

APPLICATION FOR RESIDENCY

Please complete and sign the form.

Call (407) 636-9126 if you have any questions.

The application fee and holding deposit must accompany the application

Telephone (407) 636-9126

Web: www.JATpropertymanagementLLC

Your application may also be E-mailed to us at:

joe@JATpropertymanagementLLC

Applicant's Legal Name: _____

First

Middle

Last

Date of Birth: _____ Phone Numbers: _____

Email: _____

SSN: _____ D/L Number: _____

Present Street Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

From: _____ To: _____ Rental Amount: \$ _____ Reference (Landlord:) _____

Landlord Phone Number: _____ Fax Number: _____

Reason for Moving: _____

Previous Address: _____ Apt. No: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____ Rental Amount: \$ _____ Reference (Landlord:) _____

Landlord Phone Number: _____ Fax Number: _____

Reason for Moving: _____

Have You or Ever Been Evicted? _____ Broke a Lease? _____

Explanation: _____

List All OTHER Persons to Be Occupying Property:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

EMPLOYMENT:

Applicant's Present Employer: _____ Position: _____

Business Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Employed Since: _____ Gross Monthly Salary: _____

Other Employer: _____ Position: _____

Business Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Employed Since: _____ Gross Monthly Salary: _____

Additional Income (If Any): _____ Source: _____

VEHICLES REGISTERED TO YOU:

Make and Year: _____ Color: _____ License and State: _____

Make and Year: _____ Color: _____ License and State: _____

PETS:

Do you own any pets? _____ If so, how many? _____ Kind: _____ Breed: _____

Weight: _____ Age: _____ Color: _____ Belongs to Applicant/Co-Applicant/Both: _____

Pet Reference: _____ Phone: _____

Include photo of pet with application. (Show pet standing)

EMERGENCY CONTACTS:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

APPLICATION DEPOSIT AGREEMENT

Applicant is applying for presidency and has tendered a non-refundable application fee of \$ _____. This application fee is a separate check or Money Order/Cashier Check made out to JAT PROPERTY MANAGEMENT LLC.

Applicant has deposited the sum of \$ _____ as Security Deposit in the form of *Money Order or *Cashier's check. *(made out in both: YOUR NAME AND JAT PROPERTY MANAGEMENT LLC. Upon approval, the applicant agrees to execute the Landlord's lease agreement before possession of residence is given and to pay any balance of rent and or deposits due. **Failure to sign and execute the rental agreement after notice of approval will result in forfeiture of all monies.**

This application is preliminary only and does not oblige Owner or Owner's Agent to execute a rental agreement or deliver possession of the property applied for until satisfactory requirements by JAT Property Management LLC. are met.

Property Address: _____ Application Fee: \$50.00

Administration Fee: \$100.00 Security Deposit: _____ (cashier's check or money order) Balance Due: _____

Monthly Rent: _____ Payable Starting: _____ Date of Occupancy: _____

Beginning Date of Rental Agreement: _____ Ending Date of Rental Agreement: _____

Utilities Paid By Owner: _____ Pet Fee: _____

The undersigned agrees to the above terms and warrants and represents the information on this rental application to be true and correct and further authorizes all persons or parties named to give any information requested by JAT Property Management LLC. in connection to this application including any credit and public background checks. The undersigned hereby waives all right of action for any consequence resulting from such information provided to JAT Property Management LLC. Applicant understands that false information given herein may constitute grounds for rejection of this application and forfeiture of any and all deposits.

Applicant's Signature: _____ Date: _____

Print Name: _____

First

Middle

Last

Accepted By: _____ Date: _____

****NOTE: PLEASE SEE NEXT PAGE FOR ADDITIONAL AUTHORIZATION SIGNATURES: MUST BE SIGNED AND RETURNED WITH APPLICATION.**

ADDITIONAL SIGNATURE AUTHORIZATIONS:

*****In some cases approval of homeowner associations, condo associations, homeowners, or unforeseen circumstances may require some applications to take longer.**

In connection with the above circumstances, the undersigned authorizes all persons or parties named to give any information requested by the aforesaid associations/homeowners including , but not limited to credit, bank account, employment, eviction, criminal and public background checks.

The undersigned hereby waives all right of action for any consequence resulting from such information provided to said associations and JAT Property Management LLC. The applicant warrants and represents the information on this rental application to be true and correct and understands that false information given herein may constitute grounds for rejection of this application and forfeiture of any and all deposits. You will be contacted immediately upon approval or denial.

Address applied for: _____

Applicant's Signature: _____ Date: _____

Print Name: _____

First

Middle

Last

Accepted By: _____ Date: _____