

## THE APPLICATION PROCESS

In order to make the application process as smooth and effective as possible, the following must be adhered to exactly:

1. Applications must be completely filled out by everyone at the age of 18 years or older. If you leave anything out it will delay the process. If you intentionally falsify any information on the application it may be grounds for rejection of the application.
2. There are three forms that will need to be filled out for the Landlord Application Form. One is a two page application which applicant will give to the Landlord to verify its information. The other two forms are an Employment Verification Form and a Previous Landlord Verification Form. If these two forms apply, then the forms must be signed by the applicant giving permission to previous Landlord and/or Employer to verify, complete and release the information on the form.
3. Once the application has been approved by the Landlord, the Applicant should go to ApplyConnect.com for a credit, eviction and criminal check. Each Applicant will create an account online and enter the requested information to procure an Experian Credit Report with a Vantage score, and a screening for any criminal reports or eviction reports. This is considered a soft credit report and will not effect the Applicant's credit score. The report belongs to the Applicant and he/she will have an opportunity to share or not share the report with the Landlord of the property for tenancy.
4. It shall be at the sole discretion of the Landlord, based on the Landlord's review of the information provided by the applicant, whether the applicant will be approved or not for the applied tenancy. Some Homeowner and Condominium Associations may require a separate application and/or fee. If this is the case, you must apply separately and remit whatever may be required.

By signing below all parties agree to the above four (4) items.

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

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

**PREMIER PROPERTIES REAL ESTATE, INC.**

5920 S. Highway A1A, Suite 103 ▪ Melbourne Beach, FL 32951

Office (321) 724-4546

Oct2025

# LANDLORD APPLICATION FOR RESIDENCY

DATE: \_\_\_\_\_ RENT AMT: \_\_\_\_\_

PROP. ADDR.: \_\_\_\_\_

MOVE IN: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_

Each occupant must submit a separate application unless the Applicant and Co-Applicant share joint credit.

APPLICANT'S NAME \_\_\_\_\_  
FIRST MIDDLE LAST

CO-APPLICANT'S NAME \_\_\_\_\_  
FIRST MIDDLE LAST

APPLICANT PHONE #: \_\_\_\_\_ CO-APPLICANT PHONE #: \_\_\_\_\_

APPLICANT'S STATE AND DRIVER'S LICENSE# \_\_\_\_\_ CO-APPLICANT'S STATE AND DRIVER'S LICENSE # \_\_\_\_\_

OTHER OCCUPANTS

NAME DOB NAME DOB

NAME DOB NAME DOB

**12 months of resident history is required (including dormitory residence if applicable.)**

RESIDENT HISTORY

PRESENT ADDRESS \_\_\_\_\_  
STREET APT# CITY STATE ZIP

DATES: FROM-TO \_\_\_\_\_ PHONE \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_ HOME# \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_  
STREET APT# CITY STATE ZIP

PREVIOUS LANDLORD \_\_\_\_\_ ADDRESS \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_ PHONE# \_\_\_\_\_ HOW LONG? \_\_\_\_\_

**HAS APPLICANT OR CO-APPLICANT EVER BEEN EVICTED FROM ANY LEASED PREMISES? \_\_\_\_\_ IF YES, EXPLAIN ON BACK**

**HAS APPLICANT OR CO-APPLICANT EVER REFUSED TO PAY RENT? \_\_\_\_\_ IF YES, EXPLAIN ON BACK**

**HAVE YOU EVER BEEN CONVICTED OF A FELONY? APPLICANT YES \_\_\_\_\_ NO \_\_\_\_\_ CO-APPLICANT YES \_\_\_\_\_ NO \_\_\_\_\_**

**12 months of employment history is required (including student status if applicable).**

EMPLOYMENT/STUDENT HISTORY

PRESENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_  
STREET CITY STATE ZIP

SUPERVISOR \_\_\_\_\_ EMPLOYED SINCE \_\_\_\_\_

NEW EMPLOYER IF APPLICABLE \_\_\_\_\_ POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_  
STREET CITY STATE ZIP

SUPERVISOR \_\_\_\_\_ START DATE: \_\_\_\_\_

CO-APPLICANT'S EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_  
STREET CITY STATE ZIP

SUPERVISOR \_\_\_\_\_ EMPLOYED SINCE \_\_\_\_\_

# Application For Residency Page 2

\*ANNUAL SALARY (INCLUDING FEES, TIPS, COMMISSIONS, AND BONUSES) \_\_\_\_\_  
\*ANNUAL SALARY (CO-APPLICANT) + \_\_\_\_\_  
\*\*ADDITIONAL ANNUAL INCOME (CHILD SUPPORT, PARENTAL SUPPORT, STOCKS,  
SAVINGS, INVESTMENTS, ETC.) + \_\_\_\_\_  
SOURCE \_\_\_\_\_  
TOTAL ANTICIPATED INCOME = \_\_\_\_\_

