

ERA DAN JONES & ASSOCIATES, INC.

"ADDENDUM A"

LEASE APPLICATION

1. You may check out a key and inspect the property if the property is prepared for an inspection. A Cash key deposit in the amount of \$40.00 and a copy of your driver's license or state ID is required. The maximum time a key may be checked out is two (2) hours during business hours (Monday-Friday 9:00 a.m.-3:00). We encourage and support a program in which there are no barriers to obtaining housing because of Race, Color, Religion, Sex, Handicap, Familial Status or National Origin. You may preview any of our available rentals for FREE! Please ask one of our Leasing Consultants about this process. You may also view our properties on line at www.ERADanJones.com. If you do not qualify in all areas below you may be declined or requested to have a co-signer, or pay higher deposits/fees.
2. *All adult applicants 18 or older must submit a fully completed, dated and signed residency application along with \$40 application fee. Applicant must provide proof of identity by providing a copy of photo id. Also required are applicant's two (2) most recent paycheck stubs for income verification. A non-refundable \$40 application fee will be required for all adult applicants. The application fee is non-refundable under any circumstances. The normal application processing time is 2-3 business days. There is no processing time for incomplete applications or applications without required documentation.*
3. Applicants must have a combined income of at least three times the monthly rent.
4. Self-employed applicants may be required to produce upon request 2 years of tax returns or 1099s and non-employed individuals must provide verifiable proof of income. All sources of other income must be verifiable if needed to qualify for a rental unit.
5. Credit reports that contain civil court records, delinquent or slow pay revolving accounts, judgments, evictions filing, collections, liens or bankruptcy, could be declined or subject to pay higher deposits or fees.
6. If you have been convicted of a felony within the past seven (7) years, this is cause for rejection. Applicant must not have a felony record that was adjudicated guilty or had adjudication withheld for the past seven (7) years, or any conviction of any length of time for any drug related, sexual related, murder related or arson related crime.
7. Previous rental history reports from landlords must reflect timely payment, sufficient notice of intent to vacate, no complaints regarding noise, disturbances or illegal activities, no unpaid balance, no evictions and no damage to unit or failure to leave the property clean at the time of termination.
8. No pets (with the exception of medically necessary pets) of any kind are permitted without specific written permission of landlord in the lease document, and addendum to lease, a non-refundable pet fee acceptable to landlord and/or an additional pet deposit.

"ADDENDUM A CONTINUED"

9. Applicants will be required to pay reservation fee of \$ _____ in consideration of taking the dwelling unit off the market while considering the approval of this application. If the applicant(s) is approved and the contemplated lease is entered into, then on the day of move in the fee will be credited towards payment of the security deposit amount of \$ _____. If the applicant(s) is approved but fails to move in on the agreed date the reservation fee will be retained by owner/agent as liquidated damages. The reservation fee will only be refunded if the applicants cancel this application with verbal or written notice within 72 hours after approval date, or if application is not approved; refunds will be sent via mail within 30 days of cancellation. The dwelling unit will not be held off the market for more than thirty (30) days. Failure to move into the dwelling unit within the thirty (30) day period allowed will also result in retention of the reservation fee.
10. The number of occupants must be in compliance with HUD standards being no more than two heartbeats per bedroom except for infants under four (4) months old.
11. It is entirely possible that ERA Dan Jones & Associates, Inc. may receive multiple applications with reservation fees from unrelated individual applicants on the same property at approximately the same time. If such is the case, we will process all applicants for the consideration as to what we (in our sole discretion) deem the best applicant, which may not necessarily be the first application received. In such cases, more than one applicant may be approvable, however only one will eventually be approved.
12. When applicable, the application is subject to and contingent upon the prospective tenant(s) being approved by the condominium/homeowners association. Other fees could be required and are the applicant's sole responsibility. Occupancy shall not be permitted prior to association approval. The reservation fee will not be refunded if you fail to comply with any reasonable request from the condominium/homeowners association which results in a denial of your application for residency. If residency is denied by the association to no fault of your own, then the reservation fee will be refunded as per company policy.

The undersign agrees to all terms listed above and understands the requirements needed in order to lease a rental property with ERA Dan Jones & Associates, Inc. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises. No oral agreements have been made and applicant understands that they are signing multiple documents to be used in the above manner for determination of eligibility and may be declined, requested to have a co-signer or pay higher fees/deposits if one of the above requirements are not met.

Applicant Signature & Date

AFFIDAVIT
(Addendum B To Application)

I, _____, the undersigned (applicant),

Please Print

Freely and voluntarily authorize verification of any and all information set forth on documentation in relation to this application, or release of any other information relating to this application, including release of information by any creditor, employer, or landlord. In addition, I voluntarily consent to a criminal background investigation, and release of any information pertaining to arrest or conviction, and hereby authorize ERA Dan Jones & Associates, Inc. to obtain my consumer credit file from any source necessary.

The applicant understands and hereby acknowledges that the information referred to above, or certain portions thereof, may be protected from disclosure without this signed authorization by federal and state laws.

