Orlando Professionals Property Management LLC

P O BOX 622476 Orlando FL 32862

PROPERTY APPLYING FOR _____

Primary Applicant Information

First & Middle, Name As Per ID	Date Of Birth	Driver's License # / State	Phone
Last Name	Social Security #	Email	

Other Occupants

A	First & Middle, Name As Per ID	Date Of Birth	Relationship to primary applicant	Phone
	Last Name	Social Security #	Email	Driver's License # / State
B	First & Middle, Name As Per ID	Date Of Birth	Relationship to primary applicant	Phone
	Last Name	Social Security #	Email	Driver's License # / State
C	First & Middle, Name As Per ID	Date Of Birth	Relationship to primary applicant	Phone
	Last Name	Social Security #	Email	Driver's License # / State
D	First & Middle, Name As Per ID	Date Of Birth	Relationship to primary applicant	Phone
	Last Name	Social Security #	Email	Driver's License # / State
E	First & Middle, Name As Per ID	Date Of Birth	Relationship to primary applicant	Phone
	Last Name	Social Security #	Email	Driver's License # / State

History Rental

Please list your three most recent addresses from past five years.

	Current Address	Previous Address	Previous Address
Street Address / Unit No.			
City, State, Zip			
How long at this address			
Manager/Owner Name			
Manager/Owner Phone			
Reason Moved			
Rent Amount at address			

Income

Please list employment from past five years & other sources of income.

Employment History

	Current Employer	Previous Employer	Previous Employer
Employed by			
Position			
Dates of Employment (From, To)			
Monthly Income			
Name of Supervisor			
Supervisor's Phone #			
Address - Street, City, State, Zip			

Other Income Sources

Type	Monthly Income	Name of Provider	Address - Street, City, State, Zip	Phone #

Emergency Contact Information

Name_____ Phone #_____ Relationship _____

Address - Street, City, State, Zip _____

Vehicles

Make & model	Year	Color	Plate #	State

Other Information

Have you ever been evicted? ☐ Yes ☐ No

If yes, when and why _____

Have you ever been convicted of a Felony? ☐ Yes ☐ No

If yes, when and why _____

Have you ever filed for bankruptcy? ☐ Yes ☐ No

If yes, when and why _____

Do you smoke? ☐ Yes ☐ No

Do you have any pets? ☐ Yes ☐ No

If yes, please list each type, Breed & approx. weight_____

How did you learn about us? _____

Agreement & Consent to Background Check

I believe that the statements I have made are true and correct. I hereby authorize the verification of information I provided, communication with any and all names listed on this application and for the issuer of this form to conduct a background check to obtain additional information on credit history, criminal history and all Unlawful Detainers. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for a home or apartment and does not constitute a rental or lease agreement in whole or in part. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund.

Name _____ Signature: _____ Date: _____

A) Name _____ Signature: _____ Date: _____

B) Name _____ Signature: _____ Date: _____

C) Name _____ Signature: _____ Date: _____

D) Name _____ Signature: _____ Date: _____

E) Name _____ Signature: _____ Date: _____

Co-Signer

By signing this form, Co-signer authorizes the landlord to perform a credit check or background check, if necessary. Co -signer forms are accepted at the landlord's discretion, and a co-signer form does not in any way guarantee an applicant a rental unit. Failure to fully complete a requested co-signer form may result in the landlord refusing a rental application.

Personal Information

Full Name. _____ Date Of Birth _____ Social Security # _____

Driver's License # / State _____ Phone # _____ Email _____

Current Employer Name / Phone # _____

Co-signing for

Full Name. _____ Unit Applied For. _____

It is hereby agreed that the aforementioned Co-signer will assume any and all responsibilities and/or obligations of the Leaseholder's share of expenses if the Leaseholder cannot or will not oblige. This Co-signer Agreement will remain in force throughout the entire term of the Leaseholder's tenancy, even if the tenancy is extended and/or changed in its terms.

Name _____ Signature: _____ Date: _____

Summit Application with:

1) This Application Form.
2) Non-refundable Application Fee ($95.00 per adult) and Holding Fee (1 month rent) in Money Order or Cashier Check (When the application is approved, the Holding Fee It will become Security Deposit. If applicant refuse to rent property after application approve then holding money is not refundable). (If the application is not approved, the Holding Fee will be refunded).
3) Proof of Income: (Employee) the most recent 2 months' pay stubs, (Self Employer) 2 years tax returns; rental insurance is mandatory upon approved application before executed lease.
4) Copy of Driver License(s) and Social Security Card(s) (or the Document with Social Security # on it)

MINIMUM REQUIRMENT Income should be 3 (three) times the rent, No Evictions; No Criminal Background; and Good Credit Score.

5) Last 3 (Three) Months bank statement.
6) Send your Application Package to P O Box 622476 Orlando FL 32862 or email with all attachments in PDF format to oppm247@gmail.com.
7) After application approval, a tenant has to pay $150 administrative fees.