

Florida Management Associates, Inc.

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Resident Application

We require an application for each adult resident.

Date: _____ Location: _____

Personal Information: Responsible Resident Guarantor Primary Applicant

First Name _____ Middle Initial _____ Last Name _____

Last Name Suffix (Jr., Sr., etc.) _____ Former Last Name (maiden, married) _____

Social Security Number _____ Date of Birth _____

No SSN, are you in the U.S. on a Visa? Yes No Marital Status (optional) _____

Visa Number _____ Exp. Date _____

Driver's License No. _____ Driver's License State _____

Occupant under 18 years of age: same as Primary Applicant

Name & SSN _____ Date of Birth _____ Relationship _____

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Name & SSN _____ Date of Birth _____ Relationship _____

Name & SSN _____ Date of Birth _____ Relationship _____

Current Residence Information: same as Primary Applicant

Current Street Address _____ Suite or Apt. _____

City _____ State _____ Zip Code _____

Country _____ Phone (____) _____ Email Address _____

Name of Apartment Community or Mortgage Co. _____

Type Rent Own Other _____ Dates of Residency: From _____ To _____

Contact Name _____ Monthly Payment _____

Contact Phone (____) _____ Reason For Moving _____

Have you ever been evicted or asked to move out? Yes No If Yes, Explain _____

Previous Residence Information:

same as Primary Applicant Street

Address _____ Suite or Apt. _____

City _____ State _____ Zip Code _____

Country _____ How long did you reside here? _____

Name of Apartment Community or Mortgage Co. _____

Type Rent Own Other _____ Dates of Residency: From _____ To _____

Contact Name _____ Monthly Payment _____

Contact Phone (____) _____ Reason For Moving _____

Have you ever been evicted or asked to move out? Yes No If Yes, Explain _____

Employment Information/ Additional Income:

Current Employer(as of move-in date) _____ Position _____

Industry _____ Annual Income _____

Street Address _____ Work Phone (____) _____

City _____ State _____ Zip Code _____

Name of Supervisor _____ Phone (____) _____

Dates of Employment: From _____ To _____

If there are other sources of income you would like us to consider, please list source and income amount.

Sources of Additional Income _____

Amount of Additional Annual Income (\$) _____

Emergency Information:

First Name (not an occupant) _____ Middle Initial _____ Last Name _____

Relationship _____ Current Street Address _____

Suite or Apt. _____ City _____ State _____

Zip Code _____ Phone (____) _____ Type Cell Home Work

Allow Key Access Yes No

Vehicle Information:

same as primary applicant

Your Vehicle Make/Model _____ Year _____ Color _____

License Plate No. _____ State _____

Second Vehicle Make/Model _____ Year _____ Color _____

License Plate No. _____ State _____

Other Vehicles: _____

Cannot guarantee parking for all of the above listed vehicles.

Pet Information:

same as primary applicant

Do You Own Any Pets? Yes No Do You Have Any Service Animals? Yes No

If Yes, How Many? _____ Type _____ Breed _____ Color _____

Weight _____ Name _____ Age _____

Conviction Information:

Have You Ever Been Convicted of, or Pleaded Guilty or "No Contest" to, a Misdemeanor or Felony Involving Sexual Misconduct?

Yes No If yes, When _____ What State _____

Explain:

In connection with this Application for the location listed above. You hereby deposit with us the sum of \$25 (the "Application Fee"). The Application Fee is a non-refundable application fee for processing this Application and will not be refunded to you.

By accepting the Application Fee from you, we are not obligated to approve this Application or rent the Apartment Home to you. Our approval of this Application is contingent upon our receipt of a satisfactory report of your rental history, credit history and other information that we deem necessary.

By signing this Application, you certify that all persons over eighteen years of age who will be occupying the Apartment Home have completed and provided to us a separate Application for Residency and that each such occupant of the Apartment Home will sign the Lease at the time required by us.

You authorize us, through our designated agent or employees, to obtain and verify all credit information for the purpose of determining whether or not to lease the Apartment Home to you. You understand that should you enter into the Lease for the Apartment Home, we and our designated agents and employees will have a continuing right to review your credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

Signature of Applicant

____/____/____
Date

Signature of Management

____/____/____
Date