



## **To Apply for Residency:**

Complete Fillable Form on Website

EMAIL TO: [laurelhills@flynmanagement.com](mailto:laurelhills@flynmanagement.com)

Or fax to: 407-292-3302

MAIL OR HAND DELIVER TO:

**Laurel Hills Villas  
Leasing Office  
7010 Balboa Drive  
Orlando, FL 32818**

**If you have questions, please call the Leasing Office  
at 407-298-8309**



**Application Fees:**

**\$50 Per Adult**

**\$75 Per Married Couple with joint credit**

**(Pet Fees – Contact Leasing Office)**

**Security Deposits:**

**One Bedroom High-Rise \$ 400**

**One Bedroom Villa \$ 500**

**Two Bedroom Villa \$ 600**

**Additional Deposits May Be Required  
Fees and Deposits may be paid with Credit Card,  
Money Order or Personal Check**



## HELPFUL HINTS FOR COMPLETING THE APPLICATION FOR RESIDENCY AT LAUREL HILLS VILLAS

In order to process your application as quickly as possible, please make sure all your information is complete and legible. PLEASE REMEMBER TO SIGN AND DATE YOUR APPLICATION.

When filling out the application, please insert the word “NONE” in any section that is not applicable (**DO NOT WRITE N/A**). As an example, in the section requesting the names of other occupants, if there are no other occupants, then the word “NONE” should be inserted. The same should apply in the section for “pets”, i.e., if there is no pet, then the word “NONE” should be inserted. When your application is completed, please initial the bottom of each page.

If you are requesting permission to have a pet, you must provide a veterinarian statement dated within the last six months showing all required shots and the weight of the pet. We also require a current photo of the pet. Please initial and date both the photo and pet statement.

We request the most recent two to three years of residential history in the section “Current Residency” and “Prior Residency.” Please include all of your addresses for those three years.

If paying by check or money order, please write one check for the application fee and a separate one for the security deposit or wait list deposit. **Please contact our leasing staff for current application fees and deposit information.**

All checks and money orders should be made payable to Laurel Hills Villas. We also accepted credit cards for payment. There is a convenience charge to process your credit card. Please contact Leasing Office to obtain credit card authorization form.

Please include a copy of the driver’s license and Social Security card for each applicant. If you are a member of AARP, include a copy of your membership card, as this will entitle you to a \$200 discount off the first month’s rent. This discount may not be used in conjunction with any other discounts/specials.

Please sign and return the APPLICANT’S AUTHORIZATION TO RELEASE INFORMATION form along with your completed application.

### **PAID WAIT LIST APPLICANTS:**

Please follow the Helpful Hints above, except for the Security Deposit amount. The Deposit for the Wait List is \$100. As above, please write two (2) separate checks, one for the \$20 or \$50 application fee and one for the \$100 Wait List Deposit. When you actually choose your apartment, the \$100 deposit will be applied toward the Security Deposit required for that apartment. The \$100 Wait List Deposit will be refunded upon request should you decide not to move to Laurel Hills Villas.

PLEASE FEEL FREE TO CALL US IF YOU HAVE ANY QUESTIONS. WE’LL BE HAPPY TO HELP YOU.

Sincerely,  
The Staff at Laurel Hills Villas. (407-298-8309)



### APPLICATION FOR RESIDENCY

APPLICANTS	First Name	MI	Last Name	Social Security No.
Name of Applicant/ Head of Household				
___ Spouse or ___ Other Applicant				

Please list all others who will occupy the apartment. Persons 18 years old and older must complete a separate application.

#	First Name	MI	Last name	Date of Birth	Social Security No.	Relationship
1						
2						
3						

Identification	Applicant	Spouse or Other Applicant
Date of Birth		
Driver's License (State & No.)		
Other Identification (Photocopy)		

Please list all vehicles you plan to park on the property.

Vehicles	Applicant	Spouse or Other Applicant
Vehicle Year, Make & Model		
Vehicle License (State & No.)		
Vehicle Body Type, Color		
Registered in name of		

Pets	Applicant	Spouse or Other Applicant
Pet's Name		
Pet Kind, Breed		
Pet Weight (Pounds)		

<b>Current Residency</b>	<b>Applicant</b>	<b>Spouse or Other Applicant</b>
<b>Daytime Telephone Number (Area Code and No.)</b>		
<b>Mobile Telephone Number (Area Code and No.)</b>		
<b>Street Address and Apt. No.</b>		
<b>City, State, Zip</b>		
<b>Name of Apt. Complex/Mort. Co.</b>		
<b>Name of Manager</b>		
<b>Telephone No. Landlord/Mort. Co.</b>		
<b>Date Moved In</b>		
<b>Monthly Payment</b>		
<b>Why do you wish to move?</b>		

