

**Aqua Terra Property Management Inc.**  
954-567-9111 OFFICE

E-Mail [atpmi@atpmi.com](mailto:atpmi@atpmi.com)

Property Name \_\_\_\_\_ Unit # \_\_\_\_\_

Lease or Purchase (circle one)

**APPLICATION FOR RESIDENCY OR PURCHASE: PLEASE WRITE OR COMPLETE LEGIBLY, IF WE CANNOT READ SOMETHING YOU WROTE OR TYPED, THE APPLICATION WILL BE REJECTED.**

Applicant \_\_\_\_\_ (include middle name)

Date of birth: \_\_\_\_\_

SOCIAL SECURITY OR TAX ID: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Co-applicant: \_\_\_\_\_ (include middle name)

Date of birth: \_\_\_\_\_ :\_\_:\_

SOCIAL SECURITY OR TAX ID: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other applicants and their relationship to the applicants: \_\_\_\_\_

\*1-date of birth is for ID purposes unless applying for "over 55" housing

Phone number(s) for each of the above (state name then phone number) \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_ State: \_\_\_\_\_

Dates at this address from: \_\_\_\_\_ to: \_\_\_\_\_ Rent or mortgage payment: \$ \_\_\_\_\_

Current landlord name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Prior address : \_\_\_\_\_ : City \_\_\_\_\_ Zip code: \_\_\_\_\_  
State: \_\_\_\_\_ from: \_\_\_\_\_  
to: \_\_\_\_\_  
Prior landlord name and phone number: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

\*Have you ever been evicted: Yes \_\_\_\_\_ No \_\_\_\_\_ Have you had anything repossessed  
Yes \_\_\_\_\_ No \_\_\_\_\_ Name of lender who repossessed the item(s) \_\_\_\_\_

\*Do you have any foreclosures or collection accounts in the previous 10 years? Yes \_\_\_\_\_  
No \_\_\_\_\_

Do you have occupation or professional licenses from any state, and if so what are they and what is  
the ID number of said (licenses or permits)

\_\_\_\_\_.

\*\*Please explain if you answered yes to the above questions regarding evictions or  
repossessions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Have you been convicted of a crime involving finance, assault or battery, use or illegal distribution of  
drugs or as a sexual predator or offender: Y/N When \_\_\_\_\_  
Location \_\_\_\_\_.

Present Employer: \_\_\_\_\_

For how long: \_\_\_\_\_ Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor Name and their phone number: \_\_\_\_\_

Income \_\_\_\_\_ (must be substantiated by 1099, 4 pay stubs, tax returns for all applicants or  
the most recent 6 months bank statements.)

Previous employer: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor at previous job and their phone #: \_\_\_\_\_ Income: \_\_\_\_\_

Co-applicants employer: \_\_\_\_\_ For how long: \_\_\_\_\_ Income: \_\_\_\_\_  
Supervisor and their phone#: \_\_\_\_\_.

Other income and source \_\_\_\_\_ (MUST BE PROVABLE)

Have you ever sued anyone? If so for what reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the outcome of the law  
suit? \_\_\_\_\_

In what County or State was the lawsuit filed: \_\_\_\_\_

Autos owned/leased (year,make & color) \_\_\_\_\_

State and License plate of autos \_\_\_\_\_ . Condition \_\_\_\_\_

Proof of current insurance and registration must be provided with this application.

Any other vehicles that will be kept on site: Motorcycle Y/N Boat Y/N Motor home Y/N

On active duty with the US military? Y/N Dates of active duty START: \_\_\_\_\_ END: \_\_\_\_\_

Pets owned type and color \_\_\_\_\_ Service animal Y/N You

must have liability insurance for your pet naming Landlord or the Condominium Association (where applicable) as additional insured and provide proof prior to and during occupancy, unless your pet is a service animal or emotional support animal. If it is a service animal or ESA, we require proof of current vaccinations as required by the locality in which this property resides. We also require proof of need from an appropriate professional unless exempted under ADA guidelines.

Checking account: Institution name and phone number: \_\_\_\_\_

Applicant(s) represent that all answers are true and correct. If any answer is found to be false or misleading, it shall be grounds for disapproval, or immediate eviction and forfeiture of all deposits if occupancy has already been granted. If this application is for buying or renting in a Condominium Association or HOA, the penalty may be withdrawal of Association approval. The applicant(s) grant unrestricted access to the above-named company(s) or individuals to verify all statements and the accuracy thereof, and to access credit information on all applicants and share the results thereof as deemed necessary by LANDLORD OR MANAGER. Keys and occupancy shall not be given until all rental agreements and or Condominium applications are executed (and approved) and all funds have been paid and have cleared their respective depository. Any change in employment, credit status, phone numbers, legal status or incarceration, or vehicles owned must be reported within 5 days of said change.

Applicant(s) agree that Landlord or Manager may communicate with the Applicant(s) via e mail from the date of application and forever thereafter. Applicants e mail address(es) are: \_\_\_\_\_

Applicant \_\_\_\_\_ (signature) Date \_\_\_\_\_

Co-applicant \_\_\_\_\_ (signature) Date \_\_\_\_\_

DO NOT STAPLE ANY DOCUMENTS