

COMMERCIAL RENTAL APPLICATION FOR

Please answer all questions completely, PLEASE Print legibly

(A copy of Each Applicants Florida or State Driver's License or Florida State I.D. and Social Security Card is required, Passport & Visa (if applicable))

PLEASE READ THIS DOCUMENT <u>VERY CAREFULLY</u> AND ASK QUESTIONS IF YOU DO NOT UNDERSTAND. THERE ARE CERTAIN GUIDELINES THAT WE FOLLOW AND EACH APPLICANT IS REVIEWED ON A CASE BY CASE BASIS AS ALL CIRCUMSTANCES ARE NOT THE SAME. ONCE YOU HAVE VIEWED THE PROPERTY AND ARE INTRESTED IN RENTING, YOU WILL NEED TO FILL OUT THE RENTAL/CREDIT APPLICATION. YOU MUST FILL IT OUT **LEGIBLY**, COMPLETELY AND TRUTHFULLY AS <u>WE WILL VERIFY ALL</u> INFORMATION.

EACH APPLICANT OVER 18 MUST PAY A NON-REFUNDABLE \$50.00 APPLICATION FEE WHICH COVERS THE COST OF RUNNING THE CREDIT AND CRIMINAL BACKGROUND CHECK. THE FUNDS MUST BE PAID IN CASH. BY FILLING OUT THIS APPLICATION AND SIGNING BELOW, YOU ARE AUTHORIZING Vangie Berry Signature Realty TO OBTAIN YOUR CREDIT INFORMATION & VERIFY EMPLOYMENT AND PRIOR & CURRENT RENTAL HISTORY AND USE THE INFORMATION IN THE RENTAL PROCESS. PLEASE NOTE THAT WE ALSO REQUIRE LIABILITYINSURANCE Tenant is hereby made aware that the insurance policy carried by the landlord does not cover the personal property of the Tenant and Tenant will need to carry their own coverage. You will also need to provide Liability insurance for Liability in an amount no less than \$1,000,000 with the OWNER as additional named insured and the OWNER and the Property Manager as a Certificate Holder. Your Insurance policy shall have a Thirty (30) - day notice of Cancellation Clause and shall be with no less than an A rated Company. Further requirements will be spelled out in the lease.

All initial checks prior to move-in must be Cashier's Checks. Checks will be made out as following separate Check:

- 1. FLPM Security Deposit Acct (for all Security Deposits)
- 2. FLPM Rental Income Account (for all Rents)





Items needed to submit with application:

- 1. Driver's License for each applicant
- 2. Social Security Card for Each Applicant
- 3. 3 mths bank statements for Business and Personal
- 4. 2 years Tax Returns
- 5. Florida Business License
- 6. Corporation Papers





| APPLICANT(S) INFORMATION: #1 | | | | DATE: | | , 2015 |
|------------------------------|----------|---------|------------|----------|--------|--------|
| NAME: | | | | | | |
| HOME ADDRESS: | | | | | | |
| HOME #: () | WORK# :(|) | | CELL#: (|) | |
| E-MAIL ADDRESS: | | | _@ | | | |
| SS#: | | DOB#: | | | | |
| Drivers License #: | | | _State: _ | | Exp: _ | |
| E-mail: | | | | | | |
| APPLICANT(S) INFORMATION: #2 | | | | DATE: | | , 2014 |
| NAME: | | | | | | |
| HOME ADDRESS: | | | | | | |
| HOME #: () | WORK# :(|) | | CELL#: (|) | |
| E-MAIL ADDRESS: | | | _@ | | | |
| SS#: | | DOB#: _ | | | | |
| Drivers License #: | | | _ State: _ | | Exp: _ | |
| E-mail: | | | | | | |
| APPLICANT(S) INFORMATION: #3 | | | | | | |
| NAME: | | | | | | |
| HOME ADDRESS: | | | | | | |
| HOME #: () | WORK# :(|) | | CELL#: (|) | |
| E-MAIL ADDRESS: | | | _@ | | | |
| SS#: | | DOB#: | | | | |
| Drivers License #: | | | _State: _ | | Exp: _ | |
| E-mail: | | | | | | |

| NEW BUSINESS TO OCCUPY LEASED SPACE | PROPOSED OCCUPANY DATE: | ,, 2017 |
|---|-------------------------|---------|
| PROPOSED or COMPANY NAME: | | _ |
| PRINCIPAL(S) NAMES: | | |
| PLEASE CHOOSE ONE: CorporationPartnership | | |
| TYPE OF BUSINESS: Retail Restaurant | Office Service | Other |
| DESCRIPTION OF BUSINESS ACTIVITIES: | | |
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| Current Business In | formation: | | | |
|---------------------|------------------|-------------|------------------------------|----|
| COMPANY NAME: | | | | |
| Address: | | | | |
| City | , State | Zip | Years at Location: | |
| Landlord's Name: | | | | |
| Address: | | | | |
| | | | Email: | |
| Phone # | | , F | ax # | |
| PRINCIPAL(S) NAMES: | | | | |
| | | | _ <i>_</i> | |
| PLEASE CHOOSE ONE: | Corporation | Partnership | Sole Proprietorship LLC othe | r |
| TYPE OF BUSINESS: | Retail R | estaurant | OfficeOth | er |
| Years in Business | | Annual Sale | s/Revenue \$ | |
| DESCRIPTION OF BUSI | NESS ACTIVITIES: | | | |
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| | CES: (Businesses you d | | | |
|--------------------|------------------------|-----|---------|--|
| | | | | |
| | | | | |
| | , State | | | |
| Phone # | | | _, Fax: | |
| DESCRIPTION OF BUS | SINESS ACTIVITIES: | | | |
| | | | | |
| Contact: | | | | |
| | | | | |
| | , State | | | |
| Phone # | | | _, Fax: | |
| DESCRIPTION OF BUS | SINESS ACTIVITIES: | | | |
| | | | | |
| Contact: | | | | |
| Address: | | | | |
| City | , State | Zip | | |
| Phone # | | | _, Fax: | |
| DESCRIPTION OF BUS | SINESS ACTIVITIES: | | | |

