



DELTONA REALTY

A DIVISION OF THE DELTONA CORPORATION

DELTONA REALTY PROPERTY MANAGEMENT

LEASE PROCESS AND APPLICATION

"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 obtain housing because of race, color, religion, sex, sexual orientation, gender identity, handicap, familial status or national origin."

STEP 1: All adult applicants must submit a completed and signed application (includes identification and proof of income). The **non-refundable** application fee is \$110.00 for the first person 18 years and older and \$65.00 for each additional applicant 18 years and older made payable to Deltona Realty (cashier's checks or money orders. **SORRY NO CASH ACCEPTED**). Applications and checks can be overnighted or personally delivered to our office at 49 Shores Boulevard, St. Augustine, FL. **NOTE:** Incomplete or insufficient applications cannot be processed. Any false information submitted will constitute grounds for rejection of the application.

Prospective Tenants will NOT be accepted on a "first-come," "first-served" basis. All prospective tenants will be screened, and a decision made based on the applicant's qualifications including information obtained in the criminal background/credit check.

STEP 2: Upon receipt of the completed application(s) and non-refundable application fee, Deltona Realty Property Management, the credit report and criminal background check will be ordered, and acceptance either granted or denied. In some cases, additional requirements may be necessary depending on the information obtained in the credit report and/or criminal background check.

STEP 3: The applicant(s) will be notified by telephone and/or email once final approval of the application is granted. The applicant will be given 24 hours to submit the Holding Deposit (equal to one month's rent).

STEP 4: Upon receipt of the Holding Deposit, our attorney will prepare the lease. The Property Manager will then set an appointment with the applicant(s) to meet for the lease signing.

Step 5: Prior to occupancy, the applicant will be required to pay the first month's rent and/or any pro-rated portion due, and a non-refundable pet fee (\$300.00) per pet if applicable, and the balance of the security deposit. A property move-in inspection will be completed prior to occupancy with the Property Manager. Keys will be provided on the first day of the lease. Special arrangements **must** be made for move-ins scheduled on Saturdays, Sundays, or national holidays.

PET-PERMITTING PROPERTIES: Please note that all Landlords do not allow pets and if allowed, **we are not able to accept the following pets: German Shepherds, Dobermans, Pit Bulls, Chows, Rottweilers, Stafford Terriers, Presa Canarios, Akitas, Wolf Hybrids or Huskies. These breeds are restricted due to insurance liability issues.**

All pet deposits are non-refundable and due at the lease signing. A pet photo must be included with the application. Any false information will constitute grounds for rejection of the application. Residents must sign a separate Pet Addendum. Deltona Realty Property Management, reserves the right to meet the pet.

INITIALS: _____ **DATE:** _____

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LEASE APPLICATION FOR RESIDENCY

PROPERTY INFORMATION

Property Address: _____
Monthly Rent: _____ Lease Start Date: _____ Referring Agent: _____
Special Stipulations/Considerations: _____

PERSONAL INFORMATION:

Applicant #1

First Name _____ Middle _____ Last _____
Maiden Name/Previous Name: _____
Cellular Number: _____ DOB: _____ Social Security #: _____
E-mail address: _____

PERSONAL INFORMATION:

Applicant #2

First Name _____ Middle _____ Last _____
Maiden Name/Previous Name: _____
Cellular Number: _____ DOB: _____ Social Security #: _____
E-mail address: _____

PERSONAL INFORMATION:

Applicant #3

First Name _____ Middle _____ Last _____
Maiden Name/Previous Name: _____
Cellular Number: _____ DOB: _____ Social Security #: _____
E-mail address: _____

Please list the names and relationship of all adults intended to occupy the residence with you: _____

Please list the names and ages of all children intended to occupy the residence: _____

Present Address: _____
Home Phone #: _____ Cell Phone: _____ Rent Amount: _____
Reason for leaving: _____
Move-in Date: _____ Current Landlord: _____
Landlord Address: _____

Previous Address: _____
Move-in Date: _____ Move-out Date: _____ Reason for leaving: _____
_____ Previous Landlord & Phone: _____
_____ Rent Amount: _____

