

# Carlton Arms of North Lakeland

4500 Williamstown Blvd. • Lakeland, FL 33810 • (863) 853-4900 • Fax # (863) 853-4942

## APPLICATION FOR LEASE

<b>[FOR AGENT USE ONLY]</b>	
Bldg. # _____ Unit # _____ Type _____	** Amount Recv'd _____
Address _____ Rent _____	** Cash _____ Check _____
Furn. _____ Drapes _____ Carport _____ Storage _____ Pet _____ Garage _____	** Date _____ Rep. _____
Possession Date _____ Boat Dock _____ Other _____	Bal. Recv'd _____

### For Waiting List:

Type Apartment Wanted \_\_\_\_\_ Price Range \_\_\_\_\_ When Needed \_\_\_\_\_

\*\*\*\*\* **SEPARATE APPLICATION REQUIRED FOR EACH APPLICANT WITH THE EXCEPTION OF HUSBAND/WIFE AND/OR THEIR CHILDREN** \*\*\*\*\*

(1) **NAME:** Mr. / Mrs. / Ms. \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
D.L. # \_\_\_\_\_  
Mr. / Mrs. / Ms. \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
D.L. # \_\_\_\_\_

**Other Occupants (including children residing either on a permanent or temporary basis):**

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Drivers License. # \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Drivers License. # \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Drivers License. # \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

(2) (a) **PRESENT ADDRESS:** \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Present Landlord or Apt. Community: \_\_\_\_\_ Telephone #: \_\_\_\_\_

(b) **Previous Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Previous Landlord or Apt. Community: \_\_\_\_\_ Telephone #: \_\_\_\_\_

(3) **EMPLOYED BY:** \_\_\_\_\_ How Long? \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Occupation \_\_\_\_\_ Title \_\_\_\_\_  
**Spouse Employed By:** \_\_\_\_\_ How Long? \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Occupation \_\_\_\_\_ Title \_\_\_\_\_

(4) **ADDITIONAL INCOME (if any):** \$ \_\_\_\_\_ Source of this Income \_\_\_\_\_  
(ie. child support, alimony, investments, etc...)

(5) **EMERGENCY CONTACT:** Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Relationship \_\_\_\_\_

(6) Do you intend to bring a pet? \_\_\_\_\_ If yes, what kind/breed? (MAX. WEIGHT 25lbs) \_\_\_\_\_  
If yes, prior written consent of lessor will be required and the maximum weight limit must not be exceeded.  
Temporary and/or visiting pets are not allowed. We only accept dogs, cats, birds and fish. **No** exotic pets, rodents  
reptiles, etc. allowed. **TWO PET LIMIT PER APARTMENT BREED RESTRICTIONS APPLY**

(7) What source of advertising brought you to our community (ie :Apt. Guide, Referrals, Newspaper, Driving By, Internet, etc...)

**Please Be Specific:** \_\_\_\_\_

(8) **VEHICLES:** Number of autos to be kept on the premises: \_\_\_\_\_ Description: \_\_\_\_\_

Description: \_\_\_\_\_

(9) Do you intend to bring a boat, camper, motorcycle, truck, etc. on the premises? \_\_\_\_\_ If So, What Kind? \_\_\_\_\_  
**(If yes, a carport or other special parking and prior written consent of the lessor will be required)**

**PLEASE NOTE:**

- A) Only the persons listed on this application for lease are allowed to occupy a dwelling unit here at Carlton Arms of North Lakeland. If someone desires to be added or deleted from the lease, all parties must come to the rental office and obtain approval from management prior to any change to the existing lease.
- B) Apartment rental includes water, sewer & rubbish removal and all routine maintenance and repairs.
- C) Apartment rental does not include the following utilities: Electric & Sewer Base. This will be metered and billed to the tenant.
- D) Lessor will furnish the kitchen with electric range, refrigerator & disposal. A dishwasher is available in all units except those rental units designated as; SS-1, SS-2, SS-3 & SS-4; S-1 & S-2; Efficiency & Studio (W/D available in select units).
- E) Regardless of date of possession, the term of the lease shall be set forth in such lease. The first monthly rental payment shall be due on the date of possession. THEREAFTER, ALL MONTHLY RENTAL PAYMENTS SHALL BE DUE AND PAYABLE ON THE FIRST DAY OF THE MONTH IN ADVANCE.
- F) It is fully understood that if this application is approved, the "Waiting List" deposit of \$50 { or the Security Deposit of \$ \_\_\_\_\_ } which is made with this application, **will be deposited** and later applied to the Security Deposit. It is further understood and agreed that if this application is not approved, said deposit shall be returned to the undersigned.
- G) The undersigned represent that they are not now renting a room or an apartment under any other name and that they have never been dispossessed from any room or apartment and are not now being dispossessed.
- H) Until execution and delivery of a lease to the applicant, the Owner reserves the right to reject this application for any reason. It is also understood that once a full Security Deposit is made and a move-in date is set, the applicant(s) is subject to a partial and/or full loss of the Security Deposit for a cancellation of move-in. If a \$50 Waiting List Deposit is paid at this time, it is fully refundable within 15 days of a written notice of cancellation to the Management.
- I) Per the County Fire Department, Propane Tanks are **PROHIBITED** on second floor apartments (inside or outside). However, Barbecue Grills (without Propane Tanks) may be stored on balconies, then taken downstairs to be used.  
**NO GRILLING ALLOWED ON BALCONIES.**

**CERTIFICATION OF CORRECT INFORMATION** Applicant certifies that all information provided in this application is correct. If a lease is entered into and the landlord subsequently learns that incorrect information was given or pertinent information was omitted, the lease may be terminated at landlord's option.

**CONSUMER REPORT AUTHORIZATION** I, or we, authorize Carlton Arms of North Lakeland to verify all information on the rental application by all available means, including consumer reporting agencies, public records, current and previous rental property owners, employers and personal references. Reverification or investigation of preliminary findings is not required.

**REPRESENTATION AND WARRANTY OF TENANT(S)** As a condition to entering into this Lease, you represent and warrant to the Landlord that you have not been designated by a department or agency of the State of Florida as being a Registered Sexual Predator or a Registered Sexual Offender. In the event that this representation is false or if subsequent to the execution of a lease you are designated as being a Registered Sexual Predator or a Registered Sexual Offender or allow any person who is a Registered Sexual Predator or a Registered Sexual Offender to be a guest or occupant in the apartment you shall be in default of the Lease and Landlord shall have the absolute right to immediately terminate your right of occupancy and you, including all Residents, Occupants and any other persons residing in the Apartment, must vacate the Apartment within seven(7) days of the date of such termination.

I have read both pages of this application. I agree to all of its provisions. All information provided is complete and correct.

\_\_\_\_\_  
(APPLICANT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(APPLICANT)

\_\_\_\_\_  
(DATE)

By: \_\_\_\_\_  
Carlton Arms of North Lakeland Representative