

# Sydgan Corporation

P.O. Box 350, Winter Park, FL 32790-0350  
Phone (407) 644-3151 Fax (407) 644-2854

## **Please include a copy of the following with your rental application**

- Color Copy of Drivers License**
- Social Security Card or Birth Certificate or Passport**
- Most Current Paystub or Other Proof of Income**
- Current Phone Number:**

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- Working Email Address:**

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### **As well as (check or money order):**

- \$75.00 Application fee (per applicant) made out to:**

**Sydgan Corporation**

- \$99 Administrative fee (per apartment) made out to:**

**Sydgan Corporation**

- \$340.00 Security Deposit (per apartment) made out to:**

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## Application Procedures

On \_\_\_\_\_, I \_\_\_\_\_ am leaving the sum of  
\_\_\_\_\_ to process \_\_\_\_\_ (# of applications)

application(s) for the property located at :

\_\_\_\_\_  
\_\_\_\_\_

I understand that if I am approved for this property the rental sum for this property is \$ \_\_\_\_\_ / month.

If I am approved but choose to wait for another apartment or to move in a date later than two weeks from the time this application is received the rental rate may change.

I understand that my application fee is non refundable and is used to process my application.

If there are any questions concerning the application I can be reached at:

\_\_\_\_\_

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

\_\_\_\_\_  
Print Name & Date

\_\_\_\_\_  
Leasing Agent Signature

\_\_\_\_\_  
Print Name & Date

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

\_\_\_\_\_  
Print Name & Date

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## Application for Apartment/House Procedures

*All apartments & houses are on a first come first serve basis.*

1. When receiving the application please fill out entire application anything left blank will delay the time it will take for approval.
2. At applicants discretion they may leave the \$340.00 deposit with the application.
3. If the applicant(s) are approved the \$340.00 deposit will be used to secure the apartment.
4. If the applicant(s) are not approved the \$340.00 deposit will be returned within 30 days to the last known mailing address.
5. If the applicant(s) are approved and than later the applicant rejects the apartment or house the \$340.00 deposit will not be refunded.
6. If approved the applicant (s) will need to come into the office within the next **two** days to sign the lease and pay deposit if they have not already.
7. Apartment cannot be held until the application is approved & deposit is received. Then apartment is only held for two days unless the lease is signed and the first month's rent is paid.

By signing this you understand and accept the terms above.

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

\_\_\_\_\_  
Print Name & Date

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

\_\_\_\_\_  
Print Name & Date

\_\_\_\_\_  
Leasing Agent Signature

\_\_\_\_\_  
Print Name & Date

\*\*Applicant understands that the application fee of \$75.00 per each applicant and \$99.00 administrative fee are non-refundable charges and will not be returned under any circumstance. The application fee must be paid with a money order, cashier's check, or credit card. Credit card form is attached. Please note there is a 5% processing fee for using a credit card.

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## **Release of Information and Authorization for Verification of Application**

*Unmarried co-applicants must fill out a separate release*

Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Present

Address \_\_\_\_\_

Street Apt# City ST Zip Code

***Please provide a previous address of you have lived at your current address for less than 24 months.***

Previous

Address \_\_\_\_\_

Street Apt# City ST Zip Code

Have you ever had an eviction filed against you?

Applicant: Yes \_\_\_\_\_ NO \_\_\_\_\_ Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_.

Have you ever left owing money to any owner or landlord?

Applicant: Yes \_\_\_\_\_ NO \_\_\_\_\_ Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_.

Have you ever applied for residency anywhere in the past 2 years, but did not move in?

Applicant: Yes \_\_\_\_\_ NO \_\_\_\_\_ Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_.

Have you ever had adjudication withheld or been convicted of a crime?

Applicant: Yes \_\_\_\_\_ NO \_\_\_\_\_ Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_.

***IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.***

Applicant(s) represents that all of the above statements information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of occupancy, and /or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I/We hereby release ASAP and any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you received a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***APPLICANT SCREENING AND PROCESSING***

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## Application for Rental

Applicant's Last Name	First	Middle Name	Date of Birth	Driver's License No & State	Soc. Sec. No.
Spouse's Last Name	First	Middle Name	Date of Birth	Driver's License No & State	Soc. Sec. No.
Other Occupants Name		Date of Birth	Other Occupants Name		Date of Birth

Have you ever had an eviction filed against you? **YES** or **NO** Have you even been convicted of a felony? **YES** or **NO**

### RESIDENCE HISTORY

Current Address	City	State	Zip	How Long?	Area Code & Phone No.
Name & Address of Current Landlord				Area Code & Phone No.	Monthly Pymt.
Previous Residence Address		Previous Landlord or Apt. Community		How Long?	Area Code & Phone No.

### EMPLOYMENT HISTORY

Current Employer	Supervisor's Name	How Long	Salary
Address	City	State	Zip
		Phone No.	Position Held/Occupation
Previous Employer	Supervisor's Name	How Long?	Salary
Address	City	State	Zip
		Phone No.	Position Held/Occupation
Spouse Employer	Supervisor's Name	How Long?	Salary
Address	City	State	Zip
		Phone No.	Position Held/Occupation

ADDITIONAL INCOME: Additional income such as child support, alimony or separate maintenance need not be disclosed unless Additional Income is to be included for qualification hereunder.

SOURCE: Amount of \$ \_\_\_\_\_ per \_\_\_\_\_. Source \_\_\_\_\_

### CREDIT AND LOAN REFERENCES

No. of Vehicles on Property: # _____	Do you have any recreational vehicles, vans, boats, motorcycles? If so specify.				
Auto No. 1-Type		License No.	State		
Financed Through		Account No.	Monthly Payment		
Auto No. 2-Type		License No.	State		
Financed Through		Account No.	Monthly Payment		
Loans & Charge Accounts (Including Dept. Stores, Credit Cards, etc.)					
Owed to	Account Number		Address	Total Debt	Payments

### BANK REFERENCES

Name of Bank or Savings Loan	Account No.	Address	City, State, Zip

### EMERGENCY NUMBERS

Family Physician	Address	City/State	Phone #
In Case of Emergency, Call	Relationship	Address	City/State
			Phone #

I hereby authorize property manager to verify all information contained on the application and conduct a full background check including but not limited to credit, bank account, employment, eviction, criminal background checks, and authorize property manager to contact any persons or companies listed on the application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NO PETS    NO PETS    NO PETS    NO PETS    NO PETS    NO PETS    NO PETS**

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## Credit Card Charge Authorization Form

*5% Processing Fee*

\_\_\_ One time charge on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

\_\_\_ Recurring charge from \_\_\_\_\_ to \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

**Resident's Name:** \_\_\_\_\_ **Unit /Suite#** \_\_\_\_\_

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**Name Which Appears on Card:** \_\_\_\_\_

**Billing Address (Where your statements/bills are mailed):**

\_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

**Phone Number:** \_\_\_\_\_

**Email Address (for receipt purposes):** \_\_\_\_\_

**Credit Card Type:** VISA MASTERCARD AMEX

**Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **CVV2:** \_\_\_\_\_

\_\_\_\_\_  
Signature      Print Name      Date

\_\_\_\_\_  
Taken By      Print Name      Date