

Welcome to Huntington Place Apartment Homes!

We are pleased that you have chosen our community to be your new home. The following information should be helpful and answer some questions you may have. Please notify the post office of your new address.

YOUR NEW ADDRESS:

_____ **Huntington Place Drive, Sarasota, Florida 34237**

YOUR MONTHLY RENT \$ _____ is due on the first day of the month.

The keys to your new apartment home may be picked up on: _____

AFTER ALL PARTIES HAVE SIGNED THE LEASE and paid all monies due.

PLEASE MAKE ARRANGEMENTS FOR ALL TO SIGN BEFORE YOU NEED THE KEYS.

	Rent	Non-Refundable Fees	Refundable Deposits
Application Fee(s)		<u>\$49.00</u>	
Administration Fee		<u>\$50.00</u>	
Pro-rated Rent		_____	
Security Fee & Deposit		_____	<u>\$100.00</u>
Pet Fee and Deposit		_____	_____
Fitness Key		<u>\$25.00</u> (optional)	
Rental Insurance Fee		<u>\$100.00</u>	
Entry Remote		<u>\$25.00</u> (optional)	<u>\$25.00</u> (optional)
			Grand Total:
TOTAL BALANCE DUE:	_____	+	_____ = _____

For your convenience we have provided phone numbers to transfer your services:

ELECTRICITY- Florida Power and Light (941)917-0708—One day notice is required.

TELEPHONE/CABLE/INTERNET:

Verizon 877-346-7463 —72 Hours advance notice is required.

Comcast 941-8091431 Ask for Chris Ulman

Satellite dishes require insurance and must adhere to strict placement.

WATER AND SEWER: Will be transferred into your name by Huntington Place Apts. You will receive a bill to be paid with your rent on the first of the month.

RENTERS INSURANCE: We recommend this to all residents as we are not responsible for the interior contents of your home.

HUNTINGTON PLACE (941)951-1033 OFFICE (941) 951-1892 FAX

For Office Use
Application Date _____ Address Deposited On _____ Unit Type _____
Move In Date _____ Lease Term _____ Rental Rate _____ Rent Concession _____
App. Fee _____ Security Deposit _____ Admin. Fee _____ Pet Fee _____

Applicant's Name _____ Date of Birth _____ SS# _____
First M.I. Last

Drivers License No. & State _____ Marital Status _____ Single _____ Married _____
Divorced _____ Separated _____ Widower _____

Did you file a joint tax return last year? Yes _____ No _____

Are you a full time student? Yes _____ No _____

Spouses Name _____ Date of birth _____ SS# _____
First M.I. Last

Drivers License No. & State _____ Are you a full time student? Yes _____ No _____

All other persons who will occupy apartment	Relationship	Date of Birth	Student	Employed
1. _____	_____	_____	_____	or _____
2. _____	_____	_____	_____	or _____
3. _____	_____	_____	_____	or _____

Present Address _____
Dates From-To _____ Monthly Payment \$ _____ Home Phone # _____
Present Landlord/Mortgage Co. _____ Phone _____ Rent/Own (Circle)
Reason for moving _____ Moving from Apt./Condo/Home/Townhouse/Other (Circle)

Previous Address _____
Dates From-To _____ Monthly Payment \$ _____
Previous Landlord/Mortgage Co. _____ Phone _____ Rent/Own (Circle)
Reason for moving _____ Moving from Apt./Condo/Home/Townhouse/Other (Circle)

Have you, or your spouse ever been evicted from any leased premise? Yes _____ No _____
If yes explain _____

Present Employer _____ Position _____
Business Address _____ Phone _____
Street City S.t. Zip

Supervisor or H.R. Representative _____ Employed Since _____

Previous Employer _____ Position _____
Business Address _____ Phone _____
Street City S.t. Zip

Supervisor or H.R. Representative _____ Employed Since _____

Spouses Employer _____ Position _____
Business Address _____ Phone _____
Street City St Zip
Supervisor or H.R. Representative _____ Employed Since _____
Spouse's Previous Employer _____ Position _____

Business Address _____ Phone _____
Street City St Zip
Supervisor or H.R. Representative _____ Employed Since _____

Total Anticipated income from date of move in through the next 12 months
Annual Salary (Including Tips, Commission, Bonuses, and Overtime.) \$ _____
Annual Salary Spouse (Including Tips, Commissions, Bonuses, and Overtime.) \$ _____

Other Income Includes: Alimony, child support, aid to dependent children, welfare, unemployment, social security, Annuities, insurance policies, retirement benefits, pension, and other regular periodic payments. .Plases consult personnel for assistance.