Vehicles: Include recreational/commercial

Make, Model, Color, Year of Car _____ License #: _____
Make, Model, Color, Year of Car _____ License #: _____
Make, Model, Color, Year of Car _____ License #: _____
Make, Model, Color, Year of Car _____ License #: _____

INITIALS: _____ **DATE:** _____



Property Management

Employment Information

Applicant #1 Employer: _____ Position: _____

Address: _____ Phone #: _____

Supervisor: _____ Phone #: _____ Start Date: _____

Income: \$ _____ Frequency (Please circle one) Hourly Weekly Monthly Annual

Applicant #2 Employer: _____ Position: _____

Address: _____ Phone #: _____

Supervisor: _____ Phone #: _____ Start Date: _____

Income: \$ _____ Frequency (Please circle one) Hourly Weekly Monthly Annual

Applicant #3 Employer: _____ Position: _____

Address: _____ Phone #: _____

Supervisor: _____ Phone #: _____ Start Date: _____

Income: \$ _____ Frequency (Please circle one) Hourly Weekly Monthly Annual

Other Income: \$ _____ Frequency (Please circle one) Hourly Weekly Monthly Annual

(Circle source of income): Child Support Spousal Support Retirement/Pension Disability Other

Please explain other income including length of term expected: _____

OTHER INFORMATION

Have you or any applicant ever been evicted, had an eviction filed against you, filed for bankruptcy, or had a foreclosure filed against you? _____

Please explain, specify which action was filed, use additional sheet if necessary: _____

Have you or any applicant ever been arrested for, convicted of, put on probation for, or had adjudication withheld or deferred for a felony offense with the last 7 years? _____

Please explain: _____

Do you, or any intended occupants smoke? _____

References: _____ Phone #: _____

References: _____ Phone #: _____

Closest relative not living with you: _____ Relationship: _____

Address: _____ Phone #: _____

RENTAL DEPOSIT AGREEMENT: Applicant(s) represents that all of the statements and representations are true and complete and hereby, authorizes verification of the above information, references, background check and credit records. Applicant(s) understand that an investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living and all public record information including criminal records may be made. Applicant(s) agrees that false, misleading or misrepresented information may result in the application being rejected. Further, if any false information is discovered after the fact, the existing lease may be terminated and/or be grounds for immediate eviction with loss of all deposits and any other penalties as provided by the lease terms, if any. Applicant(s) authorizes verification of all information by the Landlord and/or Management Company.

INITIALS: _____ **DATE:** _____

Once the application is approved and the Holding Deposit is received, if the Tenant(s) fails to enter into a lease agreement by the lease start date indicated on Page Two of the lease application, the Holding Deposit will be forfeited. Also, if the Tenant(s) fails to take possession after the lease signing, the full security deposit, plus any rent monies paid, shall be forfeited. In addition, any penalties provided for in the lease agreement, signed by the applicant(s) shall apply.

NON-REFUNDABLE APPLICATION FEE: Each applicant agrees to pay Deltona Realty Property Management \$110.00 for the first person 18 years and older and \$65.00 for each additional person 18 years and older a non-refundable application fee for costs, expenses and fees in processing the application.

Tenants will NOT be accepted on a "first-come, first served" basis. All prospective tenants will be screened, and a decision made based on the applicant's qualifications, including information obtained in the criminal background/credit check.

Tenants understand that Landlord carries no insurance for dogs or personal belongings or possessions of the tenants and their guests. Tenants are responsible for carrying their own renter's insurance policy including liability coverage for maximum protection.

AUTHORIZATION

By my/our signatures below, I/we represent that all of the information that I have disclosed in this Rental Application is true, accurate, and complete. Applicant understands that an investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made.

Applicant #1 Signature

Date

Applicant #2 Signature

Date

Applicant #3 Signature

Date

When submitting this application, make sure the following items are included:

- A copy of all intended occupants driver's licenses/photo id
- Proof of income/employment verification
- \$110.00 for the first person 18 years and older and \$65.00 for each additional person 18 years and older payable to Deltona Property Management

NOTE: INCOMPLETE OR INSUFFICIENT APPLICATIONS WILL NOT BE PROCESSED.

