



Rental Application

We are pleased that you have selected one of our rental properties for your new home!
To help ensure your application is processed in a timely manner please be sure to follow the instructions listed below.

1. Minimum Qualifications:

- Monthly Income – You **must** make at least three times the amount of the rent.
- **No** criminal background
- **No** evictions

2. Fill out the application completely (*One per person 18 years and older*):

Answer all questions. Please do not leave any sections blank. If a section does not pertain to you write N/A.

3. Complete the **highlighted sections** on the Rental Verification Form.

4. Complete the **highlighted sections** on the Employment Verification Form.

5. The following **must be submitted** with your application before application is processed:

- Valid Non-Expired Driver's License
- Last 3 Pay Stubs
- Application Fee: \$75 per applicant made payable to **Sloane Realty, LLC**

6. If self-employed, please provide the following:

- Valid Non-Expired Driver's License
- Tax Returns from the Previous Year
- 3 Consecutive months of Business Bank Statements
- 3 Consecutive months of Personal Bank Statements

Applications can be turned into our office: 1450 Kastner Pl #124, Sanford, FL 32771
Via email: rentals@sloanebiz.com or via fax: 407-321-1881

*Please note that application fees, security deposits, and first month's rent must be paid via cash, money order, or cashier's check. **No personal checks will be accepted.***

Rental Application

Applicant information

| | | | | |
|---------------------------------|--------|------------|---------------------------|--------------------|
| Name: First | Middle | Last | Birth date | Social security # |
| <hr/> | | | | |
| Email address: | | Home phone | Cell phone | Driver's license # |
| <hr/> | | | | |
| All other occupants (under 18): | | Birth date | Relationship to applicant | |
| <hr/> | | | | |
| <hr/> | | | | |
| <hr/> | | | | |

Rental history

Current residence

| | | | |
|----------------------|------------------------------|-------------------|-----|
| Address | City | State | ZIP |
| <hr/> | | | |
| Monthly rent | Dates of residency (From/To) | Reason for moving | |
| <hr/> | | | |
| Owner/Manager's name | Phone number | | |
| <hr/> | | | |

Previous residence

| | | | |
|----------------------|------------------------------|-------------------|-----|
| Address | City | State | ZIP |
| <hr/> | | | |
| Monthly rent | Dates of residency (From/To) | Reason for moving | |
| <hr/> | | | |
| Owner/Manager's name | Phone number | | |
| <hr/> | | | |

Employment history

Current employer

| | | |
|--------------------|------------------|---------------------|
| Occupation | | |
| <hr/> | | |
| Employer address | Employer's phone | Dates of employment |
| <hr/> | | |
| Name of supervisor | Monthly pay | |
| <hr/> | | |

Previous employer

| | | |
|--------------------|------------------|---------------------|
| Occupation | | |
| <hr/> | | |
| Employer address | Employer's phone | Dates of employment |
| <hr/> | | |
| Name of supervisor | Monthly pay | |
| <hr/> | | |

References

| Name | Phone Number | Relationship |
|-------|--------------|--------------|
| <hr/> | | |
| <hr/> | | |

General information

Have you ever been late or delinquent on rent? Yes No

Have you ever been evicted? Yes No

Have you ever filed for bankruptcy? Yes No

Have you ever been party to a lawsuit? Yes No

Have you ever been convicted of a felony? Yes No

If yes to any of the above, please explain why.

Do you smoke? Yes No

Do you have any pets? Yes No

If yes, list type, breed, weight, and age.

Why are you moving from your current address?

Is there anything negative in your credit or background check you want to comment on?

Rental application fee: \$ _____._____ Paid

Additional questions:

Agreement & Authorization:

I warrant, to the best of my knowledge, all of the information on this Application is true, accurate, complete and correct as of the date of this Application. If any information provided by me is determined to be false, such false statement will be grounds for denial of my Application or termination of my Lease with the owner.

I understand and agree: (i) Submitting Application does not guarantee that I will be offered the property, and (ii) Landlord or Manager may accept more than one application for the property and, using sole discretion, will select the best qualified applicant. I hereby authorize the landlord or Manager to verify the information provided.

Applicant has paid a Non Refundable screening fee of \$_____.

Applicant has made a deposit of \$_____ to remove the property off the market. This deposit is Non Refundable should the applicant change his or her mind unless the applicant is denied for the Rental.

The tenant agrees that the property is offered in its current as/is condition and tenants accept the property in the current condition. The tenant agrees that neither the landlord nor the management company have made any promises regarding the condition of the leased premises.

The application has read the above and acknowledges receipt of a copy:

Applicants Signature:_____

Date: _____

Applicant's Printed Name:_____

Landlord, Manager, or Owner Signature:_____

Date:_____

Rental Verification



Date: _____

Please return to:

To: _____

Sloane Realty, LLC

Phone: _____

Email: rentals@sloanebiz.com

Fax: _____

Fax: 407-321-1881

Applicant's name: _____

Address of Rental Property: _____

Please confirm the following: Lease Dates _____ to _____

Has the lease been fulfilled? Yes No _____

Has proper notice been given? Yes No _____

Were there lease violations? Yes No _____

Were there any damages? Yes No _____

Has rent been paid late? Yes No *If yes, how often?* _____

Were there any NSF payments? Yes No *If yes, how many?* _____

Does the resident owe money? Yes No *If yes, why?* _____

Any complaints/disturbances? Yes No

Would you re-rent to this resident? Yes No

I certify that this information is accurate.

Signature _____ Date Signed _____

Name _____ Title _____

By signing below, I authorize the release of this information.

Applicant's Signature

Date Signed



Employment Verification

Applicant's Name: _____

Application Date: _____

Applicant's Social Security Number: _____

We have received a Rental Application from the individual listed above, who has identified you as their employer. We would like to ask your cooperation by verifying their employment. Please answer the questions below and return this information to us as soon as possible.

I hereby authorize the release of the information below and hold harmless Sloane Realty, LLC and its affiliates from any information obtained.

Applicant's Signature _____

Date _____

This section is to completed by employer

The individual listed above is employed: Currently No Longer Never

Date of Hire: _____ Job Title: _____

Full-Time Part- Time Temporary Typical number of hours per week: _____

Salary: \$ _____ Hourly Weekly Bi- Weekly

Bonus/Commission: _____

I certify and attest that this information is accurate.

Supervisor Signature: _____ Date: _____

Supervisor: _____
(Print Name)

Phone Number: _____

Thank you for your assistance in this matter. Please fax your reply to (407) 321-1881 or email to rentals@sloanebiz.com