



**PREFERRED PROPERTIES**  
OF CENTRAL FLORIDA, INC.  
3725 SE 58<sup>th</sup> Ave Ocala, FL 34480  
352-694-9691

## **RESIDENT SELECTION CRITERIA**

All Adult applicants 18 or older must submit a fully completed, dated and signed residency application and fee. Applicant must provide proof of identity. A Non refundable application fee will be required for all adult applicants. Applicant may be required to be approved by a condo/homeowner's association and may have to pay an additional application fee or an additional security or damage deposit.

Applicants must have a combined gross income of at least three times the monthly rent. We reserve the right to require a co signer. A minimum of two years residential rental history is required.

Credit history and or Civil Court Records must not contain slow pays, judgments, eviction filing, collections, liens or bankruptcy within the past 5 years. If your credit is above 651 a single security deposit will be due. If your credit is between 600-650 you will be required to pay a double security. If your credit is under 600, then an owner's written approval will be needed for your application to be approved. A credit report will be run on all adults above the age of 18.

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.

Criminal records must contain no convictions for misdemeanors for crimes involving violence, assault or battery, drugs, firearms; felonies within the past 7 years and no sexual offenses ever. In the event a record comes back "adjudication withheld", "nolle prosee", or "adjudication deferred", further documentation may be required and applicant may be denied on this basis. We also check the Marion County Clerk of the Court records.

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 NSF checks, no past due rent or money owed for damages and no damage to unit or failure to leave the property clean and without damage at time of lease termination.

No pets (with the exception of medically necessary pets for the benefit of the occupant(s) of any kind are permitted without specific written permission of landlord in the lease document, an addendum to lease. A non-refundable pet fee of \$200.00 per pet will be charge and/or an additional pet deposit or additional security deposit. Fees and deposits are waived for medically necessary pets. A \$25.00 non-refundable pet application per pet will be completed with a current veterinarian and shot report. Pets must have no bite history. **WE DO NOT RENT TO ANYONE HAVING PITBULLS, ROTTWEILER, DOBERMAN, AKITA, CHOW, GERMAN SHEPHERD OR ANY PET THE PROPERTY INSURANCE DOES NOT ALLOW. FERRETS AND SNAKES ARE ALSO UNACCEPTABLE.** These pets will not be accepted for any reason.

\_\_\_\_\_ Initials

A minimum non-refundable property preparation fee may be charged at to the Resident(s) at time of leasing the property. It will be used at the end of your lease term to cover any needed cleaning, carpet cleaning and rekeying. Other mandatory minimum fees for cleaning, carpet cleaning, rekeying etc may be charged as per the lease. Resident(s) shall still be liable for amounts for damages, cleaning, re keying etc that exceed this non refundable property preparation fee or minimum fees.

Applicants will be required to pay a security deposit at the time of lease execution in a minimum amount of one month's rent. We reserve the right to require a higher security deposit and or additional prepaid rent.

**WE DO NOT ACCEPT CASH OR PERSONAL CHECKS UPON MOVE IN. MONEY ORDERS OR BANK CASHIERS CHECK ONLY.**

The number of occupants must be in compliance with HUD standards/guidelines for the applied for unit.

We require a \$350.00 holding or good faith deposit to be collected to hold a property off the market. In the event the application is approved and applicant fails to enter into a lease, the applicant shall forfeit this deposit. In the event the application is approved, this deposit shall be applied to the required security deposit. No rental property will be held off the market for longer than 2 weeks, unless approved by Preferred Properties of Central Florida Inc. and will require full deposit. All requested documents MUST be turned in with the signed application or it will not be accepted. Preferred Properties has the right to accept other applications that are complete over one that has turned in incomplete.

Some Homeowner's Association and Condominium Associations may require a separate application and fee. If so you must apply separately and approval association is necessary perquisite to our approval of your application. It is the applicant's responsibility to call and set an appointment with the Homeowner's Association and pay their appropriate fees

All applicants must see the interior of property before application is submitted. The property must be accepted in "AS IS" condition before application can be accepted, except where there is a written agreement for maintenance or repair items. Any such maintenance or repairs must be noted in the contingencies area of the application. If requested repairs are accepted by Preferred Properties of Central Florida Inc they will be completed in a timely manner. If in the event that management has several applications the applicant understands that the manager may select the applicant desiring the property in "AS IS "condition over another applicant requesting maintenance and repairs.

