

Oviedo
376 North Central Ave
Oviedo, FL 32765
407-366-6320 Office
407-366-3334 Fax



Avalon Park
3819 Avalon Park Blvd, East
Orlando, FL 32828
407-706-1080 Office
407-207-8837 Fax

PROPERTY MANAGEMENT AND RENTALS

Rental Application

Date of Application: _____

Desired Lease Start Date: _____

Property Address Applying For: _____

A **non-refundable** application fee is required for all applicants/occupants over the age of 18. Fees are as stated: FL residents \$45.00 per adult; Non-Florida residents \$_____ (Non- FL residents' application fee requires extra fees for background and eviction checks.)

A LEDGABLE COPY OF YOUR DRIVERS LICENSE MUST ACCOMPANY THIS APPLICATION

(1) _____
First Middle Last

_____ Date of Birth Social Security Number

(2) _____
First Middle Last

_____ Date of Birth Social Security Number

NAMES OF ALL OCCUPANTS UNDER 18 YEARS OF AGE:

_____ First Last DOB Relationship

_____ First Last DOB Relationship

_____ First Last DOB Relationship

_____ First Last DOB Relationship

CURRENT ADDRESS:

_____ Number and Street City State Zip

_____ How long did you lived there? Monthly Rent Amount Name of Rental Agent/Apt/Mortgage Company

_____ Why did you leave? Telephone Number

EMPLOYMENT OF ALL ADULTS

Current Employer: _____ How Long? _____

Business Address: _____ Phone: _____

Position: _____ Salary _____ per _____

Current Employer: _____ How Long? _____

Business Address: _____ Phone: _____

Position: _____ Salary _____ per _____

Self Employed: Provide Last (2) two years of Tax Returns and/or banking proof of funds letter.

Number of vehicles that will be kept at property: _____ . List each vehicle below.

Make: _____ Year: _____ Color: _____ Plate: _____

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Make: _____ Year: _____ Color: _____ Plate: _____

Are you a pet owner? No Yes

If so, what Type: _____ Breed: _____ Weight: _____

If so, what Type: _____ Breed: _____ Weight: _____

No animal of any kind shall be permitted in the premises without prior consent of the landlord or landlord's agent. If allowed, a non-refundable pet fee (per pet) must be completed and submitted along with a photo of the pet (s).

Do you have renter's insurance? No Yes Company & Policy Number: _____

Have you ever had eviction proceedings against you? No Yes

Have you ever been convicted of a felony? No Yes

IMPORTANT TO APPLICANTS

(1) The lease effective date is final. If the applicant fails to move in on that date, prorated rent still is charged from the lease effective date.

(2) Any applicable prorated rent will be due at the time of move-in. If the move-in occurs on the 20th or later, prorated rent and the full month's rent will be due upon move-in.

QUALIFICATION STANDARDS

Income Requirements: Employment and income will be verified on each applicant. Monthly income must equal at least three times the monthly rental rate to be considered for this/any property.

Rental Reference: Two years of rental history will be verified on each applicant. Applicant must have been on the lease or a mortgage holder for the reference to be valid. References should reflect the applicant's ability and willingness to pay.

Credit Qualifications: Credit Information on each applicant will be obtained through a national credit reporting agency. Credit history should positively reflect the applicant's ability and willingness to make payments as required by the lease or mortgage.

APPLICANTS SIGNATURE

I certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above, including credit bureau reports.

1. _____ Contact Number: _____

E-Mail: _____

2. _____ Contact Number: _____

E-mail: _____

Management Office Use Only

1. Application taken by: _____ Date: _____
2. Background Screening by: _____ Date: _____
3. Application Approved by: _____ Date: _____
4. Application Rejected by: _____ Date: _____
5. Applicant Notified by: _____ Date: _____

Verbal Date: _____

Written Date: _____

RENT WORK

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Rental Requirements

Please Read Carefully!