Source of Income	Yearly Gross Amount	Contact	Phone
1 _____	\$ _____	_____	_____
2 _____	\$ _____	_____	_____

I have been awarded child support for minor (s) in my household? Yes _____ No _____

Emergency Contact Name _____ Relationship _____
Address _____ Phone# _____

2nd Emergency Contact Name _____ Relationship _____
Address _____ Phone# _____

Vehicle : Year, Make, & Model _____ Color _____ License No. & State _____
Vehicle : Year, Make, & Model _____ Color _____ License No. & State _____
Condition of Vehicle _____ All vehicle must be in good working condition.

Do you own a boat, motorcycle, camper, or recreational vehicle? Yes _____ No _____
description _____

Do you own any pets? Yes _____ No _____ If so, How many? _____ Breed _____ Weight _____ Age _____
Breed _____ Weight _____ Age _____

Have you or your spouse ever been convicted of a felony? Yes _____ No _____ If yes explain _____

I certify that I was referred to this community by: _____

Applicant has submitted the sum of \$ _____ which is a non refundable payment for a credit check and processing charge of this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover the cost of processing application as furnished by the applicant, any false information will constitute grounds for rejection of application.

I agree to pay the administration fee of \$ _____; which will be refunded to me in full if this application is not approved and accepted. Once approved, if I fail to take possession of the apartment, the administration fee will be forfeited. Upon acceptance and approval of this application, I agree to execute a lease agreement before possession is delivered and to pay the security deposit \$ _____ and other move in costs.

I certify that the facts set forth in this application for rental are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that a knowing and willful false statement on this application is grounds for rejection by the rental manager. I apply to lease the above described premises on substantially the terms set forth herein. I have been advised and understand that residency at this community entails certain income restrictions and that residency is subject to qualification. I agree that in addition to execution to a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under penalty of perjury. It is understood that the application is a part of the Lease and Resident hereby affirms that the statements and information contained in the application are true and correct and that the residents authority to the landlord to obtain credit information through the use of a Credit Reporting Agency, including, but not limited to credit verification skip tracing, or the collection of any delinquent accounts which the resident may maintain with the Landlord.

The applicant certifies that within the past five years he or she has not obtained the status as an alien lawfully admitted for temporary residence in the United States pursuant to Section 245A (adjusting of status of certain aliens who reside in the United States as lawful residents since before January 1, 1982) or Section 210A (determining as agricultural labor shortages and admission of additional special Agricultural Workers) of the Immigration and Nationality Act.

Signature

date

Spouses signature

date

Date _____

Applicant/Resident Name _____

Development Name Huntington Place Apartments

Unit Number/Identification _____

This rental community has received funding from a program which requires documentation of income as part of the qualification process for household residency.

TO: (Name and Address of Employer)

RETURN TO: (Rental Community Address)

Huntington Place Apts
3201 Huntington Place
Sarasota, FL 34237

I hereby authorize release of the information requested below in order to determine my eligibility for residency at the above rental community in the upcoming year.

Signature _____ Social Security # XXX-XX-

The following information is requested as part of the household qualification process. The information provided will remain confidential. Your assistance by completing this form and returning it in a timely manner will be greatly appreciated. Please call if you have questions.

