

REMINGTON PLACE APARTMENTS

APPLICATION FEE
\$50 (per person /
married couple)

285 Lorine Drive #102
Altamonte Springs, FL 32714
Phone #: 407-682-3316 Fax #: 407-682-1479
www.remingtonplaceapartment.com
rpapts@yahoo.com

REFERRED BY _____
APARTMENT # _____

(Circle One)

ONE BEDROOM APPLICATION

FLOOR PREFERENCE
(Circle One)

7 Month lease - \$925.00 per month
12 Month lease - \$975.00 per month

1st 2nd 3rd

PLEASE PRINT (please answer all that apply. Incomplete applications will not be processed).

Name: _____ SS#: _____ DOB: _____

Spouse: _____ SS#: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____ Email: _____

Name of Apartment Complex: _____ Person Paid Rent to: _____

Telephone: (____) _____ Monthly Payment: \$ _____ From: _____ To: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Name of Apartment Complex: _____ Person Paid Rent to: _____

Telephone: (____) _____ Monthly Payment: \$ _____ From: _____ To: _____

Children(s) Names: 1) _____ 2) _____ 3) _____

Make / Year / License Number: 1) _____ 2) _____

Drivers License Number: _____ State: _____ Spouse: _____ State: _____

LIST ALL OCCUPANTS NAME W/AGE TO RESIDE IN APARTMENT (including children & roommates):

EMPLOYMENT DATA:

Current Employer: _____ Supervisor Name: _____

Address: _____ City: _____ State: _____

Phone #: (____) _____ From / To: _____ Position: _____ Gross Monthly Wages: \$ _____

Current Employer: _____ Supervisor Name: _____

Address: _____ City: _____ State: _____

Phone #: (____) _____ From / To: _____ Position: _____ Gross Monthly Wages: \$ _____

Spouse Employer: _____ Supervisor Name: _____

Address: _____ City: _____ State: _____

Phone #: (____) _____ From / To: _____ Position: _____ Gross Monthly Wages: \$ _____

HAVE YOU OR YOUR SPOUSE / ROOMMATE BEEN FOUND GUILTY FOR A CRIMINAL OFFENSE? _____

IF YES? PLEASE PROVIDE INFORMATION _____

FINANCIAL DATA / OTHER INCOME & ASSETS:

Checking Account: _____ Acct #: _____ opened _____

Bank Name Branch Address

Saving Account: _____ Acct #: _____ opened _____

Bank Name Branch Address

EMERGENCY CONTACT: _____ Phone: (____) _____ Cell: (____) _____

This is to inform you that as part of our procedure for processing your application, an investigative Consumer Report may be prepared whereby information is obtained through personal interviews, with your landlord, employer, or others with whom you are acquainted. This inquiry includes information as to your Character, general reputation, personal characteristics, mode of living, credit report, and criminal report. you have 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 (Fair Credit Reporting Act). I / we hereby agree, in the event of the approval of this application, to execute a lease in accordance with the terms set forth in this rental application and my / our rental liability shall commence on _____, 20____ pursuant to the terms of the Lease. That if I / We fail to sign the lease and / or pay agreed rental, security deposit, utility fees, or other required charges in this rental application accompanying this application shall be forfeited to the landlord. Accompanying deposit is non-refundable after 72 hours. Owner and / or agent reserve the right to reject this application and to refuse possession of the above mentioned accommodation. I / We have read the foregoing certify that the information Hearing is true and correct, that his application is submitted for the purpose of inducing approval of this application in my / our behalf.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____