APPLICATION FOR
COLLEGE SQUARE APARTMENTS

Telephone **352-237-3334** Fax **352-237-8868**
collegesquare@cf.edu

Do not leave any blank spaces. Please use black ink. Please Print.

Name _____ **Social Security No.** ___ - ___ - ____
Last First MI Jr., Sr.

Driver License No. _____ **State** _____ **DOB** ___ / ___ / ____

Home Telephone _____ **Cell** _____ **Email** _____

College Attending _____ **Beginning Date** _____

Current Address _____
Street Apt. No. City State Zip Code

Current Landlord _____ **Telephone** _____

Length of Residence _____ / _____ **To** _____ / _____ **Monthly Rent $** _____
Month Year Month Year

Previous Address _____
Street Apt. No. City State Zip Code

Previous Landlord _____ **Telephone** _____

Length of Residence _____ / _____ **To** _____ / _____ **Monthly Rent $** _____
Month Year Month Year

Present Employer _____ **City, State** _____ **Telephone** _____

Position _____ **Dates Employed** _____ / _____ **To** _____ / _____
Month Year Month Year

Income $ _____ **Per** _____ **Manager** _____

Previous Employer _____ **City, State** _____ **Telephone** _____

Position _____ **Dates Employed** _____ / _____ **To** _____ / _____
Month Year Month Year

Income $ _____ **Per** _____ **Manager** _____

Vehicle Year _____ **Make/Model** _____ **Tag No.** _____

Emergency Contact _____
Name Relationship Address Telephone

Have you ever had an eviction filed or left owing money to an owner or landlord? **Applicant:** ☐ **Yes** ☐ **No**

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

Have you ever had adjudication withheld or been convicted of crime? **Applicant:** ☐ **Yes** ☐ **No**

If you have answered YES to any of the above questions please explain the circumstances regarding the situation on back of this sheet.

AUTHORIZATION OF RELEASE OF INFORMATION Applicant represents that all of the above information and statements on the application for rental 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 records. 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 the laws of this State.**

NON-REFUNDABLE APPLICATION FEE - Applicant agrees to pay **twenty-five dollars ($25 U. S. Funds)** for a non-refundable application processing fee.

RESERVATION FEE AGREEMENT - Applicant has paid a "reservation fee" of _____ in consideration of taking the dwelling unit off the market while considering the approval of this application. If applicant is approved and the contemplated lease is entered into, then on the day of move in the reservation fee will be credited towards payment of the security deposit amount of _____. If the applicant is approved but fails to promptly enter into the contemplated lease or fails to move in on the agreed upon date, the reservation fee will be retained by owner as liquidated damages. The reservation fee will only be refunded if the applicant cancels this application with written notice within **forty-eight (48) 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's Signature Date

FIRST ADVANTAGE RESIDENT SOLUTIONS

COLLEGE SQUARE
RESIDENT MATCHING FORM

Name _____ **Age** _____

Email _____

Social Security No. _____

Home Telephone _____ **Cell** _____

College Registered In _____

Year in School _____ **Program of Study** _____

Current Address _____
Street City, State Zip Code County

Will be at Present Address Until _____

Permanent Home Address _____
Street City, State Zip Code County

Personal Preferences or Considerations:

Smoke	☐ Yes	☐ No	☐ Bothers me if others do
Drink	☐ Yes	☐ No	☐ Bothers me if others do
Quiet	☐ Very	☐ Average	☐ Noisy
Study	☐ Often	☐ Average	☐ Seldom
Neat	☐ Very	☐ Average	☐ Untidy
Room Temperature	☐ Cool	☐ Warm	

I have a ☐ Car ☐ Motorcycle ☐ Bicycle ☐ TV ☐ Stereo

Other considerations (hobbies, special interests, allergies, etc.

☐ **Check if College Square has your permission to release information to prospective roommates.**

Do you have any roommates in mind? If so, please list.

Name _____ **Telephone** _____

Name _____ **Telephone** _____

Name _____ **Telephone** _____

Signature _____ **Date** _____