Signature _____ Telephone Number _____

Printed Name _____ Title _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name _____ Job Title _____

Presently Employed? Yes Date First Employed _____ No Last Date Employed _____

Current Wages/Salary \$ _____ (check one) hourly weekly biweekly semi-monthly
 Monthly yearly Other _____

Average # regular hours per week _____ Year-to-date earnings \$ _____ through (date) _____

Overtime Rate \$ _____ per hour Average # of overtime hours per week _____

Shift Differential Rate \$ _____ per hour Average # of shift differential hours per week _____

Commissions, tips, bonuses \$ _____ (check one) hourly weekly biweekly semi-monthly
 Monthly yearly Other _____

List any anticipated change in the employee's rate of pay within next 12 months _____ Effective Date _____

If the employee's work is seasonal or sporadic, please indicate layoff period(s) _____

Additional Remarks _____

I hereby certify that the information supplied in this section is true and complete.

Signature _____ Completion Date _____

Printed Name _____ Title _____

Firm Name _____ Telephone _____

RESIDENT VERIFICATION

Date: _____

Attention: _____

Fax No.: _____

Please take a moment to fill out the following information on our future resident:

Property Name: HUNTINGTON PLACE

Resident's Name: _____ **Apt No:** _____

Lease Dates: _____

Rental Amount: \$ _____ **Notice Given?** _____ **Yes** _____ **No**

Late Payments? _____ **Yes** _____ **No** **If Yes, How many?** _____

NSF? _____ **Yes** _____ **No** **If Yes, How many?** _____

Additional Comments: _____

Confirmed by: _____ **Your Position:** _____

Prospective Resident's consent:

(Signature)

Date

Please fax back as soon as possible to (941) 951-1892

Thank you for your time and cooperation!

Huntington Place Apartments
3201 Huntington Place Drive, Sarasota, FL 34237
OFFICE (941) 951-1033 ~ FAX (941) 951-1892

Agent for Owner/Date

Complete only one form per household; include assets of children.

Household Name _____ Unit # _____
 Development Name Huntington Place City Sarasota

Complete all that apply for 1 through 6:

1. I (we) do not have any net family assets (as defined in 24 CFR 813.102) at this time.
2. I (we) hereby state that the combined value of net family assets does not exceed \$5,000 and the anticipated annual income from these assets is \$ _____.
3. I (we) hereby state that the combined value of net family assets exceeds \$5,000 and the anticipated annual income from these assets is \$ _____.
4. My (our) assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account	
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box	
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money Market Funds	
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds	
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts	
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds	
\$ _____	_____	\$ _____	Equity in Real Estate	\$ _____	_____	\$ _____	Land Contracts	
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital Investments	
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term insurance)					
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above (identify): _____					
\$ _____	_____	\$ _____	Personal property held as an investment (identify)**: _____					
\$ _____	_____	\$ _____	Other (identify): _____					

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to household members. Include only those amounts which are fully available.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

5. I (we) have not sold or given away assets (including cash, real estate, etc.) for less than fair market value (FMV) during the past two (2) years.
6. Within the past two (2) years, I (we) have sold or given away assets for more than \$1,000 below their fair market value (FMV). The difference between FMV and the amount received, for each asset on which this occurred is included above and is equal to a total of \$ _____.

Under penalty of perjury, I/we certify that the information presented in this affidavit is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant _____ Date _____ Applicant/Tenant _____ Date _____

Applicant/Resident Name _____

Development Name

Huntington Place Apartments

Unit Number/Identification _____

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to B	Go to C.1
B. I receive:		
1. Payment amount	\$ _____	
2. Frequency	_____	
3. Children's names	_____	
4. Name of source	_____	
	<i>Complete multiple affidavit forms if there are multiple sources.</i>	
5. Go to C.1		
C. 1. Have you been awarded child support by court order?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to C.2	Sign Form
2. Provide copy of entire document, enter amount of award \$ _____, and frequency _____; go to C.3.		
3. Is payment being received as awarded?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to 3.a	Go to 3.b
a. Indicate the manner by which payment is received and sign form.		
i. _____ Enforcement agency	Name _____ agency _____ <i>and provide agency print out</i>	
ii. _____ Court of Law	Name court _____	
iii. _____ Direct from responsible party	Name source _____ <i>and provide affidavit or statement from the source.</i>	
iv. _____ Other (Explain)	_____	
b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.		

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.		
Applicant/Resident Signature _____	Date _____	