

Villa Ravine Apartments
1500 NW 16th Avenue
Gainesville, FL 32605
352-377-9710 phone

Rental Application: Thank you for your interest in Villa Ravine. Please have all applicants complete the application and sign where indicated.

What is your expected move in date? _____

How did you hear about us? _____

Why did you choose to rent here? _____

General Information

Applicant 1:

Full Legal Name: _____

Present Phone #: _____ E-mail: _____

Convicted, plead guilty, no-contest, received probations, deferred adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime, or misdemeanor assault against another person? Yes _____ No _____

If yes, please explain: _____

Gender: Male _____ Female _____ Date of Birth: _____

Marital Status: _____ SS#: _____

Driver's License # _____ State: _____ Exp.: _____

Applicant 2:

Full Legal Name: _____

Present Phone #: _____ E-mail: _____

Convicted, plead guilty, no-contest, received probations, deferred adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime, or misdemeanor assault against another person? Yes _____ No _____

If yes, please explain: _____

Gender: Male _____ Female _____ Date of Birth: _____

Marital Status: _____ SS#: _____

Driver's License # _____ State: _____ Exp.: _____

Applicant 3:

Full Legal Name: _____

Present Phone #: _____ E-mail: _____

Convicted, plead guilty, no-contest, received probations, deferred adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime, or misdemeanor assault against another person? Yes _____ No _____

If yes, please explain: _____

Gender: Male _____ Female _____ Date of Birth: _____

Marital Status: _____ SS#: _____

Driver's License # _____ State: _____ Exp.: _____

Applicant 4:

Full Legal Name: _____

Present Phone #: _____ E-mail: _____

Convicted, plead guilty, no-contest, received probations, deferred adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime, or misdemeanor assault against another person? Yes _____ No _____

If yes, please explain: _____

Gender: Male _____ Female _____ Date of Birth: _____

Marital Status: _____ SS#: _____

Driver's License # _____ State: _____ Exp.: _____

Other Residents:

Name:	DOB:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Information

Applicant 1:

Employer: _____

Employer Address: _____

Supervisor: _____ Phone #: _____

Position: _____ Start date: _____ Salary: _____

Additional income: _____

Applicant 2:

Employer: _____

Employer Address: _____

Supervisor: _____ Phone #: _____

Position: _____ Start date: _____ Salary: _____

Additional income: _____

Applicant 3:

Employer: _____

Employer Address: _____

Supervisor: _____ Phone #: _____

Position: _____ Start date: _____ Salary: _____

Additional income: _____

Applicant 4:

Employer: _____

Employer Address: _____

Supervisor: _____ Phone #: _____

Position: _____ Start date: _____ Salary: _____

Additional income: _____

Emergency ContactApplicant 1:

Name: _____ Relationship: _____

Address: _____

Phone #: _____ E-mail: _____

In the event of serious illness, death, or other circumstances that would make you unavailable, can this emergency contact remove your property from your apartment or common area? Yes _____ No _____

Applicant 2:

Name: _____ Relationship: _____

Address: _____

Phone #: _____ E-mail: _____

In the event of serious illness, death, or other circumstances that would make you unavailable, can this emergency contact remove your property from your apartment or common area? Yes _____ No _____

Applicant 3:

Name: _____ Relationship: _____

Address: _____

Phone #: _____ E-mail: _____

In the event of serious illness, death, or other circumstances that would make you unavailable, can this emergency contact remove your property from your apartment or common area? Yes _____ No _____

Applicant 4:

Name: _____ Relationship: _____

Address: _____

Phone #: _____ E-mail: _____

In the event of serious illness, death, or other circumstances that would make you unavailable, can this emergency contact remove your property from your apartment or common area? Yes _____ No _____

Rental History

Applicant 1:

Have you been evicted, sued for rent or property damages or broken a lease?

Yes _____ No _____

If yes, please explain: _____

Name of current residence: _____

Current address: _____

Current Rent: _____ Move in date: _____

Reason for leaving: _____

Present Landlord or Mortgage Co.: _____

Landlord Phone #: _____

Applicant 2:

Have you been evicted, sued for rent or property damages or broken a lease?

Yes _____ No _____

If yes, please explain: _____

Name of current residence: _____

Current address: _____

Current Rent: _____ Move in date: _____

Reason for leaving: _____

Present Landlord or Mortgage Co.: _____

Landlord Phone #: _____

Applicant 3:

Have you been evicted, sued for rent or property damages or broken a lease?