<b>Prior Residency</b>	<b>Applicant</b>	<b>Spouse or Other Applicant</b>
<b>Street Address and Apt. No.</b>		
<b>City, State, Zip</b>		
<b>Name of Apt. Complex/Mort. Co.</b>		
<b>Name of Manager</b>		
<b>Telephone No. Landlord/Mort. Co.</b>		
<b>Date Moved In</b>		
<b>Date Moved Out</b>		
<b>Monthly Payment</b>		
<b>Why did you move?</b>		

<b>Current Employment</b>	<b>Applicant</b>	<b>Spouse or Other Applicant</b>
<b>Name of Employer</b>		
<b>Address of Employer</b>		
<b>City, State, Zip</b>		
<b>Name of Supervisor or Manager</b>		
<b>Telephone Number of Employer</b>		
<b>Date Started Employment</b>		
<b>Position</b>		
<b>Monthly Income</b>		
<b>Other Income Source</b>		
<b>Monthly Amount</b>		
<b>Total Annual Income</b>		

Contact in Emergency	Applicant	Spouse or Other Applicant
Name		
Relationship		
Telephone (Area Code & No.)		
Street Address		
City, State, Zip		

Additional Contact	Applicant	Spouse or Other Applicant
Nearest Relative (Blood)		
Relationship		
Telephone (Area Code & No.)		
Street Address		
City, State, Zip		

Do you have other income, or are there other circumstances of which we should be aware in processing your application?

Unit Desired	
Size Apt. Desired ( List order of preference)	<input type="checkbox"/> One Bedroom High-rise <input type="checkbox"/> One Bedroom Villa <input type="checkbox"/> Two Bedroom Villa
Date you would like to move into the Apt.	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="checkbox"/> As soon as possible

## Fair Housing

In accordance with federal fair housing laws it is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin in connection with the rental of most housing. The federal agency which administers compliance with this law is the U. S. Department of Housing and Urban Development.

## Equal Credit Opportunity Act

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The federal agency which administers compliance with this law is the U. S. Equal Credit Opportunity, Federal Trade Commission.

## Application Fee

Applicant has submitted the sum of \$\_\_\_\_\_ which is a non-refundable payment for the processing of this application. The application fee is not a rental payment or security deposit.

## Security Deposit

Applicant has submitted the sum of \$\_\_\_\_\_ which is payment of the security deposit for an apartment. If for any reason the application is declined by management, the security deposit will be refunded in full. If the application is approved and applicant fails to occupy the premises on the agreed upon date, except due to delay caused by construction or the holding over of a prior resident, applicant will forfeit the security deposit. Applicant understands and agrees that if applicant cancels more than 72 hours after the submission of the application to management, the security deposit will be forfeited.

## Permission to Release Information

I warrant and represent that the information submitted on this application is true and correct. I understand that any false information will constitute grounds for rejection of the application. I hereby authorize the release of all credit, income and rental/mortgage information to the agents and/or employees of Flynn Management Corporation. I understand that the lease agreement will not become effective until this application is approved by management.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Spouse/Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Email

\_\_\_\_\_  
Spouse/Co-Applicant Email

**Submit completed application form, authorization form, application fee and deposit to:**

**Laurel Hills Villas 7010 Balboa Drive, Orlando, FL 32818  
Office: (407) 298-8309 Fax: (407)292-3302**



**APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize Flynn Management Corporation to verify my past and present employment, including earnings records, income records, bank accounts, stock holdings, criminal history and any other items needed to process my apartment application and during my residency.

I further authorize Flynn Management Corporation to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references and payment history.

It is understood a photocopy or fax copy of this form will also serve as authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name





**CREDIT CARD AUTHORIZATION FORM**

Property Name: Laurel Hills Villas

Resident/Applicant Name: \_\_\_\_\_

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\_\_\_\_\_ Rent \$ \_\_\_\_\_

\_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

\_\_\_\_\_ Application Processing Fee \$ \_\_\_\_\_

\_\_\_\_\_ Other \$ \_\_\_\_\_

\_\_\_\_\_ Convenience Charge\*\* \$ \_\_\_\_\_

**\*\*Amt. charged up to \$500 - \$15.00  
Over \$500 - \$25.00**

**Total Amount to be Charged \*\*Must include \$15 or \$25  
Convenience Charge in order to process application\*\*** \$ \_\_\_\_\_

**Type of Credit Card: Please check one.**

Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV2 (3 digit code on back of card): \_\_\_\_\_

\_\_\_\_\_

Cardholder First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number with area code: \_\_\_\_\_

\_\_\_\_\_

By signing below, I authorize Flynn Management Corporation to charge the above credit card in the amount listed as "Total Amount to be Charged." **This charge will appear on your credit card statement as Flynn Management Corporation.** I certify that I am the cardholder of the above referenced credit card and have the authority to complete this transaction.

\_\_\_\_\_  
Cardholder signature Date

Fax to: 727-754-8468

Attn: Mary Jane Lucas