

Rental Application

Date of Application:		Desired Lease Start Date:		
Property Address Applying Fo	or:			
A non-refundable application fee is adult; Non-Florida residents \$				
A LEDGABLE COPY	OF YOU	JR DRIVERS LICENSE	MUST ACCOMPAN	Y THIS APPLICATION
(1)				
First		Middle	Last	
Date of Birth			Social Security Number	
2)				
First		Middle	Last	
Date of Birth			Social Se	curity Number
NAMES OF ALL OCCUPAN First	TS UNDE	R 18 YEARS OF AGE:	DOB	Relationship
First	Last		DOB	Relationship
First	Last		DOB	Relationship
First	Last		DOB	Relationship
CURRENT ADDRESS:				
Number and Street		City	State	Zip
How long did you lived there?		Monthly Rent Amount	Name of Rental Ag	ent/Apt/Mortgage Company
Why did you leave?			Т	elephone Number

EMPLOYMENT OF ALL ADULTS

Current Employer:				How Long?
Business Address:	With the Auditor			Phone:
Position:			Salary	per
Current Employer:				How Long?
Business Address:				Phone:
Position:		· · · · · · · · · · · · · · · · · · ·	Salary	per
Number of vehicles that will	be kept at property: _		List each vehicle belo	ow.
Make:	Year:	Color:	Plate: _	
Make:	Year:	Color:	Plate:	
Make:				
Are you a pet owner? □ No				
• ,			Weight:	
			Weight:	
Do you have renter's insurance Have you ever had eviction pro	ceedings against you?	□ No	Yes	
Have you ever nad eviction pro Have you ever been convicted			o gyes	
IMPORTANT TO APPLICANT	•	- 14C	1 103	
(1) The lease effective date is a		to move in	on that date, prorated ren	t still is charged from the
(2) A full month's rent will be do month. Except, if the move-in c in. QUALÍFICATION STANDARD	occurs on the 20th or late			
ncome Requirements: Employs hree times the monthly rental r				come must equal at least
Rental Reference: Two years o a mortgage holder for the refere				
Credit Qualifications: Credit Info Credit history should positively nortgage.				
APPLICANTS SIGNATURE				
certify that the foregoing informoverify the statements above,			est of my knowledge. I aut	horize inquiries to be made
1) Contact Number:	Em	ail:		
MILLIANT MULLINGT.	⊑ 111	ail.		

(2)		
Contact Number:	Email:	



Rental Requirements

Please Read Carefully!

- 1. All tenants over the age of 18 must fill out an application. Application fee is \$65.00 per adult and is non-refundable.
- 2. Tenants must have a combined income for three times the monthly rent. If you do not provide your own income a guarantor will be needed.
- 3. Self-employed tenants must provide income documentation such as tax returns for the last (2) two years.
- 4. Tenants with felonies and prior convictions will not be approved. Sexual and weapon possession offenses will also be declined.
- 5. Tenants must have verifiable rental and or mortgage history as well as employment history for the last two years.
- 6. Security deposits are in the amount of a minimum of one month's rent or more. The security deposit is refundable upon the lease expiration except for a minimum of \$250.00 of the deposit, which is non-refundable as a professional cleaning fee. There is also a minimum of \$250.00 professional carpet cleaning fee that will be deducted.
- 7. ALL monthly rent payments can be paid with Personal Checks, Direct Deposit, Cashier's Check or Money Order to be made out to **Selective Property Management**, LLC. Cash is not accepted. Tenants may pay online with Credit Card at www.Paylease.com. Ask management for more details. <u>ALL RENT PAYMENTS MUST BE SENT TO 12001 Research Parkway</u>, Suite 236 ORLANDO, FL 32826
- 8. No post-dated checks are accepted for rent.
- Rental property will be taken off the market once a non-refundable holding deposit equivalent to (1) one month's rent is collected.
- 10. No rental property will be held without a holding deposit for more than (2) two weeks without authorization.
- 11. If applicant is approved, but fails to enter into the lease within 3 days of verbal and/or written approval and/or does not take possession after lease signing, the FULL "HOLDING DEPOSIT" shall be forfeited to the Landlord and RentWorks in addition to any penalties as provided in the lease if the lease has been signed by the applicant.
- 12. All properties are accepted in "AS-IS" condition.
- Late fees of (5%) percent of the monthly rent apply after the 4th of every month plus a late fee of \$10.00 per a day the rent is late.
- 14. The office is open Monday- Friday 9:00am 5:00pm. Hours are subject to change (i.e. holidays, emergencies, etc...) Please check with office if you are unsure. Rent payments will **ONLY** be accepted between the hours of operations. **NO EXCEPTIONS.** You must ask to receive a receipt at the time of paying rent check in the office, otherwise, the rent check will he considered late because of no proof of when we received it.

