

# HMP

Hamilton, Maddox, Phillips and Associates

1515 Paul Russell Road Unit 31 Δ Tallahassee, Fl 32301  
[www.HMPEstates.com](http://www.HMPEstates.com) ☞ Hmpestates@gmail.com  
(850) 210-5821 Δ (850) 772-0114 Fax

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## APPLICATION TO LEASE

Property Address: \_\_\_\_\_

To APPLY, THE FOLLOWING IS **REQUIRED**:

1. All applications must be filled out and signed by applicants on all pages.
2. A separate application must be filled out for each applicant 18 years old and older.
3. A processing fee of **\$40** in cash, money order must accompany each application.
4. **NO APPLICATION WILL BE PROCESSED WITHOUT A PROCESSING FEE.**
5. Reliable documentation and telephone numbers for all income must be provided.
6. Photo documentation (driver's license, military Id or state ID) is required.
7. All intended applicants must be listed below.
8. You must disclose ALL pets, vehicles of any nature and water filled furniture.
9. Copy of Social Security Card
10. Reliable documentation and telephone numbers must be provided.
11. Amount of Monthly Income \_\_\_\_\_, Source of Income \_\_\_\_\_

YOU ARE HEREBY NOTIFIED OF THE FOLLOWING PROCEDURES AND POLICIES:

1. The processing fee is NON-REFUNDABLE.
2. The Management Company MUST approve pets.
3. If you have water fill furniture, you must provide the Management Company with proof of insurance. Florida State (FS) 83.535.
4. No properties are held for a long period, such as 30 days, unless it is not available.
5. If approved, the First Month's Lease Payment must be paid within one (1) business day in order to hold the property and refuse other applicants. If the applicant defaults on leasing the property within three (3) days AFTER APPROVAL, the First Month's Lease Payment will be forfeit.
6. If approved, all monies owed must be paid in full with certified funds (cashier's check or money order) PRIOR TO LEASING.
7. The Management Company in making its decision to lease the property will obtain a CREDIT, EVICTION AND CRIMINAL REPORT.
8. To lease the property, First Month's Lease Payments, in addition to a Security Deposit will be required.
9. HMP and Associates does not discriminate against any person based on color, religion, sex, national origin, familial status, sexual orientation, or handicap status.

I, THE UNDERSIGNED APPLICANT, affirmed the information contained in this five (5)- page application is true and correct and authorize H.M.P. and Associates to verify all information contained in this application including a credit report. Misstatements, either false or incorrect, can be deemed reason for denial of occupancy. I understand that due to the Fair Credit Reporting Act that I will not be furnished a copy of my credit report from H.M.P. and Associates or its affiliates if requested. I may, however, obtain a free credit report from the appropriate credit bureau if my application is denied fro credit reasons. I also understand that this application is the property of H.M.P and Associates.

**Applicant's Signature** \_\_\_\_\_

I also affirm the following will be residents of the property: (Please list the first and last names of all prospective residents, including yourself:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_

**RENTAL APPLICATION**

**Equal Housing Opportunity**

**AUTHORIZATION  
Release of Information**

I agree to permit an investigation of my credit, tenant history, banking and employment for the purposes of renting an apartment with this owner/manager.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
SS #

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City State

\_\_\_\_\_  
CONTACT NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Application for Rental

EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION

A non-refundable **\$40** Application Fee is required.

PLEASE PRINT- All information must be completed. All blanks must be filled in. The decision to rent to you will depend in great part on your credit history and references. Only clean, responsible people who pay rent on time need apply.

How did you find out about us? Sign  Newspaper  Friend  Other

## YOUR PERSONAL INFORMATION

Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long? \_\_\_\_\_ If renting, Apartment name/location \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

YOUR EMAIL ADDRESS: \_\_\_\_\_

Landlord/Manager name \_\_\_\_\_ Alternative Phone (\_\_\_\_) \_\_\_\_\_

Why are you leaving?

\_\_\_\_\_

Current Rent \$ \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long? \_\_\_\_\_ If renting, Apt. name/location \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Landlord/Mgr's name \_\_\_\_\_ Alternative Phone (\_\_\_\_) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

\_\_\_\_\_ Rent Payment \$ \_\_\_\_\_

## EMPLOYEMENT HISTORY

Present employer \_\_\_\_\_ Position \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Gross Monthly Income before deductions \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_ Source \_\_\_\_\_

Supervisor \_\_\_\_\_

Former Employer \_\_\_\_\_ Position \_\_\_\_\_ How long? \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

**CREDIT REFERENCES**

This may include store credit cards Rental stores, car loans, small loans etc.

Bank \_\_\_\_\_ Checking/ Savings Loan(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Approx. Balance \$ \_\_\_\_\_ How long? \_\_\_\_\_

Other Active Credit Ref. \_\_\_\_\_

Type of Account \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_ How long \_\_\_\_\_ Are all payables current ? \_\_\_\_\_

Other Active Credit Ref. \_\_\_\_\_

Have you ever been evicted? YES [ ] NO [ ].

