

University Apartments
12017 Solon Drive
Orlando, Florida 32826
Phone: (407) 273-4097 Fax: (407) 273-5676
Email: manager@universityapartmentsorlando.com
Website: www.universityapartmentsorlando.com

Apartment Information

NO APPLICATION FEE

- University Apartments is only a 5-minute walk from the University of Central Florida.
- Free UCF shuttle bus stop is only a 2-minute walk from our complex. Orlando public transit- Linx Bus stop is directly in front of the complex.
- Free covered parking for residents only
- **We are not a "student housing" - you rent an entire apartment**
- Free high-speed internet service with a cable modem that is exclusively yours (not a hot spot)
- Free high definition cable TV service
- Free trash pickup and regular pest control in your apartment
- Free use of swimming pool
- Residents pay electric charges to Duke Energy of Florida. Electricity must be activated in the resident's name for the date of move-in, in order to receive the apartment keys.
- Residents pay rent and actual water charges (cost about \$13-15 per person); University Apartments will pay connection fees and taxes on your water charges.
- We have maintenance technicians to handle emergencies 24/7
- 650 square foot one-bedroom apartments, and 900 square foot two-bedroom apartments
- All apartments are unfurnished (furniture can be rented from local furniture rental stores)
- Credit card and pay-by-phone (GooglePay, ApplePay, etc.) on-site laundry facility that is open 24/7
- Rent for lease-beginning month (or pro-rated rent) and lease-ending month are due on the day of move-in, during the lease-signing appointment, and must be paid by a money order or a certified cashier's check in order to receive apartment keys. We accept personal checks starting with the second month of your residency here.
- **Holding fee of \$350.00 must be submitted with your application by money order, certified or cashier's check before we can process your application.** The holding fee will be refunded in full if we decline your application for residency. If your name is in the waiting list and we cannot accommodate you by the date you need an apartment, we will refund your holding fee in full. You can pick it up at the Leasing Office during normal business hours. Once you are approved, \$350.00 of your holding fee will be converted to your security deposit for your apartment. **Once your application for renting is approved, and you decide not to rent the apartment, regardless of your reasons, the entire holding fee of \$350.00 is non-refundable.**
- We allow cats only. There is a one-time non-refundable pet fee of \$350.00 that you pay before you move in. Only one pet is allowed in one apartment.

*Initial next to your preferred apt. size. To save your time, please check with management for availability via email or telephone prior to submitting Pre-qualifying Questionnaires

2-bedroom apartment	(Starting from) \$1,549 for standard_____	(Starting from) \$1,599 for upgraded_____
1-bedroom apartment	(Starting from) \$1,449 for standard_____	(Starting from) \$1,499 for upgraded_____
Security Deposit	\$350.00 (holding fee becomes security deposit upon application approval)	
Pro-rated rent calculation	\$50/day (2-BR) \$45/day (1-BR). Pro-rated rent is based on number of days left in the month, inclusive of the day you occupy the apartment.	

Lease term is for 7 Full months _____ (Please initial)

NOTE: Please read the above BEFORE you apply.

Your signatures are required _____

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APPLICATION REQUIREMENTS

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
ALL INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION**

Requirements:

- Good to excellent credit history
- No criminal background
- No evictions from previous apartments where you lived
- Your monthly income should be at least 2.5 times the monthly rent

Need to submit:

- Please contact management via email or telephone for availability prior to submitting Pre-qualifying Questionnaires
- Please fill out the "Pre-qualifying Questionnaire" form shown below (two pages), complete it, and submit it via email, or fax before applying. **Submitting "Pre-qualifying Questionnaire" from all interested roommates and/or co-signer's is a requirement prior to applying. Once we review it, we will notify you that you may proceed with submitting the full application form (shown below)**
- All roommates need to submit separate application forms (only one application form for husband and wife)
- Photocopy of your driver's licenses, passports, or state ID's
- Photocopies of proof of income for all applicants (most recent paycheck stubs, I-20, student grant/award letters, or other forms of income or support). Self-employed applicants are required to submit most recent tax return.
- Photocopies of your Social Security cards
- Only one money order or cashier's check for \$350 holding fee. Please make money orders and cashier's checks *payable to, or pay to the order of* "**University Apartments**".

If you are using a co-signer:

- Co-signers must complete a separate application form and your name will appear in Section 5: "Co-signers Financial Agreement". Only parents and grandparents can co-sign.
- Co-signers monthly income must be at least 5 times the monthly rent
- Co-signers must provide a copy of their Social Security cards, proof of income, and photo ID's.

What we check:

- We check your criminal background, credit history, sources of income, rental and eviction history at no cost to you.

What if I am declined:

- You will receive your full \$350.00 holding fee back, which you can pick up in person at the leasing office that same day during business hours. If you are out-of-town, you will be required to pay for U.S. Express Mail, UPS, FedEx, or DHL charges. We do not return checks via regular mail.
- Upon request, we will provide you a toll free number to obtain a copy of your screening report.

Incomplete applications, missing items, or outdated information will delay your application process.

APPLICATION FOR RENTAL

**University Apartments
12017 Solon Drive
Orlando, Florida 32826**

1. PERSONAL INFORMATION

Name: _____
Last First Middle Maiden

Birth Date: _____

Social Security Number: _____

Driver's License No.: _____ State: _____

Single: _____ Married: _____ Divorced: _____ Separated: _____

Email: _____

Cell Phone #: _____

Spouse's Name: _____
Last First Middle Maiden

Birth Date: _____

Social Security Number: _____

Driver's License No. : _____ State: _____

Single: _____ Married: _____ Divorced: _____ Separated: _____

Email: _____

Cell Phone #: _____

NOTE: All applicants over 18 years old must apply separately.

