

APPLICATION FEE: \$50.00 Per Person 18 yrs & Older (Certified Funds ONLY)

AGENT: _____

ERA ADVANTAGE REALTY, INC.
901 Tamiami Trail, Pt. Charlotte, Fl. 33953 Phone # 941-255-0760 Fax 941-255-5351

RESIDENTIAL RENTAL APPLICATION

Please provide all information requested to process this application promptly. **Please print clearly.**

Date of application _____ Property Address _____
Desired move in date _____ Rental Price \$ _____ Where did you hear of this rental? _____

Applicant # 1 Full name _____
Date of birth _____ S.S.# _____
Applicant #2 Full name _____
Date of birth _____ S.S.# _____

Names & Ages of other residents: **(Any Person 18 years of age or older must apply as an adult)**

Have you ever been evicted/had an eviction filed against you? ()Yes ()No
Are you in the process of an eviction? ()Yes ()No
Have you ever left owing money to an owner or landlord? ()Yes ()No
Do you have water filled furniture? ()Yes ()No
Do you have pets? ()Yes ()No If yes, please fill out the attached pet application.
Are you a smoker? Applicant #1 ()Yes ()No Applicant #2 ()Yes ()No
Have you ever had adjudication withheld or been convicted of a criminal offense?
Applicant #1 ()Yes ()No Applicant #2 ()Yes ()No

****If yes to any of the above, please explain** _____

PRESENT address _____
City _____ State _____ Zip _____
From: _____ / _____ / _____ To: _____ / _____ / _____ Amount of Payment _____
Landlord or Mortgage holder _____
Landlord's telephone # _____ Reason for moving _____

PREVIOUS address _____
City _____ State _____ Zip _____
From: _____ / _____ / _____ To: _____ / _____ / _____ Amount of Payment _____
Landlord or Mortgage holder _____
Landlord's telephone # _____ Reason for moving _____

Number of vehicles (include company cars, boats & trailers) _____
Make/Model _____ Year _____ Color _____ Tag # _____ State _____
Make/Model _____ Year _____ Color _____ Tag # _____ State _____
Applicant #1 Drivers license number _____ State _____
Applicant #2 Drivers license number _____ State _____

*****A copy of Drivers License must accompany the application.**

EMPLOYMENT

Present employment must be in this area unless you are being transferred within a company. If you are just starting a job locally, list this as your present employment. If you are unemployed or self-employed, a source of income must be verified by your supplying us with a bank statement or similar income statement. **You need to supply the past 2 (two) years of employment history. (Use the back if needed)**

Applicant #1 Employed by: _____
Employer's Address _____
Telephone _____ From: ____/____/____ To: ____/____/____
Supervisor _____ Weekly / Bi-Weekly / Monthly Income \$ _____

Applicant #2 Employed by: _____
Employer's Address _____
Telephone _____ From: ____/____/____ To: ____/____/____
Supervisor _____ Weekly / Bi-Weekly / Monthly Income \$ _____

Additional income \$ _____ Source _____

IN CASE OF EMERGENCY

Notify _____ Relationship _____
Address _____ Phone _____

Who to notify if rent is not paid _____ Relationship _____
Address _____ Phone _____

PERSONAL REFERENCES (not related)

#1 Name _____ Relationship _____
Address _____ Phone _____
#2 Name _____ Relationship _____
Address _____ Phone _____

AUTHORIZATION: I hereby authorize property manager to verify all information contained on this application and conduct a full background check including but not limited to credit, bank account, employment, eviction, criminal background, and to contact any persons or companies listed on this application. **CORRECT INFORMATION:** I affirm that all information on this application is true, accurate, complete, and correct and agree that if this is not so, my application may be denied and/or my lease will be held in default and I may be subject to eviction. **APPLICATION FEE:** I hereby agree to pay a non-refundable application fee of \$ _____ **(MONEY ORDER OR CASHIERS CHECK ONLY)**

GOOD FAITH DEPOSIT: I hereby deposit the sum of \$ _____, **(MONEY ORDER OR CASHIERS CHECK ONLY)** with ERA Advantage Realty, Inc. as a good faith deposit in connection with this rental application. If my application is not approved, or I have canceled this application within 24 hours, in writing, and by hand delivery to the rental office, I will receive a refund of my Good Faith Deposit. If my application is approved and a Lease signed, the good faith deposit shall be applied towards my security deposit. If my application is approved, and I fail to enter into a Lease, I understand and agree that the entire Good Faith Deposit shall be forfeited by me. Date _____ Time _____