Any exceptions to our company's criteria will need to be submitted in writing to the rental agent for presentation to the landlord for consideration. If approval is then given for such exceptions, additional security, co signers, and/or additional advance rent payments may be required.

Our company policy is to report all non-compliances with terms of your rental agreement or failure to pay rent, or any amounts owed to the credit bureau and/or a collection agency and if the amount is disputed, it shall be reported as disputed in accordance with law.

\_\_\_\_\_ Initials

I have read the following criteria listed above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rental Agent

\_\_\_\_\_  
Date

JOB# \_\_\_\_\_ ADDRESS \_\_\_\_\_

REV8/16



**PREFERRED PROPERTIES**  
OF CENTRAL FLORIDA INC

3725 SE 58th Avenue  
Ocala, FL 34480  
(352) 694-9691 Fax (352) 694-9696

Showing Agent's Name:	
Property Address:	
Job #:	
Rental Amount:	Sec. Dpst:
Move-In Date:	Lease Term:
\$ Amount Received:	Owner's Name:
	Date:

**RENTAL APPLICATION**

Applicant:				Date of Birth	Social Security #
Last	First	Middle	Maiden		
Marital Status:			Email Address:		
Driver's License #: (Attach Copy of Driver's License) (Copy of ALL applianants Social Security Cards)			Present Home No. ( ) Cell Phone No. ( ) Work Phone # ( ) Ext.		
AUTO(S) MAKE	MODEL	YEAR	COLOR	TAG# STATE	
AUTO(S) MAKE	MODEL	YEAR	COLOR	TAG# STATE	
Have you ever had an eviction filed against you? Yes No			PETS (Keeping of pets requires a pet application, fee and owner's consent) PLEASE FILL OUT PET APPLICATION (\$25.00 per pet)		
Have you or any occupants ever been arrested for, convicted of, put on probation for, or had adjudication withheld or deferred for a felony offense? Yes No If yes, please explain:					

**RESIDENCE HISTORY FOR THE PAST 2 YEARS - IF NEEDED PLEASE ATTACH SEPARATE SHEET**

Present Address:	street #	Name	Apt #	City	State	Zip	Rent/Mortgage Pymt
Own or Rent	Date Moved In	/ /	Date Moved Out	/ /	Reason for Moving:		
Landlord Mtg Co.	Name	Address	City	State	Zip	Phone No.	
Previous Address:	street #	Name	Apt #	City	State	Zip	Rent/Mortgage Pymt
Own or Rent	Date Moved In	/ /	Date Moved Out	/ /	Reason for Moving:		
Landlord Mtg Co.	Name	Address	City	State	Zip	Phone No.	

**EMPLOYMENT HISTORY:**

<b>Present Employer:</b>	Name	Address	City	State	Zip	Phone No.
Position	Supervisor	Monthly Income				
			From	/ /	to	/ /
<b>Previous Employer:</b>	Name	Address	City	State	Zip	Phone No.
Position	Supervisor	Monthly Income				
			From	/ /	to	/ /

**IN CASE OF EMERGENCY:**

Nearest Living Relative (Not Living With You)	Nearest Living Friend (Not Living With You)
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE NO:	PHONE NO:

**OTHER OCCUPANTS WHO WILL OCCUPY THE PREMISES:**

(ALL ADULTS MUST COMPLETE AN APPLICATION)

NAME	AGE/DOB	SEX	RELATIONSHIP
1			
2			
3			
4			
5			

**CONTINGENCIES:** The only contingencies to the rental application considered for approval by the Property Manager MUST BE LISTED HERE:

A. \_\_\_\_\_ B. \_\_\_\_\_

**APPLIANCES/AMENITIES:** Only those appliances/amenities checked by the Property Manager are included with rental.

RANGE \_\_\_\_\_ REFRIGERATOR \_\_\_\_\_ DISHWASHER \_\_\_\_\_ MICROWAVE \_\_\_\_\_ POOL \_\_\_\_\_ SECURITY SYSTEM \_\_\_\_\_  
 WASHER/DRYER \_\_\_\_\_ CEILING FANS \_\_\_\_\_ WATER SOFTENER \_\_\_\_\_ GARAGE DOOR OPENER \_\_\_\_\_  
 REMOTES \_\_\_\_\_ WINDOW COVERINGS (As-Is, Describe) \_\_\_\_\_ OTHER: \_\_\_\_\_

**IMPORTANT:** THIS COMPANY DOES NOT RENT TO ANYONE WITH A GERMAN SHEPHARD, DOBERMAN, PIT-BULL, ROTTWEILER, CHOW, BREEDS MIXED WITH THE AFOREMENTIONED BREEDS OR ANY ANIMAL WITH A BITE HISTORY.

