

# WOODHAVEN VILLAS - APPLICATION FOR RESIDENCY

**PLEASE FILL OUT COMPLETELY - THANK YOU**

**!!!!!!!!!!!!!!EVERY ADULT (18 OR OLDER) MUST PROVIDE A COPY OF DRIVERS LICENSE, IDENTIFICATION CARD AND SOCIAL SECURITY CARD WITH THIS APPLICATION!!!!!!!!!!!!!!**

**APPLICANT** NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SS#: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_  
SINGLE  MARRIED  DIVORCED  SEPARATED  EMAIL ADDRESS: \_\_\_\_\_  
CELL PHONE#: \_\_\_\_\_ HOME PHONE#: \_\_\_\_\_ WORK PHONE # \_\_\_\_\_  
HAVE YOU EVER BEEN CONVICTED OF A FELONY/MISDEMEANOR? NO  YES  IF YES, WHEN \_\_\_\_\_  
HAVE YOU EVER HAD AN EVICTION FILED AGAINST YOU? NO  YES  IF YES, WHEN \_\_\_\_\_  
HAVE YOU EVER FILED FOR BANKRUPTCY? NO  YES  IF YES, WHEN \_\_\_\_\_  
CURRENT ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ APT COMPLEX NAME: \_\_\_\_\_  
MOVE-IN DATE: \_\_\_\_\_ LANDLORD'S NAME \_\_\_\_\_ PHONE# \_\_\_\_\_  
LANDLORD'S ADDRESS \_\_\_\_\_ END OF LEASE DATE \_\_\_\_\_  
PREVIOUS ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ MOVE-IN DATE \_\_\_\_\_ MOVE-OUT DATE \_\_\_\_\_  
LANDLORD'S ADDRESS \_\_\_\_\_ NOTICE GIVE? \_\_\_\_\_  
SOURCE OF INCOME AT THIS TIME: EMPLOYMENT \_\_\_\_\_ SS/DISABILITY \_\_\_\_\_ CHILD SUPPORT \_\_\_\_\_  
CURRENT EMPLOYER: \_\_\_\_\_ START DATE: \_\_\_\_\_  
SALARY \$ \_\_\_\_\_ (WEEKLY, BI-WEEKLY, MONTHLY) POSITION: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_  
OTHER SOURCE OF INCOME: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ (WEEKLY, BI-WEEKLY, MONTHLY)  
DO YOU HAVE PETS OF ANY KIND? NO  YES  IF YES, HOW MANY PETS DO YOU HAVE: \_\_\_\_\_  
TYPE OF PET/BREED \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR \_\_\_\_\_ NAME \_\_\_\_\_  
TYPE OF PET/BREED \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR \_\_\_\_\_ NAME \_\_\_\_\_

(Maximum number of pets allowed on the premises is limited to two (2). **Maximum weight allowed is 25 lbs. at full grown.** No pet is allowed on the premises without prior written approval of the Landlord, the signing of a "pet Agreement" and the payment amount of \$500.00 Pet Deposit paid (\$350.00 non-refundable). Pit Bulls, Rottweilers, Doberman Pinschers, German Shepherds and Chow Chows are not permitted on the premises at any time and will not be approved as pets. All pets must be up to date on shots, registered with Animal Care & Control and proof must be provided with this application along with a picture of the pet(s).

