



# RENTAL APPLICATION

THIS APPLICATION WILL BE PROCESSED WITHIN 24 HOURS

## GOOD FAITH DEPOSIT TO HOLD PROPERTY

A HOLDING DEPOSIT OF AT LEAST \$250.00 (PAID IN CASH, MONEY ORDER OR CASHIERS CHECK) WILL HOLD THE PROPERTY IN FAVOR OF THE APPLICANT FOR FIVE BUSINESS DAYS. DEPOSIT MONIES WILL BE APPLIED TOWARDS THE INCEPTION MONIES DUE AT SIGNING. AT THAT TIME, ALL FUNDS MUST BE PAID IN CASH, MONEY ORDER OR CASHIER'S CHECK. IF THE APPLICATION IS DENIED, THE DEPOSIT WILL BE REFUNDED. HOWEVER, IF APPLICANT DOES NOT EXECUTE THE LEASE AFTER THE FIVE DAYS OF APPLICATION APPROVAL, THE DEPOSIT MONIES WILL BE FORFITED.

Application Fee is \$75.00 per Applicant over the age of 18.

**PROPERTY LOCATION:** \_\_\_\_\_

**TO APPLY, THE FOLLOWING IS REQUIRED:**

- All applications must be filled out and signed by the applicant on all pages of the application.
- A processing fee in cash, cashier's check or money order must accompany each application.
- NO APPLICATION WILL BE PROCESSED WITHOUT A PROCESSING FEE.
- Reliable documentation and telephone numbers for all income must be provided, no exceptions.
- Photo documentation (driver's license, military ID or state ID) is required.
- PROOF OF EMPLOYMENT.
- Copy of Recent Bank Statement & Recent Paystubs
- All intended occupants must be listed below.
- You must disclose ALL pets, vehicles of any nature and water filled furniture on this application.
- If self-employed one must provide proof of company (license/certificates, end of year summary, bank statements)

**YOU ARE HEREBY NOTIFIED OF THE FOLLOWING PROCEDURES & POLICIES:**

- The processing fee is NON-REFUNDABLE.
- Pets must be approved by the lessor.
- If you have water filled furniture, you must supply the lessor with proof of insurance. FS 83.535
- Properties will not be reserved for any periods exceeding 30 days.
- If approved, all monies owed must be paid in full with CASH (certified funds, cashier's check, or money order) PRIOR TO OCCUPANCY AT SIGNING OF LEASE.
- LEASE PREPARATION FEE: \$75.00 MUST BE PAID PRIOR TO MOVE IN

**AUTHORIZATION:** I hereby authorize property manager to verify all information contained on the application, and conduct all ground check including but not limited to credit, bank account, employment, eviction, criminal background checks and authorize property manager to contact any persons or companies listed on the application and share information with LANDLORD. I also verify that I have read and agree to the Resident Selection Criteria.

**CORRECT INFORMATION:** I affirm that all the information on this application, 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 this application is the property of M & M REALTY SOLUTIONS LLC.

**I ALSO AFFIRM THE FOLLOWING WILL BE THE RESIDENTS OF THE PROPERTY:**

List Names (first & last), ages and date of birth of all prospective tenants, including yourself.

OCCUPANT \_\_\_\_\_ DOB \_\_\_\_\_

OCCUPANT \_\_\_\_\_ DOB \_\_\_\_\_

OCCUPANT \_\_\_\_\_ DOB \_\_\_\_\_

OCCUPANT \_\_\_\_\_ DOB \_\_\_\_\_

**AGENCY DISCLOSURE**

This is to advise you that M & M Realty Solutions, LLC., as leasing agent, is the agent for the property owner.

**CREDIT / EVICTION / CRIMINAL CHECK AUTHORIZATION**

I hereby authorize the owner/agent to run a credit, eviction and criminal check and to contact the individuals/organizations identified in this application and share information with LANDLORD (with the exception of credit report). I understand that the Owned/Agent may deny this application based on findings, and such findings will be kept confidential.

**RADON GAS NOTIFICATION**

Radon gas is a naturally occurring gas that when it has accumulated in a building is sufficient quantity may present health risks to people who are exposed to it over time. Levels of radon that exceed Federal and State guidelines have been found in building in Florida. Information regarding radon testing may be obtained from you county public health unit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# M&M Realty Solutions, LLC.