Have you ever had a foreclosure/repossession? Yes [ ] No [ ]

Date \_\_\_\_\_ If yes , explain \_\_\_\_\_

Have you ever filed for bankruptcy? Yes [ ] No [ ]. If yes, Chapter 7 [ ], Chapter 13 [ ]

Explain \_\_\_\_\_

Have you ever been convicted of a crime, other than a traffic violation? Yes [ ] No [ ].

If yes, explain \_\_\_\_\_

**PERSONAL REFERENCES**

(List 3 persons, OTHER THAN YOUR RELATIVES, that we may contact to verify your character.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY**

(In an emergency you may contact- List 2 starting with nearest relative first.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OTHER INFORMATION**

(Other persons, including children who will live in the dwelling unit)

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

**\*PETS**

Name \_\_\_\_\_ Type \_\_\_\_\_ Weight \_\_\_\_\_ Name \_\_\_\_\_ Type \_\_\_\_\_ Weight \_\_\_\_\_

\*NOTE: No pets are allowed at any time on the premises without prior Management consent and payment of fees. NO EXCEPTIONS.

Date of desired occupancy \_\_\_\_\_ Anticipated length of stay \_\_\_\_\_

Do you own: Vacuum cleaner [ ] Lawn mower [ ] Waterbed [ ] Musical inst. [ ] Smoker yes [ ] No [ ]

LIST ALL MOTOR VEHICLES, INCLUDING RECREATIONAL TO BE KEPT AT THE PROPERTY

MAKE	COLOR	MODEL	YEAR	LICENSE PLATE#	STATE	MONTHLY PAYMENT
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

I hereby deposit \$ \_\_\_\_\_ NON-refundable application fee. When so approved and accepted, I agree to execute a lease for \_\_\_\_\_ months before possession is given and to pay \_\_\_\_\_ security deposit prior to the move in date. Applicant further agrees that if applicant is accepted by Management and then decides not to move into the premises, then all monies paid herewith shall be retained as liquidated damages since other prospective tenants may have been turned away and it may be necessary for Management to re-advertise the property and evaluate other applicants. Processing of application shall be as timely as possible and the results may be delivered via telephone, fax or mail. If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the application hereby waiving any claim for damages by reason off non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, and investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

**A PHOTOSTATIC COPY OF MY DRIVER'S LICENSE OR PICTURE ID CARD, SOCIAL SECURITY CARD, LATEST PAY CHECK STUB(S) AND LAST YEAR'S W-2 (s) OR COPY OF LAST YEARS INCOME TAX RETURN ARE ATTACHED TO THE APPLICATION ( ), OR WILL BE PROVIDED ( ).** I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute ground for rejection of the application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

\_\_\_\_\_  
Applicant's Authorization

\_\_\_\_\_  
Date

**APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)**

Application fee: **\$40** Paid on \_\_\_\_\_

Deposit of **\$500** Received by \_\_\_\_\_

Approved/Denied: \_\_\_\_\_ Date \_\_\_\_\_



## **Guaranty of Payment of Rent Under Lease**

Guaranty made the date set forth below by the undersigned who resides at the address indicated below, hereinafter referred as the Guarantor, to H.M.P. and Associates, a Florida Limited Liability Company, Agent for the Owner, with its principle office located at 1515- 31 Paul Russell Rd, Tallahassee, Florida 32301, hereinafter referred to as the Management Company:

### **Recitals**

The Management Company has agreed to lease the premises described below to the person below as Lessee conditioned to Guarantor's giving security for payment of rent and performance of the lease by the Lessee in the form of this personal guaranty. In consideration of the Management Company's entering into the lease with the Lessee, Guarantor agrees as follows:

### **Section I-Statement of Guaranty**

Guarantor guarantee payment of rent and all other cost and charges, including attorney's fees, under any lease entered into with the Lessee pursuant to the terms of the lease. If Lessee defaults in the payment of any installment of rent, Guarantor shall pay the amount of such installment or the accelerated balance at the option of the Management Company, within ten (10) days after notice of default and demand for payment mailed to Guarantor's address set forth below. Guarantor must notify the Management Company of any change in address or contact telephone numbers to facilitate the collection of any amount due. Guarantor's liability under the guaranty shall not be affected by of any extension of time for payment of any installment granted by the Management Company to Lessee or by reason of any consent to sublease given by the Management at Lessee's request.

### **Section II-Duration**

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

### **Section III-Attorney Fees, Cost and Interest**

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

### **Section IV- Waiver of Notice of Acceptance**

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

Lessee's Name: \_\_\_\_\_

Premises: \_\_\_\_\_ Date: \_\_\_\_\_

**Guarantor's Information**

Relationship to Lessee: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State Issued: \_\_\_\_\_

You represent that all of the information provided is true and complete, and you authorize verification of the information and credit reports.

\_\_\_\_\_  
Guarantor's Signature \* NOTORIZED

This was sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

The person above has either produced ID \_\_\_\_\_

Or personally known to me \_\_\_\_\_.

\_\_\_\_\_  
Notary Seal

DD #: \_\_\_\_\_

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Notary's Printed Name