

# SOUTH RIDGE

## APARTMENTS

440 West Oak Ridge Road  
Orlando, FL 32809

Phone: 407.851.8970  
Leasing@mysouthridgeapartments.com  
www.SouthRidgeApartmentsOrlando.com

### APPLICATION REQUIREMENTS

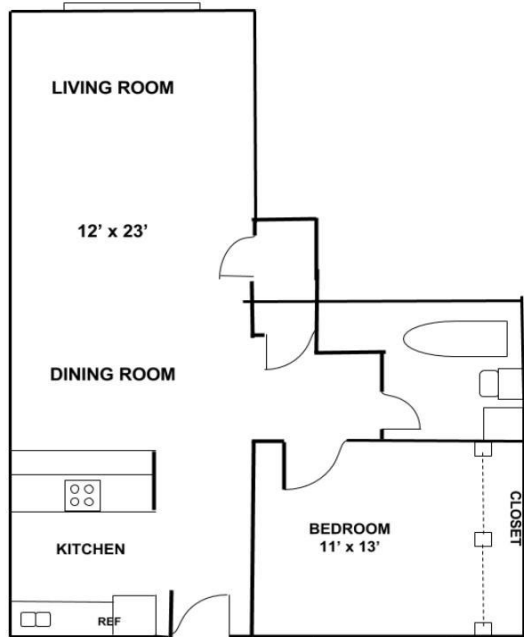
- Driver's License
- Social Security Card
- Pay Stubs (Last 2 months)
- \$40.00 Application Fee per adult  
(Money Order) NON-REFUNDABLE

### RENTAL VERIFICATION

- Credit Check
- Rental History
- Criminal Background

**\$800.00 / \$900.00**

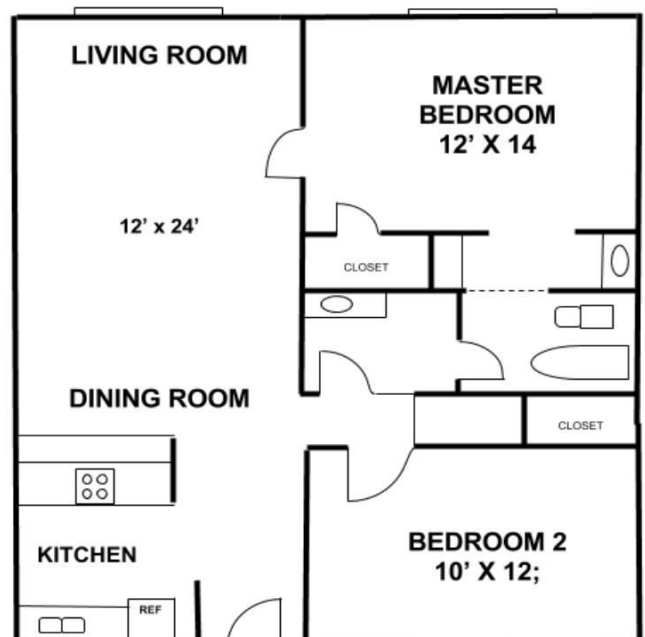
Classic      Upgraded



**One Bedroom – 675 Sq. Ft.**

**\$950.00 / \$1,050.00**

Classic      Upgrade



**Two Bedroom – 920 Sq. Ft.**

**SECURITY DEPOSIT:**

**\$300.00**

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## LEASING APPLICATION

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver License #: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
city State Zip code

Email: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Lease Expiration Date: \_\_\_\_\_

Current Rent: \_\_\_\_\_

How did you hear about us? (Craigslist, Facebook, referral, etc.) \_\_\_\_\_

### EMPLOYMENT INFORMATION

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Address: \_\_\_\_\_  
city State Zip code

Supervisor: \_\_\_\_\_ Start date: \_\_\_\_\_

Position: \_\_\_\_\_ Income: \$ \_\_\_\_\_  weekly  bi-weekly

### SECOND EMPLOYMENT

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Address: \_\_\_\_\_  
city State Zip code

Supervisor: \_\_\_\_\_ Start date: \_\_\_\_\_

Position: \_\_\_\_\_ Income: \$ \_\_\_\_\_  weekly  bi-weekly

### OTHER RESIDENTS TO OCCUPY APARTMENT

Name	Social Security Number	Relationship	Sex	Age

Do you have any pets?  None  Dog  Cat  Other \_\_\_\_\_

Unit Size  1 bedroom  2 bedroom  1st Floor  2nd Floor

### IN CASE OF AN EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

This application is subject to approval by the owner or agents and may be without cause disapproved by them. This application may be made a part of your lease. I hereby authorize South Ridge Apts. LLC to verify my current landlord and employment history. I certify that all the information is accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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## RELEASE FORM

I hereby authorize South Ridge Apartments, LLC. or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons or educational institutions to supply any information concerning my credit, rental and criminal history. I also hereby release any of the above from liability and responsibility arising from their doing so. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or of deposit and may constitute a criminal offense under the laws of the state of Florida. I declare that all information I have provided is accurate and that I fully understand the terms of this release.

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Driver License #: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
city State Zip code

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

Date: \_\_\_/\_\_\_/\_\_\_

### CO-APPLICANT INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
city State Zip code

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

Date: \_\_\_/\_\_\_/\_\_\_