**CALLAWAY BAY APARTMENTS**

**1406 S. BERTHE AVE #A-1 850.640.1076 OFFICE**

**CALLAWAY, FL 32404 callawaybay@gmail.com**

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| ***Fill out highlighted areas of the enclosed pages. If it’s not highlighted DO NOT FILL IT OUT******RENTAL APPLICATION POLICIES AND TENANT QUALIFICATION CRITERIA (CRITERIA SUBJECT TO CHANGE DEPENDANT ON COMMUNITY AND/OR MANAGEMENT DISCRETION)******CALLAWAY BAY APARTMENTS DOES BUSINESS IN*** ***ACCORDANCE WITH THE FAIR HOUSING ACT, AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, CREED,*** ***COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, FAMILIAL STATUS, SEXUAL*** ***ORIENTATION, OR ANY OTHER PROTECTED BASIS.***  |
| 1. A separate Rental Application is required for each adult, eighteen years of age or older, intending to occupy the Premises. Clear and readable photo identification (driver’s license, military ID, State ID, passport ID) must be presented with each Rental Application. Each Rental Application must be filled out completely and signed by the applicant. Complete Rental Applications include: “Rental Application Policies and Tenant Qualification Criteria,” “Rental Application Disclosure and Authorization,” and “Rental Application.” \_\_\_\_\_\_\_
2. A processing fee of $50.00 (per adult applicant) in official bank cashier’s check, or money order must accompany each Rental Application. ***Personal checks and cash are not accepted***. The processing fee is non-refundable**. No Rental Application will beprocessed without a processing fee/s**. Rent, deposits or other fees are not accepted without an approved Rental Application. \_\_\_\_\_\_\_
3. Applicants must provide documentation of U.S. citizenship or immigration status. Applicants must provide their Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). Rental Applications from applicants who are not U.S. citizens or who do not have the legal right to be in the U.S. will be declined. Rental Applications from applicants who are legally in the U.S. but cannot prove that they have the legal right to be in the U.S. through the entire lease term will be declined. \_\_\_\_\_\_
4. Rental Applications from other applicants are accepted until a Rental Application is approved. Callaway Bay Apts. cannot guarantee that any unit viewed will still be available by the time the Rental Application is processed. If more than one Rental Application is submitted before approval can be achieved, then the first qualified applicant will be approved for placement. Remaining qualified applicants may consider other units available. \_\_\_\_\_\_\_
5. **Renters Insurance is required to rent one of our units.** Documentation with Callaway Bay Apartments and the unit address must be presented at lease signing. You cannot sign the lease or move-in until proper documents have been given to the office. **No Exceptions.** \_\_\_\_\_\_\_
6. Applicants, including all others who are applying to rent the Premises as one household unit, must have a combined and verifiable gross income of at least three times the monthly rent or comparable amount if income is tax-free. \_\_\_\_\_\_\_
7. Reliable documentation and telephone numbers, including work fax numbers, for all income sources must be provided. Employment and income will be verified on all applicants. Self-employed applicants may be required to produce upon request the previous year’s Tax Return (1040). Non-employed applicants must provide proof of income and/or financial ability. Applicant may, at applicant’s discretion, provide payroll check stubs covering a minimum of the last three months as additional documentation to assist in verifying current employment and income. All Rental Application information must be complete and verifiable. Processing a Rental Application usually takes between 1 and 2 business days. Sometimes unavoidable circumstances may cause processing to take longer. While Callaway Bay Apts. will make reasonable efforts to verify the information provided, and will attempt to contact the applicant if there is a delay in verification, incomplete or unverifiable information may result in declining a Rental Application. Upon completion of processing the applicant will be notified immediately that the Rental Application has been approved or declined. \_\_\_\_\_\_\_
8. A credit report from a national credit reporting agency will be obtained on all applicants. \_\_\_\_\_\_\_
9. A history of bankruptcy is cause for rejection of a Rental Application unless the bankruptcy has been fully discharged and the applicant has established satisfactory credit history for at least two full years after discharge. Also, additional security deposit and/or guarantor may be required at the sole discretion of Management. \_\_\_\_\_\_\_
10. Any of the following by any person intending to occupy the premises is cause for rejection of a Rental Application:
	* Any conviction or adjudication other than acquittal of a sex offense.
	* Any conviction or adjudication other than acquittal of a felony.
	* Any conviction or adjudication other than acquittal of the illegal manufacture or distribution of a controlled substance.
	* A history of engaging in prostitution; illegal drug use; abuse of or illegal treatment of animals, or the manufacture and/or distribution of drugs, possession of paraphernalia, firearms, explosive devices, or pornography.
	* A history of violence or of threats made to a Landlord, Landlord’s agent, neighbors, or others.
	* A history of any eviction actions. \_\_\_\_\_\_\_
11. Residency must be verified for a minimum of the last 12 months with no interruptions. Rental history references must reflect timely payment, appropriate notice of intent to vacate, no complaints regarding disturbances or illegal activities, no history of violence or threats and/or intimidation of others, no NSF checks, no damage to previous rental units, and no failure to leave the premises clean and without damage at the time of lease termination. \_\_\_\_\_\_\_
12. Applicant must list each state in which residency has been established, including states where the applicant has attended school or received training, worked, or served in the armed forces. \_\_\_\_\_\_\_
13. As per guidance from the United States Department of Housing and Urban Development (“HUD”), maximum occupancy is four persons per unit. \_\_\_\_\_\_\_
14. The full name of all intended occupants must be listed on the Rental Application. Applicant must list every other name or AKA (Also Known As) that has been used for obtaining or attempting to obtain housing, or credit, or for any other business purpose. \_\_\_\_\_\_\_
15. All animals – other than prescribed by a doctor for assistance and with proper documentation, are not allowed at all. \_\_\_\_\_\_\_
16. If approved the applicant(s) agrees to pay Callaway Bay Apts. at the time of lease closing, Security Deposit Monies. A move-out list with instructions/charges on how to leave Premises and how security deposit will be disbursed, and for preparing and mailing by certified mail to Tenant a Notice of Claim Upon the Security Deposit, if required, will be supplied to tenant. \_\_\_\_\_\_
17. If approved the applicant must sign a Lease Agreement within 3 business days, and all monies due—rent, security deposit, animal fees, transaction fee, and any other sums due, if any—must be paid in full with certified funds (official bank cashier’s check or money order) at the time of lease closing and prior to taking possession of Premises. In the event the applicant fails to sign a Lease Agreement within 3 business days after approval, it will be assumed that the applicant has withdrawn, and the Premises will be offered to others. \_\_\_\_\_\_\_
18. Applicant will be required to pay a security deposit at the time of lease closing. In Owner/Landlord’s sole discretion, a higher security deposit, and/or additional pre-paid rent may be accepted in lieu of acceptable credit or landlord history***.*** \_\_\_\_\_\_\_
19. Applicants are encouraged to review the Lease Agreement prior to applying to rent**.** \_\_\_\_\_\_\_
20. Upon approval, it is applicant's responsibility to provide the following—in certified funds, i.e. cashier’s check or money order at time of lease closing: \_\_\_\_\_\_\_
	1. Rent
	2. Security Deposit

