

APPLICATION FOR RENTAL

Hawthorne Apartments, P.O. Box 1988 Hawthorne, Florida 32640
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EACH ADULT APPLYING FOR AN APARTMENT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT - *All information must be completed. All blanks must be filled in. The decision to rent to you will depend in great part on your credit history and references. Only clean, responsible people who pay rent on time need apply.*

How did you find out about us? Sign [_____] Friend [_____] Facebook (_____) Zillow [_____] Word of Mouth (_____) _____

YOUR PERSONAL INFORMATION

Date _____

Full Name _____

Phone (_____) _____

Work Phone (_____) _____

Current Driver's License # _____ State _____

Present Address _____ City _____ State _____

Zip _____

Email: _____

Current address? _____

If renting, Apartment name/location _____

Landlord/Manager name _____ Phone (_____) _____

Why are you leaving?

Current Rent \$ _____

Previous Address _____ City _____

State _____ Zip _____

How long? _____ If renting, apt. Name/location _____

Landlord/Mgr's name _____ Phone (_____) _____

Why did you leave? _____

Rent/Mtg. Payment \$ _____

EMPLOYMENT/INCOME

Present employer _____ Position _____ How long? _____

Address _____

Phone (_____) _____

Gross Monthly Income before deductions \$ _____

Pension _____ Other Income _____

CREDIT REFERENCES

Bank _____

City _____ State _____ How long? _____

Have you ever been evicted from a house or apartment? YES [] NO [] .

Have you ever had a foreclosure/repossession? Yes [] No []

Date _____ If yes, explain _____

Have you ever filled for bankruptcy? Yes [] No [] . If yes, Chapter 7 [] , Chapter 13 []

If yes, explain _____

Have you ever been convicted of a crime, other than a traffic violation? Yes [] No [] .

If yes, explain

PERSONAL REFERENCES

List 3 persons that we may contact to verify your character

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____

EMERGENCY

In an emergency you may contact starting with nearest relative first

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ State _____

OTHER INFORMATION

Other persons, including children who will live in the dwelling unit – if another adult will be living in the apartment, another application will need to be filled out.

Name _____

Name _____

Name _____

Date of desired occupancy _____ Anticipated length of stay _____

LIST ALL MOTOR VEHICLES, INCUDING RECREATIONAL TO BE KEPT AT THE PROPERTY

MAKE _____ COLOR _____ MODEL _____ YEAR _____

LICENSE PLATE# _____ STATE _____

MAKE _____ COLOR _____ MODEL _____ YEAR _____

LICENSE PLATE# _____ STATE _____

NOTE: Hawthorne Apartments does not allow smoking inside of apartments.

The undersigned expressly agrees that if this application is approved applicant herewith agrees to rent this property. Applicant further agrees that if applicant is accepted by Management and then decides not to move into the premises, then all monies paid herewith shall be retained as liquidated damages since other prospective tenants may have been turned away and it may be necessary for Management to re-advertise the property and evaluate other applicants. Processing of application shall be as timely as possible and the results may be delivered via telephone, fax or mail. Once approved, applicant agrees to pay the balance of funds and complete the paperwork within 48 hours, otherwise management will assume that applicant has decided to forfeit the reservation/earnest money payment made herewith and will begin re-marketing the property. If applicant is not approved, all monies given herewith, less application fee shown above shall be returned to the applicant.

A PHOTOSTATIC COPY OF YOUR DRIVER'S LICENSE OR PICTURE ID CARD, AND LATEST PAY CHECK STUB (Verification of income) NEEDS TO BE ATTACHED TO THIS APPLICATION.

I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. *Any false information will constitute ground for rejection of the application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.*

Applicant's Signature Authorization

Applicant's Signature Authorization

Date

02/2020