



POINT WEST APARTMENT COMMUNITY

500 SW 34th Street, Gainesville FL 32607
Phone: (352) 372-3126 Fax: (352) 372-0821

OFFICE USE ONLY

DATE: ___/___/___ APP: \$ ___ DUE - PD. SD: \$ ___ DUE - PD
SIZE: 1Br - 2/1 - 2/1+ - 2/2 - 3/2 PET: DEP \$ ___ FEE \$ ___ DUE - PD
AGENT: _____ APPROVED - PEND: _____ - DENIED
PRE-LEASE: LEVEL: G - 1 - 2 - NO PREF. - POOLSIDE - BLD'G: ___
OTHER REQUESTS: _____ PREF. M/I: ___/___/___
RATE: \$ _____ SPECIAL: _____

POINT WEST APARTMENTS RENTAL APPLICATION

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

COSIGNER _____
SS#/PP# _____ D.O.B. ___/___/___ AGE _____
RELATIONSHIP TO APPLICANT: _____
MOBILE #: _____ WORK #: _____
EMAIL: _____

CURRENT/ FORMER ADDRESS: _____ ZIP: _____
COSIGNER/ FORMER ADDRESS: _____ ZIP: _____

OTHER OCCUPANTS (MINOR CHILDREN ONLY): NAME: _____ AGE: _____
NAME: _____ AGE: _____

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

*** Please be aware that dogs are **not allowed** in any apartment or common area at Point West at any time. Please ask a leasing agent about all applicable pet regulations, deposits, and/or non-refundable pet fees for all other pets. **Pets may not be allowed in some 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: _____

COSIGNER 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: _____ VEHICLE #2: _____
TYPE / COLOR / MAKE / MODEL TYPE / COLOR / MAKE / MODEL

TAG #1: _____ TAG #2: _____ OTHER: _____

PERSONAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, EXPLAIN: _____

PERSONAL REFERENCE: _____ TEL#: _____

ADDRESS: _____ EMAIL: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____

TEL#: _____ ADDRESS: _____ EMAIL: _____

AUTHORIZATION

By signing this document, applicants hereby agree to the following:

- 1) Applicant authorizes Point West Apartments or any agent thereof to obtain a credit history, credit score, and background check through a professional information service of Point West's choice, as well as rental history verification, employment history verification, and personal reference check through any contact listed herein;
- 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 Point West 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) Tenant 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.

SIGNATURE OF APPLICANT: _____ DATE: _____

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



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E-MAIL: pointwestapartments@gmail.com

RENTAL HISTORY REQUEST

By signing this document, applicants agree to allow Point West 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 Point West 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: _____
	EVICTON 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: _____