 21. Smoking or cultivating Medical Marijuana is not permitted at Callaway Bay Apartments. \_\_\_\_\_ **I have read, understand and agree with Callaway Bay Apartments Applicant Criteria****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature Date**  |
|  |

Callaway Bay Apartments

Fill out highlighted areas on all pages. If it’s not highlighted DO NOT FILL IT OUT

1406 S. Berthe Ave #A-1, Callaway, FL | P: 850.640.1076 | callawaybay@gmail.com

**APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
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|  |  |  |
| --- | --- | --- |
| Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | APPLICATION NUMBER or ID | Equal Housing Opportunity |

 |
| APPLICANT INFORMATION |
| LEGAL NAME OF APPLICANT – FIRST | Last | MIDDLE | SS# |
| CURRENT ADDRESS/HOW LONGHAVE YOU LIVED HERE | CITY | STATE and ZIP |
| DATE OF BIRTH | OCCUPPATION – Full or Part Time | YEARLY INCOME | HOME PHONE | CELL PHONE |
| EMPLOYER | EMPLOYER ADDRESS |
| HOW LONG ON JOB | EMPLOYER CONTACT NUMBER | IN CASE OF EMERGENCY NOTIFY & PHONE NUMBER (other than co-applicant) |
| HOW MANY CHILDREN  | CHILDREN/S BIRTHDATES | HOW DID YOU HEAR ABOUT US? |  |
| VEHICLE MAKE/MODEL/COLOR | VEHICLE TAG#/STATE/EXPIRATION | DL # | DL STATE |
|

