

**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.**

\_\_\_\_\_  
**APPLICANT SIGNATURE:** \_\_\_\_\_

(Date)

\_\_\_\_\_  
**APPLICANT SIGNATURE:** \_\_\_\_\_

(Date)