

**Richman Property Services, Inc.**

**BROOK HAVEN APARTMENTS**

7781 Crystal Brook Circle, Brooksville, FL 34601 Phone (352) 397-4340 Fax (352) 799-3235



**RENTAL APPLICATION**

All Applicants over 18 years of age must complete a separate application.

Please Print. To be filled out by Applicant only. Complete all fields or list NONE

Type of Unit Requested	1 Bedroom	2 Bedroom	3 Bedroom	Desired Move-in date: / /
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Would you or any member of the household benefit from an accessible unit? Yes No

If yes, please list features needed: \_\_\_\_\_

***Apartment Occupants***

List all dependents and other persons including absent household and unborn members that will be living in the apartment

Household member name	Relationship	Birth Date	Age	Male/ Female	Social Security Number
	Head of Household				

Do you anticipate any changes in the household composition in the next 12 months: Yes No

If yes, what is the change: \_\_\_\_\_ and when is it expected to occur: \_\_\_\_\_

***Applicant Information and Employment / Income History***

**Applicant Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**Current Marital Status:** Single Married Divorced Separated Widowed

**Have you lived in any other States and Counties of Residence since 1996** Yes No

If yes, please list the States and Counties \_\_\_\_\_

**Current Address** \_\_\_\_\_

Length of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_ Do you: Own Rent Monthly Rent/Payment \$ \_\_\_\_\_

Community/Landlord \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

**Previous Address** \_\_\_\_\_  
Street Apt # City State Zip  
 Length of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_ Do you: Own Rent Monthly Rent/Payment \$ \_\_\_\_\_  
 Community/Landlord \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Present Employer** \_\_\_\_\_ Position \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
Street Suite # City State Zip  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Date employed from: \_\_\_\_\_ Gross Weekly Salary \$ \_\_\_\_\_

**Previous Employer** \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Gross Weekly Salary \$ \_\_\_\_\_  
 Do you have any other employment: Yes No  
 If yes, list source: \_\_\_\_\_ Gross Weekly salary \$ \_\_\_\_\_

***Other Sources of Income and Household Asset Verification***

Do you receive any of the following:				
Income Source	Check Box		\$ Amount Received	List How It Is Received Weekly, Monthly, Annually
	Yes	No		
Social Security				
S.S. I. / S.S.D.				
Public Assistance				
Pension(s)				
Unemployment Compensation				
Disability / Workman's Compensation				
Child Support				
Alimony				
Annuity Payments				
Armed Forces Reserve				
Reoccurring Payments				
Foster Care /Adoption Maintenance				
Gift Contributions				
Other:				

***Student Eligibility Status***

Have you been a full-time student during the current calendar year: Yes No  
 Are you a current part-time student: Yes No  
 Are there any minors in the household that are full time students: Yes No  
 Does anyone in the household receive any type of scholarships and/or grants or any other source of income for schooling: Yes No  
 If yes, please provide the name of the scholarship/grant provider: \_\_\_\_\_  
 Total funding for tuition, books and living expenses anticipated in the next 12 months \$ \_\_\_\_\_

**Do you have any:**

Checking Accounts: Yes No Bank/s: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Accounts: Yes No Bank/s: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Other Accounts: Yes No Institution/s \_\_\_\_\_ Balance \$ \_\_\_\_\_

Trust Fund(s), Retirement/Pension(s), IRA(s) or 401k(s) Yes No

If yes, please list: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Property held for investments (i.e. gems, coins, paintings, antiques, cars, etc.): Yes No

If yes, please list items: \_\_\_\_\_ Value \$ \_\_\_\_\_

Do you have Whole Life Insurance: Yes No Policy # \_\_\_\_\_ Company \_\_\_\_\_

Cash value \$ \_\_\_\_\_ Amount of coverage \$ \_\_\_\_\_

**Do you own a home:** Yes No Mortgage Company \_\_\_\_\_ Loan # \_\_\_\_\_

Do you own property that is generating rental income: Yes No Annual income \$ \_\_\_\_\_

Have you disposed of any assets for less than fair market value in the past 2 years: Yes No

If yes, value of assets disposed \$ \_\_\_\_\_

**General Information**

Are you without or about to be without housing due to being displaced by Government Action or a Presidential Declared Disaster/Emergency? Yes No If yes, explain: \_\_\_\_\_

Do You Have a Section 8 Voucher? Yes No Source: \_\_\_\_\_

Do you have a pet? Yes No Breed \_\_\_\_\_ Weight \_\_\_\_\_

Have you ever been evicted from a rental property? Yes No

Do you have an automobile? Yes No How many? \_\_\_\_\_

Year & Make \_\_\_\_\_ Color \_\_\_\_\_ License plate & State \_\_\_\_\_

Year & Make \_\_\_\_\_ Color \_\_\_\_\_ License plate & State \_\_\_\_\_

**Have you or any member of your household who will be residing in the apartment ever been convicted of a:**

Misdemeanor: Yes No

Felony: Yes No

Sex related offense or subject to a state sex offender lifetime registration requirements: Yes No

Illegal manufacture, sale, distribution, use or possession of illegal drugs: Yes No

Crime of violence or threat to real property (i.e., home burglary, damage to property, vandalism, etc.) or adversely affect the health or safety of other tenants; or interfere with the rights and quiet enjoyment of other tenants: Yes No

If yes to any, describe: \_\_\_\_\_

APPLICANT AUTHORIZATION AND CERTIFICATION

By signing below Applicant authorizes the owner/manager to verify applicants and all other household members criminal background, contact current and/or previous landlords, obtain credit, eviction court record and sex offender registration information to verify any or all information provided on this application. Applicant understands that eligibility for housing will be based on applicable income limits and by management’s selection criteria.

Applicant represents that all of the above statements are true and complete and hereby authorizes verification of the above information. In addition to the foregoing, applicant has paid a non-refundable fee for costs and expenses in checking applicant’s credit and criminal background. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposits and may constitute a criminal offense under laws of this state.

APPLICATION PROCESSING CHARGE

Applicant has submitted the sum of \$ \_\_\_\_\_ which is a non-refundable fee for processing of the above application. Such sum is not a rental payment or security deposit. It is understood and agreed to between parties that in the event this application for said apartment is accepted or rejected by Management, that the said sum will be retained by Management to cover the costs of application processing as furnished by applicant.

APARTMENT HOLDING FEE

Applicant has deposited as “Apartment Deposit” in consideration of owners taking a dwelling unit off the market while considering approval of this application. If applicant is approved by the owner and the lease is entered into, the apartment deposit shall be credited to the required security deposit. If applicant fails to enter the lease, the “Apartment Deposit” shall be forfeited to the owner. Keys will be furnished only after lease and other rental documents have been properly executed by all parties, and only after applicable rent and security deposit have been paid. This application is preliminary only and does not obligate owner or owner’s agent to execute a lease or deliver possession of the proposed premises.

Deposit Holding Fee \$ \_\_\_\_\_ I understand that I may cancel this application within 48 hours after its submission and receive a full refund of this “deposit” within 30 days of the cancellation. If I cancel after 48 hours or refuse to enter into a lease on the agreed upon date for a stated apartment, then the sum deposited shall be retained by Owner to serve as liquidated damages it will suffer by reason of my failure to enter into residency.

**I have read and agree to the provisions as stated**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Management Representative

\_\_\_\_\_  
Date

<b><u>For Office Use Only</u></b>	
Referred by _____	Apartment Type _____
Address _____	Apartment # _____
Monthly rent \$ _____	Security Deposit \$ _____
Concession \$ _____ Set Aside _____ %	Move-in date _____