1. All tenants over the age of 18 must fill out an application. Application fee is **\$45.00 per adult and is non-refundable.**
2. Tenants must have a combined income for three times the monthly rent. If you do not provide your own income a guarantor will be needed.
3. Self-employed tenants must provide income documentation such as tax returns for the last (2) two years.
4. Tenants with felonies and prior convictions will not be approved. Sexual and weapon possession offenses will also be declined.
5. Tenants must have verifiable rental and or mortgage history as well as employment history for the last two years.
6. Security deposits are in the amount of a minimum of one month's rent or more. The security deposit is refundable upon the lease expiration except for \$200.00 of the deposit, which is non-refundable as a professional cleaning. There is also a minimum of \$150.00 professional carpet cleaning fee that will be deducted.
7. Security deposits, pet fees and any advanced rent payments must be paid in **Certified Funds.** ALL monthly rent payments can be paid with Personal Checks, Direct Deposit, Cashier's Check or Money Order to be made out to Rent Works, LLC. Cash is not accepted. Tenants may pay online with Credit Card at www.Paylease.com. Ask management for more details. **ALL RENT PAYMENTS MUST BE SENT TO 376 N CENTRAL AVE OVIEDO, FL 32765.**
8. No post-dated checks are accepted for rent.
9. Rental property will be taken off the market once a non-refundable holding deposit equivalent to (1) one month's rent is collected. Properties will not be held for more then 2 weeks prior to lease commencement. The Lease must be signed 48 hours after holding deposit is collected during regular business hours Monday –Friday 9 a.m. to 5 p.m.
10. If applicant is approved, but fails to enter into the lease within 48 hours of written approval and/or does not take possession (and all utilities established in tenants name) after lease signing, the FULL "HOLDING DEPOSIT" shall be forfeited to the Landlord and Rent Works in addition to any penalties as provided in the lease if the lease has been signed by the applicant.
11. All properties are accepted in "AS-IS" condition.
12. Late fees of (5%) percent of the monthly rent apply after the 4th of every month plus a late fee of \$10.00 per a day the rent is late.
13. The office is open Monday- Friday 9:00am – 5:00pm. Saturday. Hours are subject to change (i.e. holidays, emergencies, etc...) Please check with office if you are unsure. Rent payments will **ONLY** be accepted between the hours of operations. **NO EXCEPTIONS.** You must ask to receive a receipt at the time of paying rent check in the office, otherwise, the rent check will be considered received on the day Rent Works LLC processes it.

All paperwork needs to be submitted within 24 hours or the application is denied

Tenant Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

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PROPERTY MANAGEMENT AND RENTALS

Rental Verification

Top Portion to be filled out by Tenant ONLY

Resident Name: _____

Resident Address: _____

I authorize this inquiry: _____

Resident Signature

Landlord Contact is essential to verify this information. Please include FAX or EMAIL to send this document

Landlord Contact: _____ Phone: _____

Fax: _____ Email: _____

Present and/or Past Residence Verification to be Completed by Previous Landlord

This section is to be filled out by previous/current landlord ONLY. Rent Works, LLC will contact the landlord to verify and fill out.

Date of move in: _____ Date of move out: _____

Rental Amount: \$ _____ Deposit Amount: \$ _____ Lease Term: _____

Any Late Payments: _____ Any NSF'S: No Yes If Yes, How Many? _____

Roommates: No Yes If Yes, How Many? _____ Their Names: _____

Any lease violations (Noise, Etc.) No Yes If Yes, Please explain: _____

Is property in good condition: No Yes If Yes, Please explain: _____

Would you re-rent to this individual? _____ Explain: _____

Completed By: _____ Date: _____

Company: _____ Position: _____

Comments: _____

Completed Form must be fax to 407-207-8837 within 24 hours of receipt of for

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PROPERTY MANAGEMENT AND RENTALS

Employment Verification

Top Portion to be filled out by Tenant ONLY

Employee Name: _____ Date: _____

Company: _____

Address: _____

Employer contact is essential to verify this information. Please include FAX or EMAIL to send this document

Phone Number: _____ Fax Number: _____

I authorize this inquiry: _____

Resident Signature

Current Employer Verification to be completed by Employer ONLY

This section is to be filled out by the Employer ONLY. Rent Works, LLC will contact the landlord to verify and fill out.

Dates of Employment: _____ Salary: _____ Per _____

Is the employee on a leave of absence? No Yes If Yes, Please Explain: _____

Signature: _____

Printed Name: _____

Position in Firm: _____ Date: _____

Completed Form must be fax to 407-207-8837 within 24 hours of receipt of form.