



POST CORPORATE APARTMENTS GUEST APPLICATION

This Application is not a Lease Agreement

PAYMENT INFORMATION

Person(s) to occupy apartment: ◆ Required of occupant(s)				
(Name)	(Social Security #) ◆	(Date of birth) ◆	Driver's License # ◆	Relationship
(Name)	(Social Security #) ◆	(Date of birth) ◆	Driver's License # ◆	Relationship
Current home address:			City/State/Zip:	
Current phone #'s (Home):		(Cell):	Email:	
Employed by:	Office #:			
Position:	Supervisor's name & phone#:			
◆ Will you be bringing a pet? (Manager approval and deposit/fee required)		If so, what type/breed?	Age of Pet?	Weight of Pet?
◆ Have you ever been convicted of a felony? YES:		NO:		
◆ What is your reason for renting a Post Corporate Apartment?				
◆ How did you hear about Post Corporate Apartments?				
PLEASE CHOOSE ONE BELOW...				
Rental Payments shall be paid by:	± Credit Card	Personal check	± Company Check	
<small>PLEASE NOTE, 1ST MONTH'S RENT IS DUE IN FULL UPON MOVE-IN. ± ALSO, A CREDIT CARD AUTHORIZATION FORM MUST BE COMPLETED. REGARDLESS OF FORM OF PAYMENT.</small>				
± IF THIS WILL BE PAID BY A COMPANY CHECK, PLEASE COMPLETE BELOW:				
Direct Bill:	Company Name	Address (include suite #)	City, State Zip	Federal Tax ID#
Contact Person:	Office# :	Fax #:	E-mail address:	
Notice to Vacate (Please complete one below)				
I would like to confirm my move out date at this time for _____ (move out date). <i>OR</i> _____ (Initial) I will provide the required 30 days written notice to vacate at a later date.				
◆ Applicant hereby pays \$300.00 , of which \$150.00 is a non-refundable administrative fee and \$150.00 is a Reservation Fee which shall become a Security Deposit upon execution of the lease. If Applicant cancels this Application after 24 hours, then Post shall retain the Reservation Fee as liquidated damages because the injury caused by the cancellation is difficult or impossible of accurate estimation, Post and Applicant intend to provide for damages rather than for a penalty, and the retained amount is a reasonable pre-estimate of Post's probable loss.				
◆ POST CORPORATE APARTMENTS DOES NOT ACCEPT PETS UNLESS WRITTEN PERMISSION HAS BEEN GRANTED. Applicant understands that if evidence of a pet is found in the apartment, Applicant will be responsible for any and all pet damages including, but not limited to, upholstery cleaning, carpet cleaning, pest control fees and rent loss while apartment is down for these repairs.				
◆ I will send/fax a copy of my driver's license.				
◆ Post Corporate Apartments requires a <u>30</u> day written notice of intent to vacate the below mentioned apartment, unless otherwise stipulated in lease.				
◆ The undersigned warrants and represents the information on this Application to be true and correct. All persons and firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequence resulting from such information. The undersigned hereby authorizes Post Apartment Homes, L.P. ("Post") to release all information contained in this Application on behalf and for the benefit of the undersigned. I understand that Post may obtain a background report, including information as to my credit and criminal history, in connection with my Application and that my Application may be rejected based on information contained in the reports.				
Signature: x _____				
Please return to PCA by fax to 813.915.1005 or by email to pcatampa@postproperties.com				
BELOW THIS LINE FOR INTERNAL USE ONLY				
Date:	Property:	Move in date:		
Apt.#:	Floorplan:	Lease term:		
Daily \$	* (plus tax, if applicable)		Rent: \$	per 30 days
Level:	# Occupants:	*Sales tax: \$		per 30 days
Leased by:			Other: \$	per 30 days
* A lease under 181 days will incur tax.			Other: \$	per 30 days
7% Sales tax + 5% County tax.			TOTAL DUE: \$	per 30 days

APPROVED BY POST MANAGER: _____ **DATE:** _____



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OCCUPANT REGISTRATION FORM

Name:			
Unit ID:		Move-In Date:	

*Each Occupant 18 years or older is required to complete an Occupant Registration Form.
A copy of a valid driver's license or other government-issued identification must be provided.
(This completed form is required for approval of application)*

Occupant Information:

Occupant Full Legal Name:	First:	Middle:	Last:
Date of Birth:			
Current Address or Last Permanent Address:			
Cell Phone:			Business Phone:
Driver's License # and State			
Email:			
Have you ever been convicted of a felony?	Yes:		No:
Auto Make/Model:	Year:	Color:	Auto License Plate # and State
In case of Emergency, please notify:			
Relationship:			
Home #:	Work #:	Cell #:	
Will you be bringing a pet?	If so, what type/breed?	How old is your pet?	How many lbs.?

The undersigned warrants and represents this information on this Occupant Registration Form to be true and correct. I understand that Post Apartment Homes, L.P. may obtain a background report, including information as to my criminal history, in connection with my occupancy and that my occupancy may be rejected based on information contained in those reports.

Occupant Signature _____ Date: _____

APPROVED BY POST MANAGER: _____ DATE: _____

