

Application Fee: \$35.00 per Adult

**APPLICATION FOR RESIDENCY**

Central Florida Homeowner Solutions, LLC  
5703 Red Bug Lake Rd. #257, Winter Springs, FL 32708  
VOICE: (407) 538-7150 FAX: (407) 754-0964

APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ S.S.# \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

CURRENT HOME PHONE#: \_\_\_\_\_ PAGER OR CELL: \_\_\_\_\_

**LIST ALL ADDITIONAL OCCUPANTS:**

\_\_\_\_\_  
(NAME & AGE REQUIRED) (NAME & AGE REQUIRED) (NAME & AGE REQUIRED)

\_\_\_\_\_  
(NAME & AGE REQUIRED) (NAME & AGE REQUIRED)

PRESENT ADDRESS: \_\_\_\_\_ CITY/ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_ MOVE OUT: \_\_\_\_\_ LANDLORD NAME: \_\_\_\_\_

RENT: \$ \_\_\_\_\_ LANDLORDS PHONE #: \_\_\_\_\_ REASON FOR MOVING: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY/ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RENT: \$ \_\_\_\_\_ HOW LONG THERE: \_\_\_\_\_ REASON FOR MOVING: \_\_\_\_\_

PREVIOUS LANDLORD'S NAME & PHONE #: \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED: \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

Have you ever filed bankruptcy \_\_\_\_\_ If yes, when \_\_\_\_\_

**EMPLOYMENT**

CURRENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

GROSS MONTHLY INCOME \_\_\_\_\_ HOW LONG EMPLOYED \_\_\_\_\_

ADDITIONAL MONTHLY INCOME \_\_\_\_\_ SOURCE \_\_\_\_\_

AUTOMOBILE INFO: YEAR/ MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE & STATE \_\_\_\_\_ REGISTERED TO \_\_\_\_\_

**EMERGENCY CONTACT**

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

ADDRESS: \_\_\_\_\_ CITY/ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Applicant has submitted the sum of \$ \_\_\_\_\_ which is a "NON REFUNDABLE" payment for a credit check & processing charge of this application. Such sum is not a rental payment or security deposit. This amount will be retained by the LANDLORD to cover the cost of the processing the application as furnished by the applicant. Any false information will constitute grounds for rejection of application. This application will not be considered unless it is completed in its entirety.

**SECURITY DEPOSIT PAYMENT/ CREDIT RELEASE CLAUSE**

The undersigned warrants & represents that information on this rental application is true and correct. All person(s) or firms named may freely give any requested information concerning me, & I hereby waive all rights of action for any consequences resulting from such information. I also authorize Central Florida Homeowner Solutions, LLC or their authorized agents to run a full credit background check.

I hereby deposit \$ \_\_\_\_\_ with LANDLORD as a good faith deposit in connection with this application for residency. If my application is accepted, I understand this amount will be applied toward payment of my total security deposit \$ \_\_\_\_\_. If, for any reason, Landlord decides to decline my application, the Landlord will refund this good faith deposit to me in full. If Landlord approves this application and "I CHOOSE TO CANCEL MY POTENTIAL OCCUPANCY FOR ANY REASON" I UNDERSTAND I WILL FORFEIT MY DEPOSIT.

\_\_\_\_\_  
(APPLICANT SIGNATURE)

TITLE VIII of the CIVIL RIGHTS ACT of 1966 makes discrimination based on race, color, religion, sex or national origin illegal in connection with the rental of most housing. The Federal agency which administers compliance with this law concerning this company; Department of Housing & Urban Development, 1100 Commerce St., Dallas, TX., 75202, & Department of Housing & Urban Development, 1371 Peachtree St., Atlanta, GA.  
EQUAL CREDIT OPPORTUNITY ACT The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal agency which administers compliance with this concerning this company; Equal Credit Opportunity, Federal Trade Commission, Washington, D.C., 20580.