

RE/MAX Horizons Property Management

1335 Creighton Rd, Pensacola FL 32504 Phone:850-479-7558 Fax: 850-969-0067 www.floridapropertymanager.com

Application to Rent/ Resident Selection Criteria

To guarantee compliance with the Fair Housing Act, a separate application is required for each applicant over the age of eighteen (excluding dependent children) who will reside at the property. RE/MAX Horizons Property Management does not discriminate on the basis of age, race, color, creed, religion, sex, national origin, handicap, or familial status.

The following are RE/MAX Horizons criteria for qualifying an applicant as a resident:

A NON-REFUNDABLE processing fee of \$50.00 per person and appropriate security deposit must accompany this application. **NO APPLICATION WILL BE PROCESSED WITHOUT A PROCESSING FEE AND SECURITY DEPOSIT.** Applicants will be accepted on a "first-come, first-served" basis. Security deposit will be returned to applicant if they are not approved.

A THIRD PARTY SCREENING COMPANY'S COMPUTERIZED MODEL WILL EVALUATE ALL APPLICANTS. Applicants are scored in multiple areas: income/employment, residence history, credit history, public records/past evictions and criminal background check. Applicants earn points for positive factors and points are deducted for negative factors. If an applicant is strong in multiple areas, it may compensate for being weaker in another area. If the applicant does not earn enough points for Approval, then an additional requirement may be recommended, or the application may be declined.

- 1. Application must be fully completed, dated, and signed.
- 2. Application must be reviewed at the time of submission to ensure we have all information needed to determine eligibility.
- 3. Applicant must provide proof of identity in the form of photo ID, i.e. Driver's license, military or state id.
- 4. Applicant must provide social security number or proof of permission to stay in U.S. with a visa.
- 5. Number of persons occupying property must be in compliance with HUD guidelines for the desired unit.
- 6. DESIRED CRITERIA FOR APPROVAL:
 - A. A satisfactory credit score from the credit bureaus.
 - B. 24-month residential history on lease or mortgage
 - C. Gross monthly income of at least three (3) times the monthly rent.
- 7. Income MUST be verified by pay stubs, LES, tax returns, bank statements, letter from government agency, letter from CPA and court decree on alimony or child support. (Attach proof of income to application)
- 8. If self employed, Retired or Salary Can't be verified we must receive one of the following:
 - A. Copy of most current signed tax return and W-2, 1099 or Schedule C or F.
 - B. Bank statements for the preceding six months entirety.
 - C. Letter from your bank stating the amount of deposits you have made last 6 mos.
- 9. AN APPLICANT WILL AUTOMATICALLY BE DENIED IF:
 - A. Applicant has falsified information on the application.
 - B. Applicant has been evicted or had an eviction filed in the past 3 years.

- C. Foreclosure or Bankruptcy filed or discharged in the past 24 months.
- D. Poor rental history.
- E. Application has matched in the registered sex offender database.

10. AN APPLICANT MAY BE DENIED DEPENDING ON THE CIRCUMSTANCES IF:

- A. Applicant has been convicted of any sexual related offense.
- B. Applicant has a felony or serious misdemeanor record in the past several years.
- 11. PETS/ ASSISTANCE ANIMALS: On units that accept pets: all pets must be at least 1 year old, weigh 20 pounds or less, and all cats must be spayed/neutered. A non-refundable pet fee will be required. There is no fee for qualified Service or ESA animals. ALL animals are required to make application and be approved through PetScreening.com regardless of status, using the following link: https://remaxhorizonspm.petscreening.com/
- 12. SMOKING POLICY: SMOKING is NOT permitted in any of our properties.
- 13. Security Deposit and 1st Month's Rent must be paid by Money Order or Cashier's Check only.
- I, THE UNDERSIGNED APPLICANT, affirm the information contained in this two-page application is true and correct and authorize First Advantage Resident Screening and RE/MAX Horizons Property Management to verify all information contained in this application and investigate consumer reports, including but not limited to residential history (rental or mortgage), employment history, criminal history records, court records and credit records and authorize contact of any persons or companies listed on the application. Misstatements, whether intentional or not, may result in the denial of occupancy. I understand that due to the Fair Credit Reporting Act, that I will not be furnished a copy of my credit report from First Advantage Resident Screening or its members. I may, however, obtain a free credit report from Equifax if my application is denied for credit reasons. I also understand that this application is the property of First Advantage Resident Screening and RE/MAX Horizons Realty Property Management.

