APPLICATION FEES ARE NON-REFUNDABLE. THE APPLICATION FEE FOR THE PRIMARY APPLICANT IS $75.00. ALL OTHER OCCUPANTS 18 YEARS AND OLDER MUST COMPLETE AN APPLICATION AND PAY FEE OF $50 EACH.

For prompt processing of this application, please complete all spaces sign Page 2; and submit any supporting documents. THANK YOU

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROPERTY ADDRESS: | |  | | |  |  |  |  | |
| PERSONAL INFORMATION | | |  |  |  | |  |  | |
| Full Name: |  | | | Date of Birth |  | | Social Security No |  | |
| Email Address: |  | | | Phone No |  | | Work No | |  |
| Spouse/Significant  Other |  | | | Phone No. |  | | Email Address |  | |
| Current Address |  | | | City |  | | Zip Code |  | |
| How Long? |  | | | Rent |  | | Own |  | |
| Landlord’s Name |  | | | Phone No |  | |  |  | |
| Reason for Leaving |  | | | Driver’s License |  | | State |  | |

CHILDREN UNDER 18 (Note: All Occupants 18 and over must complete an application and sign lease unless proof of dependency is submitted.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Age: |  | Name: |  | Age |  |
| Name: |  | Age: |  | Name |  | Age |  |

PETS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pets? | Yes  No | Dog  Cat | Breed |  | How Many? |  | Weight |  |

|  |  |
| --- | --- |
| Other |  |

AUTOMOBILE

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year |  | Make |  | Model |  | Color |  | Tag# |  |
| Year |  | Make |  | Model |  | Color |  | Tag# |  |

EMPLOYMENT INFORMTION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employer |  | Position |  | Phone No |  | Salary |  |
| Employer  Address |  | City/State |  | How Long? |  |  |  |
| Previous Employer  If less than 1 year |  | Phone |  | How Long? |  | Salary |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other Income? |  | Source: |  | Amount: |  |

\*Please submit pay stubs for the last 3 months and proof of other sources of income.

EMERGENCY CONTACT

|  |  |  |  |
| --- | --- | --- | --- |
| Name of closest relative  not living with you: |  | Relationship: |  |
| Address: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever filed petition for bankruptcy? | Yes  No | If yes, When? |  |
| Have you ever been evicted from any tenancy? | Yes  No | If yes, When? |  |
| Have you or any occupant been convicted of any felony? | Yes  No | If yes, When? |  |

How did you hear about L.G. Simmonds Real Estate Corp.?

Newspaper \_Internet Sign  Yellow Pages Referred by

APPLICANT understands and agrees that multiple applications may be taken by Landlord or Management for the same property and Landlord or Management may approve who they wish even if multiple applicants qualify. APPLICANT 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 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 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 authorizes verification of all information by the Landlord and **L.G** **Simmonds Real Estate Corp.,** Management Company. **NON-REFUNDABLE APPLICATION FEE**--APPLICANT(s) shall pay to Landlord and/or Management company herewith the sum of **$\_\_\_\_\_\_\_\_\_\_\_\_** as a **NON REFUNDABLE APPLICATION FEE** for costs, expenses and fees in processing the application. **GOOD FAITH DEPOSIT:** APPLICANT shall deposit a **GOOD FAITH DEPOSIT** of **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_** while the application is being processed. APPLICANT understands that other applications may be processed, and another approved APPLICANT may be chosen. If APPLICANT is approved by Landlord and/or Management and the lease is entered into **the GOOD FAITH DEPOSIT shall be applied toward the security/damage deposit.** If APPLICANT is approved and chosen, but fails to sign the lease within 3 days of verbal and/or written approval and/or take possession after lease signing, the **FULL GOOD FAITH 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. The **GOOD FAITH DEPOSIT** shall be refunded only if APPLICANT is not approved and chosen. Keys will be furnished only after lease and other rental documents have been properly executed by all parties and only after applicable rent, fees, deposits 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 to the APPLICANT. **Landlord or Management may withdraw approval even after approval at any time before a lease agreement is fully executed for any reason.**

**PRIVACY POLICY**: At **L.G. Simmonds Real Estate Corp**., your privacy is very important to us. All information collected during the processing of this application is considered confidential in nature and for company use only. This policy is governed by the laws of the State of Florida without giving effect to any principles of conflict of law.

**RADON GAS:** Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your County Public Health Unit.

**NOTICE:** The undersigned acknowledges **L.G. Simmonds Real Estate Corp.** and its property managers are acting as Agents for the property owner and as such have the following duties and obligations:

To the Owner(s): fiduciary duties and undivided loyalty, fidelity, confidentiality and full disclosure of all material information.

To the Tenant(s) and Owner(s): exercise of reasonable care and skill and to deal honestly, fairly and in good faith in matters.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I HAVE READ AND AGREE TO THE PROVISIONS AS STATED** | SECURITY DEPOSIT | $ \_\_\_\_\_\_\_\_\_\_ | **OFFICE USE ONLY** |  |
|  | PET SECURITY | $ \_\_\_\_\_\_\_\_\_\_ |  |  |
|  | PET FEE | $ \_\_\_\_\_\_\_\_\_\_ |  |  |
|  | CREDIT CHECK FEE | $ \_\_\_\_\_\_\_\_\_\_ | COMMUNITY\_\_\_\_\_\_\_\_\_\_ |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  APPLICANT Signature Date  **Printed Name** | PAID WITH APPLICATION | $ \_\_\_\_\_\_\_\_\_\_ | APT.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | BALANCE OF DEPOSIT DUE | $ \_\_\_\_\_\_\_\_\_\_ | RENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | FIRST MONTH’S RENT | $ \_\_\_\_\_\_\_\_\_\_ | APT.TYPE\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | TOTAL DUE BEFORE MOVE-IN | $ \_\_\_\_\_\_\_\_\_\_ | TERM OF LEASE\_\_\_\_\_\_\_ |  |
|  | RECEIVED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_ | MOVE-IN DATE \_\_\_\_\_\_\_\_ |  |
|  | APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_ | CREDIT REPORT\_\_\_\_\_\_\_  PHOTO I.D.’d \_\_\_\_\_\_\_\_\_\_ |  |