

# REMINGTON PLACE APARTMENTS

APPLICATION FEE  
\$45 (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)

7 month lease \$710 / month (starting)  
12 month lease \$695 / month (starting)

FLOOR PREFERENCE  
(Circle One)

1st 2nd 3rd

PLEASE PRINT (please anser 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 RSIDE IN APARTMENT (including children & roommates):

\_\_\_\_\_

## EMPLOYMENT DATA:

Current Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ From / To: \_\_\_\_\_ Position: \_\_\_\_\_ Gross MonthlyWages: \$ \_\_\_\_\_

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 MonthlyWages: \$ \_\_\_\_\_

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 act 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 informaiton Hearing is true and correct, that his application is submitted for the purpose of inducing approval of this applicaton in my / our behalf.

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

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