# **KBA Properties, LLC. RENTAL APPLICATION**

DATE: \_\_\_\_\_ ADE

MOVE IN DATE:\_\_\_\_\_

ADDRESS:	
RENT:	
LEASE TERM:	

### ONCE APPLICATION IS ACCEPTED, SECURITY DEPOSIT IS NOT REFUNDABLE UNLESS ALL LEASE REQUIREMENTS ARE MET. ALSO, THIS APPLICATION IS CONSIDERED PART OF THE LEASE AGREEMENT.

APPLICANT:	DOB:		
SOCIAL SECURITY #:	D/L #:		
CONTACT PHONE #'S:			
CURRENT ADDRESS:			
CITY-STATE-ZIP:			
TELEPHONE #:	MONTHLY PAYMENT:		
DATES OF RESIDENCY:			
CURRENT EMPLOYER:			
ADDRESS:			
JOB TITLE:	LENGTH OF EMPLOYMENT:		
WORK PHONE #:	GROSS MONTHLY INCOME:		
OTHER INCOME TO BE CONS	SIDERED:		
PREVIOUS EMPLOYER:			
ADDRESS:			
JOB TITLE:	LENGTH OF EMPLOYMENT:		
WORK PHONE #:	GROSS MONTHLY INCOME:		

## ANY PETS?\_\_Y \_\_ N IF YES, BREED & WEIGHT OR TYPE OF PETS:

LIST ALL OTHER PERSONS WHO WILL BE OCCUPYING THE APARMTMENT, BUT NOT ON THE LEASE:

NAME:		DOB:		
NAME:		DOB:		
NAME:		DOB:		
LIST ALL VEHICLES TO BE PARKED ON PREMISES:				
TYPE OF VEHICLE	YR:	D/L#	TAG#	
TYPE OF VEHICLE	YR:	D/L#	TAG#	
<ul> <li>HAS APPLICANT OR ANY O'</li> <li>a) BEEN EVICTED OR AS</li> <li>b) BROKEN A RENTAL A</li> <li>c) BEEN CONVICTED OF</li> <li>d) BEEN SUED FOR NON</li> <li>e) BEEN SUED FOR DAM</li> </ul>	SKED TO N GREEME F A FELON -PAYMEN	MOVE OUT? NT OR LEASE A Y? T OF RENT?	AGREEMENT?	
IF ANY OF THE ABOVE ANS	WERS AR	E "YES", PLEA	SE EXPLAIN BELOW:	

WHY ARE YOU LEAVING YOUR PRESENT RESIDENCE?

HOW DID YOU HEAR ABOUT OUR PROPERTY?\_\_\_\_\_

PLEASE GIVE NAME OF REFERRING RESIDENT;\_\_\_\_\_

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

RELATIONSHIP:\_\_\_\_\_\_ HOME PHONE:\_\_

WORK PHONE: CELL PHONE:

### IT IS THE RESIDENT'S SOLE RESPONSIBILITY TO CARRY RENTAL INSURANCE FOR ALL THEIR PERSONAL PROPERTY

PET STANDARD:

- 1) ALL PETS MUST WEIGH NO MORE THAN 30 POUNDS unless otherwise Approved.
- 2) ONLY ONE PET PER APARTMENT/Unit.
- 3) THE PET FEE IS \$300.00 AND IS NON-REFUNDABLE.
- 4) ILLIEGALLY HAVING A PET IN YOUR APARMTENT/UNIT IS GROUNDS FOR EVICTION.
- 5) ALL PETS OUTSIDE MUST BE LEASHED AND WALKED ALONG THE PERIMETER FOR THEIR "TOILET" AND WASTE IS TO PICKED UP AND DISPOSED OF PROPERLY.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1) ARE YOU A CURRENT ABUSER OR ADDICT OF A CONTROLLED SUBSTANCE? \_\_\_Y \_\_\_N
- 2) HAVE YOU EVER BEEN CONVICTED OF THE ILLEGAL MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE?\_\_Y \_\_N

THE UNDERSIGNED STATES THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT. MANAGEMENT IS AUTHORIZED TO VERIFY SUCH INFORMATION BY CONSUMER REPORTS, RENTAL HISTORY REPORTS, CRIMINAL REPORTS, AND OTHER MEANS, BUT IS NOT REQUIRED TO MAKE VERIFICATIONS OR INVESTIGATIONS. FAILURE TO ANSWER THE ABOVE INOUIRIES OR GIVE FALSE INFORMATION ABOVE SHALL ENTITLE MANAGEMENT TO (1) REJECT THIS APPLICATION; (2) RETAIN THE APPLICATION FEE(S) AND DEPOSIT(S) AS LIQUIDATED DAMAGES FOR TIME AND EXPENSES OF PROCESSING THE APPLICATINS, AND (3) TERMINATE RESIDENT'S RIGHT OF OCCUPANCY. THE SECURITY DEPOSIT, WHEN IT IS ASCERTAINED TO BE REFUNDABLE WILL BE REFUNDED ACCORDING TO FLORIDA LAW. MANAGEMENT RESERVES THE RIGHT TO REGULARLY FURNISH INFORMATIN TO CONSUMER REPORTING AGENCIES ABOUT PERFORMANCE OF LEASE OBLIGATIONS BY THE UNDERSIGNED. SUCH INFORMATION MY BE REPORTED AT ANY TIME AND MY INCLUDE BOTH FAVORABLE AND UNFAVORABLE INFORMATION REGARDING THE UNDERSIGNED'S COMPLIANCE WITH THE LEASE. COMMUNITY POLICIES AND FINANCIAL OBLIGATIONS. MANAGEMENT HAS NO DUTY TO PROVIDE EMERGENCY CARE OF GIVE NOTICE OF AN EMERGENCY TO ANY PERSON AND SHALL NOT BE LIABLE TO THE UNDERSIGNED, OCCUPANT, OR ANY GUEST, FOR FAILURE TO DO SO. THE UNDERSIGNED IS RESPONSIBLE FOR

ANY AND ALL DAMAGES TO THEIR PERSONAL PROPERTY RESULTING FROM ANY CAUSE WHATSOEVER AND WAIVES ANY RIGHT TO PRIVACY IN REGARD TO RESEARCHING CRIMINAL HISTORY.

## PLEASE READ, UNDERSTAND AND COMPLETE IN FULL BEFORE SIGNING. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. THIS APPLICATION IS CONSIDERED PART OF THE RENTAL AGREEMENT.

SECURITY DEPOSIT \$	_ APPLICATION FEES\$
MANAGEMENT \$	_PET FEES \$
RENT \$ PRORATED	RENT FEES \$
DATE: APPLICANT'S SIG	GNATURE:
CELL PHONE # H	OME PHONE #
WORK PHONE #	
MANAGER / AGENT	
DATE OF ACCEPTANCE:	