|  |
| --- |
| CO - APPLICANT INFORMATION |
| NAME OF CO APPLICANT – FIRST | Last | MIDDLE | SS# |
| CURRENT ADDRESS/HOW LONG HAVE YOU LIVED HERE | CITY | STATE and ZIP |
| DATE OF BIRTH | OCCUPPATION | YEARLY INCOME | HOME PHONE | CELL PHONE |
| EMPLOYER | EMPLOYER ADDRESS |
| HOW LONG ON JOB | EMPLOYER CONTACT NUMBER | IN CASE OF EMERGENCY NOTIFY & PHONE NUMBER (other than co-applicant) |
| HOW MANY CHILDREN | CHILDREN/S BIRTHDATES | HOW DID YOU HEAR ABOUTUS? |  |
| VEHICLE MAKE/MODEL/COLOR | **VEHICLE TAG#/STATE/EXPIRATION** | DL # | DL STATE |
| APPLICANT’S REFERENCES (OTHER THAN RELATIVES, CO-APPLICANT OR EMERGENCY CONTACT) |
| NAME | HOW DO YOU KNOW THIS PERSON | PHONE |
| 1. |  |  |
| 2. |  |  |
| CO-APPLICANTS REFERENCES (OTHER THAN RELATIVES, APPLICANT OR EMERGENCY CONTACT) |
| 1. |  |  |
| 2. |  |  |

 |
| APPLICANT’S BANK REFERENCES (Name of Bank Only) |
| CHECKING |  |  |
| SAVINGS. |  |  |
| OTHER |  |  |
| CO-APPLICANTS BANK REFERENCES (Name of Bank Only) |
| CHECKING |  |  |
| SAVINGS |  |  |
| OTHER |  |  |
| ADDITIONAL SOURCES OF INCOME  |
| If you have other sources of income for us to consider, please list income, source, and person (banker, employer, etc.) who we may contact to verify. |
| 1. | 3. |
| 2. | 4. |
|  |

**Criminal Background Check Consent**

In connection with my application for tenant leasing with you, I understand that inquiries are to be made on myself including criminal convictions, motor vehicle, and other reports. Further, I understand that you will be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my credit, criminal, civil, employment, and other experiences. If approved, I understand periodic background checks may also be performed during my time of tenancy. **The above information is for identification purposes only and will not be used to violate any state or federal equal opportunity laws.**

I authorize without reservation any party or agency, including attorneys, contacted by this company to furnish the above-mentioned information.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Callaway Bay Apartments

 1406 S. Berthe Ave – A-1

Callaway, FL 32404

Phone: (850)640-1076

callawaybay@gmail.com

Date: \_\_\_\_\_\_\_\_\_\_

Dear Tenant Manager,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for an apartment with our community.

Please verify the following information pertaining to the address:

---------------------------------------------

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Landlord’s Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City, State, Zip) Phone/Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Landlord’s #’s)

Signature of applicant to release information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Move in date: \_\_\_\_\_\_\_\_\_\_\_ Move out date: \_\_\_\_\_\_\_\_\_\_ Monthly Rent: \_\_\_\_\_\_\_\_\_\_

Late Payments Yes No How many: \_\_\_\_\_

Returned Checks Yes No How many: \_\_\_\_\_

Any Pets Yes No

Any Complaints Yes No

Deposit Refunded Yes No

Any Balance Owed Yes No

Would you Re-rent Yes No

Lease End Date: \_\_\_\_\_\_\_

Notice Given Yes No

Number of Occupants: \_\_\_\_\_

Additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Callaway Bay Apartments**

**1406 S. Berthe Ave., A-1**

**Callaway, FL 32404**

**850-640-1076 Phone**

**callawaybay@gmail.com**

**EMPLOYMENT VERIFICATION**

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

To: (Name and address of employer) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant/Tenant Name SSN Unit # (if assigned)

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated. Should you have any questions, please feel free to call (850)640-1076.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature

THIS SECTION TO BE COMPLETED BY EMPLOYER AND EMAILED BACK TO

CALLAWAY BAY APARTMENTS

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presently Employed: Yes \_\_ Date First Employed \_\_\_\_\_\_\_\_ No \_\_\_ Day Last Employment \_\_\_\_\_\_\_\_

Current Wages/Salary:$\_\_\_\_\_\_\_\_\_(circle one)hourly weekly bi-weekly semi-monthly monthly yearly other\_\_\_\_\_

Average # of regular hours per week:\_\_\_\_\_\_\_\_Year to date earnings:$\_\_\_\_\_\_\_\_\_\_through \_\_/\_\_/\_\_

Overtime Rate: $\_\_\_\_\_\_\_\_\_\_per hour Average # of overtime hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Commissions, bonuses, tips, other: $\_\_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly yearly other\_\_\_\_\_

If the employee’s work is seasonal or sporadic, please indicate the layoff period(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Signature Employer’s Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Title Employer (Company) Name and Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Fax Number E-mail