**NO MORE THAN TWO (2) ADULT RESIDENTS AND UP TO TWO (2) MINOR CHILDREN ARE ALLOWED
IN AN APARTMENT**

2. PRESENT RESIDENCE

Present Address: _____

From _____ To _____ Rent _____ Own _____ Other _____

Apartment Complex/Mortgager/Landlord Name: _____

Address: _____ Telephone: _____

Monthly payment: \$ _____

3. EMPLOYMENT INFORMATION

Current Employer: _____ Employed from _____ to _____

Address: _____

Telephone: _____ Position Held: _____

Supervisor's Name: _____ Monthly Income: \$ _____

SPOUSE'S EMPLOYER

Current Employer: _____ Employed from _____ to _____

Address: _____

Telephone: _____ Position Held: _____

Supervisor's Name: _____ Monthly Income: \$ _____

4. EMERGENCY CONTACT NAME

Name of Nearest Relative: _____ Relationship: _____

Address: _____

Telephone: _____

5. CO-SIGNER'S FINANCIAL AGREEMENT **(complete this section only if you are a co-signer for another applicant)**

I HEREBY CERTIFY that I am assuming full financial responsibility for the residents named below. Lease agreement for residency of the indicated residents at University Apartments shall be in my name and signed by me, thus making me financially responsible to pay on time all due money to University Apartments as agreed upon in the lease agreement.

Residents' names I am co-signing for: (1) _____

(2) _____

COSIGNER'S INITIALS _____

6. HOLDING DEPOSIT AGREEMENT

I HEREBY CERTIFY that all information given in this application is true and correct. I understand and agree that a holding deposit of \$350.00 must be paid by **money order, certified or cashier's check**. The holding deposit will hold a unit while my application is being processed, and upon approval, it will guarantee me an apartment for renting. I also understand that **once my application is approved for my residency, the stated holding deposit is non-refundable, even in the event I decide not to rent the apartment**. Once I am accepted for residency, and I have signed a rental agreement (lease) AND I have taken possession of the apartment rented to me, \$350 of my holding deposit shall be applied towards my **Security Deposit** for my apartment. **If University Apartments declines me for residency, or if my name is included in the waiting list and we cannot accommodate you by the date you requested, the holding deposit of \$350.00 will be returned immediately**, and it will be available for pick-up from the leasing office during regular business hours. This application will not be processed until the holding deposit has been received with the completed application form.

YOUR INITIALS _____

7. REGISTERED NAMES OF OCCUPANTS

In this section you will be registering the names of residents who will be actually living in the apartment. This includes your name, your roommate's name, and your minor children's names, if any, and if they will be living with you. If you are a financial guarantor for someone else, please indicate the name(s) of the person(s) who will be living in the apartment, including the name of his/her roommates and their minor children.

Please note that only two adults and up to two minor children (under the age of 18 years) are allowed to occupy an apartment.

1. Name of adult resident _____

2. Name of adult resident _____

3. Name of minor child _____

4. Name of minor child _____

8. AUTHORIZATION FOR RELEASE OF INFORMATION

I also authorize University Apartments or its agent(s) to contact any of my references, current and previous landlords and employers, companies, law enforcement agencies, credit bureaus, persons and educational institutions to supply any information concerning my background and criminal history. I also release any of the above from liability and responsibility arising from them doing so. I acknowledge that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposit and may constitute a criminal offense under the laws of the State of Florida. Photocopies of this authorization form may be made to facilitate multiple inquiries. In the event, you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be released to facilitate my application for residency. I believe, to the best of my knowledge, that all information I have provided is accurate and that I fully understand the terms of this release.

(Signature of Applicant and today's date)

(Signature of Spouse and today's date)

(Signature of Agent, University Apartments and today's date)

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Email: manager@universityapartmentsorlando.com

To: _____

Fax: _____

Rental Verification

The applicant named below has applied for renting an apartment at University Apartments
Please provide the information requested and fax to (407) 273-5676

Applicant's Name: _____

Address: _____

Information below to be filled out by a representative of the current place of residence

Is the applicant a current resident ____ or a previous resident ____

Move In Date: _____

Move Out Date: _____

Lease expiration date: _____

Rental Amount: \$ _____

Notice Given to move-out: _____

Any Damages: YES (How much? _____) NO

Number of Late Payments: _____

Number of NSF Checks: _____

Would you re-rent: YES NO

Any other information: _____

Submitted By: _____

Date: _____

Signature and Title _____

APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

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(Signature of Applicant and today's date)

(Signature of Agent, University Apartments and today's date)

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To: _____

Fax: _____

Income Verification

The applicant named below has applied for an apartment at University Apartments
Please provide the information requested and fax to (407) 273-5676, or scan and email to leasing@universityapartmentsorlando.com.

Applicant's Name: _____

Address: _____

Information below to be filled out by HR representative or by current employer

Start Date: _____

End Date: _____

Position Held: _____

Pay Rate: _____ (hourly, weekly, bi-weekly, monthly)

Company Name: _____

Supervisor Name: _____

Date: _____

Signature and Title: _____

APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

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(Signature of Applicant and today's date)

(Signature of Agent, University Apartments and today's date)