



**STATEMENT OF RENTAL POLICY  
FOR  
RESIDENTIAL MANAGEMENT**  
View us online @ [www.fairwayslauderhill.com](http://www.fairwayslauderhill.com)

Welcome to Fairways of Inverrary! Thank you for choosing our community. We require that each Applicant and adult occupant meet certain rental criteria. Before you fill out our Rental Application, we suggest that you determine whether you meet our requirements. Please note that the term “Applicant” provided below applies to all Residents to be identified on the Lease Contract and the person or persons to be responsible for paying the rent. Please note that these represent our current rental criteria; nothing contained in these requirements shall constitute a guarantee or representation by Owner prior to these requirements going into effect. Additionally, our liability to verify whether these requirements have been met is limited to the information we receive from the various credit reporting services used.

**APPLICATION SCREENING CRITERIA**

**All applicants should have a Social Security Number or Valid Visa and Government issued ID and will be approved on the following basis:**

1. Applicant or applicants must be a minimum of eighteen (18) years of age or older. All applicant(s) should be able to provide a copy of their Social Security card or valid visa. Minors under the age of eighteen (18) are not required to apply but **MUST** be listed under Occupants.
2. Occupancy Guidelines:

**TYPE OF APARTMENT**

**MAXIMUM # OF OCCUPANTS**

STUDIO	2
ONE BEDROOM	2
TWO BEDROOM	3
THREE BEDROOM	5*

\*Please speak with a Leasing Agent

3. A **non-refundable** application fee of **\$75.00 (Money Order Only – Made payable to Fairways of Inverrary )** is required per person for processing. After, approval of the application(s) a \$250.00 administration fee is due; this fee reserves apartment and takes it off the market. The administration fee is only refundable 72 hours (3days) after it is received. After 72 hours it is nonrefundable. The deposit is based on a number of factors and ranges from \$500-\$1250.00. All move in costs are payable by a certified check or money order only. This will hold the apartment for up to thirty (30) days.

**4200 Inverrary Boulevard, Lauderdale, Florida 33319**  
**Ph. 954.731.0220 Fax. 954.486.9266**  
[thefairways@resimgt.com](mailto:thefairways@resimgt.com)



1. Employment Requirement

Employment will be verified. Verifiable income shall include, one (1) month worth of recent computerized pay stubs or two (2) years tax returns if self-employed and two (2) months of bank statements.

2. Starting Income Requirements

Studio Minimum Income \$33,660 a year. One Bedroom Minimum Income \$38,340 a year. Two Bedroom Minimum Income range between \$44,100 a year. Three Bedroom Minimum Income \$56,700 a year.

Credit History

Your credit report must be a minimum 580 or above for approval. In addition, all outstanding public records or claims must be cleared. The Landlord reserves the right to deny your application if the above criteria is not met.

3. Verifiable Rental History

It is your responsibility to provide the necessary information that allows us to contact your past Landlords. You must have a history of paying your rent on time, no prior convictions, no history of default in lease obligations and have given proper notice and must not owe any money to your Landlord. If we are unable to verify your previous Landlords and/or references, we reserve the right to deny your application.

4. Cosigners

If Applicant(s) is denied due to lack of income, Owner may allow applicant(s) to obtain a Cosigner. Cosigner must meet all the same criteria as stated in this application also has to make 4x the monthly amount of the rent. No Cosigner will be accepted due to credit history. Only one Cosigner allowed per application.

**You will be denied if:**

If you misrepresent any information on the application you will be denied. In general, if misrepresentations are found after the rental agreement is signed, your rental agreement will be terminated.

Rental Agreement

If you are accepted, you will be required to sign a Lease Contract in which you will agree to abide by the policies of this rental property. A copy of this contract is available for your review. Please read the Lease Contract carefully, as we take each and every part very seriously. It has been written to protect the rights of both our residents and the Owners of the community.

**ALL ITEMS LISTED ON APPLICATION SUBJECT TO CHANGE WITHOUT WRITTEN NOTICE**



**RENTAL APPLICATION FORM**

OCCUPANCY DATE: \_\_\_\_\_ APARTMENT TYPE: \_\_\_\_\_ # OF APPLICANTS: \_\_\_\_\_

**APPLICANT #1**

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? \_\_\_\_\_ YES \_\_\_\_\_ NO

**PRESENT ADDRESS**

STREET ADDRESS: \_\_\_\_\_ APARTMENT # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NUMBER OF YEARS LIVED AT PRESENT ADDRESS: \_\_\_\_\_

**PHONE NUMBERS**

WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

**EMERGENCY CONTACT PERSON**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

E.MAIL ADDRESS \_\_\_\_\_

**PRESENT EMPLOYER**

EMPLOYER NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ SUITE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**SALARY**

WK \$ \_\_\_\_\_ MO \$ \_\_\_\_\_ YR\$ \_\_\_\_\_ ADDT'L INCOME: \$ \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

**PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS)**

EMPLOYER NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ SUITE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_



**APPLICANT #1 – CONT'D**

**CURRENT LANDLORD (IF YOU CURRENTLY RENT YOUR HOME)**

LANDLORD NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CURRENT RENT PAID: \_\_\_\_\_