INITIALS: _____ **DATE:** _____

**PET APPLICATION
DELTONA REALTY PROPERTY MANAGEMENT**

We **are not able to accept** the following pets: **GERMAN SHEPHERDS, DOBERMANS, PIT BULLS, CHOWS, ROTTWEILERS, STAFFORD TERRIERS, PRESA CANARIOS, AKITAS, WOLF HYBRIDS OR HUSKIES.**

- Any false information will constitute grounds for rejection of application; this also includes resident application.
- A pet photo must be attached to this application.
- Resident must sign a separate pet application.
- DELTONA REALTY PROPERTY MANAGEMENT reserves the right to meet the pet in question.

PROPERTY ADDRESS: _____

PET INFORMATION:

Date: _____ Desired Move-In Date: _____
Name of Pet: _____
Breed: _____
Weight: _____ Temperament: _____ Color: _____
In-Door Pet: _____ Out-Door Pet: _____ Neutered: _____
Spayed: _____ Declawed: _____ House Broken: _____
Leash Trained: _____ Crated: _____
Length of Time Owned: _____ Tagged: _____ Licensed: _____
Shot Records: _____ Health Issues: _____
Veterinarian Name & Phone Number: _____

PET PHOTO

Facial Shot

Side Shot

AGENT: _____ APPROVED/DENIED PER LANDLORD/AGENT/MANGER
PROPERTY ADDRESS: _____

INITIALS: _____ **DATE:** _____



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PROPERTY MANAGEMENT

AGREEMENT TO PROVIDE PROOF OF INSURANCE

I/We, _____, tenant(s) who

reside at: _____

agree to provide Deltona Realty Property Management a copy of Confirmation of Coverage of an active HO-4 policy that includes a minimum personal liability coverage of \$300,000 prior to lease signing or lease renewal. Further, Deltona Realty is to be listed as an Additional Insured on said policy.

Tenant's Signature: _____ Date: _____

Contact Phone #: _____ E-mail: _____

Tenant's Signature: _____ Date: _____

Contact Phone #: _____ E-mail: _____

Tenant's Signature: _____ Date: _____

Contact Phone #: _____ E-mail: _____



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Tenant's Name: _____

Tenant's Address: _____

Landlord's Name: _____

Landlord's Address: _____

THE FOLLOWING IS TO BE COMPLETED BY THE LANDLORD OR MANAGING AGENT:

1. When did they rent this property? From: _____ To: _____
Month/Day/Year Month/Day/Year
2. Do they still live here now? _____
3. Name of person(s) who signed lease (including owner or managing agent), _____
4. Who lived at this address? _____
5. Are you related to them or anyone in their household by blood or marriage or the operation of the law? _____
6. What type of structure is this property? Home ___ Apartment ___ Room ___
7. What was their monthly rent? \$ _____ Was it paid on time? Yes ___ No ___
8. What was their security deposit? \$ _____ Amount refunded to them? \$ _____
9. Why did they move? _____
10. Did they give proper notice before moving out? Yes ___ No ___
11. What were their overall housekeeping habits? _____
12. Was the property left in rentable condition after they moved? Yes ___ No ___
13. Was the property damaged during their stay? Yes ___ No ___
14. Did they have pets? Yes ___ No ___ If Yes, what type? _____
15. Did they get along with their neighbors? _____
16. Were they responsible for paying their own heat and lights? Yes ___ No ___
17. Do you own this rental property address listed above? Yes ___ No ___
18. If no, who is the owner? _____
19. Would you rent to them again? Yes ___ No ___
20. Additional Comments: _____

Name of Person Completing Form

Title

Date

LANDLORD REFERENCE FORM

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) _____ Date: _____

RE: _____ Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

**DELTONA REALTY
49 Shores Boulevard
St. Augustine, FL 32086**

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ Date First Employed _____ No ___ Last Day of Employment _____

Current Wages/Salary: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from: ___/___/___ through: ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.