**CO-APPLICANT** NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SS#: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_  
SINGLE  MARRIED  DIVORCED  SEPARATED  EMAIL ADDRESS: \_\_\_\_\_  
CELL PHONE#: \_\_\_\_\_ HOME PHONE#: \_\_\_\_\_ WORK PHONE # \_\_\_\_\_  
HAVE YOU EVER BEEN CONVICTED OF A FELONY/MISDEMEANOR? NO  YES  IF YES, WHEN \_\_\_\_\_  
HAVE YOU EVER HAD AN EVICTION FILED AGAINST YOU? NO  YES  IF YES, WHEN \_\_\_\_\_  
HAVE YOU EVER FILED FOR BANKRUPTCY? NO  YES  IF YES, WHEN \_\_\_\_\_  
CURRENT ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ APT COMPLEX NAME: \_\_\_\_\_  
MOVE-IN DATE: \_\_\_\_\_ LANDLORD'S NAME \_\_\_\_\_ PHONE# \_\_\_\_\_  
LANDLORD'S ADDRESS \_\_\_\_\_ END OF LEASE DATE \_\_\_\_\_  
PREVIOUS ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ MOVE-IN DATE \_\_\_\_\_ MOVE-OUT DATE \_\_\_\_\_  
LANDLORD'S ADDRESS \_\_\_\_\_ NOTICE GIVE? \_\_\_\_\_  
SOURCE OF INCOME AT THIS TIME: EMPLOYMENT \_\_\_\_\_ SS/DISABILITY \_\_\_\_\_ CHILD SUPPORT \_\_\_\_\_  
CURRENT EMPLOYER: \_\_\_\_\_ START DATE: \_\_\_\_\_  
SALARY \$ \_\_\_\_\_ (WEEKLY, BI-WEEKLY, MONTHLY) POSITION: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_  
OTHER SOURCE OF INCOME: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ (WEEKLY, BI-WEEKLY, MONTHLY)  
DO YOU HAVE PETS OF ANY KIND? NO  YES  IF YES, HOW MANY PETS DO YOU HAVE: \_\_\_\_\_  
TYPE OF PET/BREED \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR \_\_\_\_\_ NAME \_\_\_\_\_  
TYPE OF PET/BREED \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR \_\_\_\_\_ NAME \_\_\_\_\_

Apt. # _____	Address _____	Move-in Date _____
Deposit Amount \$ _____	Date Received _____	Move-in Pkg. given _____
FP&L Verified _____	App fee paid/date _____	Palm Springs Utilities Verified _____

**OTHERS TO OCCUPY THE APARTMENT:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NUMBER OF VEHICLES: \_\_\_\_\_ NON-VEHICLES: \_\_\_\_\_  
MAKE/MODEL \_\_\_\_\_ YR \_\_\_\_\_ COLOR \_\_\_\_\_ TAG# \_\_\_\_\_ ST \_\_\_\_\_  
MAKE/MODEL \_\_\_\_\_ YR \_\_\_\_\_ COLOR \_\_\_\_\_ TAG# \_\_\_\_\_ ST \_\_\_\_\_

**PERSONAL REFERENCES (NO FAMILY MEMBERS):**

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY (PLEASE NAME SOMEONE WHO DOES NOT LIVE WITH YOU):**  
NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_

**REFERRED TO US BY: FRIEND \_\_\_ DRIVE BY \_\_\_ PRESENT RESIDENT \_\_\_ PAST RESIDENT \_\_\_ OTHER \_\_\_\_\_**

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**NON-REFUNDABLE APPLICATION FEE.....**Applicant(s) must pay to the Landlord herewith the sum of \$ **50.00 for each adult** \_\_\_\_\_, **(CASHIER'S CHECK OR MONEY ORDER ONLY)**, as a **NON-REFUNDABLE APPLICATION FEE** to defray the charges paid by the Landlord and/or Management Company to credit information vendors during the application process.

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 an 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 and hereby authorizes Landlord to conduct such investigation. Applicant agrees that if Applicant provides any false, misleading or misrepresented information, this may result in the application being rejected, will void a lease/rental agreement if any, and/or be ground for immediate eviction and any other remedies as provided by the lease terms and Florida law. 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. Applicant agrees to release, indemnify and hold Landlord harmless from any liability or claim arising out of such investigation and any information obtained as a result thereof.

