#### **DREAM BUILDERS REALTY**

Timothy P. Weisheyer, Broker 910 Mabbette Street Kissimmee, FL 34741 Office: 407-847-5428

Fax: 407-847-8576

E-mail: info@DreamBuildersRealty.com

DATE/TIME received in DBR office:

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<u></u>	<u>l</u> applicants <b>mus</b> : .   Income:	t meet, at a minimum, the rental criteria outlined below:  Combined Gross Income 3.5 Times the Monthly Rent	
		•	
	. References:	Positive and Verifiable Rental/Ownership Reference(s)	
	. Employment:	Ongoing Employment/Verifiable Income Source - (i.e. S.S., Income, Pension, W-2, tax returns, etc.)	
4	. Credit:	Minimum Credit Score of 610 (no collections, foreclosures,	
		bankruptcies, evictions, convictions, etc.)	
5	. Background:	Please circle answers below	
		<ul> <li>i. Have any of the applicants ever been evicted from a rent property? Yes / No</li> </ul>	al
		ii. Do any of the applicants have any debt collections? Yes	/ No
		iii. Have any of the applicants ever filed bankruptcy? Yes / If yes, when?	No
		iv. Do any of the applicants have any past convictions? Yes	s / No
I/We do hereby	acknowledge re	iv. Do any of the applicants have any past convictions? Yes see feel free to contact us at 407-847-5428.	

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Office Use Only: APPLICATION FEE PAID? Yes / No Amount \$ (*\$50 per individual adult on lease)  RECEIVED: Date: AM/PM
ALL OF THE FOLLOWING INFORMATION MUST BE GIVEN IN ORDER TO PROCEED
This application is for the property located at
The rental period being requested is from/201 to/201
GENERAL INFORMATION - Please Print Legibly
TOTAL # OF OCCUPANTS TOTAL # OF PETS (animals, fish tanks, birds)
NAME & AGE OF ADDITIONAL OCCUPANTS
IN AN EMERGENCY, NOTIFY PHONE #
APPLICANT INFORMATION - Please Print Legibly
NAME: SSN#
DOB: PHONE# CELL# EMAIL:
CURRENT ADDRESS HOW LONG? Street Number Street Name City State Zip
LANDLORD/MORTGAGEPH#/Fax/Fax
CURRENT MONTHLY PAYMENT \$ WHY MOVING?
VEHICLE TAG# MAKE/MODEL YEAR COLOR
EMPLOYER PHONE# YRLY INCOME \$(documented proof of income required)

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NAME:

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### **CO-APPLICANT INFORMATION - Please Print Legibly**

SSN# - -

First Name	Middle Initial	Last Name		_		
DOB:	_ PHONE#	CELL#	<u> </u>	_ EMAIL	.:	
CURRENT ADDR	RESSStreet Number	Street Name Cit	ry State Zip	)	HOW LO	NG?
LANDLORD/MOF	RTGAGE		PH#		/Fax	
CURRENT MONT	THLY PAYMENT S	\$	_ WHY MOV	′ING?		
VEHICLE TAG# _	M <i>i</i>	AKE/MODEL_		YEAR _	COLOR	8
EMPLOYER		PH	ONE#		YRLY INCOM	1E \$ of income required)
RELATIONSHIP <sup>-</sup>	TO APPLICANT _					
======== PLEASE READ TH						
certify that I/we had adjudication withher a credit report, a crental and the Appl A photo ID for eac accepted as an Apple we do qualify, then specified time fram Security Deposit/Refaction	the above informative never been could or deferred for a iminal history checication Fee is non-lih applicant (i.e., displication Deposit to any monies paid ne. If I/we do per ent. In addition, if	nvicted of a felony offense. It is and eviction charefundable, regariver's license) Let hold a property to hold a properform, then the Any type of fee	Further, I/we Further, I/we neck on each i rdless of whet MUST accomp will be fully rety will be fully plication De is required for	urrested for understar ndividual her the appany this a funded if forfeited posit will or Dream	or, put on probate and Dream Builder for the purpose of oplication is acces application. Furt I/we do not qualifi I/we do not performed be applied toward Builders to veries and Desire to the control of the performed by the purpose of the purpose	ion for, nor had a second for a
l/we will be respoi	nsible to pay that	amount in addi	tion to the Ap	plication	Fee(s) already p	oaid.
Applicant Signatu	re	Date	Co-Applicant	Signatur	re	Date
**We cannot prod	cess this application	<u>n unless all requ</u>	<u>ired informatio</u>	n is provi	ded and ALL APP	LICATS SIGN!!

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### **APPLICANT INFORMATION - Please Print Legibly**

\*\*Application Fee(s) & Application Deposit must be paid with separate Money orders/Cashier's Checks.

