

## **THE APPLICATION PROCESS**

In order to make the application process as smooth and effective as possible, the following must be adhered to exactly:

1. Applications must be completely filled out. If you leave anything out it will delay the process. If you intentionally falsify any information on the application it may be grounds for rejection of the application.
2. There are three forms that will need to be filled out for the Landlord Application Form. One is a two page application which will be given to the Landlord to verify its information. The other two forms are an Employment Verification Form and a Previous Landlord Verification Form. If these two forms apply, then the forms must be signed by the applicant giving permission to release the information on the form to the current or previous Landlord and/or Employer.
3. Once the application has been approved by the Landlord, the Applicant will receive an invitation via email to continue the screening process through an online screening company, ApplyConnect.com. Each Applicant will create an account online and enter the requested information to procure an Experian Credit Report with Vantage score, and a screening for any criminal reports or eviction reports. This is considered a soft credit report and will not effect the Applicant's credit score. The cost to the Applicant is \$28.50. The report belongs to the Applicant and he/she will have an opportunity to share the report with the Landlord of the property for tenancy.
5. It shall be at the sole discretion of the Landlord, based on the Landlord's review of the information provided by the applicant, whether the applicant will be approved or not for the applied tenancy.

By signing below all parties agree to the above five (5) items.

Applicant Signature

Co-Applicant Signature

**PREMIER PROPERTIES REAL ESTATE, INC.**

5920 S. Highway A1A, Suite 103 ▪ Melbourne Beach, FL 32951

(321) 724-4546 ▪ (866) 87 -8902

# LANDLORD APPLICATION FOR RESIDENCY

DATE: \_\_\_\_\_ RENT AMT: \_\_\_\_\_

PROP. ADDR.: \_\_\_\_\_

MOVE IN: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_

Each occupant must submit a separate application unless the Applicant and Co-Applicant share joint credit.

APPLICANT'S NAME \_\_\_\_\_  
FIRST MIDDLE LAST

CO-APPLICANT'S NAME \_\_\_\_\_  
FIRST MIDDLE LAST

APPLICANT PHONE #: \_\_\_\_\_ CO-APPLICANT PHONE #: \_\_\_\_\_

APPLICANT'S STATE AND DRIVER'S LICENSE# \_\_\_\_\_ CO-APPLICANT'S STATE AND DRIVER'S LICENSE # \_\_\_\_\_

OTHER OCCUPANTS

NAME DOB NAME DOB

NAME DOB NAME DOB

**12 months of resident history is required (including dormitory residence if applicable.)**

RESIDENT HISTORY

PRESENT ADDRESS \_\_\_\_\_  
STREET APT# CITY STATE ZIP

DATES: FROM-TO \_\_\_\_\_  
PRESENT LANDLORD /RESIDENT MGR APT COMMUNITY PHONE

MONTHLY PAYMENT \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_ HOME# \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_  
STREET APT# CITY STATE ZIP

PREVIOUS APT NAME OR LANDLORD \_\_\_\_\_ ADDRESS \_\_\_\_\_

MONTHLY PAMENT \_\_\_\_\_ PHONE# \_\_\_\_\_ HOW LONG? \_\_\_\_\_

**HAS APPLICANT OR CO-APPLICANT EVER BEEN EVICTED FROM ANY LEASED PREMISES? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_**

**HAS APPLICANT OR CO-APPLICANT EVER REFUSED TO PAY RENT? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_**

**HAVE YOU EVER BEEN CONVICTED OF A FELONY? APPLICANT YES \_\_\_\_\_ NO \_\_\_\_\_ CO-APPLICANT YES \_\_\_\_\_ NO \_\_\_\_\_**

**12 months of employment history is required (including student status if applicable).**

EMPLOYMENT/STUDENT HISTORY

PRESENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_  
STREET CITY STATE ZIP

SUPERVISOR \_\_\_\_\_ EMPLOYED SINCE \_\_\_\_\_

NEW EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_  
STREET CITY STATE ZIP

SUPERVISOR \_\_\_\_\_ START DATE: \_\_\_\_\_

CO-APPLICANT'S EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUISNESS PHONE # \_\_\_\_\_  
STREET CITY STATE ZIP

SUPERVISOR \_\_\_\_\_ EMPLOYED SINCE \_\_\_\_\_

# Application For Residency Page 2

\*ANNUAL SALARY (INCLUDING FEES, TIPS, COMMISSIONS, AND BONUSES) \_\_\_\_\_  
\*ANNUAL SALARY (CO-APPLICANT) + \_\_\_\_\_  
\*\*ADDITIONAL ANNUAL INCOME (CHILD SUPPORT, PARENTAL SUPPORT, STOCKS,  
SAVINGS, INVESTMENTS, ETC.) + \_\_\_\_\_  
SOURCE \_\_\_\_\_  
TOTAL ANTICIPATED INCOME = \_\_\_\_\_

