



2220 SW 34th Street, Gainesville FL 32608
 Phone: (352) 376-2483 Fax: (352) 336-4214

OFFICE USE ONLY

DATE: ___/___/___ APP: \$ ___ DUE - PD. SD: \$ ___ DUE - PD
 SIZE: 1SM - 1LG - 2/1.3 - 2/2 PET: DEP \$ ___ FEE \$ ___ DUE - PD
 Prefs: GROUND LVL. - SECOND LVL. - POOLSIDE - PORCH/BALC.
 OTHER REQUESTS: _____
 RENTAL RATE(S): \$ _____
 PREF. M/I: ___/___/___ EXP.: ___/___/___ SPECIAL: _____
 AGENT: _____ APPROVED - DENIED - PEND: _____

PICCADILLY APARTMENTS RENTAL APPLICATION

APPLICANT NAME _____
 SS#/PP# _____ D.O.B. ___/___/___ AGE _____
 DRIVER'S LIC# _____ STATE _____
 MOBILE #: _____ WORK #: _____
 EMAIL: _____
 CURRENT/ FORMER ADDRESS: _____ ZIP: _____

CO-APPLICANTS (IF APPLICABLE *Separate applications required for each*)
 GUARANTOR/GUARANTEE (Cosigners Only): _____
 COSIGNER RELATION TO APPLICANT _____
 ROOMMATE #1 NAME _____
 ROOMMATE #2 NAME _____

OTHER OCCUPANTS UNDER 18 YEARS OF AGE: NAME: _____ AGE: _____
 NAME: _____ AGE: _____

***PETS: CAT(S): 1 2 MORE TYPE/BREED OF PET 1: _____ APPROX. WEIGHT: _____ lbs. SPAY/NEUT: Y N
 DOG(S): 1 2 MORE TYPE/BREED OF PET 2: _____ APPROX. WEIGHT: _____ lbs. SPAY/NEUT: Y N
 OTHER: 1 2 MORE EXPLAIN OTHER PET(S): _____

*** Please ask a leasing agent about all applicable pet regulations, deposits, and/or non-refundable pet fees. Pets may not be allowed in all apartments.

CURRENT LIVING ARRANGEMENTS

CURRENTLY RENTING? YES NO LENGTH OF RESIDENCE: ___ yrs. ROOMMATE(S): ___ TOTAL MONTHLY RENT/ MORTGAGE: \$ _____
 NAME OF LANDLORD/ COMMUNITY: _____ TEL#: _____
 CITY: _____ STATE: ___ LEASE EXPIRATION DATE: ___/___/___ WHY ARE YOU MOVING? _____
 IF NOT RENTING, EXPLAIN OTHER LIVING ARRANGEMENTS: _____
 OTHER RENTAL REFERENCE: _____

EMPLOYMENT / STUDENT STATUS

PRESENT EMPLOYER: _____ TEL.#: _____ AVG. INCOME PER MO. \$ _____
 POSITION: _____ HOW LONG? ___ yrs. SUPERVISOR: _____
 HIGHEST LEVEL EDUCATION COMPLETED: H/S VOCATIONAL ASSOCIATE BACHELOR MASTER DOCTORATE
 CURRENT STUDENT AT: _____ YEAR: _____ DEPARTMENT: _____
 OTHER FUNDS: \$ _____ LOAN GRANT/ SCHOLARSHIP 2ND JOB OTHER: _____

AUTOMOBILES

VEHICLE #1: _____ TYPE / COLOR / MAKE / MODEL
 VEHICLE #2: _____ TYPE / COLOR / MAKE / MODEL
 TAG #1: _____ TAG #2: _____ OTHER: _____

PERSONAL/ EMERGENCY INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, WHAT? _____
 PERSONAL REFERENCE: _____ TEL#: _____ EMAIL: _____
 DO YOU OWN A FIREARM? YES** NO IF YES, LIST TYPE(S)/QTY. HERE _____
 Note: All firearms/ammunitions are prohibited by the Lease unless declared and approved by Landlord in writing via a separate document.

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____
 TEL#: _____ ADDRESS: _____ EMAIL: _____

AUTHORIZATION

By signing this document, applicant hereby agrees to the following:

- 1) Applicant authorizes Piccadilly Apartments or any agent thereof to obtain a credit history, credit score, and background check through a professional information service of Piccadilly's choice, and rental history verification, employment history verification, and personal reference check through any contact listed on this form;
- 2) Falsification of any information above is grounds for denial of the applicant and/ or eviction if parties enter into a lease agreement;
- 3) The amount of \$ _____ has been accepted by Piccadilly Apartments to reserve an apartment as outlined above. This amount shall be held as liquidated damages in the event the applicant fails to enter into a lease or shall be applied toward security deposit once a lease is executed;
- 4) Application fee is non-refundable. The amount specified in #3 will be refunded **only if the applicant is denied by lessor** or as outlined in executed lease agreement;
- 5) Applicant hereby waives any claim for damages by reason of non-acceptance of this application, which Landlord may reject without stating the reason for so doing.
- 6) Applicant fully understands that all signed parties on any future joint lease are jointly and severally responsible for all provisions therein.

APPLICANT SIGNATURE: _____ DATE: _____ (See rental history verification on reverse)



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RENTAL HISTORY REQUEST

By signing this document, applicants agree to allow Piccadilly Apartments to conduct rental history verification, and hereby authorize any agent of the community listed to provide any and all information requested below.

-APPLICANTS ONLY-	_____	_____	____/____/____	____/____/____
	APPLICANT NAME	SIGNATURE	DATE	INTENDED MOVE-IN
	_____	_____	____/____/____	____/____/____
	APPLICANT NAME	SIGNATURE	DATE	INTENDED MOVE-IN
	_____	_____	____/____/____	____/____/____
	COMMUNITY NAME	UNIT NO.	LEASED SINCE	LEASED UNTIL

The individuals above have listed you or your community as Landlord for their most recent place of residence. A rental application has recently been completed for an apartment in our community, listing the above as an intended move-in date. Please provide any of the following information you may have on any resident listed above and fax or e-mail this form back to Piccadilly at your earliest convenience. We appreciate your cooperation and we thank you in advance for taking the time out of your busy schedule to answer these questions.

-LANDLORD / AGENT ONLY-	LEASED SINCE: ____/____/____	NUMBER OF ROOMMATES: _____
	LEASED UNTIL: ____/____/____	NUMBER OF LATE PAYMENTS: _____
	RENTAL RATE: \$ _____	LONGEST DELINQUENCY: _____ days
	PROPER NOTICE GIVEN: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP	NUMBER OF NSF CHECKS: _____
	EVICTED FILED: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER/TYPE OF PETS: _____
	IS THERE ANY PROPERTY DAMAGE OR OTHER CHARGES? <input type="checkbox"/> YES <input type="checkbox"/> NO UNPAID AMT: \$ _____	
	HAVE YOU HAD ANY COMPLAINTS ABOUT RESIDENT(S) FROM OTHER RESIDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF SO, PLEASE EXPLAIN: _____	
	HAVE YOU SERVED ANY NON-COMPLIANCE NOTICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF SO, PLEASE EXPLAIN: _____	
HAS THERE BEEN ANY SIGN OF PEST PROBLEMS? <input type="checkbox"/> NONE <input type="checkbox"/> FLEA <input type="checkbox"/> ROACH <input type="checkbox"/> BED BUG <input type="checkbox"/> OTHER		
WOULD YOU RENT TO THIS RESIDENT AGAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDITIONAL COMMENTS: _____ _____ _____		

COMPLETED BY: _____ AGENT OF: _____ DATE: _____