

INDIGO PLANTATION APARTMENTS

100 Powell Blvd., Daytona Beach, Florida 32114

(386) 274-2926 ~ Fax: (386) 274-2931

www.indigoplantationapartments.com

RENTAL APPLICATION

Please Print

APPLICANT NAME

LAST FIRST MIDDLE

Social Security No. _____ Date of Birth _____

Driver's License No./I.D. _____ State _____

Telephone or Cell No. (_____) _____

E-mail : _____

Address _____
STREET CITY STATE ZIP

SPOUSE NAME

LAST FIRST MIDDLE

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State _____

Current Home Telephone No. (_____) _____

Address _____
STREET CITY STATE ZIP

CURRENT LANDLORD NAME/ MTG. CO.

NAME ADDRESS (APT#) CITY STATE ZIP

Telephone No. (_____) _____ Fax No. (_____) _____

Length of Residence _____ YRS. _____ MOS. Monthly Rent or Mortgage Payment \$ _____

Comments _____

PREVIOUS ADDRESS

STREET (APT #) CITY STATE ZIP

Landlord Name/Mtg. Co. _____ Tel. No. (_____) _____ Fax No. (_____) _____

Length of Residence _____ YRS _____ MOS. Monthly Rent or Mortgage Payment \$ _____

Comments _____

CURRENT EMPLOYMENT (APPLICANT)

Company Name _____ Tel. No. (_____) _____

Address _____
STREET CITY STATE ZIP

Occupation _____ Supervisor _____ Tel No. (_____) _____

Date Employed _____ Gross Monthly Salary \$ _____

PREVIOUS EMPLOYMENT (APPLICANT)

Company Name _____ Tel. No.(____)_____
Address _____
STREET CITY STATE ZIP
Occupation _____ Supervisor _____ Tel No.(____)_____
Date Employed _____ Gross Monthly Salary \$ _____

CURRENT EMPLOYMENT (SPOUSE)

Company Name _____ Tel. No.(____)_____
Address _____
STREET CITY STATE ZIP
Occupation _____ Supervisor _____ Tel No.(____)_____
Date Employed _____ Gross Monthly Salary \$ _____

PREVIOUS EMPLOYMENT (SPOUSE)

Company Name _____ Tel. No.(____)_____
Address _____
STREET CITY STATE ZIP
Occupation _____ Supervisor _____ Tel No.(____)_____
Date Employed _____ Gross Monthly Salary \$ _____

EMERGENCY CONTACT

NAME FULL ADDRESS PHONE NO.

AUTOMOBILE INFORMATION – No other vehicle allowed on property other then stated on application.

Driver’s Name _____ Driver’s Name _____
License Tag No. _____ License Tag No. _____
Make, Model & Year _____ Make, Model & Year _____
Color _____ Color _____

CHILD OCCUPANTS (List names of all children under 18 yrs. of age)

LAST	FIRST	MIDDLE	AGE	SEX	SS#

PET INFORMATION

Pet Type _____ Name _____
Weight _____ Breed _____ Proof of Vaccination? _____
Pet Type _____ Name _____
Weight _____ Breed _____ Proof of Vaccination? _____

Have you or any other occupants ever been arrested for, convicted of, put on probation for, or had an adjudication withheld or deferred for a felony offence?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

Have you ever had an eviction filed against you?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

Have you ever left owing money to an owner or landlord?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

Have you applied for residency anywhere in the past two years, but did not move in?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN IN DETAIL OF THE CIRCUMSTANCES REGARDING THOSE SITUATIONS BELOW.

Please read carefully:

Applicant(s) represents that all of the above information on the application is true and complete. I hereby authorize Indigo Plantation Apartments, through its designated agent and its employees, to obtain and verify *an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records.* I understand the purpose is to determine whether or not to lease an apartment to me. I also acknowledge 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 the above from any liability and responsibility arising from their doing so. I understand that should I lease an apartment, Indigo Plantation Apartments, and its agent, shall have the continuing right to review my credit information, rental application, payment history and occupancy history for account review purposes and for improving application review methods.

NON-REFUNDABLE APPLICATION FEE—Applicant(s) has paid to Indigo Plantation herewith the sum of \$50 as a **non-refundable application fee** for costs, expenses and fees in processing the application.

NON-REFUNDABLE FEE – I hereby deposit the sum of \$ 250.00 with Management as a holding fee in connection with this rental application, and if my application is approved and I fail to enter into a Rental Agreement, verbal and/or written, or fail to take possession under the terms of my Rental Agreement if one has been signed, I understand and agree that the entire Non-Refundable Fee shall be forfeited by me.

In addition, if I have already entered into a Rental Agreement, I will be held liable for rents and damages as set forth in the Rental Agreement. If my application is not approved, I will receive a refund of my Non-Refundable Fee in full within 30 days.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED:

Applicant Signature _____

Date _____

Print Name (Applicant) _____

Spouse Signature _____

Date _____

Print Name (Spouse) _____

**This Section For Office Use Only

_____ Driver's License or photo ID verified on applicant and spouse. State _____

_____ Does the address on the rental application match the address on the photo ID? Yes _____ No _____

If not, list the address on the ID presented _____

Verified by: _____

Apt. # _____ Apt. Type _____ Term of Lease _____ M/I Date _____

Application Fee \$ _____

Market Rent: \$ _____

Short Term Fee: \$ _____

Pet Rent: \$ _____

Advance Rent: \$ _____

Non-refundable Fee: \$ _____

Non-refundable Pet Fee: \$ _____

Prorate: \$ _____

Short Term Leases:

Sales Tax: \$ _____

Furniture: \$ _____

Housewares: \$ _____

Washer/Dryer: \$ _____

Utilities: \$ _____

Pick Up/Delivery Fee: \$ _____

Total Month Rent: \$ _____

TOTAL DUE PRIOR TO MOVE-IN: \$ _____

Form of Payment: (money order/cashier's check/debit/credit)

APPLICATION APPROVED OR DISAPPROVED (Reason) _____

Management Signature _____

APPLICANT NOTIFIED BY _____ DATE _____