Tenant Signature:	Date:
Tenant Signature:	Date:

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Rental Verification

Top Portion to be filled out by Tenant ONLY

I authorize this inquiry:		
	Resident Signature	
Landlord Contact is essential to v	verify this information. Please include FAX or E	EMAIL to send this document
Landlord Contact:	Phone:	
Fax:	Email:	
	nce Verification to be Completed by F	
	us/current landlord <u>ONLY</u> . Selective Realty Group, LL	
Date of move in:	Date of move out:	
Rental Amount: \$	Deposit Amount: \$	Lease Term:
Any Late Payments:	Any NSF'S: □ No □ Yes If	Yes, How Many?
	Any NSF'S: □ No □ Yes If Yes, How Many? Their Nar	-
Roommates: No Yes If	Yes, How Many? Their Nar	nes:
Roommates: No Yes If	Yes, How Many? Their Nartc.) □ No □ Yes If Yes, Please explain	mes:
Roommates: □ No □ Yes If Any lease violations (Noise, Et	Yes, How Many? Their Nartc.) □ No □ Yes If Yes, Please explair	mes:
Roommates: No Yes If Any lease violations (Noise, Et	Yes, How Many? Their Nartc.) □ No □ Yes If Yes, Please explain □ No □ Yes If Yes, Please explain:	mes:
Roommates: □ No □ Yes If Any lease violations (Noise, Et Is property in good condition: □	Yes, How Many? Their Nartc.) □ No □ Yes If Yes, Please explain No □ Yes If Yes, Please explain:	nes:
Roommates: □ No □ Yes If Any lease violations (Noise, Et Is property in good condition: □ Would you re-rent to this individ	Yes, How Many? Their Nartc.) □ No □ Yes If Yes, Please explain No □ Yes If Yes, Please explain:	nes:
Roommates: □ No □ Yes If Any lease violations (Noise, Et Is property in good condition: □ Would you re-rent to this individed to the completed By:	Yes, How Many? Their Nartc.) □ No □ Yes If Yes, Please explain No □ Yes If Yes, Please explain:	nes:

PLEASE FAX COMPLETED FORM TO: Selective Realty Group, 407-674-8777 OR EMAIL: shanonl@selectiverealtygroup.com



Employment Verification

Top Portion to be filled out by Tenant ONLY

Employee Name:	Date:	
Company:		
Address:		
Employer contact is essential to verify this i	information. Please include FAX or EMAIL to send	this document
Phone Number:	Fax Number:	
I authorize this inquiry:		
	Resident Signature	
Current Employe	r Verification to be completed by Employ	er ONLY
This section is to be filled out by the Employer	r ONLY. Selective Realty Group, LLC will contact th	e landlord to verify and fill ou
Dates of Employment:	Salary:	Per
Is the employee on a leave of absence	? ☐ No ☐ Yes If Yes, Please Explain: _	
	·	
Signature:		
Printed Name:		
	Date:	
	ve Realty Group, 407-674-8777 OR EMAIL: shanonl(