

APPLICATION TO RENT



PROPERTY APPLIED FOR: _____
Anticipated move-in date: _____ Lease Term: _____
How were you referred to us? _____

7380 Sand Lake Rd. Suite 500 Orlando, FL 32819
407-352-5244 office 866-275-6021 fax

ALL CO- RESIDENTS MUST SUBMIT A SEPARATE APPLICATION EXCEPT MARRIED COUPLES

APPLICATION FEE: Applicant's acknowledge that the \$50.00 per adult application fee, paid to Claire Schwartz & Associates, LLC is not refundable. Claire Schwartz & Associates, LLC is Agent for and paid by the Owner. It is understood that this Application is preliminary only and does not obligate owner or Owner's Agent to execute a Lease or deliver possession of the proposed premises.

Applicant's Name: _____	Date of Birth: ____/____/19____
Social Security #: _____	Drivers Lisc. #: _____
Maiden Name: _____	Cell #: _____
Day Phone #: _____	Night Phone #: _____
Spouse's Name: _____	Date of Birth: ____/____/19____
Social Security #: _____	Drivers Lisc. #: _____
Maiden Name: _____	Cell #: _____
Day Phone #: _____	Night Phone #: _____
Applicants email address: _____	
Co applicants email address: _____	
List all other persons to occupy premises: _____	
Relationship to applicant(s): _____	
Pet(s): _____ Breed: _____ Size: _____	
Automobiles: #1 Make/Model _____ Tag _____ #2 Make/Model _____ Tag _____	
Boats/Work Vehicles/Trailers: _____	
Present address: _____ Apt # _____ City _____ St. _____	Zip: _____ Rent from _____ to _____ Rental/Mtg. Amount: \$ _____
Landlord/Owner/Mtg.Co: _____	
Telephone # _____	Reason for leaving: _____
Previous address: _____ Apt # _____ City _____ St. _____	Zip: _____ Rent from _____ to _____ Rental/Mtg. Amount: \$ _____
Landlord/Owner/Mtg.Co : _____	
Telephone # _____	Reason for leaving: _____
Applicant's Current Employer: _____	Telephone # _____
Position/Title: _____	Supervisor: _____
Length Employed: _____ to _____	Full-time _____ Part time _____ Salary: \$ _____ per _____
Applicant's Previous Employer: _____	Telephone # _____
Position/Title: _____	Supervisor: _____
Length Employed: _____ to _____	Full-time _____ Part time _____ Salary: \$ _____ per _____
Spouse's Current Employer: _____	Telephone # _____
Position/Title: _____	Supervisor: _____
Length Employed: _____ to _____	Full-time _____ Part time _____ Salary: \$ _____ per _____
Spouse's Previous Employer: _____	Telephone # _____
Position/Title: _____	Supervisor: _____
Length Employed: _____ to _____	Full-time _____ Part time _____ Salary: \$ _____ per _____

RESIDENT SELECTION CRITERIA

1. All Adult applicants 18 or older must submit a fully completed, dated and signed residency application and fee. Applicant must provide proof of identity. A Non refundable application fee will be required for all adult applicants. Applicant may be required to be approved by a condo/homeowner's association and may have to pay an additional application fee or an additional security or damage deposit.
 2. Applicants must have a combined gross income of at least three times the monthly rent. We reserve the right to require a co signer. A minimum of two years residential rental history is required.
 3. Credit history and or Civil Court Records must not contain slow pays, judgments, eviction filing, collections, liens or bankruptcy within the past 5 years.
 4. Self employed applicants may be required to produce upon request 2 years of tax returns or 1099s and non employed individuals must provide verifiable proof of income.
 5. All sources of other income must be verifiable if needed to qualify for a rental unit.
 6. Criminal records must contain no convictions for felonies within the past seven years and no sexual offenses ever. In the event a record comes back "adjudication withheld" further documentation may be required and applicant may be denied on this basis.
 7. Previous rental history reports from landlords must reflect timely payment, sufficient notice of intent to vacate, no complaints regarding noise, disturbances or illegal activities, no unpaid NSF checks, and no damage to unit or failure to leave the property clean and without damage at time of lease termination.
 8. No pets (with the exception of medically necessary pets) of any kind are permitted without specific written permission of landlord in the lease document, an addendum to lease, a non-refundable pet fee acceptable to landlord and/or an additional pet deposit or additional security deposit. Fees and deposits are waived for medically necessary pets.
 9. Applicants will be required to pay a security deposit at the time of lease execution in a minimum amount of one months rent. We reserve the right to require a higher security deposit and or additional prepaid rent.
 10. The number of occupants must be in compliance with HUD standards/guidelines for the applied for unit.
 11. We may require a holding or good faith deposit to be collected to hold a property off the market. In the event the application is approved and applicant fails to enter into a lease, the applicant shall forfeit this deposit. In the event the application is approved, this deposit shall be applied to the first months rent.
 12. Any exceptions to our company's criteria will need to be submitted in writing to the rental agent for presentation to the landlord for consideration. If approval is then given for such exceptions, additional security, co signers, and/or additional advance rent payments may be required.
 13. Our company policy is to report all non compliances with terms of your rental agreement or failure to pay rent, or any amounts owed to the credit bureau.
- AUTHORIZATION TO VERIFY INFORMATION:** Applicant(s) hereby authorize verification of any and all information including release of information by any financial institution, employer (present and former) and landlord (present and former). Applicant(s) acknowledge that false information herein may constitute grounds for rejection of this application, termination of the right of occupancy and/or forfeiture of deposits and may constitute criminal offense under State law.

Applicants Signature

Date

Applicants Signature

PayLease Inc.
4455 Twain Ave.
Suite G
San Diego, CA 92120

Toll Free: (866) Pay-Lease

Credit Card / E-Check



FAX COMPLETED FORM TO 866-275-6021

TRANSACTION AMOUNT: \$ _____

(Please include late payments, security deposits, etc... in total)

First Name: _____ **Last Name:** _____

Current Address: _____

City: _____

State: _____ **ZIP/Postal Code:** _____

Phone #: _____

SELECT FORM OF PAYMENT

CREDIT CARD

MasterCard **Discover** (3% Service fee will be charged to your credit card)

American Express (4% Service fee will be charged to your credit card)

Visa (\$22.95 service fee will be charged to your credit card – maximum \$2,000.00 per transaction)

Credit Card Number

_____/____/____ (Month/YR)

Expiration Date

CVV2 Number (3 digit number on the back of Credit Card or 4 digits on front of Amex)

E- CHECK (\$1.80 will be charged to your checking account)

Bank Name

Account Number

Routing Number

SIGNATURE _____