## Rental Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

How did you find this rental? : \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Have you ever declared bankruptcy? YES  NO  If yes, when? \_\_\_\_\_

Are you currently employed? YES  NO  Are you a smoker? YES  NO

Do you have any pets? YES  NO  If yes, what type and how many? \_\_\_\_\_

Have you ever been arrested or convicted of a felony? YES  NO  Have you ever been evicted? YES  NO

How did you hear about us? : \_\_\_\_\_

### Present Address

Present Address: \_\_\_\_\_

How long? \_\_\_\_\_ Were you a previous homeowner? YES  NO  Mortgage/Rent Amount: \$ \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Are you interested in being a part of our homeowners' program? YES  NO

Reason for leaving: \_\_\_\_\_ Was a 30-day notice given? YES  NO

Did you fulfill the term of your lease, if not explain why? \_\_\_\_\_

### Vehicle

Make/Model \_\_\_\_\_  
/Year: \_\_\_\_\_

Tag/State: \_\_\_\_\_ Have any Boat/Rv/Trailer? : \_\_\_\_\_

**M&M Realty Solutions, LLC.**

1490 NE Pine Island RD, Suite 4A, Cape Coral, FL 33909

**Email to:** mmrealtyleasing@gmail.com

**Office:** (239)656-1620

**Fax:** 1-(866)653-0463

## Employment

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_ Approx. Yearly Income: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Time Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Any additional forms of income? (gov. assistance, child support, retirement, disability) If so, how much? : \_\_\_\_\_

Are you self-employed? YES  NO  If yes, please provide your tax-id # and attach proof of company: \_\_\_\_\_

Emergency Contact Name (Cannot be an applicant living in the property with you): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address for Emergency Contact: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to tenancy, I understand that false or misleading information may negate the approval process.*

*In the event that this information is found to be fraudulent, I understand that the lease may become null in void.*

Signature for Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



Additional Rental Application

Additional Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_
Last First M.I.

How did you find this rental? :

Phone: \_\_\_\_\_ Email \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Have you ever declared bankruptcy? YES NO If yes, when?
[ ] [ ]

Are you currently employed? YES NO Are you a smoker? YES NO
[ ] [ ] [ ] [ ]

Do you have any pets? YES NO If yes, what type and how many?
[ ] [ ]

Have you ever been arrested or convicted of a felony? YES NO Have you ever been evicted? YES NO
[ ] [ ] [ ] [ ]

How did you hear about us? :

Present Address

Present Address: \_\_\_\_\_

How long? From: \_\_\_\_\_ To: \_\_\_\_\_ Were you a previous homeowner? YES NO Mortgage/Rent Amount: \$
[ ] [ ]

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Are you interested in being a part of our homeowners' program? YES NO
[ ] [ ]

Reason for leaving: \_\_\_\_\_ Was a 30-day notice given? YES NO
[ ] [ ]

Did you fulfill the term of your lease, if not explain why? \_\_\_\_\_

Vehicle

Make/Model /Year: \_\_\_\_\_

Tag/State: \_\_\_\_\_ Have any Boat/Rv/Trailer? : \_\_\_\_\_

## Employment

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_ Approx. Yearly Income: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Time Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Any additional forms of income? (gov. assistance, child support, retirement, disability) If so, how much? : \_\_\_\_\_

Are you self-employed? YES  NO  If yes, please provide your tax-id # and attach proof of company: \_\_\_\_\_

Emergency Contact Name (Cannot be an applicant living in the property with you): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address for Emergency Contact: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to tenancy, I understand that false or misleading information may negate the approval process.*

*In the event that this information is found to be fraudulent, I understand that the lease may become null in void.*

Signature for Additional Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**References**

*Please list three references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



# M&M Realty Solutions, LLC.

## EMPLOYMENT VERIFICATION

Company Name: \_\_\_\_\_

ATTENTION: \_\_\_\_\_ FROM **M&M REALTY SOLUTIONS RENTAL DIVISION**

**REPLY FAX 1-866-653-0463**

We would appreciate your assistance in filling out the information below for the above named applicant / applicants and faxing or emailing back to us, as soon as possible.

Full Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Position: \_\_\_\_\_

Length Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: **Hourly: \$** **Weekly: \$** **Annually: \$**

Are they employed Part Time or Full Time? :  PART  FULL

OTHER COMMENTS: \_\_\_\_\_

Supervisor/Overseer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU!**



# M&M Realty Solutions, LLC.

## RENTAL VERIFICATION REQUEST

Applicants Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By the signature(s) above, the above-named applicant(s) have authorized our company to check references for rental purposes. Please fill out the information requested below and fax or email back to the number below.*

**PLEASE FAX BACK TO: 1-(866)-653-0463**

Landlords Name: \_\_\_\_\_

Monthly Rent Amount: \$ \_\_\_\_\_ Length of Residency: \_\_\_\_\_

Number of Late Payments: \_\_\_\_\_ Returned Checks? : \_\_\_\_\_

Any documented Complaints?  
If so, please explain: \_\_\_\_\_

Was Applicant asked to leave? : \_\_\_\_\_ If no, did applicant leave proper notice? \_\_\_\_\_

Was property left in good condition? : \_\_\_\_\_ If no, please explain damages: \_\_\_\_\_

Any money left owed? : \_\_\_\_\_ If so, how much? \$ \_\_\_\_\_

Would you rent again to this tenant? : \_\_\_\_\_

Landlords Signature: \_\_\_\_\_

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