*How did you hear about us?* (circle one) OCALA4SALE.COM CRAIGSLIST FRIEND YARD SIGN  
 PREFERRED PROPERTIES WEBSITE PHONEBOOK OFFICE SIGN OTHER (please specify) \_\_\_\_\_

Applicant(s) represents that all of the statements and representations are true and complete, and hereby authorizes verification of the above information, references and credit records. Applicant understands that an investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. Application agrees that false, misleading or misrepresented information may result in the application being rejected, will void a lease/rental agreement if any and/or be grounds for immediate eviction with loss of all deposits and any other penalties as provided by the lease terms if any. In addition, Applicant affirms that he/she has never been involved in an eviction process. Applicant authorizes verification of all information by Preferred Properties of Central Florida, Inc. (Property Manager). Applicant has the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. **NON REFUNDABLE "HOLD DEPOSIT"**--Applicant(s) hereby deposits \$350.00 with Property Manager as a **NON REFUNDABLE "HOLD DEPOSIT"** as required with the Application in consideration for taking the dwelling off the market while the application is being processed. If applicant is approved by Property Manager and the lease is entered into and possession of the property is taken the **"HOLD DEPOSIT" shall be applied toward the security/damage deposit.** If applicant is approved, but fails to enter into the lease within 14 days of verbal and/or written approval and/or take possession after lease signing, the **FULL "HOLD DEPOSIT"** shall be forfeited to the Property Manager in addition to any penalties as provided by the lease if the lease has been signed by the Applicant. Applicant understands that a maximum of \$275.00 may be refunded to the Applicant ONLY if Property Manager denies approval of the application. Keys will be furnished only after lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only, in no way implies that a particular rental unit shall be available and in no way obligates Property Manager to execute a lease or deliver possession of the proposed premises. **APPLICANT(S) UNDERSTANDS THAT THE INITIAL MOVE-IN CHARGES AND DEPOSITS MUST BE PAID IN CASHIER'S CHECK OR MONEY ORDER.**

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Co-Applicant Signature Date

\_\_\_\_\_  
Co-Applicant Signature Date

<p>OFFICE USE ONLY:</p> <p>CREDIT REPORT _____</p> <p>RESIDENCE CHECK _____</p> <p>EMPLOYMENT VERIFIED _____</p> <p>BACKGROUND CHECK _____</p> <p>PHOTO I.D.'d _____</p> <p>Social Security Card _____</p>
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**SECURITY DEPOSIT:**

Amount of Security Deposit will be determined after credit and background check. Not valid until Property Manager signs agreement.

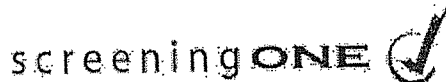
Security Deposit \$ \_\_\_\_\_  
 Second Security Dep. \$ \_\_\_\_\_  
 (low/no credit)  
 Non Refund Pet Fee \$ \_\_\_\_\_  
 Hold Deposit (pd w/appl.) \$ -350.00

**BALANCE OF DEPOSIT DUE** \$ \_\_\_\_\_  
 (cashier's check or money order)

FIRST MONTH'S RENT \$ \_\_\_\_\_  
 ADMINISTRATION FEE \$ +125.00

ADDITIONAL ADULT APPL (\$20 each)\$ \_\_\_\_\_  
 Pet Application Fee (\$25 each) \$ \_\_\_\_\_  
**ADDITIONAL AMOUNT DUE** \$ \_\_\_\_\_  
 (cashier's check or money order)

RECEIVED BY: \_\_\_\_\_ \$ \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_ \$ \_\_\_\_\_



**Authorization For Background Screening (Lessee/Tenant)**

I hereby authorize \_\_\_\_\_ ("Lessor") and its designee, ScreeningOne, Inc., 2233 W. 190<sup>th</sup> Street, Torrance, CA 90504, (866) 273-3848, and its designated agents and representatives (individually and together ("ScreeningOne")), to conduct a comprehensive background check that includes any one or all of the following: Consumer and/or business credit report, past employment and tenancy, criminal, drug, and driving records. I understand that one or more of the above-referenced checks may require additional written authorizations and consents, and I hereby agree to provide all such further written authorizations and consents.

I am aware that the background reports I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and other sources. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to ScreeningOne, within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to ScreeningOne.

