



The Elite Group

Office : (904) 220-8008 Ext (904) 220-8218

APPLICATION FOR RESIDENCY

PLEASE FILL OUT COMPLETELY - THANK YOU

Please Tell Us About Yourself

Maiden		First		Middle		Date of Birth		Social Security #		Driver's License #	
Applicant		Present		9:00 to 5:00		CONTACT PHONE NO.:		()		Ext.	
Marital Status		Phone No. ()		Yes		No		Breed		Age	
Have you ever had an eviction filed against you?		Street #		Name		Apt. #		City		State	
Present Rent/Mortgage Payment		Street #		Name		Apt. #		City		State	
Address		Street #		Name		Apt. #		City		State	
Landlord Zip		Street #		Name		Apt. #		City		State	
Mig. Co.		Street #		Name		Apt. #		City		State	
Previous Rent/Mortgage Payment		Street #		Name		Apt. #		City		State	
Address		Street #		Name		Apt. #		City		State	
Have you ever been convicted of a felony?		Yes		No		If yes, please explain					

Please Tell Us About Your Job

Present Employer Position		Business Address		City		State		Phone No.	
Supervisor		Business Address		City		State		Phone No.	
Previous Employer Position		Business Address		City		State		Phone No.	
Supervisor		Business Address		City		State		Phone No.	

Please Give Us The Following Information

Emergency Contact		Full Address		Name		City		State		Phone No.	
Automobile 1 st Car		Year		Make		Model		Color		Tag #	
Children		Year		Make		Model		Color		Tag #	
Occupying Bank		Year		Make		Model		Color		Tag #	
Ref		Year		Make		Model		Color		Tag #	

Applicant represents that all of the statements and representations are true and complete, and hereby, authorizes verification of the above information, references and credit records. Applicant understands that a investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. Applicant agrees that false, misleading or misrepresented information may result in the application being rejected, will void a lease/rental agreement if any and/or be grounds for immediate eviction with loss of all deposits and any other penalties as provided by the lease terms if any. Applicant authorizes verification of all information by the Landlord and or Management company. Applicant has the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

NON REFUNDABLE APPLICATION FEE--Applicant(s) has paid to Landlord and/or Management company herewith the sum of \$ _____ as a **NON REFUNDABLE APPLICATION FEE** for costs, expenses and fees in processing the application. **APARTMENT DEPOSIT AGREEMENT** --Applicant has deposited a "**APARTMENT DEPOSIT**" of \$ _____ in consideration for taking the dwelling off the market while the application is being processed. If applicant is approved by Landlord and/or Management and the lease is entered into and possession of the apartment is taken the "**APARTMENT DEPOSIT**" shall be applied toward the security/damage deposit. If applicant is approved, but fails to enter into the lease within 3 days of verbal and/or written approval and/or take possession after lease signing, the **FULL "APARTMENT DEPOSIT"** shall be forfeited to the Landlord or Management in addition to any penalties as provided in the lease if the lease has been signed by the applicant. The "**APARTMENT DEPOSIT**" shall be refunded only if applicant is not approved. Keys will be furnished only after lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only, in no way implies that a particular rental unit shall be available and in no way obligates Landlord or Management to execute a lease or deliver possession of the proposed premises.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED

Applicant Signature

Date

SECURITY DEPOSIT

SECURITY DEPOSIT \$ _____
 PET SECURITY \$ _____
 PET FEE \$ _____
 CREDIT CHECK FEE \$ _____
 PAID WITH APPLICATION \$ _____
 BALANCE OF DEPOSIT DUE \$ _____
 FIRST MONTH'S RENT \$ _____
 TOTAL DUE BEFORE MOVE-IN \$ _____
 RECEIVED BY: _____
 APPROVED BY: _____

OFFICE USE ONLY

COMMUNITY _____
 APT. # _____
 RENT _____
 APT. TYPE _____
 TERM OF LEASE _____
 MOVE-IN DATE _____
 CREDIT REPORT _____
 PHOTO I.D.'d _____