



1801 Cook Avenue <> Orlando, FL 32806 <> Phone: 407-425-4561 <> Fax 407-843-5169

## RENTAL APPLICATION

(For Office Use Only):

Address of Property	P/M:
Monthly Rent: \$	Security Deposit: \$
Pet \$:	Other S:

**"We are pledged to the letter and spirit of the U.S. Policy for the Achievement of Equal Housing Opportunity throughout the Nation. We encourage and support a program in which there are no barriers to obtaining housing because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin."**

1. The application fee of \$35.00 is non-refundable.
2. Pets require advance approval and a fully executed Pet Addendum. A photo of the pet(s) is also required.
3. Each potential tenant (over age 18) must fully complete a separate application, and provide photo I.D.
4. Some Homeowners/Condominium Associations may require approval of a separate application (with an additional possible fee). If so, their approval is necessary prior to any final approval of this application.

**PLEASE PRINT LEGIBLY AND COMPLETE EVERY LINE:**

<b>APPLICANT</b> (Full Name): _____		
(Check one): Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Roommate <input type="checkbox"/> Dependent <input type="checkbox"/> Co-signer <input type="checkbox"/>		
<b>CURRENT ADDRESS</b> (No P.O. Boxes): (Street, City, State, Zip) _____		
FROM: _____	TO: _____	MONTHLY PAYMENT: \$ _____
HOME PHONE: _____	WORK PH.: _____	CELL PH.: _____
CURRENT LANDLORD NAME/ADDRESS: _____		
LANDLORD PHONE: _____ IS THIS A RELATIVE OR FRIEND? Yes <input type="checkbox"/> No <input type="checkbox"/>		
ARE YOU ON A LEASE? _____ IF YES, WHAT IS THE EXPIRATION DATE? ____/____/____		
<b>SSN:</b> _____	<b>DATE OF BIRTH:</b> _____	<b>D/L/ (State):</b> _____
<b>EMAIL ADDRESS(ES):</b> _____		
<b>PREVIOUS ADDRESS</b> (if current is less than two (2) years) – (No P.O. Boxes): (Street, City, State, Zip) _____		
FROM: _____	TO: _____	MONTHLY PAYMENT: \$ _____
LANDLORD PHONE: _____ IS THIS A RELATIVE OR FRIEND? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>EMPLOYER:</b> _____	PHONE: _____	(FAX): _____
ADDRESS: _____		
JOB TITLE & SUPERVISOR NAME : _____	SALARY: \$ _____	PER _____.
DATES OF EMPLOYMENT: From ____/____/____ TO ____/____/____ = ____ Months ____ Years.		
<b>PREVIOUS EMPLOYER:</b> (If above employment is less than 2 years)		
<b>NAME:</b> _____	PHONE: _____	(FAX): _____
ADDRESS: _____		
JOB TITLE & SUPERVISOR NAME : _____	SALARY: \$ _____	PER _____.
DATES OF EMPLOYMENT: From ____/____/____ TO ____/____/____ = ____ Months ____ Years		
<b>OTHER INCOME:</b>		
(a) Type: _____	\$ _____	per month.
(b) Type: _____	\$ _____	per month.

\_\_\_\_\_ **APPLICANT'S INITIALS**

**VEHICLE INFORMATION:**  
 CAR TAG: \_\_\_\_\_ STATE: \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_  
 2<sup>nd</sup> CAR TAG: \_\_\_\_\_ STATE: \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

**PETS: YES ( ) NO ( )** PET NAME: \_\_\_\_\_ TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_ WEIGHT \_\_\_\_\_  
 (Photo<s> required) 2<sup>nd</sup> PET NAME: \_\_\_\_\_ TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_ WEIGHT \_\_\_\_\_

**NAME OF NEAREST LIVING RELATIVE: :** \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**Have you ever had an eviction filed against you?** \_\_\_ Yes \_\_\_ No (If yes, please provide explanation and dates): \_\_\_\_\_

**Have you willfully and intentionally refused to pay rent when due in the last (seven) 7 years?** \_\_\_ Yes \_\_\_ No  
 If yes, please provide explanation and dates: \_\_\_\_\_

**REFERENCE (NOT RELATIVE/EMPLOYER) NAME, ADDRESS and TELEPHONE:** \_\_\_\_\_

**DATE OF PROPOSED MOVE-IN:** \_\_\_\_\_

How did you hear about us? \_\_\_\_\_  
 Were you referred by another agent/company? \_\_\_\_\_ (Name): \_\_\_\_\_

**(List the names (first & last) and date of birth for all prospective tenants, INCLUDING YOURSELF).  
 (Co-signers must also list their name and D.O.B. (it is required for processing the application)).**

1.	D.O.B.:	3.	D.O.B.:
2.	D.O.B.:	4.	D.O.B.:

**PLEASE READ BEFORE SIGNING**

**AFFIRMATION:** I, the UNDERSIGNED APPLICANT, affirm the information contained in 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. I understand due to the Fair Credit Reporting Act, I will not be furnished a copy of my credit report from Don Asher & Associates, Inc., and that this application is the property of Don Asher & Associates, Inc. and a copy of this application and verification results may be furnished to the Property Owner upon its approval. I further understand that Don Asher & Associates, Inc. is acting as the legal agent for the Property Owner, and the Property Owner may be contacted for application approval in certain cases. Any such approval, denial, or approval with additional conditions (such as a co-signer or additional security deposit amount) will be made in full compliance with any and all applicable Federal, State, and Local Laws.

\_\_\_\_\_ **APPLICANT'S INITIALS**

**AUTHORIZATION:** I hereby authorize Don Asher Associates, Inc. to verify all information contained on the application and investigate consumer reports including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records, and credit records, and authorize Don Asher & Associates, Inc. to contact any persons or companies listed on the application. I understand that EACH prospective occupant is subject to approval. I understand that all applicants over age eighteen (18) must complete an application. If approved, applicant agrees to execute a lease within forty-eight (48) hours of notification of approval, or your application will be automatically rejected and you will forfeit any monies deposited. If Tenant does not take occupancy as agreed, all deposits made on said property will be retained by the Landlord as liquidated damages. The security deposit must be paid at execution of lease, and payment of all amounts due prior to move-in is required to be in the form of a money order or certified funds. I understand that if the property is occupied at the time the lease is signed, that I agree to hold Don Asher & Associates, Inc. and the Owner harmless, and waive any claim for costs/damages if the occupant fails to move out of the premises as promised by the Tenant.

\_\_\_\_\_ **APPLICANT'S INITIALS**

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