

Cashier Check _____ or _____ Money Order Received By _____

AGENT NAME (Agent Submitting Application) _____ PHONE # _____



38 Suntree Place, Melbourne, FL 32940 Office 321-752-5858 FAX 321-259-0261
Attention: Sheryl Jones, Property Management Director

Application Date: ____ / ____ / ____ Address of Rental _____
City, State, Zip _____

PLEASE PRINT CLEARLY

Applicant Information					
Name:				Home Phone:	
Street Address:				Cellular Phone:	
City:	State:	Zip Code:	County:		
Email Address:					
SS #	Date of Birth:	Mo:	Day:	Yr:	
Drivers License: State:	Number:		Exp. Date:		
Vehicle (Year/Make/Model/Tag #/State:					
Are you a US Citizen: Yes / No		VISA Type/Information			

Employment History	
Current Employer:	Phone Number:
Position:	Length at Present Job:
Name of Supervisor:	Earnings:
Previous Employer:	Phone Number:
Position:	Length of Time at Previous Job:
Other Income:	
PLEASE PROVIDE PAY STUB OR LETTER FROM EMPLOYER CONFIRMING INCOME	

Spouse Information (Co-Applicant other than spouse must fill out separate application)		
Name:	SSN:	DOB ____ / ____ / ____
Employer:	Length at Present Job:	Driver's License #
Name of Supervisor:	Earnings:	
PLEASE PROVIDE PAY STUB OR LETTER FROM EMPLOYER CONFIRMING INCOME		

Rental information and Other History, continued	
Reason for leaving current residence:	
Is Current Residence a rental Unit: Yes / No	
Name of Manager:	Phone Number:
Length of Time at Current Address:	
Amount of Rent at Current Address:	
Previous Address:	
Name of Manager:	Phone Number:
Length of Time at Previous Address:	
Have you ever been served a Three Day Notice?	
Have you ever been served a Seven Day Notice?	
Have you ever been Evicted:	
Do you own any real estate? Yes / No If Yes, where?	
Do you own a waterbed: Yes / No	Do you have renters insurance: Yes / No
Have you ever filed for Bankruptcy? Yes / No If so, When?	
Have you or any occupants ever been convicted of a felony?	

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FORECLOSURE: YES/NO Circle one

Application Date: ____ / ____ / ____ Address of Rental _____

Applicant's Name: _____

Please list names, age & relationship of all others to occupy the unit:				
PET INFORMATION				
Do you have any pets? Yes / No				Total Number of Pets:
Please list each pet				
Name:	Breed:	Spay/Neuter: Yes / No	Age:	Wt:
Name:	Breed:	Spay/Neuter: Yes / No	Age:	Wt:
Name:	Breed:	Spay/Neuter: Yes / No	Age:	Wt:
References				
Name:		Address:		
Phone #: ()		City/State/Zip		
Emergency Contact Name:			Telephone #	
Relationship:				

I understand that there is a \$50.00 non-refundable credit check fee per occupant over age 18, \$75.00 per married couple to be paid by, money order, or cashier check with this application. **NO CASH ACCEPTED (Maximum Process time 3-4 Days)** Furthermore, I understand that any holding funds deposited with this application will be applied to the security deposit if this application is approved, or returned if not approved. Upon approval of this application, a rental agreement must be signed or all holding funds will be forfeit. Prospective Tenant (Applicant) is hereby given notice that RE/MAX ELITE is the agent of the Landlord and is paid by same. The undersigned acknowledge that this written notice was received prior to the undersigned receiving a contractual offer or rental agreement in compliance with F.S. 475.25 and Rule 21v-10.033 Fla. Admin. Code. **Non-Refundable Rush Fee Additional \$50.00. Process time 24-48 Hours.**

By signing this application, I give RE/MAX ELITE permission to examine my credit, eviction and criminal file, as necessary for approval.

Tenant/Applicant Date

Tenant/Applicant Date

No personal checks or business checks will be accepted for initial payments of the following: Security Deposit, Pet Deposits, or First Month's Rent. CERTIFIED FUNDS ONLY. Thank you.

Start Date: _____ Rent: _____ Holding Funds: _____ Agent: _____
Please Attach Agent's Card

For Office Use Only:

Application Fee Paid: _____ Initials _____
Additional Funds Received with Application: _____ Amount \$ _____ Initials _____
MLS Printout Attached: Yes / No

Status: Approved Date: _____ Initials: _____

Declined Adverse Action Notice Sent: Date: _____ Initials: _____

Transfer Application to Different Property: _____