

WILLOW POND

APPLICATION FOR RESIDENCY

APPLICANTS	First Name	MI	Last Name	Social Security No.
Name of Applicant/ Head of House hold				
___ Spouse or ___ Other Applicant				

Please list all others who will occupy the apartment. Persons 18 years old and older must complete a separate application.

#	First Name	MI	Last name	Date of Birth	Social Security No.	Relationship
1						
2						
3						

Identification	Applicant	Spouse or Other Applicant
Date of Birth		
Driver's License (State & No.)		
Other Identification (Photocopy)		

Please list all vehicles you plan to park on the property.

Vehicles	Applicant	Spouse or Other Applicant
Vehicle Year, Make & Model		
Vehicle License (State & No.)		
Vehicle Body Type, Color		
Registered in name of		

Willow Pond is a Deed Restricted Community. Motorcycles, trucks, trailers, Recreational Vehicles, Commercial Vehicles, Vans, etc. are not permitted.

Pets	Applicant	Spouse or Other Applicant
Pet's Name		
Pet Kind, Breed		
Pet Weight (Pounds)		

Current Residency	Applicant	Spouse or Other Applicant
Daytime Telephone Number (Area Code and No.)		
Mobile Telephone Number (Area Code and No.)		
Street Address and Apt. No.		
City, State, Zip		
Name of Apt. Complex/Mort. Co.		
Name of Manager		
Telephone No. Landlord/Mort. Co.		
Date Moved In		
Monthly Payment		
Why do you wish to move?		

Prior Residency	Applicant	Spouse or Other Applicant
Street Address and Apt. No.		
City, Street, Zip		
Name of Apt, Complex/Mort. Co.		
Name of Manager		
Telephone No. Landlord/Mort. Co.		
Date Moved In		
Date Moved Out		
Monthly Payment		
Why did you move?		

Current Employment	Applicant	Spouse or Other Applicant
Name of Employer		
Address of Employer		
City, State, Zip		
Name of Supervisor or Manager		
Telephone Number of Employer		
Date Started Employment		
Position		
Monthly Income		
Other Income Source		
Monthly Amount		
Total Annual Income		

Contact in Emergency	Applicant	Spouse or Other Applicant
Name		
Relationship		
Telephone (Area Code & No.)		
Street Address		
City, State, Zip		

Additional Contact	Applicant	Spouse or Other Applicant
Nearest Relative (Blood)		
Relationship		
Telephone (Area Code & No.)		
Street Address		
City, State, Zip		

Do you have other income, or are there other circumstances of which we should be aware in processing your application?

Unit Desired

Size Apt. Desired (List order of preference)	<input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom <input type="checkbox"/> Town House
Type Apt. Desired(List order of preference)	<input type="checkbox"/> Townhouse <input type="checkbox"/> Garden Down <input type="checkbox"/> Garden Up <input type="checkbox"/> No Preference
Date you would like move into the Apt.	<input type="text"/> / <input type="text"/> /20 <input type="text"/> <input type="checkbox"/> As soon as possible

Fair Housing

In accordance with Federal fair housing laws it is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin in connection with the rental of most housing. The federal agency which administers compliance with this law is the U. S. Department of Housing and Urban Development.

Equal Credit Opportunity Act

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The federal agency which administers compliance with this law is the U. S. Equal Credit Opportunity, Federal Trade Commission.

Application Fee

Applicant has submitted the sum of \$_____ which is a non-refundable payment for the processing of this application. The application fee is not a rental payment or security deposit.

Security Deposit

Applicant has submitted the sum of \$_____ which is payment of the security deposit for an apartment. If for any reason the application is declined by management, the security deposit will be refunded in full. If the application is approved and applicant fails to occupy the premises on the agreed upon date, except due to delay caused by construction or the holding over of a prior resident, applicant will forfeit the security deposit. Applicant understands and agrees that if applicant cancels more than 72 hours after the submission of the application to management, the security deposit will be forfeited.

Permission to Release Information

I warrant and represent that the information submitted on this application is true and correct. I understand that any false information will constitute grounds for rejection of the application. I hereby authorize the release of all credit, income and rental/mortgage information to the agents and/or employees of Flynn Management Corporation. I understand that the lease agreement will not become effective until this application is approved by management.

Applicant Signature

Spouse/Co-Applicant Signature

Date

Date

Applicant Email

Spouse/Co-Applicant Email

Submit completed application form, authorization form, application fee and deposit by mail to:

Willow Pond Apartments
875 Wilmette Ave.
Ormond Beach, FL 32174

OR

Fax: 386-676-0752
Email: willowpond@flynnmanagement.com
Questions? Call 386-676-7727

WILLOW POND

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Flynn Management Corporation, as agent for Willow Pond Apartments, to verify my past and present employment, including earnings records, income records, bank accounts, stock holdings, and any other items needed to process my apartment application and during my residency.

I further authorize Flynn Management Corporation to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references and payment history.

It is understood a photocopy or fax copy of this form will also serve as authorization.

Applicant's Signature

Co-Applicant's Signature

Print Name

Print Name

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CREDIT CARD AUTHORIZATION FORM

Property Name: Willow Pond Apartments

Resident/Applicant Name:



Table with 2 columns: Description and Amount. Rows include Rent, Security Deposit, Application Processing Fee, Other, Convenience Charge** (with sub-rows for \$500 and over \$500), and Total Amount to be Charged.

Type of Credit Card: Please check one.

Master Card Visa Discover

Credit Card Number:

Expiration Date:

CVV2 (3 digit code on back of card):

Cardholder First Name: Last Name:

Cardholder Address:

City: State: Zip Code:

Phone Number with area code:

By signing below, I authorize Flynn Management Corporation to charge the above credit card in the amount listed as "Total Amount to be Charged." This charge will appear on your credit card statement as Flynn Management Corporation. I certify that I am the cardholder of the above referenced credit card and have the authority to complete this transaction.

Cardholder signature

Date

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