By this authorization, I hereby forever release, discharge, exonerate, hold harmless and indemnify Lessor, ScreeningOne, and their affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them, from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander invasion of privacy, related tort claims, misuse of the information obtained, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Lessor or ScreeningOne, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law. I understand that a photocopy, facsimile or scanned copy of this signed document shall be considered as valid as an original.

Printed Name: \_\_\_\_\_ SSN or Business Tax Id: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notice: Name, date and signature are necessary. Responses to the additional above fields are completely voluntary. However, without this information we may be unable to distinguish you from another applicant, in the event we discover adverse information during our background investigation.

# One Way Recovery Solutions, LLC

## Authorization For Background Screening (Lessee/Tenant)

I hereby authorize \_\_\_\_\_ (“Lessor”) and its designee, One Way Recovery Solutions, LLC., 1220 Churchville Road, Bel Air, MD 2014, (877) 262-9979, and its designated agents and representatives (individually and together). One Way Recovery Solutions, LLC to conduct a comprehensive background check that includes any one or all of the following: Consumer and/or business credit report, past employment and tenancy, criminal, drug, and driving records. I understand that one or more of the above-referenced checks may require additional written authorizations and consents, and I hereby agree to provide all such further written authorizations and consents.

I am aware that the background reports I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and other sources. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to One Way Recovery Solutions, LLC, within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to One Way Recovery Solutions, LLC.

By this authorization, I hereby forever release, discharge, exonerate, hold harmless and indemnify Lessor, One Way Recovery Solutions, LLC and their affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them, from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander invasion of privacy, related tort claims, misuse of the information obtained, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Lessor or One Way Recovery Solutions, LLC, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law. I understand that a photocopy, facsimile or scanned copy of this signed document shall be considered as valid as an original.

Printed Name: \_\_\_\_\_ SSN or Business Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notice: Name, date and signature are necessary. Responses to the additional above fields are completely voluntary. However, without this information, we may be unable to distinguish you from another applicant, in the event we discover adverse information during our background investigation.

1220 Churchville Road, Bel Air, MD 21014  
Phone: (877) 262-9979 Fax: (443) 567-4090



3725 SE 58<sup>th</sup> Avenue  
Ocala, FL 34480  
352-694-9691 FAX: 352-694-9696

## LANDLORD VERIFICATION

To: \_\_\_\_\_ Fax: \_\_\_\_\_

From: Billie Lenchner Title: Property Management Department

Applicant Name \_\_\_\_\_ Applicant Address \_\_\_\_\_

Landlord's Name and Phone Number \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ / \_\_\_\_\_

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### APPLICANTS DO NOT WRITE BELOW THIS LINE OFFICE USE ONLY

I am requesting verification of rental history on the person(s) referenced above who has applied for a rental at Preferred Properties.

They have stated they reside at: \_\_\_\_\_

Are you the owner of the property or are you the property manager? \_\_\_\_\_

How much is the monthly rent? \_\_\_\_\_

Their rental period was from \_\_\_\_\_ to \_\_\_\_\_ Are you related? Yes \_\_\_ No \_\_\_

Are they on a lease? Yes \_\_\_ No \_\_\_ When does the current lease expire? \_\_\_\_\_

How many adults on lease? \_\_\_\_\_ How many total people on lease? \_\_\_\_\_

Do they have pets? Yes \_\_\_ No \_\_\_ If yes, number and type \_\_\_\_\_

Do they pay on time? Yes \_\_\_ No \_\_\_ If not, how many times late? \_\_\_\_\_

Have they had any non-sufficient checks? Yes \_\_\_ No \_\_\_ If, yes how many \_\_\_\_\_

Date of last inspection: \_\_\_\_\_ Was the property in good condition? Yes \_\_\_ No \_\_\_

If, no please explain: \_\_\_\_\_

Was proper notice given? Yes \_\_\_ No \_\_\_ Would you rent to them again? Yes \_\_\_ No \_\_\_

Were there any damages withheld from the security deposit? Yes \_\_\_ No \_\_\_

If, yes, what kind of damages/cleaning \_\_\_\_\_

Were there any violations in the lease? Yes \_\_\_ No \_\_\_ If yes, please explain

(noise, etc) \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



PREFERRED PROPERTIES  
OF CENTRAL FLORIDA, INC.

3725 SE 58<sup>th</sup> Avenue  
Ocala, FL 34480  
352-694-9691      FAX: 352-694-9696

I/We have received a copy of a sample lease and have read through it.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent for owner

\_\_\_\_\_  
Date