

**Brookwood Terrace Apartments**  
**2601 NW 23rd Boulevard**  
**Gainesville, FL 32605**  
**352-378-9052 phone**  
**352-372-6040 fax**

**Rental Application:** Thank you for your interest in Brookwood Terrace. 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 Contact**

Applicant 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: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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.

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Applicant 1

---

Date

---

Applicant 2

---

Date

---

Applicant 3

---

Date

---

Applicant 4

---

Date





**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: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
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

**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 \_\_\_\_\_