Applicant represents that the information set forth on this document or any other documents related to this application is true and complete. The applicant understands that this is an official document governed by state and federal laws and releases Resident Data and any of the above from any liability and responsibility arising from this inquiry.

APPLICANT SIGNATURE

WITNESS SIGNATURE

DATE

YOU MUST COMPLETE THIS PORTION OF THE AFFIDAVIT. PLEASE WRITE CLEARLY.

SSN

DATE OF BIRTH

MAIDEN NAME (IF APPLICABLE)

PRESENT ADDRESS

CITY, STATE, ZIP

REQUEST FOR VERIFICATION OF RESIDENCE

Fax back to: 904-493-3964

Name of current Landlord or Mortgage Company: _____

The named Applicant has made an application to lease a property from us. Please complete this form and return to us as soon as possible. The information provided will be kept in strict confidence. A stamped self-addressed envelope is enclosed for your use. Thank you.

Name of Applicant: _____

Applicant's Address: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the _____

(Your current Landlord/Mortgage Company)

to furnish the information requested by **ERA Dan Jones & Associates, Inc.**

I also release the _____

(Your current Landlord/Mortgage Company)

its officers, agents and employees from any and all liability for damages whatsoever which may result at any time to me by reason of compliance with the above request.

Landlord/Mortgage Company Address: _____

Landlord/Mortgage Company Tel. #: _ - _____ Fax #: _____ - _____

Mortgage Account #: _____

Applicant's Signature

Date

**BELOW FOR LANDLORD/MORTGAGE COMPANY USE ONLY
PLEASE FAX BACK TO 904-493-3964; ATTENTION LEASING CONSULTANT**

Monthly Payment of Applicant _____

Dates of Residency _____

How many times and how late has Applicant been on his/her rent or mortgage payment?

0-30 days _____ 31-60 days _____ 61-90 days _____ 91-120 days _____ over 121 days _____

Comments: _____

Would you loan money or rent to Applicant again? Yes _____ No _____

The above is furnished to you in strict confidence in response to your request.

Date: _____

Signature of Landlord/Mortgage Company

Date Mailed or Faxed: _____

Date Returned: _____

RENTAL APPLICATION

Rental Address _____ Requested Move in Date: _____

Rent Amount \$ _____ (INTL) _____ Reservation Amount \$ _____ (INTL) _____ Concession\$ _____ (INTL) _____

Applicants Full Name _____ D/O/B _____

Social Security Number _____ DL# _____ City & State _____

Phone Number _____ cell: _____ Email _____

	<u>Name(s)</u>	<u>Age(s)</u>	<u>Emergency Contact:</u>
Dependents:	_____	_____	Name _____
	_____	_____	Address _____
	_____	_____	Phone _____
	_____	_____	Relationship _____

Pets: Yes _____ No _____ If yes, how many? _____ Breed? _____ Weight _____ Color _____

1. Have you ever been convicted of a Felony? Yes No (circle one)

2. Have you ever had an Eviction filed against you? Yes No (circle one)

Current Address _____ City _____ State _____ Zip _____

Rent _____ Own _____ How long _____ Amount \$ _____

Has notice to vacate been given? _____ Reason for leaving _____

Landlord's Name _____ Phone Number _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlord _____ Phone Number _____

Applicant's Employer _____ Years Employed _____

Position _____ Mo. Gross Income \$ _____

Personnel Dept. Contact Person _____ Phone No. _____

2nd /Previous Employment _____ Employed from _____ to _____

Position _____ Mo. Gross Income \$ _____

Personnel Dept. Contact Person _____ Phone No. _____

The Undersigned verifies that a non-refundable application fee must be paid before the application can be processed. The undersigned further agrees that he/she has read all requirements as stated in "Addendum A". The undersigned verifies that all statements are true and factual. The undersigned further acknowledges that ERA Dan Jones & Associates has been authorized to obtain information or verification from any source named in this application. If applicant fails to execute a Rental Agreement or refuses to occupy rental property as stated in "Addendum A", all monies given herewith shall be retained by Landlord/Agent as liquidated damages including but not limited to the reservation fee as stated in "Addendum A".

Witness

Signature of Applicant

Applicant name and address applying for _____

CREDIT

Credit rating _____ Satisfactory accts. _____ Delinquent accts _____ Judgments _____

Comments:

EVICTON HISTORY

CRIMINAL BACKGROUND

RENTAL HISTORY

Rent () Own () Rent \$ _____ Length of Lease _____

Times Late _____ Why moving _____ Notice given- Yes ___ No ___

Would they rent to them again: _____ Verified by _____

Comments:

EMPLOYMENT/INCOME

Employer/type of income _____ Start Date _____

Gross salary per month _____ Good Standing- Yes ___ No ___

Secondary income (if applicable)

Employer/type of income _____ ***Start Date*** _____

Gross salary per month _____ Good Standing- Yes ___ No ___

BACKGROUND RESULTS

() Approved () Not applicable () Addl. dep. req.; Amount: \$ _____

() Denied Reasons for denial (if applicable):

Agent

Date

Contacted By and Date: _____