



Keys Lake Villas
 106003 Overseas Hwy - Key Largo, FL 33037
 www.KeysLakeVillas.com
 Office (305) 809-6088 Fax (305) 735-4441

RENTAL APPLICATION

Applicants 18 years of age or older must complete an application

DATE: _____

TIME: _____

FOR OFFICE USE ONLY	<input type="checkbox"/> Approved <input type="checkbox"/> Declined Date Notified: _____
	Apartment # _____
	Apartment Size _____ Move-In Date _____
	Security Deposit _____ Application Fee _____
	\$ _____ \$ _____
	Lease Term _____ Monthly Rent _____
Concession \$ _____	
RE PERMIT #: _____	_____
LEASING CONSULTANT: _____	_____

	APPLICANT	Spouse / Domestic Partner
Full Name (Last, First, M.I.)	_____	_____
Social Security Number	_____	_____
Date of Birth	_____	_____
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> (Must be registered with County)	
Cars (Color/Make/Lic#/State/Year)	_____	_____
Driver's License Number	_____	_____
Email Address	_____	_____
Contact Phone No. - Home/Cellular	_____	_____
Pets <input type="checkbox"/> Yes <input type="checkbox"/> No	Size of Pet: _____	Type of Pet: _____
Number of pets:	_____	_____

OTHERS TO RESIDE IN THE APARTMENT:

Full Legal Name	Relationship to Applicant	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT	Spouse / Domestic Partner
PRESENT ADDRESS:	PRESENT ADDRESS:
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
Monthly Payment _____ Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>	Monthly Payment _____ Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>
Dates _____ From: _____ To: _____	Dates _____ From: _____ To: _____
Landlord/Lender _____	Landlord/Lender _____
Phone _____	Phone _____

APPLICANT	Spouse / Domestic Partner
PREVIOUS ADDRESS:	PREVIOUS ADDRESS:
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
Monthly Payment _____ Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>	Monthly Payment _____ Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>
Dates _____ From: _____ To: _____	Dates _____ From: _____ To: _____
Landlord/Lender _____	Landlord/Lender _____
Phone _____	Phone _____

APPLICANT	Spouse / Domestic Partner
CURRENT EMPLOYER APPLICANT:	CURRENT EMPLOYER SPOUSE:
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Work Phone _____	Work Phone _____
Date of Hire _____	Date of Hire _____
Annual Income \$ _____	Annual Income \$ _____
Supervisor _____	Supervisor _____
Fax Number _____	Fax Number _____

APPLICANT	Spouse / Domestic Partner
PREVIOUS OR OTHER EMPLOYER APPLICANT:	PREVIOUS OR OTHER EMPLOYER SPOUSE:
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Work Phone _____	Work Phone _____
Date of Hire _____ Ending date _____	Date of Hire _____ Ending date _____
Annual Income \$ _____	Annual Income \$ _____
Supervisor _____	Supervisor _____
Fax Number _____	Fax Number _____

ANNUAL INCOME

Do you or your spouse / domestic partner have income from:

			Applicant	Spouse / Domestic Partner	
Self-Employment	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Unemployment Benefits	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Worker's Compensation	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Social Security	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Pensions	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Retirement	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Do you receive Child Support/Alimony?	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Other	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Have you ever been evicted?			YES or NO (Circle One)	YES or NO (Circle One)	
Have you ever been convicted of a felony?			YES or NO (Circle One)	YES or NO (Circle One)	

RELATIVE/EMERGENCY CONTACT:	RELATIVE/EMERGENCY CONTACT:
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Email _____	Email _____
Relationship: _____	Relationship: _____

By signing this application for residency I acknowledge the following:

In the event that the Applicant becomes a resident in Owner's apartment community, Applicant's execution of this Application shall authorize the Owner, in the event of the Applicant's death to; (i) grant to the person designated above access to the Applicant's unit at a reasonable time and in the presence of the Owner or the Owner's agent; (ii) allow this person to remove any of the Applicant's property or any other contents found in the Applicant's unit or any of the Applicant's property located in the mailbox, storerooms or common areas; and (iii) refund the Applicant's security deposit, loss lawful deductions, to this person. Applicant also authorizes the Owner to

allow this person access to remove all contents of the unit as well as property in the mailbox, storerooms and common areas in the event that Applicant becomes seriously ill.

AUTHORIZATION: Applicant represents that all of the above information is true and complete and authorizes the verification of same and performance of a credit check on Applicant as appropriate by all available means. **In the event that Applicant provides any false or misleading information in this Application, Owner shall have the right to automatically reject this Application and the Application Deposit will be automatically forfeited by the Applicant.** Applicant further acknowledges that an investigative consumer report includes information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, of the Applicant may be made and that any person on which an investigative consumer report will be made has the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and also has the right to request a written summary of the person's right under The Fair Credit Reporting Act. **Applicant hereby authorizes the Owner or the Owner's Agent to obtain and hereby instructs any consumer reporting agency designated by Owner or Owner's Agent to furnish a consumer report under The Fair Credit Reporting Act to Owner or Owner's Agent to use such consumer report in attempting to collect any amount due and owing under this Application, the Applicant's lease (to be executed after Application approval) or for any other permissible purpose.**

SECURITY DEPOSIT: If my application is accepted, I understand the security deposit (Pet and Premises) will become my refundable security deposit upon meeting the terms of lease and the community rules and regulations. If, for any reason management decides to decline my application, then management will refund this good faith deposit, excluding the application fee, to me in full. If this application is approved, and I fail to occupy the premises on the agreed upon date, except for delay caused by construction or the holding over of a prior resident, I understand that management will assess damages against the deposit for the amount of rental loss of any expenses incurred due to my cancellation. As these costs are difficult to ascertain I agree to forfeit the refundable portion of the security deposit (premises only) as liquidated damages for the apartment I agreed to occupy. A credit, eviction, and criminal background check will be done in order to qualify for residency. I have received, read, and understand the resident selection policy for the property at which I am applying. I hereby authorize the release of the information requested, including release of information by any bank or savings and loan, employer (present and former), and any lender.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Management Representative Signature: _____ Date _____

EQUAL HOUSING OPPORTUNITY
 We Do Business in Accordance With the Federal Fair Housing Law
 It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap,
 Familial Status, or National Origin