Signature of Applicant	Social Security #	Date		
RE/MAX Horizons adheres to all fed	eral, state, and local fair housing a	nd equal opportunity laws.		
For Office use Only				

For Office use Only				
Rental Verification				
Tenant Name:				
Current Address:				
Amount of Rent: Is Rent in Arrears:				
Number of late payments Number of NSFs				
Tenant has rented from to				
Any Problems with tenant:				
Would you rent to this tenant again:				
Name of Creditor: Date:				
Employment Verification				
Tenant has worked from To				
Income amount: month / year				
Name of information Provider: Date:				

Application to Rent (Continued)

Type: Breed: Color: Sex: Weight: Age: Name: Propercy Breed: Color: Sex: Weight: Age: Name: Prope: Breed: Service Animal or Emotional Support Animal Do you have current letter from a medical professional for each animal? Yes / No	Applicant's Ful	ll Name:			Maiden Name		Date of Birth:
List names and ages of all other occupants: Present Address: Landlord/Lender: Monthly Pmt: From: To: 30-day notice given? When? Reason for Leaving: Landlord/Lender: Monthly Payment: Monthly Payment: Rented from: Was 30 day notice given? Telephone: Monthly Payment: Rented from: Landlord/Lender: Monthly Payment: Rented from: Is landlord a Friend or Relative? Yes No Pets: Y / N Type: Breed: Color: Sex: Weight: Age: Name: Type: Type: Breed: Type: Breed: Color: Sex: Weight: Age: Name: Type: Type: Breed: Type: Breed: Color: Sex: Weight: Age: Name: Type: Type: Breed: Type: Breed: Color: Sex: Weight: Age: Name: Type: Type: Breed: Color: Sex: Weight: Age: Name: Type: Type: Breed: Type:	Social Security	/ No.:		Driver's	Lic. #:		State:
Present Address:	Phone: H:		C:		Email:		
Telephone:	List names and	d ages of all oth	er occupants:				
Telephone:	Present Addre	SS:		Citv:		State:	Zip:
Monthly Pmt: From: To: _30-day notice given?							
Previous Address: City: State: Zip: Landlord/Lender: Telephone: Monthly Payment: Rented from: to:							
Previous Address: City: State: Zip: Landlord/Lender: Telephone: Monthly Payment: Rented from: to:	Reason for Le	eaving:		Is	landlord a Frie	end or Relativ	/e? Yes No
Monthly Payment: Rented from: to: Was 30 day notice given? Reason for Leaving: Is landlord a Friend or Relative? Yes No Pets: Y / N Type: Breed: Color: Sex: Weight: Age: Name: Name: Type: Breed: Color: Sex: Weight: Age: Name: Name: Type: Breed: Color: Sex: Weight: Age: Name: Type: Type: Breed: Color: Sex: Weight: Age: Name: Type: Type: Type: Age: Name: Type: Age: Type: Address: Phone: State: Phon	Previous Addre	ess:		City:		State:	Zip:
Reason for Leaving:	Landlord/Lend	er:				Telephone: _	
Pets: Y / N Type: Breed: Color: Sex: Weight: Age: Name: Type: Breed: Color: Sex: Weight: Age: Name: Mame: Type: Breed: Color: Sex: Weight: Age: Name: Mame:	Monthly Payme	ent:	Rented from:	to:	Was 3	30 day notice	given?
Type: Breed: Color: Sex: Weight: Age: Name: Type: Breed: Color: Sex: Weight: Age: Name: Assistance Animals: Type: Breed: Color: Sex: Weight: Age: Name: Type: Breed: Color: Sex: Weight: Age:	Reason for Lea	aving:		l:	s landlord a Fri	iend or Relati	ve? Yes No
Assistance Animals: Type:Breed:Color:Sex:Weight:Age:Name: Type:Breed:Color:Sex:Weight:Age:Name: Type:Breed:Color:Sex:Weight:Age:Name: Type of Assistance:Service Animal orEmotional Support Animal Do you have current letter from a medical professional for each animal? Yes / No Car Make/Model:Tag No.:State: Other Car Make/Model:Tag No.:State: Do you have any RV, boats, or trailers? Please list: Current Employer:Address:Phone: Supervisor:Your Position: Previous Employer:Address:Phone: Supervisor:Your Position:	Pets: Y / N						
