

Application for Rental
 Please have each resident submit a separate application

Urban Place Apartments 13401 N. 50th Street Tampa FL 33617
 (813)988-0298 phone (813)985-3412 fax

Date Completed _____

Please Tell Us About Yourself

NAME OF APPLICANT		DATE OF BIRTH		SOCIAL SECURITY #		DRIVERS LICENSE #	
NAME OF SPOUSE		DATE OF BIRTH		SOCIAL SECURITY #		DRIVERS LICENSE #	
APPLICANT'S PRESENT ADDRESS		CITY	STATE	ZIP	TELEPHONE		
PRESENT ADDRESS _____ OWN HOME _____ PARENT'S HOME _____ RENTED HOME _____ RENTED APARTMENT _____ STUDENT HOUSING		MONTHLY PAYMENT		HOW LONG?			
IF RENT-PRESENT LANDLORD OR APARTMENT COMMUNITY / IF OWN-NAME OF BANK OR MORTGAGE COMPANY							
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / BANK / MORTGAGE COMPANY				CITY	STATE	ZIP	TELEPHONE
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS)				CITY	STATE	ZIP	TELEPHONE
HAVE YOU EVER BEEN EVICTED BY A LANDLORD? _____ YES _____ NO							
LIST ALL OTHER PERSONS TO OCCUPY APARTMENT _____ ROOMMATES _____ CHILDREN							
MAKE OF CAR	YEAR	LICENSE #	STATE	OTHER VEHICLES (TRUCK, BOAT, MOTORCYCLE)			
MAKE OF CAR	YEAR	LICENSE #	STATE	OTHER VEHICLES (TRUCK, BOAT, MOTORCYCLE)			
PETS (KEEPING OF PETS REQUIRES A PET DEPOSIT AND OWNER'S CONSENT)				NAME	BREED	WEIGHT	AGE
NAME OF NEAREST RELATIVE		ADDRESS				TELEPHONE	
NAME OF PERSONAL REFERENCE		ADDRESS				TELEPHONE	

Please Tell Us About Your Job

NAME OF APPLICANT'S EMPLOYER		TYPE OF WORK		SUPERVISOR		HOW LONG?	
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME		TELEPHONE
FORMER EMPLOYER		TYPE OF WORK		SUPERVISOR		HOW LONG?	
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME		TELEPHONE
NAME OF SPOUSE'S EMPLOYER		TYPE OF WORK		SUPERVISOR		HOW LONG?	
SPOUSE'S WORK ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME		TELEPHONE
OTHER SOURCES OF INCOME				AMOUNT		WHEN RECEIVED	

Please Give Us The Following Information

How did you hear about us? _____ How far away do you work? _____ miles

Why are you leaving your present residence? _____

Have you previously been convicted of a felony? _____ Yes _____ No If yes, give details and dates: _____

Do you foresee any negative reporting on your credit history? _____ Yes _____ No If yes, give details and dates: _____

Any litigation, such as: evictions, suits, judgements, bankruptcies, foreclosures, etc.? _____ Yes _____ No If yes, give details and dates: _____

In case of emergency, notify _____ Telephone # _____

Street Address _____ City _____ State _____ Relationship _____

Please Read Carefully and Sign Below

Correct Information - Applicant represents that all of the above statements are true and complete. Applicant hereby authorizes verification of above information, references, credit and criminal records, and applicant releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of deposits and may constitute a criminal offense under the laws of this state. Applicant agrees to terms of the "Applicant Deposit Agreement" below.

Application Deposit Agreement - Applicant is required to pay the sum of \$ _____, in consideration for Owner taking the apartment off the market while considering approval of this application. Of this amount, \$ _____ is a non-refundable fee for processing the application and \$ _____ is a non-refundable community fee. The remaining \$ _____ is an application deposit in connection with this application. If the Applicant is approved by Owner and the contemplated lease is entered into, the application deposit shall be credited to the required security deposit. If Applicant notifies the Owner that Applicant wishes to withdraw this Application for Rental prior to approval, or if Applicant is approved, but fails to properly enter into the contemplated lease, then the entire sum of \$ _____ shall be forfeited to the Owner. If the application is not approved, the non-refundable community fee and the application deposit will be refunded. Keys will be furnished only after the contemplated lease and other rental documents have been properly executed by all parties, and only after applicable rental and security deposits have been paid. 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.

Amount required with application	_____
Amount paid	_____
Amount due	_____
Lease amount due	_____
Other deposits due	_____
Total before move-in	_____
Due on or	_____
Apartment #	_____
Apartment type	_____
Anticipated move-in date	_____
Lease type	_____

"I hereby consent to allow Blackhawk Realty Management, LLC through it's designated agent and its employees, to obtain and verify my credit information (including criminal background check) for the purpose of determining whether or not to lease to me an apartment. I understand that should I lease an apartment, Blackhawk Realty Management, LLC and its agent shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history for account review and for improving application methods."

I have read and agree to these provisions as stated.



EQUAL HOUSING OPPORTUNITY

Applicant's Signature _____

Spouse's Signature _____

Guarantor _____