

CHARLESTON LANDINGS APARTMENTS

902 Delaney Circle, Brandon FL, 33511
813-689-8221 phone
813-684-1910 fax
Leasing@charlestonlandings.com

RENTAL APPLICATION

DATE _____
BLDG/APT. # _____
MOVE-IN DATE _____

READ CAREFULLY BEFORE COMPLETING APPLICATION. Please complete this application with all pertinent information. Any omission or incorrect information might lead to delay or refusal of leasing an apartment. ROOMMATES MUST FILL OUT SEPRATE APPLICATION.

FULL NAME _____ SOCIAL SECURITY# _____
DATE OF BIRTH _____ DRIVERS LIC. NO. & STATE _____
SPOUSE _____ SOCIAL SECURITY # _____
DATE OF BIRTH _____ DRIVERS LIC. NO. & STATE _____

NAME, AGE RELATIONSHIP AND DATE OF BIRTH OF ANYONE ELSE WHO WILL BE OCCUPYING THIS APARTMENT _____

How many pets? _____ Kind of pet _____ Breed _____ Weight _____ Age _____ Name _____
_____ Kind of pet _____ Breed _____ Weight _____ Age _____ Name _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 2 YEARS (Beginning with the Most Current)

CURRENT ADDRESS _____ From _____ To _____
CITY/STATE/ZIP _____ YOUR Phone Number _____
YOUR E-MAIL _____

REASON FOR LEAVING _____
OWNER/AGENT _____ PHONE _____

PREVIOUS ADDRESS (if within 2 years) _____ From _____ To _____
CITY/STATE/ZIP _____
REASON FOR LEAVING _____
OWNER/AGENT _____ PHONE _____

PLEASE GIVE YOUR EMPLOYMENT HISTORY FOR THE PAST 2 YEARS (Pay Check Stubs May Be Required For Verification)

YOUR STATUS: Employed Full Time _____ Employed Part Time _____ Student _____ Retired _____ Other _____
CURRENT EMPLOYER (Or most Recent) _____
ADDRESS _____ PHONE _____
CITY/STATE/ZIP _____ SUPERVISOR _____
POSITION _____
DATES/FROM _____ TO _____ GROSS MONTHLY INCOME \$ _____

PREVIOUS EMPLOYER _____
ADDRESS _____ PHONE _____
CITY/STATE/ZIP _____ SUPERVISOR _____
POSITION _____
DATES/ FROM _____ TO _____ GROSS MONTHLY INCOME \$ _____

SPOUSES EMPLOYER _____
ADDRESS _____ PHONE _____
CITY/STATE/ZIP _____ SUPERVISOR _____
POSITION _____
DATES/FROM _____ TO _____ GROSS MONTHLY INCOME \$ _____

If there is any other sources of income you would like us to consider, please list income, source and person who we could contact to confirm.
AMOUNT \$ _____ PER _____ SOURCE _____ PHONE _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

BANK _____ CITY/STATE - BRANCH _____ PHONE _____
 BANK _____ CITY/STATE - BRANCH _____ PHONE _____
 CREDIT _____ CITY/STATE _____ TYPE OF ACCOUNT _____
 CREDIT _____ CITY/STATE _____ TYPE OF ACCOUNT _____

PERSONAL REFERENCES (Not Relatives)

NAME _____
 ADDRESS _____ CITY/STATE _____
 HOME PHONE _____ BUSINESS PHONE _____ HOW LONG KNOWN _____
 NAME _____
 ADDRESS _____ CITY/STATE _____
 HOME PHONE _____ BUSINESS PHONE _____ HOW LONG KNOWN _____

TOTAL NUMBER OF VEHICLES (Including Company Cars) _____
 MAKE/MODEL _____ YEAR _____ COLOR _____ TAG NO/STATE _____
 MAKE/MODEL _____ YEAR _____ COLOR _____ TAG NO/STATE _____
 Other Car, Boat, Motorcycle, ETC. _____

NEAREST RELATIVE
 NAME _____
 ADDRESS _____ CITY/STATE _____
 PHONE NUMBER _____ RELATIONSHIP _____

HAVE YOU OR YOUR CO-APPLICANT EVER BEEN:

	YES	NO
SUED FOR NON-PAYMENT OF RENT?	_____	_____
BROKEN A RENTAL AGREEMENT OR LEASE?	_____	_____
BEEN SUED FOR DAMAGES TO RENTAL PROPERTY?	_____	_____
DECLARED BANKRUPTCY?	_____	_____
CONVICTED OF A FELONY?	_____	_____

If Yes to any of these questions, please explain on reverse side.

Please give any additional information that might help management evaluate your application.

This is to inform you that as part of our procedure for processing your application, an Investigative Consumers Report and Criminal Background Check may be prepared whereby information is obtained through personal interviews with your landlord, employer or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living.

By signing this application, you are giving us permission to obtain a Credit Report from a CRA (Credit Reporting Agency) and a Criminal Background Check.

I/We hereby agree, in the event of the approval of this application, to execute a lease in accordance with the terms set forth in this rental application. If I/We fail to sign the lease or pay agreed rental, security deposit or other required charges and fees shown in this rental application, the deposit accompanying this application, and any monies subsequently paid shall be forfeited of the Owner as fixed liquidated damages.

Owner and/or Agent for the Owner reserves the right to reject this application and to refuse possession of the above mentioned accommodations. I/We have read the foregoing and certify the information is **TRUE AND CORRECT**, that this application is submitted for the purpose of inducing approval of this application in my/our behalf.

I/We hereby acknowledge the Owner retains a **non-refundable fee of \$50.00** to be used in the processing of this application.

DATE: _____ SIGNATURE OF APPLICANT _____

DATE: _____ SIGNATURE OF APPLICANT _____

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RENTAL HISTORY VERIFICATION

TO: _____ **DATE:** _____

ATTN: _____

FAX: _____ **PHONE NUMBER:** _____

FROM: CHARLESTON LANDING APARTMETNS, LEASING CONSULTANT

The Undersigned hereby authorizes the release of his/her history verification in connection with a Rental Application with CHARLESTON LANDINGS APARTMENTS.

Signature of applicant for release of information

Print Name

TO BE FILLED OUT BY LANDLORD OR RENTAL AGENT:

DATE OF OCCUPANCY _____ DATE _____

HAS RESIDENT GIVEN PROPER NOTICE? _____ AMNT. OF MONTHLY RENT _____

DID RESIDENT PAY ON TIME? _____ IF NO, HOW OFTEN LATE? _____

DID RESIDENT HAVE ANY NSF'S _____ IF YES HOW MANY? _____

ANY PETS? _____ HOW MANY? _____ WHAT TYPE OF PET _____

ANY DISTURBANCES OR BREACHES IN THEIR FILE? _____

WOULD YOU RE-RENT TO THIS RESIDENT? _____

I AUTHORISE THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE TO THE BEST OF OUR RECORDS

SIGNATURE OF PERSON PROVIDING INFORMATION

DATE

PRINT NAME

TITLE