Assistance Animals: Type: Breed: Color: Sex: Weight: Age: Name: Type: Breed: Color: Sex: Weight: Age: Name: Type of Assistance: Service Animal or Emotional Support Animal Do you have current letter from a medical professional for each animal? Yes / No Car Make/Model: Tag No.: State: Other Car Make/Model: Tag No.: State: Do you have any RV, boats, or trailers? Please list: Current Employer: Address: Phone: Supervisor: Your Position: per Previous Employer: Address: Phone: Previous Employer: Address: Phone: Previous Employer: Address: Phone: Previous Employer: Address: Phone: Phone: Previous Employer: Address: Phone: Phone: Previous Employer: Address: Phone: Previous Employer: Address: Phone: Phone: Previous Employer: Address: Phone: Provious Employer: Address: Phone: Provious Employer:	Туре:	Breed:	Color:	Sex: _	Weight:	Age:	Name:
Type: Breed: Color: Sex: Weight: Age: Name: Type: Breed: Color: Sex: Weight: Age: Name: Type of Assistance: Service Animal or Emotional Support Animal Do you have current letter from a medical professional for each animal? Yes / No Car Make/Model: Tag No.: State: Other Car Make/Model: Tag No.: State: Do you have any RV, boats, or trailers? Please list: Current Employer: Address: Phone: Supervisor: Your Position: Time Employed: to: Full-time Part-time Salary: per Previous Employer: Address: Phone: Your Position:	Type:	Breed:	Color:	Sex: _	Weight:	Age:	Name:
Type: Breed: Color: Sex: Weight: Age: Name: Type of Assistance: Service Animal or Emotional Support Animal Do you have current letter from a medical professional for each animal? Yes / No Car Make/Model: Tag No.: State: Tag No.: State: Do you have any RV, boats, or trailers? Please list:	Assistance A	nimals:					
Type of Assistance: Service Animal or Emotional Support Animal Do you have current letter from a medical professional for each animal? Yes / No Car Make/Model: Tag No.: State: Other Car Make/Model: Tag No.: State: Do you have any RV, boats, or trailers? Please list: Current Employer: Address: Phone: Supervisor: Your Position: per Previous Employer: Address: Phone: Supervisor: Your Position: Phone:	Туре:	Breed:	Color:	Sex:	Weight:	Age:	Name:
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Car Make/Model:	Type of Assista	ance: S	ervice Animal o	r Er	motional Suppo	ort Animal	
Other Car Make/Model: Tag No.: State: Do you have any RV, boats, or trailers? Please list: Current Employer: Address: Phone: Supervisor: Your Position: per Previous Employer: Address: Phone: Supervisor: Your Position:	Do you have c	urrent letter froi	m a medical profes	sional for e	each animal?	Yes / No	
Do you have any RV, boats, or trailers? Please list:	Car Make/Mod	del:			Tag No.	:	State:
Current Employer:Address:Phone:	Other Car Mak	ke/Model:			Tag No.	·	State:
Supervisor:Your Position:	Do you have a	ny RV, boats, c	r trailers? Please	list:			
Supervisor:Your Position:	Current Emplo	ver:	A	Address:		Phone:	
Time Employed:							
Supervisor:Your Position:	-						
·	Previous Empl	loyer:		_Address: _		Phone	:
Time Employed: to: Full-time Part-time Salary:	Supervisor:			·	Your Position:		
	Time Employe	d: to	: Full-tim	ne Par	t-time	Salary:	

Other Sources of income: Please provide	e source, and amount, and attach documentation:
Demonal Deference	Address
	Address: Telephone: _Address: Telephone:
•	AddressRelationship:
	Telephone:
	<u> </u>
Have you ever broken a lease?	If so, please specify
Have you ever declared bankruptcy?	If so, please specify
Have you ever had an eviction filed against	st you? If so, please specify
Have you ever been adjudicated guilty of	a felony? If so, please specify
Have you ever been convicted of a misde	meanor?If so, please specify
Have you ever refused to pay rent?	If so, please specify
Which Unit are you applying for:	
	If so, who is the Agent?
	II 30, WIIO IS UIO 7 GOITE:
Anticipated move-in:	
Antiopated Move-III	
Applicant's Signature :	Date:
Security Deposit and 1st Month's Rent	must be paid by Money Order or Cashier's Check only.



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