Applicant #1 Name (print) _____ SS # _____
Email Address: _____ Phone _____
Signature _____

Applicant #2 Name (print) _____ SS # _____
Email Address: _____ Phone _____
Signature _____

I have had an opportunity to read and understand the terms and charges of the Residential Lease that I will be expected to sign. _____

Initials

Initials

**ERA ADVANTAGE REALTY
901 TAMiami TRAIL
PORT CHARLOTTE, FL 33953
(941) 255-0760 / (800)-940-5033 / FAX (941) 255-5351**

LANDLORD VERIFICATION

To: _____

Fax / Email: _____

Tenant's Name _____ has applied to rent a property that we manage and our company requires verification of their prior rental history. Thank you for your cooperation.

Address of rental: _____

How many people are/were living in the unit _____.

Length of stay _____ From _____ To _____

Monthly rent charges _____. Utilities included _____

Was rent paid on time? _____. If no, how many late payments? _____

Did tenant owe any rent when he/she moved out? If yes, how much? _____

Did tenant ever pay with checks that were returned for insufficient funds? _____

Does tenant have a history of poor housekeeping? ()Yes ()No

If yes, please explain: _____

Did the tenant do damage to the unit or the grounds? ()Yes ()No

If yes, how? _____

Does tenant have a history of Rules & Regulations violations? ()Yes ()No

If yes, what type? _____

How often? _____

Does tenant have pets? If yes, how many/what kind? _____

Did the tenant give their 30 day notice to vacate? _____

If this tenant reapplied for housing with you, would you accept them? _____

Are you related to tenant? _____ If yes, what relationship exists? _____

Why did tenant leave your rental unit? _____

Any other pertinent comments: _____

(Name of person providing information) (Title) (Signature) (Date)

Release: I hereby authorize the release of the above requested information. Information obtained under this consent is limited to information that is no older than 10 years.

(Date) **APPLICANT SIGNATURE:** _____

(Date) **APPLICANT SIGNATURE:** _____

PET APPLICATION

ALL PETS MUST BE APPROVED AND ON THE LEASE AND WILL BE SUBJECT TO THE APPROPRIATE FEE OF:

\$_____ **Application Fee (Money Order Only)**
\$150.00 Approved Pet Fee (per pet) (Non Refundable)

TENANT shall not keep any animal or pet in or around the rental premises without LANDLORD'S prior written approval and a PET ADDENDUM signed by all parties. The following breeds of dog are not allowed due to increased owner liability: **PIT BULLS, AMERICAN BULLDOG, STAFFORDSHIRE BULL TERRIER, GERMAN SHEPHERDS, AKITAS, DOBERMAN PINSCHERS, CHOWS, ROTTWEILERS, GREAT DANES or ANY MIX THEREOF.**

Description of Pet (s):

Type_____	Weight_____	Breed_____	Color_____	Age_____	Name_____
Type_____	Weight_____	Breed_____	Color_____	Age_____	Name_____
Type_____	Weight_____	Breed_____	Color_____	Age_____	Name_____

Property Applied for: _____

Please answer the following questions:

- ❖ Do you have any written reference from your current Landlord? _____
- ❖ Has there been any complaint about your pet at your current address?

- ❖ Does your pet have any medical or behavioral problems?_____ If yes, explain:

- ❖ May I visit you and your pet after you move in to see how your pet is adjusting? _____
- ❖ Who will care for your pet when you go on vacation? _____
- ❖ Has your animal been spayed/neutered? _____

For Dog Owners:

- ❖ Is your dog licensed and wearing a collar with visible identification? _____
- ❖ Is your dog housetrained? _____
- ❖ Do you keep your dog on a leash when you go for walks? _____
- ❖ Have you and your dog completed a dog training class? _____
- ❖ How much time does your dog spend alone each day? _____
- ❖ How often do you treat your dog for ticks and fleas? _____
- ❖ Has your dog ever bitten anyone? _____

For Cat Owners:

- ❖ Is your cat declawed? _____
- ❖ Do you keep your cat indoors? _____
- ❖ Does your cat use the litter box you provide? _____
- ❖ Is your cat registered with the local animal care and control authority (if required by law)? _____

YOU MUST PROVIDE A COPY OF VET RECORDS TO SHOW YOUR PET HAS RECEIVED ITS CURRENT SHOTS. A PICTURE OF EACH PET MUST BE ACCOMPANIED WITH THIS APPLICATION.

(Date) **APPLICANT SIGNATURE:** _____

(Date) **APPLICANT SIGNATURE:** _____