\*IF SELF EMPLOYED, LANDLORD MUST BE FURNISHED WITH YOUR MOST RECENT TAX RETURN

**\*\* YOU MUST FURNISH A NOTARIZED STATEMENT OF THIS INCOME.**

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AUTO TAG # & STATE \_\_\_\_\_ YEAR/MAKE/COLOR \_\_\_\_\_

CO-APPLICANT'S TAG # & STATE \_\_\_\_\_ YEAR/MAKE/COLOR \_\_\_\_\_

DO YOU OWN A MOTORCYCLE, BOAT, COMMERCIAL VEHICLE, CAMPER, TRAILER, ETC.? (IF SO, TYPE & TAG #)

DO YOU OR ANY CO-APPLICANTS SMOKE? \_\_\_\_\_

DO YOU OWN ANY PETS? \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_ BREED \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR \_\_\_\_\_

PERSONAL EMERGENCY CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ BUS PHONE # \_\_\_\_\_

MISCELLANEOUS

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**HOW DID YOU HEAR ABOUT THIS PROPERTY?** \_\_\_\_\_

By signing below, I am stating that the information I have provided in this Application is true, correct, and complete. All persons and firms named in this Application may freely give any information concerning me that is requested, and I waive all rights of action that I may have for any consequence resulting from such information. By signing below, I authorize the landlord of this property to verify all information contained in this Application on my behalf.

By signing below, I further acknowledge if I provide incomplete or inaccurate information on this application, I may be rejected, and my non-refundable application fee will not be refunded.

APPLICANT EMAIL: \_\_\_\_\_ CO-APPLICANT EMAIL: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ CO-APPLICANT SIGNATURE \_\_\_\_\_

**LANDLORD REFERENCE REQUEST**  
**This form needs only to be signed below by applicant.**  
**To be completed by Landlord.**

**Applicant Name(s):** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Landlord Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

If completing this form online, please use an "X" for your yes or no answers.

Did the tenant pay rent on time      Always\_\_\_\_    Mostly\_\_\_\_    Rarely\_\_\_\_    Never\_\_\_\_

Any NSF checks?    Yes\_\_\_\_    No\_\_\_\_

Was tenant a nuisance, any complaints?    Yes\_\_\_\_    No\_\_\_\_

Did tenant remove/abuse property?    Yes\_\_\_\_    No\_\_\_\_

Did tenant leave the property in good condition?:    Yes\_\_\_\_    No\_\_\_\_

Did tenant stay until end of lease?    Yes\_\_\_\_    No\_\_\_\_

Would you rent to this tenant again?    Yes\_\_\_\_    No\_\_\_\_

**Comments:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Landlord Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMPLOYMENT VERIFICATION REQUEST**  
**This form needs only to be signed below by applicant.**  
**To be completed by Employer.**

Co-Applicant Name(s): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone: \_\_\_\_\_

If completing this form online, please use an "X" for your yes or no answers.

Employees Position (Title) \_\_\_\_\_

Employee Salary \$ \_\_\_\_\_ Per Week Month Year

Date Employed: \_\_\_\_\_

Applicant work(s) for the company stated above? \_\_\_ Yes \_\_\_ No

Applicant's income is as stated above? \_\_\_ Yes \_\_\_ No

Is this employee in good standing? \_\_\_ Yes \_\_\_ No  
(If No, explain) \_\_\_\_\_

Is this employee's job expected to end / transfer within the next 12 Months? \_\_\_ Yes \_\_\_ No

Comments: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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I/We hereby authorize the above named employer to release all information contained above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

**EMPLOYMENT VERIFICATION REQUEST**  
**This form needs only to be signed below by applicant.**  
**To be completed by Employer.**

**Applicant Name(s):** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Supervisor Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If completing this form online, please use an "X" for your yes or no answers.

Employees Position (Title) \_\_\_\_\_

Employee Salary \$ \_\_\_\_\_ Per Week Month Year

Date Employed: \_\_\_\_\_

Applicant work(s) for the company stated above? \_\_\_ Yes \_\_\_ No \_\_\_

Applicant's income is as stated above? \_\_\_ Yes \_\_\_ No \_\_\_

Is this employee in good standing? \_\_\_ Yes \_\_\_ No  
(If No, explain) \_\_\_\_\_

Is this employee's job expected to end / transfer within the next 12 Months? \_\_\_ Yes \_\_\_ No

Comments: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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I/We hereby authorize the above named employer to release all information contained above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date