

Sydgan Corporation

P.O. Box 350, Winter Park, FL 32790-0350
Phone (407) 644-3151 Fax (407) 644-2854

Please include a copy of the following with your rental application:

Color Copy of Driver's License

Current Phone Number

Working Email Address

Name of the Business

Description of the Business

The State the Business was incorporated

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APPLICATION PROCEDURES

On _____, I _____ am leaving the sum of

\$0.00 to process 1 application (s) for the property located at:

I understand that if I am approved for this property the rental sum for this property including FL Sales Tax is \$ _____ / month. I will also be responsible for the pro-rated share of real estate taxes and insurance invoiced annually.

I understand that my application fee is non refundable and is used to process my application.

If there are any questions concerning the application I can be reached at:

Applicant Signature

Leasing Agent Signature

Print Name / Date

Print Name / Date

Company Name

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Release of Information and Authorization for Verification of Application

Unmarried co-applicants must fill out a separate release

Name _____ SS# ____ - ____ - ____ DOB ____/____/____

Spouse _____ SS# ____ - ____ - ____ DOB ____/____/____

Present

Address _____

Street Apt# City ST Zip Code

Please provide a previous address if you have lived at your current address for less than 24 months.

Previous

Address _____

Street Apt# City ST Zip Code

Have you ever had an eviction filed against you?

Applicant: Yes _____ NO _____ Spouse: Yes _____ No _____.

Have you ever left owing money to any owner or landlord?

Applicant: Yes _____ NO _____ Spouse: Yes _____ No _____.

Have you ever applied for residency anywhere 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 crime?

Applicant: Yes _____ NO _____ Spouse: Yes _____ No _____.

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.

Applicant(s) represents that all of the above statements information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of occupancy, and /or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I/We hereby release ASAP and any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you received a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Signature

Date

Signature

Date

APPLICANT SCREENING AND PROCESSING

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Application for Rental

Applicant's Last Name	First	Middle Name	Date of Birth	Driver's License No & State	Soc. Sec. No.
Spouse's Last Name	First	Middle Name	Date of Birth	Driver's License No & State	Soc. Sec. No.
Other Occupants Name		Date of Birth	Other Occupants Name		Date of Birth

Have you ever had an eviction filed against you? **YES** or **NO** Have you even been convicted of a felony? **YES** or **NO**

RESIDENCE HISTORY

Current Address	City	State	Zip	How Long?	Area Code & Phone No.
Name & Address of Current Landlord				Area Code & Phone No.	Monthly Pymt.
Previous Residence Address		Previous Landlord or Apt. Community		How Long?	Area Code & Phone No.

EMPLOYMENT HISTORY

Current Employer		Supervisor's Name		How Long	Salary
Address	City	State	Zip	Phone No.	Position Held/Occupation
Previous Employer		Supervisor's Name		How Long?	Salary
Address	City	State	Zip	Phone No.	Position Held/Occupation
Spouse Employer		Supervisor's Name		How Long?	Salary
Address	City	State	Zip	Phone No.	Position Held/Occupation

ADDITIONAL INCOME: Additional income such as child support, alimony or separate maintenance need not be disclosed unless Additional Income is to be included for qualification hereunder.

SOURCE: Amount of \$ _____ per _____. Source _____

CREDIT AND LOAN REFERENCES

No. of Vehicles on Property: # _____	Do you have any recreational vehicles, vans, boats, motorcycles? If so specify.				
Auto No. 1-Type			License No.	State	
Financed Through		Account No.		Monthly Payment	
Auto No. 2-Type			License No.	State	
Financed Through		Account No.		Monthly Payment	
Loans & Charge Accounts (Including Dept. Stores, Credit Cards, etc.)					
Owed to	Account Number		Address	Total Debt	Payments

BANK REFERENCES

Name of Bank or Savings Loan	Account No.	Address	City, State, Zip

EMERGENCY NUMBERS

Family Physician	Address	City/State	Phone #
In Case of Emergency, Call	Relationship	Address	City/State
			Phone #

I hereby authorize property manager to verify all information contained on the application and conduct a full background check including but not limited to credit, bank account, employment, eviction, criminal background checks, and authorize property manager to contact any persons or companies listed on the application.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

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