In order to hold a rental property, so no one else can rent that specific property, you must complete a Rental Application (\$50 fee for each adult occupying property) and pay an Application Deposit to Dream Builders Realty of <u>at least \$750.00</u> in collectable funds (cashier's check/money order only). If your rental application is not approved, the Application Deposit will be returned to you once it becomes available.

If you are approved, the Application Deposit will be held until you sign your lease and pay the first month's rent and security deposit, plus a pet fee, if applicable. The Application Deposit will then be **subtracted** from what you need to pay at move-in time.

We can hold a property for no more than 15 days. If we hold a property for you and you decide not to rent the property as agreed, you will forfeit your Application Deposit.

If you want to hold a property, but need more than 15 days, then you must still deposit at least \$750.00; you will then be given **FIRST RIGHT of REFUSAL**. That is, if someone else wants to rent the same property sooner than you do, you will be given a choice. You can either:

• Take the property the same day on which the other person would have taken it. Then, all the above rules would still apply and you would have to take the property sooner than you originally wanted,

OR

Give up your right to the property and decide not to rent it. In that case, <u>your Application</u>
 <u>Deposit will be refunded</u> and the other person would get the property.

By signing below, you acknowledge that you have read and understand the requirements associated with hold a rental property.

Applicant Signature	 Date	Co-Applicant Signature	Date
	- Achieving	Your American Dream -	Page 5

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### **INITIAL PRE-OCCUPANCY INFORMATION**

#### UTILITY COMPANIES

ELECTRIC	407-629-1010	PROGRESS ENERGY
ELEC / WATER	407-933-7777	KISSIMMEE UTILITY AUTHORITY (KUA)
ELEC / WATER	407-957-7373	OSCEOLA COUNTY UTILITIES (OUC)
WATER	407-423-9018	ORLANDO UTILITIES COMMISSION (OUC)
WATER	407-836-5515	ORANGE COUNTY UTILITIES (OCU)
WATER	407-518-2160	TOHO WATER AUTHORITY (KISSIMMEE)
GAS	877-832-6747	TECO (was PEOPLE'S GAS)
PHONE	888-755-6500	AT&T (BELL SOUTH)
PHONE	1-800-339-1811	SPRING
CABLE	407-843-2480	ADELPHIA (ORANGE COUNTY)
	407-870-8433	ADELPHIA (OSCEOLA COUNTY)
	407-847-8001	BRIGHTHOUSE

OSCEOLA COUNTY PUBLIC SCHOOLS - 407-870-4897 (ENROLLMENT) - www.osceola.k12.fl.us/ ORANGE COUNTY PUBLIC SCHOOLS - 407-317-3233 (PUPIL ASSIGNMENT) - www.ocps.net CHANGE OF ADDRESS - UNITED STATES POST OFFICE - www.usps.com

\*Note: In order to get mailbox key, you must take your LEASE to the nearest Post Office. They will assign you a box and key.

OFFICE HOURS: Monday - Friday 9:00 a.m. to 5:00 p.m.

Tenant understands and agrees that Tenant will initiate, in Tenant's name, any and all necessary utility services that are appropriate for the property (electric, water, gas, etc.). Further, Tenant shall pay all necessary deposits. Tenant also acknowledges Landlord can order utility serve e(s) to be terminated out of Landlord's name (if applicable) within1 day after Lease commencement and Tenant may therefore have no utility services if Tenant has failed to initiate such services on a timely basis.

Applicant Signature	Date	Co-Applicant Signature	Date

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- Please only write inside the box below - the other information is for the current Landlord to fill in -

### **RENTAL VERIFICATION**

The individual(s) signed below has provide the information requested a	• •		-
Thank you for your prompt respo	onse.		
Name of Applicant(s) (Please Print)	):		
I hereby authorize release of the int	formation requested below for my I	MOST RECENT	rental address at:
ADDRESS	CITY	STAT	E ZIP
Applicant Signature	Date Co-Applicant S	Signature	Date
		/ DDADEDTV A	
Move- In Date:  Lease Ending Date:  Amount of Rent:  of Late Payments:  of NSF checks:  Has property notice been given?  s there currently any past due amount and the resident complied with all conducted to the complex of the complex of the complex of the resident keep an animal on the Has the animal at any time caused a Have legal proceedings ever been file.	nt owed on the resident's account? mmunity policies? the premises? problem or been a nuisance?	ent in your home/	
Please note if the Applicant is a ( ) c  Move- In Date:  Lease Ending Date:  Amount of Rent:  \$	nt owed on the resident's account? mmunity policies? the premises? problem or been a nuisance? ed on this resident?	( ) YES	( ) NO