

PLEASE COMPLETE AND FAX TO (908) 636-2436 ... OR MAIL TO R.M. Enterprises, LLC, 3832-10 Baymeadows Rd., Suite 327, Jacksonville, FL 32217 * For better resolution, please scan and email or photo text your drivers license or photo I.D. (such as a passport) to scott@rmecompany.com / beth@rmecompany.com / cell# 904-477-5977. **

Property Address you are applying for: _____

Time Period: _____ to _____

Application Requirements: All adult applicants 18 or older must submit a fully completed, dated and signed residency application and fee. Applicant must provide a state issued photo identification card or a driver's license, and a social security card. A non-refundable application fee of **\$50.00** will be required for all adult applicants. **Income Requirements:** Applicants must have a combined income of at least three times the monthly rent. We reserve the right to require a co-signer. A minimum of two years residential history is required. Self-employed applicants are required to produce, upon request, bank statements and possibly two years of tax returns or 1099's. Non-employed individuals must provide proof of income or funds. All sources of other income must be verifiable if needed to qualify for a rental unit. **Employed individuals provide please provide last 2 paystubs and /or New Employer Offer Letter.**

Credit Reporting: Our company policy is to report all non-compliances with the terms of your rental agreement or failure to pay rent as agreed, or any amounts owed to any or all of the various credit reporting agencies. **Background Investigation Requirements:** Criminal records must contain no convictions for felonies within the past seven years and no sexual offenses ever. In the event a record comes back "adjudication withheld" further documentation may be required and applicant may be denied on this basis.

Rental/Mortgage Requirements: Previous rental history from landlords must reflect timely payment, sufficient notice of intent to vacate, no complaints regarding noise, disturbance or illegal activities, no **unpaid** NSF checks, and no damage to unit or failure to leave the property clean and without damage at time of lease termination. **Renters Insurance Policy:** You must have an insurance policy to cover the contents of your home. This is a standard policy your insurance agent can issue. If you have pets, your policy must cover them also.

Pet Policy: Non-refundable pet deposit and/or pet rents are established on a per property and per pet basis.

Holding or Good Faith Deposit Requirements: We require a holding or good faith deposit to be collected to hold a property off the market. In the event the application is approved and applicant fails to enter into a lease, the applicant shall forfeit this deposit. In the event the application is approved, this deposit shall be applied to the required security deposit. **Liquid Furniture:** Not allowed, no water beds.

Occupancy Requirements: The number of occupants must be in compliance with HUD standards and guidelines for the applied for unit. The standards are as follows: No more than 2 persons may occupy a 1 bedroom dwelling ... No more than 4 persons may occupy a 2 bedroom dwelling ... No more than 6 persons may occupy a 3 bedroom dwelling ... No more than 8 persons may occupy a 4 bedroom dwelling.

No Verbal Agreements: Any exceptions to our criteria must be submitted in writing to the landlord for consideration. If approval is then given for such exceptions, additional security, co-signers, and/or additional advance rent payments may be required. No verbal agreements will be executed or honored. Any agreements must be in writing and signed by both parties. **This signed page also serves as authorization for your previous landlord to comment on your tenancy and employer to verify your employment.** By signing below, I indicate that I have read the above rental agreements and fully agree to the rental agreements.

Applicant Signature

_____ Date ____/____/____

Printed Name

Contact info.(tel.# and email): _____ / _____

RENTAL APPLICATION

APPLICANT NAME _____ **Sex** _____ **Marital Status** _____

Date of Birth ___/___/___ **SSN** ___--___--___ **Drivers License** _____ **State** _____

Phone: _____ **Cell#:** _____ **Email:** _____

PRESENT ADDRESS _____

City _____ **State** ___ **ZIP** _____ **Move In Date** ___/___/___ **Moved out** ___/___/___

Landlord _____ **Phone** _____ **Email:** _____ **Why Move?** _____

PREVIOUS ADDRESS _____

City _____ **State** ___ **ZIP** _____ **Ph** _____ **Move In Date** ___/___/___ **Moved out** ___/___/___

Landlord _____ **Phone** _____ **Email:** _____ **Why Move?** _____

PREVIOUS ADDRESS _____

City _____ **State** ___ **ZIP** _____ **Ph** _____ **Move In Date** ___/___/___ **Moved out** ___/___/___

Landlord _____ **Ph** _____ **Email:** _____ **Why Move?** _____

New Employer (if you are transferring here for new employment): _____

Human Resources Contact Person: _____ **Phone:** _____
Email: _____

Start Date _____ **Monthly Income/Salary \$** _____

Occupation _____ **Supervisor** _____ **Phone** _____

PRESENT EMPLOYER _____

Occupation _____ **Supervisor** _____ **Phone** _____ **Email:** _____

How long employed _____ **Monthly Income/Salary \$** _____

PREVIOUS EMPLOYER _____

Occupation _____ **Supervisor** _____ **Phone** _____
Email: _____

How long employed _____ **Monthly Income/Salary \$** _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

LIST ALL VEHICLES TO BE PRESENT ON THE PREMISES. (ONLY THESE WILL BE PERMITTED)

AUTOS / MOTORCYCLES

Make _____ Model _____ Color _____ Year ____ Tag No _____

Make _____ Model _____ Color _____ Year ____ Tag No _____

TRUCKS/PICKUPS

Make _____ Model _____ Color _____ Year ____ Tag No _____

Make _____ Model _____ Color _____ Year ____ Tag No _____

CAMPERS/BOATS/TRAILERS

Make _____ Model _____ Color _____ Year ____ Tag No _____

Make _____ Model _____ Color _____ Year ____ Tag No _____

PERSONAL REFERENCES – IN CASE OF EMERGENCY

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Family Attorney: _____ Phone _____