



EPOCH MANAGEMENT, INC.

APPLICATION FOR The Legends@Championsgate APARTMENTS

(Each Occupant 18 years & over must completely fill out a separate application)



Name _____ Maiden Name _____ Married
 Separated Sex _____
 Single

Social Security #: _____ Birth Date _____

Are you a US Citizen? _____ Yes _____ No If No, Do you have a valid work visa? _____ Yes _____ No

Number of Occupants _____ Pets _____ Type _____ Weight _____ Color _____
 Work Phone # _____ Home Phone# _____

Occupants:	Name	Birth date (mm-dd-yyyy)	Social Security #	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employer _____ Supervisor _____
 Phone # _____ Fax #: _____ Date Employed _____
 Position _____ Gross Salary/Month _____
 Previous Employer _____ Supervisor _____
 Phone # _____ Fax #: _____ Employed From _____ to _____
 Position _____ Gross Salary/Month _____
 Previous Employer _____ Supervisor _____
 Phone # _____ Fax #: _____ Employed From _____ to _____
 Position _____ Gross Salary/Month _____
 Other Income (Child Support, Alimony, etc.) _____ Income from Assets _____

Must have 2 Yrs. Continuous history. Use extra sheets as needed

Emergency Contact _____ Street # _____ City _____
 State _____ Zip _____ Phone # _____ Relationship _____
 Closest Relative _____ Street # _____ City _____
 State _____ Zip _____ Phone # _____ Relationship _____
 Checking Acct # _____ Bank _____ City/State _____
 Savings Acct # _____ Bank _____ City/State _____

Current Residence _____ Street _____ Apt# _____ City _____ State _____ Zip _____
 Community/Mtg. Co _____ Phone # _____ Fax #: _____
 From _____ to _____ Pmt _____
 Why are you leaving your present residence? _____
 Was your Lease/Account in any other name? _____ If yes, what name _____
 Previous Residence _____ Street _____ Apt# _____ City _____ State _____ Zip _____
 Community/Mtg. Co _____ Phone # _____ Fax #: _____
 Acct# _____ From _____ to _____ Pmt _____
 Previous Residence _____ Street _____ Apt# _____ City _____ State _____ Zip _____

Vehicle _____ Year _____ Make _____ Model _____ Registered to _____ Tag # _____ State _____ Color _____
 Vehicle _____ Year _____ Make _____ Model _____ Registered to _____ Tag # _____ State _____ Color _____
 Additional Vehicles (Boat, Camper, Van, etc with Tag Numbers) _____
 Drivers License # _____ Expiration Date _____ State _____
 Personal Description _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

How did you hear about these apartments? _____ What attracted you to these apartments? _____
 Have you ever been evicted? _____ Has anyone that will be residing in the apartment ever been convicted of a felony? _____
 Date Possession Desired _____ Lease Term Desired _____

Agreed Rent Amount _____ Apt Type _____ Apt # _____ Move-in Date _____ Lease Term _____
 Apartment Deposit _____ Application Fee _____ Admin Fee _____ Total Paid _____

Applicant represents that all of the above statements are true and complete and hereby authorizes verification of the above information, references and credit records. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or fees charged and may constitute a criminal offense under the laws of this state.

I hereby authorize The Legends to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release The Legends, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

Applicant paid \$ _____ (total amount received) in consideration for Owner's taking the dwelling unit off the market while considering approval of this application. \$ _____ of this amount is a non-refundable fee for costs and expenses for checking applicant's consumer report by all and any means. \$ _____ will be applied toward the required apartment deposit. The non-refundable administrative fee of \$ _____ will be applied upon lease execution. If this application is not approved, this remainder of the \$ _____ (apartment deposit & administrative fee) will be refunded in full to applicant; provided however, should applicant fail through no fault of the owners to complete the lease agreement when tendered, the lower of \$ _____ (apartment deposit) or a proration of rental amount equal to the time this apartment was held will be charged as liquidated damages from _____ (date application is signed and apartment is taken off the market). If lease is entered into and possession of the apartment is taken, the "Apartment Deposit" shall be applied toward the Security Deposit. Applicant understands that any refund (if applicable) will be made within 30 days to allow for processing and clearing of checks. Apartment Deposit monies are deposited within three (3) business days of receipt or at time of approval, which may be the same day as receipt of deposit.

To Be Completed by the Office Staff

Applicant _____ OWNER, BY ITS REPRESENTATIVE EPOCH MANAGEMENT, INC.
 Date _____ By _____
 As Representative of Epoch Management, Inc.

Applicants Name _____

APPLICATION VERIFICATION
APARTMENTS **Community #**

Employer Verification by _____ Faxed Information Attached _____
Employer _____ Date _____
Date Ck _____ Salary Ck _____ Position Ck _____
Employer _____ Date _____
Date Ck _____ Salary Ck _____ Position Ck _____
Total Present Monthly Income _____

Emergency Contact Verification by _____
Name, Address, Phone #, Relationship, Verified _____ Incorrect

Closest Relative Verification by _____
Name, Address, Phone #, Relationship, Verified _____ Incorrect

Resident Verification by _____ Faxed Information Attached _____
Residence _____ Date _____
Comment _____
Residence _____ Date _____
Comment _____

Bank Verification by _____
Bank _____ Current Account? Yes No Account Age _____
Bank _____ Current Account? Yes No Account Age _____

Credit Reference by _____
Name _____ Comment _____
Name _____ Comment _____
Name _____ Comment _____

Credit Report Summary _____

MANAGER _____
REVIEW OF APPLICATION AND VERIFICATION

Was First Advantage SafeRent Used? Yes No If No, What system was used? _____

Approved Apt# _____ Type _____ Move-in Date _____

Denied Date _____ Manager Signature _____

Approved w/Conditions **Adverse Action Letter to be sent immediately if application is Denied or Approved with Conditions**

VACATING INFORMATION

DATE VACATED _____ LENGTH OF LEASE _____ NO. OF MONTHS COMPLETED _____

DID RESIDENT GIVE NOTICE IN WRITING _____ NOTICE ATTACHED YES NO

IF NO, EXPLAIN _____

REASON FOR MOVING _____

IS TRANSFER CLAUSE APPLICABLE (IF YES, LETTER OF TRANSFER MUST BE ATTACHED)? YES NO

DATE ORIGINAL SECURITY DEPOSIT PAID: _____ / _____ / _____ AMOUNT:\$ _____

DEDUCTIONS: Explanation

_____ (_____) ACCOUNT SENT TO COLLECTION? _____

_____ (_____) NAME OF COLLECTION AGENCY _____

_____ (_____) DATE SENT _____

TOTAL DEDUCTIONS: (_____)

*AMOUNT OF REFUND \$ _____

*INTEREST DUE \$ _____

OTHER REFUND _____ \$ _____ *CODE _____ AMOUNT _____

REFUND PAYABLE TO: _____

FORWARDING ADDRESS: _____

I HEREBY CERTIFY THAT I HAVE PERSONALLY INSPECTED THE UNIT VACATED, THAT THE PREMISES AND FURNISHINGS ARE CLEAN AND UNDAMAGED, AND THAT ALL INVENTORY ITEMS ARE INTACT, EXCEPT AS NOTED ABOVE.

DATE _____ MANAGER _____

FORFEIT NOTICE SENT: _____

DATE _____

CERTIFIED NO. _____

DEPOSIT FORFEITED: _____