**PLEASE INDICATE HOW YOU HEARD ABOUT FAIRWAYS OF INVERRARY APARTMENTS (CIRCLE ONE)**

APARTMENT GUIDE	FORRENT.COM	RESIDENT REFERRAL	DRIVE-BY	APARTMENT TRANSFER
APARTMENT FINDER	APARTMENTS.COM	FAIRWAYS WEBSITE	STREET SIGNAGE	OTHER

**MONTHLY PAYMENTS**

CREDIT CARDS MONTHLY PAYMENTS BALANCE:       \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**CAR PAYMENT:** \$ \_\_\_\_\_ **NUMBER OF CARS (INCLUDING COMPANY VEHICLES):** \_\_\_\_\_

MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_ PLATE: \_\_\_\_\_

MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_ PLATE: \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

TOTAL NUMBER OF OCCUPANTS IN THE APARTMENT: \_\_\_\_\_

PLEASE ENTER ALL OCCUPANTS UNDER THE AGE OF 18 BELOW. ANY OCCUPANTS 18 YEARS OR OLDER MUST FILL OUT AN APPLICATION.

NAME	RELATIONSHIP	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENTIAL MANAGEMENT, AS OWNER, RESERVES THE RIGHT TO REJECT THIS APPLICATION AND TO REFUSE POSSESSION OF THE ABOVE MENTIONED ACCOMODATIONS. I HAVE READ THE FOREGOING AND CERTIFY THAT THE INFORMATION SUBMITTED BY ME IS TRUE AND CORRECT AND THAT THIS APPLICATION IS ON MY BEHALF. SUBJECT TO THE ABOVE, APPLICANT AUTHORIZES RESIDENTIAL MANAGEMENT, OR ITS AGENT, TO PROCESS THIS APPLICATION AND MAKE THE NECESSARY SEARCHES AND INVESTIGATIONS. THE APPLICATION FEE IS NON-REFUNDABLE.

\_\_\_\_\_  
**APPLICANT** \_\_\_\_\_  
DATE

**I hereby confirm that I have none of the following:**

**Please Initial:**

Criminal Record	_____	Bankruptcy	_____	Court/Tenant-Landlord Filings	_____
Civil Judgments	_____	Sex Offender Record	_____		



**RENTAL APPLICATION FORM**

OCCUPANCY DATE: \_\_\_\_\_ APARTMENT TYPE: \_\_\_\_\_ # OF APPLICANTS: \_\_\_\_\_

APPLICANT #2

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? \_\_\_\_\_ YES \_\_\_\_\_ NO

PRESENT ADDRESS

STREET ADDRESS: \_\_\_\_\_ APARTMENT # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NUMBER OF YEARS LIVED AT PRESENT ADDRESS: \_\_\_\_\_

PHONE NUMBERS

WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

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EMERGENCY CONTACT PERSON

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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EMPLOYER NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ SUITE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SALARY

WK \$ \_\_\_\_\_ MO \$ \_\_\_\_\_ YR\$ \_\_\_\_\_ ADDT'L INCOME: \$ \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS)

EMPLOYER NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ SUITE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

APPLICANT #2 – CONT'D



**CURRENT LANDLORD (IF YOU CURRENTLY RENT YOUR HOME)**

LANDLORD NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CURRENT RENT PAID: \_\_\_\_\_

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**APPLICANT**

DATE

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**Please Initial:**

Criminal Record   
Civil Judgments

Bankruptcy   
Sex Offender Record

Court/Tenant-Landlord Filings

**STATEMENT FAIR HOUSING**

4200 Inverrary Boulevard. Lauderhill, Florida 33319. Office: 954.731.0220 Fax: 954.486.9266



IT IS THE POLICY OF FAIRWAYS OF INVERRARY AND THIS RENTAL COMMUNITY TO TREAT ALL CURRENT AND PROSPECTIVE RESIDENTS IN A FAIR, PROFESSIONAL MANNER, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, HANDICAP OR NATIONAL ORIGIN.

**“THIS IS AN EQUAL HOUSING OPPORTUNITY COMMUNITY”**

I HAVE READ AND UNDERSTAND THE RENTAL POLICY OF THIS COMMUNITY.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
DATE



LANDLORD VERIFICATION

I hereby authorize the landlord indicated below to release all information regarding my tenancy.

Applicant Signature: \_\_\_\_\_
Applicant Name: \_\_\_\_\_
Apartment #: \_\_\_\_\_
Landlord Name: \_\_\_\_\_
Landlord Address: \_\_\_\_\_
Phone#: \_\_\_\_\_
Fax#: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

The above named applicant/resident is applying for an apartment within our community. We ask your cooperation in providing the following information and any other information concerning the applicant/resident which you feel may be of interest to a landlord. Your reply will be treated confidentially.

Thank you in advance for your response to our request.

\_\_\_\_\_  
Management Representative

- 1. What was the applicant's rent? \_\_\_\_\_ Did the applicant pay rent on time? \_\_\_\_\_
2. Did the applicant break their lease? \_\_\_\_\_ If yes, why? \_\_\_\_\_
3. Did the applicant leave the apartment in good condition? \_\_\_\_\_
4. Would you consider applicant's relationship with the landlord:
[ ] Excellent [ ] Good [ ] Fair [ ] Poor
5. Any additional comments? \_\_\_\_\_

Signature of Landlord: \_\_\_\_\_ Date: \_\_\_\_\_
Print Name: \_\_\_\_\_
Telephone #: \_\_\_\_\_