



Eagle Management RE, LLC

3600 Van Buren St. Ste 102· Hollywood· Florida· 33021· Tel (954) 987-7200· Email info@luna-homes.com

Important instructions: To be valid, these pages of the application form must be completed in full and signed by ALL OCCUPANTS 18 YEARS OF AGE AND OLDER. There is a \$50.00 fee for each person over the age of 18. Please print all information.

Head of Household _____
Last First Middle

Present Address _____
No. Street City State Zip

Home Phone # _____ Cell Phone # _____ Business Phone # _____

Email Address _____

Social Security # _____ Drivers Lic No. _____ State _____ Birth Date _____

List persons to reside in apartment: If any of the persons below have a different current address a separate application needs to be filled out.

| Name | Relationship to Head | Social Security # | Enter all Sources of income | Birth Date |
|------|----------------------|-------------------|-----------------------------|------------|
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Please explain how you found out about Luna at Hollywood? _____

Are you moving with a pet? Yes _____ No _____ If Yes, What Kind _____

*Pets will be accepted with: pre-approval, submission of rabies vaccination, execution of pet addendum, and appropriate fees paid. Pet Fee is \$300.00 for 1, \$600.00 for 2. Please see the property terms and conditions. Each apartment is allowed a maximum of 2 cats, 2 dogs (or combination of) not to exceed a combined weight of 25lbs (fully grown). Some breed restrictions may apply. All cats must be spayed/neutered.

Are you a current abuser of alcohol or illegal drugs? Yes _____ No _____

Have you ever been convicted of the sale or manufacturing of drugs? Yes _____ No _____

Have you ever been convicted of a Felony? Yes _____ No _____

Do you or any other occupants have charges pending? Yes _____ No _____

Have you or any occupants been sued for rent or property damages? Yes _____ No _____

Present Landlord _____
Name Address City State Zip

Present Landlord Phone # _____ Occupancy since _____ Lease Expires _____

Current Rent Amount _____

Previous Address _____ Occupancy: years _____ months _____

Previous Landlord _____
Name Address City State Zip

Previous Landlord Phone # _____

Have you ever been evicted or broken a lease? Yes _____ No _____ If Yes, please explain _____



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Residency Verification

Dear _____,

_____ has submitted an application for residency at Luna at Hollywood. They have listed you as their landlord at the following address:

Please see signature below for authorization for release of this information.

| <u>Print</u> | <u>Sign</u> | <u>Date</u> |
|--------------|-------------|-------------|
| _____ | _____ | _____ |

Thank you in advance for providing this information so we may process their application as quickly as possible.

Dates of occupancy _____ Date of lease expiration _____

Rental amount _____ Was/Is rent paid on time _____

Number of late payments _____ Number of NSF checks _____

Legal Action Taken _____

Is there a balance outstanding _____ Amount \$ _____

Number of people who occupied the home _____

Names on lease _____

Did/Do they have any pets _____ Amount and kind of Pets _____

Any lease or parking violations _____ Condition of Apartment/Home _____

How many days notice required _____ Was proper notice given _____

Would you rent to resident again _____ if no why _____

Any additional information that you feel is pertinent to their rental history _____

Signature of landlord _____ Date _____

Title _____





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Employment Verification

Dear _____,

_____ has submitted an application for residency at Luna at Hollywood and Townhomes. They have listed you as their Place of Employment:

Please see signature below for authorization for release of this information.

| | | |
|--------------|-------------|-------------|
| <u>Print</u> | <u>Sign</u> | <u>Date</u> |
| _____ | _____ | _____ |

Thank you in advance for providing this information so we may process their application as quickly as possible.

Dates of Hire: _____ Position: _____

Salary: _____ Year/Month/Week/Hour

Average Number of Hours Worked: _____

Commission and/or Bonuses: _____

Overtime: _____

Average Number of Overtime Hours Worked: _____

Signature _____ Date _____

Title _____