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**APARTMENT DEPOSIT AGREEMENT.....**Applicant must pay \$ \_\_\_\_\_ Current rental rate/by office, as of \_\_\_\_\_ Date paid/by office\_ (subject to change). **(Cashier's Check or Money Order ONLY)** for an **APARTMENT DEPOSIT** in consideration for taking an apartment off the market while the application is being processed. If the applicant is approved, a Lease entered into and the applicant moves into the apartment, the **APARTMENT DEPOSIT** shall be applied toward the **SECURITY/DAMAGE DEPOSIT**. If within three-(3) days of either written or verbal notice of approval the applicant then fails to enter into a Lease, whether or not the applicant takes possession of the apartment, the full **APARTMENT DEPOSIT** shall be retained by the Landlord to defray the value of the lost opportunity to rent the apartment to another prospect, as well as to reimburse Landlord for Landlord's personnel time, costs and expenses incurred during the approval process.

The "**APARTMENT DEPOSIT**" shall be promptly refunded only if applicant is not approved. If the applicant is approved, at the time of Lease signing, additional money may or may not be required to make up the difference between the **APARTMENT DEPOSIT** and the **SECURITY/DAMAGE DEPOSIT**. Nothing in this agreement shall be construed as a representation by the landlord that the applicant shall be approved as a resident.

**I HAVE READ AND AGREE TO THE PROVISIONS STATED ABOVE:**

\_\_\_\_\_  
PRINT NAME OF APPLICANT SIGNATURE OF APPLICANT DATE  
\_\_\_\_\_  
PRINT NAME OF CO-APPLICANT SIGNATURE OF CO-APPLICANT DATE



**Important Information Needed**

Please fill out the following information completely for everyone who is applying to live in Woodhaven Villas. Please list the NAMES, EMPLOYERS and EMPLOYERS PHONE NUMBERS of **ALL** adult occupants that will be living in your apartment if approved. In addition, **include the names of all children and their ages**. If any occupants reach the age of majority (18 years of age) during the term of the Lease, Landlord will have the right to require background checks on such occupants as a condition of such occupants remaining on the Premises.

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Age if minor OR Work \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Age if minor OR Work \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Age if minor OR Work \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Age if minor OR Work \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Age if minor OR Work \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency contact name & number: \_\_\_\_\_

**Do not use "your" personal information for the emergency contact information.**

Are you or any member of your family that will be residing in Woodhaven Villas employed by any branch of the U. S. Military? No \_\_\_ Yes \_\_\_ what branch of the Military? \_\_\_\_\_

Please list your cell/home phone number: \_\_\_\_\_

Do you have any pets? YES: \_\_\_\_\_ NO: \_\_\_\_\_ WHAT KIND: \_\_\_\_\_

Must provide a copy of up to date shot records for ALL pets before a lease can be given.

Do you have a satellite dish? YES \_\_\_ NO \_\_\_ Do you plan to obtain a satellite dish? YES \_\_\_ NO \_\_\_

How many vehicles do you have? \_\_\_\_\_

If any of this information changes, I am aware that I need to notify the office of the changes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Vehicle Registration

It is important if at any time you change vehicles or downsize in vehicles you must let the office know the new status. Reminder, that there is a limit of two- (2) vehicles per unit.

A separate registration form must be filled out for each vehicle.

Vehicle License Number \_\_\_\_\_

Name on registration \_\_\_\_\_

Address on registration \_\_\_\_\_

Expiration date on the registration \_\_\_\_\_

Make of Vehicle \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_

Operator's License Number \_\_\_\_\_

State of Vehicle Registry \_\_\_\_\_

Occupants Signature \_\_\_\_\_ Date \_\_\_\_\_

Occupants Signature \_\_\_\_\_ Date \_\_\_\_\_

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Vehicle License Number \_\_\_\_\_

Name on registration \_\_\_\_\_

Address on registration \_\_\_\_\_

Expiration date on the registration \_\_\_\_\_

Make of Vehicle \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_

Operator's License Number \_\_\_\_\_

State of Vehicle Registry \_\_\_\_\_

Occupants Signature \_\_\_\_\_ Date \_\_\_\_\_

Occupants Signature \_\_\_\_\_ Date \_\_\_\_\_