Yes _____ No _____

If yes, please explain: _____

Name of current residence: _____

Current address: _____

Current Rent: _____ Move in date: _____

Reason for leaving: _____

Present Landlord or Mortgage Co.: _____

Landlord Phone #: _____

Applicant 4:

Have you been evicted, sued for rent or property damages or broken a lease?

Yes _____ No _____

If yes, please explain: _____

Name of current residence: _____

Current address: _____

Current Rent: _____ Move in date: _____

Reason for leaving: _____

Present Landlord or Mortgage Co.: _____

Landlord Phone #: _____

Vehicle Information

Applicant 1:

Vehicle type: _____ Make: _____ Year: _____
 Model: _____ Color: _____ Tag#: _____ State: _____

Applicant 2:

Vehicle type: _____ Make: _____ Year: _____
 Model: _____ Color: _____ Tag#: _____ State: _____

Applicant 3:

Vehicle type: _____ Make: _____ Year: _____
 Model: _____ Color: _____ Tag#: _____ State: _____

Applicant 4:

Vehicle type: _____ Make: _____ Year: _____
 Model: _____ Color: _____ Tag#: _____ State: _____

Pets

Applicant 1:

Type: _____ Breed: _____ Size (lbs): _____
 Color: _____ Age: _____ Name: _____

Applicant 2:

Type: _____ Breed: _____ Size (lbs): _____
 Color: _____ Age: _____ Name: _____

Applicant 3:

Type: _____ Breed: _____ Size (lbs): _____
 Color: _____ Age: _____ Name: _____

Applicant 4:

Type: _____ Breed: _____ Size (lbs): _____
 Color: _____ Age: _____ Name: _____

Do you have a waterbed? Yes____ No____

Note:

We reserve the right to obtain credit and criminal background history report on all applicants. Management reserves the right to accept or deny applications for any reason based upon current qualification requirements. The application fee is non-refundable. If any advance deposits are paid, they are non-refundable. If your application is accepted and you do not sign a lease for any reason, the deposit will be retained.

I therefore represent this application and its contents to be accurate and complete
By signing below, I consent to the release of any and all information required for application processing, including any and all references given.

Applicant 1

Date

Applicant 2

Date

Applicant 3

Date

Applicant 4

Date

Villa Ravine Apartments
Office 352-377-9710
REQUEST FOR EMPLOYMENT VERIFICATION

TO: _____

DATE: _____
VIA: [] Mail
[] Fax
[] Phone

The person(s) named below has made application for apartment/housing rental with us. Your firm was listed as having employed this applicant, and he/she has signed a release regarding their employment information. Please answer the following questions and return to us at the above address or fax. Thank you so much for your assistance.

RE: **Employee Name:** _____

Employee Signature: _____

Current Address: _____

Social Security #: _____

Dates of employment: _____

Position held: _____

Salary: _____ per [] hour [] month [] year

Number of hours worked per week: _____

I attest the above information is true and correct and I have the authority to represent such information as evidence.

Signature and Title

Date

Villa Ravine Apartments
Office 352-377-9710
REQUEST FOR RESIDENCY VERIFICATION

TO: _____

DATE: _____
VIA: Mail
 Fax
 Phone

The person(s) named below has made application for apartment/housing rental with us. You were listed as having rented to the applicant, and he/she has signed a release regarding their former residency information. Please answer the following questions and return to us at the above address or fax. Thank you so much for your assistance.

RE: **Resident's Name:** _____

Resident's Signature: _____

Occupancy Address: _____

Move in date ___/___/___ Move out date ___/___/___ # of occupants in apt? _____

Was proper notice given? YES / NO. Was lease term fulfilled? YES / NO.

Monthly rent amount? _____. Any money owed at this time? YES / NO. If yes please explain:

NSFs? YES / NO. If yes, how many? _____. Late payments? YES / NO. If yes, how many? _____

Any issues with non-compliance of lease? YES/NO. If yes, please explain:

What is the condition of the above address? _____

Was the security deposit returned? YES/NO. If no, please explain:

Would you re-rent? YES / NO.

Comments:

I attest the above information is true and correct and I have the authority to represent such information as evidence.

Signature and Title

Date

For Office Use Only

Application fee received \$ _____ Date: _____

Advance deposit received \$ _____ Date: _____

Application _____ Approved _____ Disapproved

Employee Signature _____

Supervisor Signature _____

Assigned Unit # _____ Move In Date _____
Offered