



EPOCH MANAGEMENT, INC.

APPLICATION FOR HAMMOCK OAKS APARTMENTS



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

Name _____ Maiden Name _____ Sex _____

Social Security #: _____ - _____ - _____ Birth Date _____ / _____ / _____

Drivers License or Government Issued Photo ID number _____ State/Country _____

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

Email Address: _____ Type _____ Breed _____ Weight _____ Color _____

Number of Occupants _____ Pets _____

Work Phone # (_____) - _____ Home/Cell Phone# (_____) - _____

Other Occupants:

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

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

Employer _____ Supervisor _____

Phone/Fax # _____ Date Employed _____

Position _____ Gross Salary/Month _____

Previous Employer _____ Supervisor _____

Phone/Fax # _____ Date Employed _____

Position _____ Gross Salary/Month _____

Previous Employer _____ Supervisor _____

Phone/Fax # _____ Date Employed _____

Position _____ Gross Salary/Month _____

Other Income (Child Support, Alimony, etc.) _____ Income from Assets _____

Emergency Contact _____ Street # _____ City _____

State _____ Zip _____ Phone # _____ Relationship _____

Closest Relative _____ Street # _____ City _____

State _____ Zip _____ Phone # _____ Relationship _____

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) _____

How did you hear about these apartments? _____ What attracted you to these apartments? _____

Have you ever had an eviction filed against you? _____

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 _____

To Be Completed by the Office Staff

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 Hammock Oaks 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 Hammock Oaks, 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.

Applicant Signature _____ OWNER, BY ITS REPRESENTATIVE EPOCH MANAGEMENT, INC.

Date _____ By _____ As Representative of Epoch Management, Inc.

Applicants Name _____

APPLICATION VERIFICATION
HAMMOCK OAKS APARTMENTS Community # 370

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:** _____