**\*IF SELF EMPLOYED, LANDLORD MAY REQUIRE YOUR MOST RECENT TAX RETURN AND/OR BANK STATEMENTS**

**\*\* LANDLORD MAY REQUIE A NOTARIZED STATEMENT OF THIS INCOME.**

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AUTO TAG # & STATE \_\_\_\_\_ YEAR/MAKE/COLOR \_\_\_\_\_  
CO-APPLICANT'S TAG # & STATE \_\_\_\_\_ YEAR/MAKE/COLOR \_\_\_\_\_  
DO YOU OWN A MOTORCYCLE, BOAT, COMMERCIAL VEHICLE, CAMPER, TRAILER, ETC.? (IF SO, TYPE & TAG #)  
\_\_\_\_\_

MISCELLANEOUS  
DO YOU OR ANY CO-APPLICANTS SMOKE? \_\_\_\_\_  
DO YOU OWN ANY PETS? \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_ BREED \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR \_\_\_\_\_  
PERSONAL EMERGENCY CONTACT:  
NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ BUS PHONE # \_\_\_\_\_

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**HOW DID YOU HEAR ABOUT THIS PROPERTY?** \_\_\_\_\_

By signing below, I am stating that the information I have provided in this Application is true, correct, and complete. All persons and firms named in this Application may freely give any information concerning me that is requested, and I waive all rights of action that I may have for any consequence resulting from such information. By signing below, I authorize the landlord of this property to verify all information contained in this Application on my behalf.

By signing below, I further acknowledge if I provide incomplete or inaccurate information on this application, I may be rejected, and my non-refundable application fee will not be refunded.

APPLICANT EMAIL: \_\_\_\_\_ CO-APPLICANT EMAIL: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ CO-APPLICANT SIGNATURE \_\_\_\_\_

**LANDLORD REFERENCE REQUEST**  
**This form needs only to be signed below by applicant.**  
**The Landlord shall complete this form.**

**Applicant Name(s):** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Landlord Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

If completing this form online, please use an "X" for your yes or no answers.

Did the tenant pay rent on time      Always\_\_\_\_    Mostly\_\_\_\_    Rarely\_\_\_\_    Never\_\_\_\_

If not Always, then explain on back.

Any NSF checks?    Yes\_\_\_\_    No\_\_\_\_    If Yes, Explain on back.

Was tenant a nuisance, any complaints?    Yes\_\_\_\_    No\_\_\_\_

Did tenant remove/abuse property?    Yes\_\_\_\_    No\_\_\_\_

If No, explain on back.

Did tenant leave the property in good condition?:    Yes\_\_\_\_    No \_\_\_\_

Did tenant stay until end of lease?                      Yes\_\_\_\_    No\_\_\_\_

Would you rent to this tenant again?    Yes\_\_\_\_    No\_\_\_\_

Comments:

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord Email:

**EMPLOYMENT VERIFICATION REQUEST**  
**This form needs only to be signed below by applicant.**  
**The Employer shall complete this form.**

Co-Applicant Name(s): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone: \_\_\_\_\_

If completing this form online, please use an "X" for your yes or no answers.

Employee's Position (Title) \_\_\_\_\_

Employee Salary \$ \_\_\_\_\_ Per Week Month Year

Date Employed: \_\_\_\_\_

Applicant work(s) for the company stated above? \_\_\_ Yes \_\_\_ No \_\_\_

Applicant's income is as stated above? \_\_\_ Yes \_\_\_ No \_\_\_

Is this employee in good standing? \_\_\_ Yes \_\_\_ No  
(If No, explain) \_\_\_\_\_

Is this employee's job expected to end / transfer within the next 12 Months? \_\_\_ Yes \_\_\_ No

If Yes, explain on back.

Comments:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

I/We hereby authorize the above named employer to release all information contained above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Employer Email:

**EMPLOYMENT VERIFICATION REQUEST**  
**This form needs only to be signed below by applicant.**  
**The Employer shall complete this form.**

**Applicant Name(s):** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Supervisor Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If completing this form online, please use an "X" for your yes or no answers.

Employees Position (Title) \_\_\_\_\_

Employee Salary \$ \_\_\_\_\_ Per Week Month Year

Date Employed: \_\_\_\_\_

Applicant work(s) for the company stated above? \_\_\_ Yes \_\_\_ No \_\_\_

Applicant's income is as stated above? \_\_\_ Yes \_\_\_ No \_\_\_

Is this employee in good standing? \_\_\_ Yes \_\_\_ No  
(If No, explain) \_\_\_\_\_

Is this employee's job expected to end / transfer within the next 12 Months? \_\_\_ Yes \_\_\_ No  
If Yes, explain on back.

Comments:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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I/We hereby authorize the above named employer to release all information contained above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Employer Email: