

**Dale W. DeSimone**  
**Licensed Real Estate Broker**  
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 Office (352) 622-3222

**DeSimone Real Estate Services**  
**APPLICATION FOR RESIDENCY**  
 805 S. Magnolia Avenue, Suite C, Ocala, FL 34471

**\$50 Application Fee**  
**(Cash/Money Order ONLY)**

\*\*Please provide a copy of your ID\*\*

Maiden Last First Full Middle Name				Date of Birth		Driver's License # _____ State: _____ Social Security # _____	
Applicant				Marital Status		Cell Phone ( )	
Email Address:				Home Phone ( )		9:00 to 5:00 Contact Phone: ( ) Ext.	
Have you ever had an eviction filed against you? Yes <input type="checkbox"/> No <input type="checkbox"/>				PETS (Keeping of pets requires a pet fee and owner's consent) Breed Age Weight Color Name			
Present Address Street # Name Apt. # City State Zip				Own <input type="checkbox"/> Rent <input type="checkbox"/> Rent per mo. \$ _____ Mortgage pymt \$ _____		Since / /	
Present Landlord Address City State Zip Complex/Mgmt Company Name: _____ Contact Person _____				Phone No. ( ) _____ Fax No. ( ) _____ Email: _____			
Previous Address Street # Name Apt. # City State Zip				Own <input type="checkbox"/> Rent <input type="checkbox"/> Rent per mo. \$ _____ Mortgage pymt \$ _____		From: / / To: / /	
Previous Landlord Address City State Zip Complex/Mgmt Company Name: _____ Contact Person _____				Phone No. ( ) _____ Fax No. ( ) _____ Email: _____			
How long have you lived in Florida? _____ (months / years)				From: / / To: / /			
Have you lived in any other State(s)? If so, which state(s) _____				From: / / To: / /			
Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been convicted of a <input type="checkbox"/> felony <input type="checkbox"/> misdemeanor				If yes, please explain			

**Please Tell Us About Your Job**

Present Employer Name Business Address City State Phone No. ( )	
Position Supervisor	Monthly Income From / / to / /
Previous Employer Name Business Address City State Phone No. ( )	
Position Supervisor	Monthly Income From / / to / /
OTHER INCOME: Source:	Monthly Other Income Court Ordered? Y or N
1.	
2.	
3.	

**Please Give Us The Following Information – must complete ALL information below**

Emergency Contact Name Full Address Phone No. ( )	
Relationship of Emergency Contact: (Circle One) MOTHER FATHER SIBLING FRIEND ADULT CHILD OTHER _____	
Automobile 1st Car Year Make Model Color Tag #	Automobile 2nd Car Year Make Model Color Tag #
Children Occupying (Minor) Name DOB / /	Name DOB / /
Name DOB / /	Name DOB / /

(Continued on back of this page - MUST SIGN THE BACK OF THIS PAGE IN ORDER FOR IT TO BE COMPLETE)

Applicant represents that all of the statements and representations are true and complete, and hereby, authorizes verification of the above information, references and credit records. Applicant understands that a investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. Applicant agrees that false, misleading or misrepresented information may result in the application being rejected, will void a lease/rental agreement if any and/or be grounds for immediate eviction with loss of all deposits and any other penalties as provided by the lease terms if any. Applicant authorizes verification of all information by the Landlord and or Management company. Applicant has the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

**NON-REFUNDABLE APPLICATION FEE**--Applicant(s) has paid to Landlord and/or Management company herewith the sum of \$ 50.00 **NONREFUNDABLE APPLICATION FEE** for costs, expenses, and fees in processing the application.

**APARTMENT DEPOSIT AGREEMENT** --Applicant has deposited a "APARTMENT DEPOSIT" of \$ \_\_\_\_\_ in consideration for taking the dwelling off the market while the application is being processed. If applicant is approved by Landlord and/or Management and the lease is entered into and possession of the apartment is taken **the "APARTMENT DEPOSIT" shall be applied toward the security/damage deposit. If applicant is approved, but fails to enter into the lease within 2 days of verbal and/or written approval, the landlord will consider the application withdrawn and will be under no further obligation to the applicant. All fees and deposits shall be forfeited.** The "APARTMENT DEPOSIT" shall be refunded only if applicant is not approved. Keys will be furnished only after lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only, in no way implies that a particular rental unit shall be available and in no way obligates Landlord or Management to execute a lease or deliver possession of the proposed premises.

<p><b>I HAVE READ AND AGREE TO THE PROVISIONS AS STATED</b></p> <hr/> <p><b>Applicant Signature</b> _____ <b>Date</b> _____</p> <p>REV 08/18/2021 VP</p>	<p>SECURITY DEPOSIT \$ _____</p> <p>PET RENT (NON REFUNDABLE) \$ _____</p> <p>PET FEE (NON REFUNDABLE) \$ _____</p> <p>CREDIT CHECK FEE (NON REFUND.) \$ _____</p> <p>PAID WITH APPLICATION \$ _____</p> <p>BALANCE OF DEPOSIT DUE \$ _____</p> <p>FIRST MONTH'S RENT \$ _____</p> <p>TOTAL DUE BEFORE MOVE-IN \$ _____</p>	<p><b>OFFICE USE ONLY</b></p> <p>COMMUNITY _____</p> <p>APT. # _____</p> <p>RENT _____</p> <p>APT. TYPE _____</p> <p>TERM OF LEASE _____</p> <p>MOVE-IN DATE _____</p> <p>CREDIT REPORT _____</p>
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