



11711 N. 50th Street Tampa. Florida. 33617 Leasing 813-988-8777 Fax 813-899-4877

Application For Residency

Date: _____ How did you hear about us? _____

Applicant's Full Name: _____

Home Phone# _____ Cell Phone# _____

Date of Birth: _____ Social Security Number _____ / _____ / _____

Present Address: _____

City/State/Zip: _____ County: _____ How Long? _____

Driver's License# _____ State: _____

Type of Vehicle: _____ Year: _____ Make: _____ Tag: _____ State: _____ Color _____

Employer: _____ Address: _____

Phone#: _____ Occupation: _____ How long? _____ Monthly Income _____

Present Landlord's Name and Address: _____ Phone# _____

Have you ever broken a lease agreement, or left owing money to an owner or landlord YES NO

Have you ever been arrested, pleaded no contest, or convicted of a misdemeanor or felony: YES NO

If you answered YES to either of the above please explain: _____

Emergency Contact Name: _____ Relationship _____

Phone _____ Cell _____

CORRECT INFORMATION: Applicant represents that all of the above statements are true and complete, and hereby authorized verification of above information, including residential history, employment history, credit records, and criminal history/court records. Applicant acknowledges that false information may constitute grounds for rejection of this application, termination of right of occupancy and of forfeiture of deposits and may constitute a criminal offense under the laws of this state.

SECURITY DEPOSIT AGREEMENT: Applicant has paid an "Application Reservation Fees" of _____ in consideration for owner taking said apartment off the market, and/or placing applicant on a priority waiting list, while considering approval of this application. If applicant is approved, but fails to promptly enter into the contemplated Lease, the application reservation fee shall be liquidated damages to the owner. The application reservation fees, with the exception of the application fee, will be refunded only if application has been rejected. Keys will be furnished only after the contemplated lease and other rental documents have been properly executed by all parties and only after applicable rentals and reservation fees have been paid. 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. Possession of keys will not be provided until fully executed guaranty forms are received. If forms are not received within five (5) days of lease execution or prior to schedule date of lease commencement, whichever is earlier, the lease will default at option of Owner and all reservation fees, including deposits shall be forfeited.

APPLICANT'S SIGNATURE _____ DATE _____



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Lease Rental Payment Guarantee

Guaranty made the date set forth below by the undersigned who resides at the address indicated below, hereinafter referred to as Guarantor, to Malibu Apartments, hereinafter referred to as landlord:

Recitals

Landlord has agreed to lease the premises described below to the person named below as Resident conditioned on Guarantor's giving security for payment of rent and performance of the lease with the Resident in the form of this personal guaranty. In consideration of landlord's entering into lease with the Resident and the Guarantor agrees as follows:

Statement of Guaranty

Guarantor guarantees, unconditionally, payment of rent and all other costs, expenses and charges, including attorney's fees, under any lease entered into with the Resident pursuant to the terms of the lease. If Resident defaults in the payment of any installment of rent, Guarantor shall assume all liability and pay the amount of such installment or the accelerated balance at the option of landlord, within ten (10) days after the notice of the default and demand for payment mailed to the Guarantor's address set forth below. Guarantor's liability under this guaranty shall not be affected by the reason of any extension of time for payment of any installment granted by landlord to Resident or by reason of any consent to sublease given by landlord at Resident's request.

Duration

This guaranty may not and shall not be revoked during the initial term of the lease. If the lease is renewed, even if on different terms, this guaranty shall remain in full force until receipt by landlord of written notice of revocation from Guarantor.

Attorney Fees, Costs and Interest

Guarantor agrees to pay landlord's attorney's fees and expenses in the enforcement of the lease and this guaranty prior to and subsequent to judgment and in any and all trial and appellate tribunals, whether suit be brought or not, after default. All amounts due hereunder shall bear interest at the highest rate allowed by law from the date of default until paid. This guaranty is to be performed in Hillsborough County, Florida and any action based on this instrument shall be brought in the appropriate court located in that county and in no other court.



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Waiver of Notice of Acceptance

Notice of acceptance of this guaranty is expressly waived. When used herein, the singular pronoun or verb shall include plural.

GUARANTOR'S INFORMATION

Resident Name _____ Unit# _____

Relationship to Applicant _____

Name (please print) _____

Address: _____

City/State/Zip, _____

Telephone (H) _____ (W) _____ (Cell) _____

Social Security# _____ Date of Birth _____

Driver's License# _____ State Issued _____

For Residents under age 21: Authorize COED living? Circle one: YES NO

Guarantor's Signature _____ Date _____

Guarantor represents that all of the information provided is true and complete, and guarantor authorizes verification of the information and credit reports.

.....

This was sworn before me on the _____ day of _____ Year _____ The person above has either produced I D _____ or is personally known to me. My commission expires on : _____

Notary Signature

Notary Printed Name



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Roommate Matching Profile

Name: _____ Age: _____ Gender: Male/Female

College _____ Major _____ Yr. 1st 2nd 3rd 4th Graduate

Desired Move-In Date _____ Floor Preference _____

Personal Preferences

COED LIVING	Yes	No		
SMOKER	Yes	No	Sometimes	Bothers me if others do
(Please note-all rooms are non smoking!)				
DRINK ALCOHOL	Yes	No	Sometimes	Bothers me if others do
STUDY	Often	Sometimes	Seldom	
NEATNESS	Very	Somewhat	Messy	
ENTERTAIN	Often	Sometimes	Seldom	
USE STEREO	Often	Sometimes	Seldom	
USE TV	Often	Sometimes	Seldom	
I AM	An Early Bird	A Night Owl		

Are you a member of a Sorority or Fraternity? If Yes, which one?

Hobbies or other information that you would like to include:

Preferred Roomates: _____

I hereby authorize Malibu Apartments to release or share any of the above information relative to pending residents who are searching for a roommate. I understand that there is no guarantee that I will be matched with the perfect roommate.

Applicant's Signature

Date