

HD REALTY, INC 1499 HWY 434 Longwood, FL 32750

Office: 407-260-8800 Fax: 407-260-2581

Rental Application

Application Fee \$40.00 per Adult NON-REFUNDABLE

No personal checks accepted-cash, money order or cashier's check only

Money Received: \$ _____ Date: _____

Personal Information

Applicants Name:

First _____ Middle _____ Last _____
 SS# _____ D.O.B. _____
 Present Address _____ City _____ State _____ Zip _____
 E-mail: _____
 Phone HM # (____) _____ Cell # (____) _____

Co-Applicants Name:

First _____ Middle _____ Last _____
 SS# _____ D.O.B. _____
 Present Address _____ City _____ State _____ Zip _____
 E-mail: _____
 Phone HM # (____) _____ Cell # (____) _____

Children's Names and Ages _____

Landlord Info for Two Years

Applicant:

Landlord's Name _____ Phone # (____) _____
 Monthly \$ _____ How Long _____

Previous Address _____ Zip _____

Landlord's Name _____ Phone # (____) _____
 Monthly \$ _____ How Long _____

Co-Applicant:

Landlord's Name _____ Phone # (____) _____
 Monthly \$ _____ How Long _____

Previous Address _____ Zip _____

Landlord's Name _____ Phone # (____) _____
 Monthly \$ _____ How Long _____

Employment Information

Applicant

Present Employer _____ Phone # (____) _____
 How Long _____ Position _____ Income _____ per month

Prior Employer _____ Phone # (____) _____
 How Long _____ Position _____ Income _____ per month

Other Sources of Income: _____ Amount _____

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Co-Applicant

Present Employer _____ Phone # (____) _____
How Long _____ Position _____ Income _____ per month

Prior Employer _____ Phone # (____) _____
How Long _____ Position _____ Income _____ per month

Other Sources of Income: _____ Amount _____

Credit References

Bank Name _____ Checking/Savings # _____

Automobile Data

Year _____ Make _____ Model _____ Tag _____ State _____
Year _____ Make _____ Model _____ Tag _____ State _____

Other Vehicles, Boats or RVs: _____

Pet Information

Dog: How Many _____ Breed _____ Weight _____
Cat: How Many _____ Breed _____ Weight _____

Other: _____

Miscellaneous Information

In case of Emergency, whom should we notify?
Name: _____ Phone (____) _____

Nearest relative NOT residing with you:
Name: _____ Phone (____) _____

Have you or the co-applicant had an eviction filed against you? _____
Have you ever been asked to leave by a current or former landlord? _____
If Yes, Why _____
Evicting Landlord _____ Phone (____) _____

Have you ever filed for bankruptcy _____ If Yes, when: _____
Have you had a foreclosure filed against you? _____ If Yes, when: _____

Reason for Moving: _____

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Applicant(s) represent that all the above information is true and complete and authorizes the verification of same by responsible means, including credit reports and to share such information with the property Owner(s). Applicant(s) understand that false information given herein may constitute grounds for rejection of this application and/or forfeiture of any money paid. Applicant(s) have paid the sum of \$ _____ towards the payment of rent at (address) _____ with the understanding that this application is subject to approval and acceptance by the Agent/Owner. Upon approval and acceptance the applicant agrees to execute the Agent/Owner's standard Rental Agreement within 48 hours of approval and to pay any balance before possession of the residence is given, or all the money will be forfeited to the Agent/Owner. If this application is not approved, any application fees paid will NOT be refunded, the applicant(s) hereby waiving any claim for damages by reason of non-acceptance. This application is for information only and does not obligate the Agent/Owner to execute a Rental Agreement nor to deliver possession of the proposed residence.

NOTICE: The undersigned acknowledges that HD Realty, Inc. 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 all matters.

RENTAL Approval Criteria Available Upon Request.

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.

Lease Start Date: _____ Rent Amt: _____ Deposit Amt: _____ Date: _____

Applicant Signature: _____ Date: _____

Co-App Signature: _____ Date: _____

Rental Agent: _____ Date: _____

Special Request: _____

Please bring your drivers license & social security card or a copy when you turn in your application.

Thank You.

OFFICE USE:

Date Received: _____ Time Received: _____ Received By: _____

Owner Approved: _____ Date: _____ PM: _____