

APPLICATION FOR RESIDENCY

THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY.

If not complete, your application process will be put on hold.

Do not ASSUME that a property is being held without our requirements being met.

A COPY OF YOUR DRIVER'S LICENSE IS BE REQUIRED WITH YOUR APPLICATION.

The undersigned hereby makes application to rent (Property Address): _____

Your requested move-in date: _____ month _____ day, 20____

Were you referred by someone: ____ yes ____ no If yes, whom?: _____

All applicants over 18 years required to complete separate application with signature.

Applicant #1: _____ Marital status _____ DOB: _____

SS# _____ Current Phone #: _____

Cell #: _____ Fax #: _____ E-mail: _____

Current Address: _____ Zip: _____

Do you: own ____ rent ____ Rent/mo: _____

How long have you been at this address: ____ yrs ____ months If less than 2 years, former address:

For our reference please list the names of other persons applying to cohabitate the unit:

Applicant #2: _____ Marital status _____ DOB: _____

Applicant #3: _____ Marital status _____ DOB: _____

Applicant #4: _____ Marital status _____ DOB: _____

Names of any additional persons or minors who will occupy the property:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Please Tell Us about Yourself

HAVE YOU EVER:

(False information is subject to this application being denied)

Filed for bankruptcy ____ yes ____ no If yes, has it been discharged: ____ yes ____ no

Been convicted of a felony: ____ yes ____ no If yes, please explain: _____

Been evicted from tenancy: ____ yes ____ no If yes, please explain: _____

Willfully or intentionally refused to pay rent when due: ____ yes ____ no If yes, please explain:

Please give us any additional information which may help management evaluate this application:

PETS

Do you have a pet(s): ___ yes ___ no If yes, how many: ___ Type & Breed _____
Age(s) _____ Weight(s) _____ Color(s)/Description: _____
Name and Phone # of Veterinarian: _____

IN CASE OF EMERGENCY

Name: _____ Relationship: _____ Phone #: _____

EMPLOYMENT INFORMATION

Your employer *may* be notified and income will be verified

Current Employer: _____
Address: _____ City/State _____ Zip _____
Phone #: _____ Fax #: _____
Occupation: _____ Supervisor's Name: _____
Date employed: _____ Income: \$ _____ Per _____ (Week, Month, Year)
May we contact this employer? _____

Most Recent Past Employer: _____
Address: _____ City/State _____ Zip _____
Phone #: _____ Fax #: _____
Occupation: _____ Supervisor's Name: _____
Date employed: _____ Income: \$ _____ Per _____ (Week, Month, Year)
May we contact this employer? _____

CO-APPLICANT EMPLOYMENT INFORMATION

Applicant #2 Current Employer: _____
Applicant #3 Current Employer: _____
Applicant #4 Current Employer: _____

CURRENT VEHICLES

Applicant's Driver's License #: _____ State: _____
Vehicle Make/Model: _____ Year _____ Tag # & State: _____

Co-applicant's Vehicle Make/Model: _____
Co-applicant's Vehicle Make/Model: _____
Co-applicant's Vehicle Make/Model: _____

Please list Additional Vehicles/Boats/Motorcycles: _____

NOTE: A \$50.00 PER ADULT OR \$50.00 PER MARRIED COUPLE APPLICATION FEE is required with this application and is NON-REFUNDABLE. Properties are held only after completion of this form and payment of application fee and good faith deposit. Applications may take up to 3 (three) days to process. You will be notified by phone or mail regarding the status of your application.


Applicant(s) represents that all of the statements and representations are true and complete, and hereby, authorizes verification of the above information, references and credit records. Applicant(s) understands that an investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. Applicant(s) agrees that false, misleading or misrepresented information may result in the application being rejected, will void a lease/rental agreement if any and/or be grounds for immediate eviction with loss of all deposits and any other penalties as provided by the lease terms if any. Applicant(s) authorizes verification of all information by the Landlord and or Management Company. Applicant(s) has the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Applicant(s) understand this application is subject to acceptance by the owner and execution of a lease or rental agreement and is offered without respect to race, color, religion, sex, national origin, familiar status or handicap.

NON REFUNDABLE APPLICATION FEE--Applicant(s) has paid to Landlord and/or Management company herewith the sum of **\$50.00** as a **NON REFUNDABLE APPLICATION FEE** for costs, expenses and fees in processing the application. **DEPOSIT AGREEMENT** –Applicant(s) has deposited a **DEPOSIT** of \$_____in consideration for taking the dwelling off the market while the application is being processed. If applicant (s) is approved by Landlord and/or Management and the lease is entered into and possession of the apartment is taken **the DEPOSIT shall be applied toward the security/damage deposit.**

If applicant(s) is approved, but fails to enter into the lease within 3 days of verbal and/or written approval and/or take possession after lease signing, the **FULL DEPOSIT** shall be forfeited to the Landlord or Management in addition to any penalties as provided in the lease if the lease has been signed by the applicant(s). The **DEPOSIT** shall be refunded only if applicant(s) is not approved. Keys will be furnished only after lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only, in no way implies that a particular rental unit shall be available and in no way obligates Landlord or Management to execute a lease or deliver possession of the proposed premises.

All fees subject to change without notice.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED		"GOOD FAITH"ESTIMATE OF FEES	OFFICE USE ONLY	OFFICE USE ONLY
		* FEES MAY VARY		
Applicant(s) Signature _____	Date _____	CREDIT CHECK FEE	\$ _____	COMMUNITY _____
Applicant(s) Signature _____	Date _____	SECURITY DEPOSIT	\$ _____	OWNER _____
Applicant(s) Signature _____	Date _____	COMMUNITY APP. FEE(S)	\$ _____	RENT _____
Applicant(s) Signature _____	Date _____	PET SECURITY	\$ _____	APPROVAL REQ'D _____
Applicant(s) Signature _____	Date _____	FIRST MONTH'S RENT	\$ _____	TREM OF LEASE _____
Applicant(s) Signature _____	Date _____	LAST MONTH'S RENT	\$ _____	MOVE-IN DATE _____
This form is for the use of Realty Executives Rental Dept. Please return COMPLETED application and FEE to:		TOTAL DUE BEFORE MOVE-IN	\$ _____	CREDIT REPORT _____
		TOTAL PAID WITH APPLICATION	\$ _____	PHOTO I.D.'d _____
				AGENT _____
 <p>www.swflorida-rentals.com</p>		<p>Realty Executives 9480 Corkscrew Palms Cir Suite #1 Estero, FL 33928 Phone: 239/949-0404 Fax: 239/949-0626</p>		