **Signature of Applicant** : | **Date**: |