

Woodmere Apartments of Venice  
 3900 Woodmere Park Blvd.  
 Venice, FL 34293  
 Phone: (941) 496-4161  
 Fax: (941) 492-6205



Today's Date: \_\_\_\_\_

Move-in Date: \_\_\_\_\_

**APPLICATION FOR RESIDENCY**

Thank you for applying for residency with Woodmere Apartments of Venice. To ensure prompt processing of your application, please print clearly and give complete names, addresses and phone numbers where requested. Should you have any questions, please feel free to contact your leasing agent:

Property Name Woodmere Apartments of Venice  
 Property Address \_\_\_\_\_  
 Apartment # \_\_\_\_\_  
 Net Rent \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_  
 Lease Term From \_\_\_\_\_ To \_\_\_\_\_

at (941) 496-4161.

Each adult over 18 years of age must complete an application for residency. All requested information must be completed before the application will be processed.

NAME OF APPLICANT	Date of Birth	Social Security #	Drivers License #	State
_____	_____	_____	_____	_____

**HOUSING**

Address	City/State	Zip
Current Address _____	_____	_____
Current Phone # (____) _____	Current Rent \$ _____	
Dates at this address: From _____ To _____	Landlord's Name _____	
Landlord's Address _____	Landlord's Phone # _____	

Previous Address \_\_\_\_\_  
 Dates at this address: From \_\_\_\_\_ To \_\_\_\_\_ Landlord's Name \_\_\_\_\_  
 Landlord's Address \_\_\_\_\_ Landlord's Phone # \_\_\_\_\_

**INCOME**

Source of Income _____	Address _____
Contact's Name _____	Contact's Phone # _____
Hours per week: _____ Dates: From _____ To _____	
Permanent Position? _____	<b>GROSS MONTHLY INCOME \$</b> _____

**OTHER SOURCE OF INCOME**

Source of Income _____	Address _____
Contact's Name _____	Contact's Phone # _____
Hours per week: _____ Dates: From _____ To _____	
Permanent Position? _____	<b>GROSS MONTHLY INCOME \$</b> _____

**NAMES OF PERSONS TO OCCUPY APARTMENT (applicant should be #1):**

	Relationship	Applicant	Over 18 Years Old?
1. _____	_____	_____	Yes No
2. _____	_____	_____	Yes No
3. _____	_____	_____	Yes No
4. _____	_____	_____	Yes No
5. _____	_____	_____	Yes No
6. _____	_____	_____	Yes No

**APPLICANT'S VEHICLE(S)**

Make _____	Model _____	License# _____	State _____
Make _____	Model _____	License# _____	State _____

**MISCELLANEOUS**

Do you have a waterbed? Yes No	Do you have waterbed insurance? Yes No
Do you have renter's insurance? Yes No	Do you have any pets? Yes No

**EMERGENCY CONTACT:**  
 Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_

**NOTE:** Falsification of any information will be cause for denying this application.

Receipt in the sum of \$ \_\_\_\_\_ is hereby acknowledged. This deposit is to be returned to the undersigned (less \$45.00 application fee) if the application is not accepted.

At the time the lease is signed, the applicant agrees to pay the security deposit. If the applicant refuses to sign the lease after the application has been accepted, actual charges incurred, (with a minimum charge of \$45.00), including but not limited to, loss of rent, will be deducted from the deposit and the balance (if any) refunded.

The Fair Credit Reporting Act requires that we notify you that as a part of our normal procedure, a routine inquiry will be made. This inquiry will provide applicable information concerning character, general reputation, personal characteristics and mode of living and may include a Credit Bureau Report and Criminal Background check. Upon written request by applicant, information as to the nature and scope of the report, if one is made, will be provided. Do you wish to receive a list of reasons for denial in writing? Yes \_\_\_\_\_ No \_\_\_\_\_

The undersigned agrees that the landlord shall have up to twenty-one (21) calendar days from acceptance of the earnest money deposit within which to approve or deny the rental application.

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

Landlord/Agent \_\_\_\_\_ Date \_\_\_\_\_

Credit Bureau Report Run	Accepted / Rejected	Date _____
Criminal Background Check	Accepted / Rejected	Date _____
Application Accepted _____		Date _____
Application Rejected _____		Date _____
Application not processed because _____		
Applicant notified of acceptance / rejected by _____		Date _____

TENANT / APPLICANT ACKNOWLEDGES HAVING BEEN ADVISED:

1. A receipt for money collected has been given to tenant, if requested.
2. That copies of the proposed lease and the community policies of the Landlord have been made available to tenant for inspection.
3. The name and address of the person authorized to receive rent, manage and maintain the premises who can readily be contacted, and an owner or agent with an address within the state authorized to receive and receipt for notices and demands and at which service of process can be made in person.
4. Tenant has seven days after the beginning of tenancy to inspect the dwelling unit and notify Landlord of any damages or defects existing prior to the beginning of tenancy.
5. Utility charges not included in the rent.
6. Security Deposits may be withheld only for Tenant damage, waste or neglect of the premises or the non-payment of rent, utility services for which the Landlord becomes liable and under other reasons specifically and separately negotiated and agreed to by the Tenant in writing other than in form provision.
7. Applicant has 72 hours from the time of acceptance of this application to cancel, or the monies received from applicant are forfeited unless Tenant has executed a lease.
8. The undersigned agrees that they are being charged a **NON-REFUNDABLE** Application Fee in the amount of \$45.00.

I have read and understand the above disclosures and requirements:

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Applicant

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Date