



Welcome to Sugarloaf Apartments! Please review the following information of items we need in order to complete the application process.

- Completed application form.
- Photo I.D. for each application
- \$50 application fee. (There is a \$50 fee for each application submitted to meet the gross monthly income requirement notated on the qualification sheet).
- Security Deposit
- A copy of current month pay stubs

Please scan and e-mail your completed application, photo ID, and paystub to get your file started. If you will be mailing all of your paperwork with your checks just let us know so we can make sure to hold your apartment for you. When you are sending your money please send in two separate checks or money orders. Your deposit and application fee will go to two separate accounts.

Thank you for choosing Sugarloaf as your place to call home! We are very happy to have you.

Sincerely,

A handwritten signature in black ink that reads "Jodi Lyn Kelly". The signature is written in a fluid, cursive style.

Jodi Lyn Kelly
Property Manager
Sugarloaf Apartments

**All apartments are on a first come bases and can only be held with a deposit*

Sugarloaf Apartments

955 Airport Road
Destin, Florida 32541
(850) 837-3131 Office
(850) 654-4996 Fax

GOOD FAITH DEPOSIT

Please remember: We do not allow Barbeque grills, motorcycles, boats and other recreational vehicles on the premises. Pets are only allowed in Phase two with pet deposit and prior approval.

A good faith deposit in the amount of \$ _____ has been submitted with this application. Applicant understands that the redecoration fee of \$ 150.00 as well as the 1st month's rent of \$ ___ is due before taking possession of the apartment. In addition, applicant agrees to execute management's usual rental agreement on or before occupancy date set out in this application. The **deposit and application fees** submitted with this application must be paid with separate certified check, personal check or money order. **Cash will not be accepted for rent payments.** If applicant chooses to cancel this application, they must do so within **72 hours** to receive the full deposit back. If the applicant cancels after **72 hours** or fails to execute management's usual rental agreement, or refuses to occupy the premises on the agreed upon date, the good faith deposit will be forfeited as liquidated damages.

Applicant's signature _____ Date _____

Applicant's signature _____ Date _____

Lessor's signature _____ Date _____

RELEASE OF GOOD FAITH DEPOSIT: I authorize Management to release my good faith deposit of \$ _____ Apartment # _____ and apply it towards a security deposit of \$ _____.

Resident _____ Date _____

Apartment # _____ Rent Amount _____ Rent Begins _____

Office Only

Accepted

Not Accepted

Reason for not accepted applicant _____



RENTAL HISTORY VERIFICATION

To: Phone #: Fax #:	Please return to: Sugarloaf Apartments Phone #: 850-837-3131 Fax #: 850-654-4996 Email: sugarloafapartments@yahoo.com
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Hello,

We would like to do a rental history verification for _____, who currently/formally resides at _____. If there is a discrepancy in the address or tenant name, please call us at the number above. We appreciate your prompt response.

PLEASE PROVIDE THE INFORMATION BELOW		
Tenant Name:		Tenant Address:
Is this a current tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No		If this is not a current tenant, was: Proper notice was given? <input type="checkbox"/> Yes <input type="checkbox"/> No The security deposit refunded? <input type="checkbox"/> Yes <input type="checkbox"/> No The tenant was asked to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Occupancy Started: ____/____/____	Date Occupancy Ended: ____/____/____	Was the lease fulfilled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the tenant's name on the lease? <input type="checkbox"/> Yes <input type="checkbox"/> No		Monthly Rent: \$ _____ Was this tenant a prompt payer? <input type="checkbox"/> Yes <input type="checkbox"/> No
# Late Notices: _____	# NSF Checks: _____	Were there any pets in the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Account Standing: <input type="checkbox"/> Paid in full <input type="checkbox"/> Overdue, Amount Owed: \$ _____		
<input type="checkbox"/> Referred to Collections <input type="checkbox"/> Eviction Proceedings Begun <input type="checkbox"/> Other _____		
Did you document any complaints regarding noise, pets, or parking? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:		
Did you document any damages? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:		
Has the tenant ever had a bedbug or other pest infestation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:		
Would you rent to this tenant again? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Comments:		

Thank you for taking the time to complete this verification! Please fax back to (850)-654-4996.

Signature of Person Verifying Information

Title

Date

Authorization of Release of Verification

I, _____ hereby give my permission to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former tenancy, as well as other information listed above.

Applicant Signature: _____

EMPLOYMENT VERIFICATION

To: _____ Date: _____
PAYROLL MANAGER

I, _____, have made an application for residency at Sugarloaf Apartments. Please provide the information listed below to assist in processing of my application and return this form as indicated below.

Applicant: _____

Current Residence: _____

Applicant's Employer: _____

Date of Hire: _____ Position: _____

Estimated Gross Monthly Salary: _____

Person providing information, please complete the following:

Name: _____

Title: _____

Phone Number: _____

Sugarloaf Luxury Apartments
955 Airport Road
Destin, Fl 32541
Phone: 850-837-3131 or Fax: 850-654-4996