

The Village at Indigo Lakes Apartments, Vanessa, Silverton & Annabelle Apartments
119 Village Park Dr. #100, Daytona Beach, FL. 32114
Phone 386-253-1141 * Fax 386-253-1421

EACH CO-APPLICANT AND EACH OCCUPANT 18 YEARS OLD AND OVER MUST SUBMIT A SEPARATE APPLICATION. SPOUSES MAY SUBMIT A SINGLE APPLICATION. \$40 PER APPLICATION OR \$60 PER COUPLE (NON-REFUNDABLE FEE)

NAME: _____
FIRST MIDDLE LAST (As shown on your driver's license or state ID) BIRTH DATE

FORMER LAST NAMES (MAIDEN OR MARRIED) SOCIAL SECURITY # OR PASSPORT #

SEX: HEIGHT: WEIGHT: EYE COLOR: HAIR COLOR:
MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED SEPERATED
ARE YOU A U.S. CITIZEN: _____ ARE YOU A SMOKER OR NON-SMOKER: _____

CURRENT MAILING ADDRESS _____

HOME PHONE _____ WORK PHONE _____ City State Zip

CELL PHONE _____ E-MAIL ADDRESS _____

WHY ARE YOU MOVING? _____

WHAT TYPE OF APARTMENT ARE YOU APPLYING FOR: STUDIO 1 BEDROOM 2 BEDROOM VP Suite Presidential Suite

WHICH APT. COMMUNITY ARE YOU APPLYING FOR: _____

NO. OF PEOPLE TO OCCUPY _____ LENGTH OF LEASE TERM _____

EXPECTED MOVE IN DATE _____ EXPECTED MOVE-OUT DATE (IF APPLICABLE) _____

PREVIOUS MAILING ADDRESS _____

CITY STATE ZIP

PREVIOUS MONTHLY RENT: _____ DATES YOU LIVED THERE: _____

CURRENT EMPLOYMENT:

COMPANY DATE STARTED GROSS SALARY/MONTH TELEPHONE#

STREET CITY STATE ZIP CODE

YOUR OCCUPATION REFERING SUPERVISOR TELEPHONE#/E-MAIL

YOUR RENTAL/CRIMINAL HISTORY: CHECK ONLY IF APPLICABLE. Have you, your spouse, or any occupant listed in this Application ever: been evicted or asked to move out? moved out of a dwelling before the end of the lease term without the owner's consent? declared bankruptcy? been sued for rent? been sued for property damage? been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision, or pretrial diversion? been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that has not been resolved by any method? Please indicate below the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision Your represent the answer is "no" to any item not checked above. _____

IF YOU ARE A STUDENT, UNDER THE AGE OF 21 OR NOT CURRENTLY EMPLOYED. PLEASE NAME A CO-SIGNER:

FULL NAME: _____

FORMER LAST NAMES (MAIDEN & MARRIED): _____



MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED SEPERATED

SOCIAL SECURITY #: _____ BIRTHDATE: _____

DRIVER'S LICENSE # & STATE (OR GOVT PHOTO ID CARD#) _____

STREE ADDRESS CITY STATE ZIP:

RELATIONSHIP TO APPLICANT TELEPHONE (WORK) & (HOME) E-MAIL ADDRESS

OCCUPATION REFERRING SUPERVISOR MONTHLY GROSS

YOUR CREDIT HISTORY: your bank's name, city & State _____

OTHER NON-WORK RELATED INCOME YOU WANT CONSIDERED. PLEASE EXPLAIN.

PAST CREDIT PROBLEMS YOU WANT TO EXPLAIN: (MAY USE SEPARATE PAGE)

OTHER OCCUPANTS: Names of all persons under 18 and other adults who will occupy the unit without signing the lease.
NAME: _____ RELATIONSHIP: _____

SEX: _____ DL OR GOVT ID CARD# & STATE _____

BIRTHDATE: _____ SOCIAL SECURITY# _____

NAME: _____ RELATIONSHIP: _____

SEX: _____ DL OR GOVT ID CARD# & STATE _____

BIRTHDATE: _____ SOCIAL SECURITY# _____

YOUR VEHICLES: List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.)

MAKE OF VEHICLE & COLOR YEAR LICENSE PLATE # STATE

MAKE OF VEHICLE & COLOR YEAR LICENSE PLATE # STATE

NAMES OF ALL PERSONS WHO WILL BE ALLOWED TO ENTER THE APARTMENT WHILE APPLICANT IS AWAY:

1) _____ 2) _____ 3) _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

STREET CITY STATE ZIP TELEPHONE# RELATIONSHIP

- We would like to know how you heard about us:
 Internet Referred by one of the Residents _____
 Brochure/Flyer Referred by a friend/Relative Drove by Location other? (Explain): _____

SPECIAL AGREEMENTS: I agree and authorize all agents of VAIL, Inc. to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. I verify the above statements are true and that any falsified information listed on my part of this application will result in automatic cancellation and/or termination of any lease or lease renewal signed.

Applicant agrees to pay all moneys due prior to occupancy in certified check, cash or money order or credit/debit cards. Personal checks cannot be accepted for initial move-in costs. **If reservations are canceled for any reason, the security deposit paid in advance will be forfeited and is non-refundable.**

Applicant Signature Date Management Signature Date



Contemplated Lease Contract Information

To Be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental

The blanks in the Lease Contract will contain the following information:

Names of all residents who will sign Lease Contract _____

Name of Owner/Lessor: _____

Property name & type of dwelling (bedrooms): _____

Complete Street Address: _____

City, State, Zip _____

Names of all other occupants not signing Lease Contract (persons under age 18, relatives, friends, etc.) _____

Total Number of residents & occupants: _____

Beginning date and ending date of Lease Contract: _____

Total Security Deposit \$ _____, Other Fees \$ _____

Total monthly rent for dwelling unit \$ _____

Rent to be paid at (check one) On-Site Managers office or at _____

Pro-Rated rent for First month (if Applicable) \$ _____

Monthly rental Due Date _____ Charges due if rent is not paid on or before the _____

Initial Late Charge \$ _____, Daily late charge \$ _____

Returned-check charge \$ _____, Credit/Debit Card Convenience Charge \$ _____

(Check One) Furnished Unfurnished; Utilities paid by owner (check all that apply): electricity gas, water,

Wastewater, Trash, Cable TV, Other _____

You are: Required to purchase personal renter's insurance or not required to purchase personal renter's insurance.

Special provisions regarding parking, storage, etc. _____

ACKNOWLEDGMENT. You declare that all your statements on all pages of this Application are true and complete. You authorize us to verify same through any means. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations.

If you're seriously ill or injured, what doctor may we notify? (We're not responsible for providing medical information to or calling doctors or emergency personnel.) _____



Doctor's Name: _____ Doctor's Phone: () _____

Important medical information about you in an emergency: _____

Applicant's Signature _____

Date _____

Signature of Spouse/Co-Signer _____

Date _____

Signature of Owner's Representative _____

Date _____

Receipt. Application fee (non-refundable) \$ _____

Application Deposit (non-refundable) \$ _____

Other Move-In Fees \$ _____

Total amount of money we've received to this date: \$ _____

FOR OFFICE USE ONLY

1. Apt. name or dwelling address (Street, City); _____

2. Unit # & type: _____

3. Person Accepting Application: _____

4. Person Processing Application: _____

5. Date that applicant or co-applicant was notified by telephone, Letter, In Person of Acceptance Non-acceptance

6. Name of person(s) who were notified (at least one applicant must be notified) _____

7. Name of owner's representative who notified above persons: _____

