



# Remi Properties, inc. Lease Application

1001 Cascade Circle, Rockledge, FL 32955  
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**Unmarried Co-Applicants Fill Out A Separate Application. Please Fill Out Form Completely.**

Last Name	First Name	Middle Name	Suffix - Jr. Sr.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth:	Social Security #:	Driver's Lic #:	State Issued:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse	First Name	Middle Name	Suffix - Jr. Sr.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth:	Social Security #:	Driver's Lic #:	State Issued:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Additional Occupants (If you need to add additional occupants, please list on a separate sheet of paper)

Name	Relationship	Age	Social Security #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Relationship	Age	Social Security #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Relationship	Age	Social Security #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Relationship	Age	Social Security #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Pets:

Quantity:	Type:	Breed:	Weight:	Age:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity:	Type:	Breed:	Weight:	Age:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How did you hear about us?	Why did you choose Fountain Villas Apartment Homes?
<input type="text"/>	<input type="text"/>

Desired Move-In Date	Why are you moving?
<input type="text"/>	<input type="text"/>

### Present Address (Please list 5 years of rental history. If more space is needed, list on a separate sheet of paper)

<input type="text"/>	Zip Code
<input type="text"/>	<input type="text"/>

Present Landlord / Mortgage Holder
<input type="text"/>

Length of Residence:	to	Monthly Rent / Mortgage: \$
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Previous Address

<input type="text"/>	Zip Code
<input type="text"/>	<input type="text"/>

Previous Landlord / Mortgage Holder
<input type="text"/>

Length of Residence:	to	Monthly Rent / Mortgage: \$
<input type="text"/>	<input type="text"/>	<input type="text"/>

### EMPLOYMENT

#### Present Employer

Employer Name
<input type="text"/>

Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

From	To	Annual Base Salary	Name and Position of Supervisor:
Month Day Year	Month Day Year	Starting Latest	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> \$ <input type="text"/>	

Term: Part-time	Full-time	Position/Job Title:	Phone Number of Supervisor:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

#### Previous Employer

Employer Name
<input type="text"/>

Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

From	To	Annual Base Salary	Name and Position of Supervisor:
Month Day Year	Month Day Year	Starting Latest	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> \$ <input type="text"/>	

Term: Part-time	Full-time	Position/Job Title:	Phone Number of Supervisor:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**Spouse's Employer** Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Annual Base Salary \_\_\_\_\_

Month Day Year Month Day Year Starting Latest Name and Position of Supervisor: \_\_\_\_\_

Term: Part-time  Full-time  Position/Job Title: \_\_\_\_\_ Phone Number of Supervisor: \_\_\_\_\_

**Spouse's Previous Employer** Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Annual Base Salary \_\_\_\_\_

Month Day Year Month Day Year Starting Latest Name and Position of Supervisor: \_\_\_\_\_

Term: Part-time  Full-time  Position/Job Title: \_\_\_\_\_ Phone Number of Supervisor: \_\_\_\_\_

**Other Income**

Source \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Source \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Per: \_\_\_\_\_

**Vehicle Information**

Year	Make	Model	License Tag	State Issued
Vehicle #1:				
Vehicle #2:				

**Emergency Contact Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Address** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

*If you have answer yes to any of the following questions, please explain the circumstance regarding the situation on the back of this sheet.*

Have you ever had an eviction filed or left owing money to a landlord? Applicant: Yes  No  Spouse: Yes  No

Have you applied for residency in the past 2 years, but did not move in? Applicant: Yes  No  Spouse: Yes  No

Have you ever had adjudication withheld or been convicted of a felony? Applicant: Yes  No  Spouse: Yes  No

**AUTHORIZATION OF RELEASE OF INFORMATION :** Applicant(s) represents that all the above information and statements on the Lease Application are true and complete, and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records and credit reports. This application must be signed before it can be processed by Management. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and or forfeiture of fees or deposits and may constitute a criminal offense under laws of this State.

**NON REFUNDABLE APPLICATION FEE:** Applicant(s) agrees to pay a non-refundable \$50 application fee per applicant.

**RESERVATION AGREEMENT:** Applicant(s) has paid an "Application Reservation Fee in the amount of the specified Security Deposit for the apartment requested in consideration of taking the dwelling unit off the market while considering the approval of this application. If Applicant(s) is approved and the contemplated lease is entered into, then on the day of the move-in the Application Reservation Fee will be credited towards payment of the security deposit. If the Applicant(s) is approved but fails to enter into the contemplated lease or fails to move in on the agreed upon date, the Application Reservation Fee will be retained by the owner as liquidated damages. The Application Reservation Fee will only be refunded if the Applicant(s) cancels this application with written notice within 72 hours, or if application is not approved; refunds will be sent via mail within 30 days of cancellation. 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. No oral agreements have been made.

\_\_\_\_\_  
Applicant Signature Date \_\_\_\_\_ Spouse's Signature Date \_\_\_\_\_

**For Office Use Only**

Application Fee \_\_\_\_\_ Hold Fee: \_\_\_\_\_ Date Application Approved / Declined \_\_\_\_\_

Monthly Rent Amount \$ \_\_\_\_\_ Unit \_\_\_\_\_ Move-In Date \_\_\_\_\_ Lease Term \_\_\_\_\_