| Applicar | it information Release | | | |
|---|--|--|--|--|
| I hereby authorize any person or company I have listed as a reference on my lease application to disclose in good faith any information they may have regarding my qualifications and fitness for leasing at: | | | | |
| | any other person giving references free of any liability for exchang ecessary information incident to the lease application process. I | | | |
| К | aren M. Riscinto of: | | | |
| Vangie Berry Sigr | nature Realty of Lake County, llc and | | | |
| Florida Lifes | tyle Property Management, Ilc. | | | |
| Applicant's Name: | (Print) | | | |
| Applicant's Signature: | Date: | | | |
| Applicant's Name: | (Print) | | | |
| Applicant's Signature: | Date: | | | |
| Applicant's Name: | (Print) | | | |
| Applicant's Signature: | Date: | | | |

| Bank REFERENCES: | | | | | |
|--------------------------|---------|-----|-------------------------|--|----------------|
| 1. Bank Name: | | | , Contact: __ | | |
| Address: | | | | | |
| City | , State | Zip | | _ | |
| Phone # | , Fa | ıx# | | _ Acct #: | |
| 2. Bank Name: | | | , Contact: __ | | |
| Address: | | | | | |
| City | , State | Zip | | _ | |
| Phone # | , Fa | ıx# | | _ Acct #: | |
| • • • | - | • • | | e hereby authorize the verificat se or agreement for space. | ion of all the |
| Applicant's Name: | | | | (Print) | |
| Applicant's Signature: _ | | | | Date: | |
| Applicant's Name: | | | | (Print) | |
| Applicant's Signature: _ | | | | Date: | |
| Applicant's Name: | | | | (Print) | |
| Annlicant's Signature | | | | Date: | |

Bank Information Release Form

| APPLICANT(S) INFORMATION: | | | | DATE:,, 2014 |
|--------------------------------|---------|----------------|-----------|---------------------|
| NAME: | | | | - |
| COMPANY NAME: | | | | |
| HOME ADDRESS: | | | | |
| HOME #: () | _ | WORK# :() _ | | CELL#: () |
| E-MAIL ADDRESS: | | | | @ |
| SS#: | | | _ DOB#: _ | |
| Bank Account: #: | | | Tax ID#: | |
| Applicant's Name: | | | | (Print) |
| Applicant's Signature: | | | | Date: |
| Applicant's Name: | | | | (Print) |
| Applicant's Signature: | | | | Date: |
| To be filled out by Bank Only: | | | | |
| Account Information: | | | | |
| Type of Account: | | Date Opened: _ | | Avg Monthly Bal: \$ |
| Number of Returned Checks | | Fre | equency _ | |
| Loan Information: | | | | |
| Account Status(| Current | | | Non-Current |
| Length of Term N | Months | | | Months Remaining |
| Overall Rating: | | | | |
| Excellent | | _ Good | | Fair Poor |

Please Return to Karen M Riscinto Fax #@ 352-602-7534



ADDENDUM TO RENTAL APPLICATION

TENANT/OCCUPANT agrees to indemnify, defend and hold harmless BROKER, AGENTS, its successors and assigns from and against any and all claims, demands, losses, liabilities and judgments, including reasonable attorneys' fees both at trial and appellate level, and all costs of litigation, which may be asserted against or imposed upon the BROKER and which may arise out of or be attributable to, directly or indirectly: (a) AGENT or BROKER'S duties as set forth herein, including but not limited to the execution of rental applications, credit and references checks, leases, and the collection, disbursement and management of funds related thereto, (b) AGENT or BROKER'S rejection and screening of TENANTS/OCCUPANTS, (c) any failure by a TENANT/OCCUPANT to comply with the terms of the rental agreement, (d) any action taken by a TENANT/OCCUPANT tenant's invitees following placement or agents or TENANT/OCCUPANT on the property, including negligent or willful acts or omissions resulting in damage to the property, injury or death of any person, or loss or damage to any property, or (e) any failure by the TENANT/OCCUPANT to perform or comply with any of the terms or conditions to be performed or complied with by TENANT/OCCUPANT hereunder. In the event BROKER is required to defend any action brought by others or by TENANT/OCCUPANT as a result of AGENT or BROKER'S duties as set forth herein, AGENT or BROKER shall be reimbursed his/her attorney's fees and courts costs, including appeals, by TENANT/OWNER.

| TENANT/OCCUPANT | TENANT/OCCUPANT |
|-----------------|-----------------|
| DATE | DATE |
| TENANT/OCCUPANT | TENANT/OCCUPANT |
| DATE | DATE |