



APPLICATION FOR LEASE
3900 S. FLORIDA AVE., STE. 311
LAKELAND, FL 33813
PHONE: 863-644-4622
FAX: 863-701-2243
CDCPROPERTIES.COM

APPLICANT NAME: _____ DL #: _____

CURRENT ADDR: _____ DATE OF BIRTH: _____

CITY: _____ STATE: _____ ZIP: _____ S.S.#: _____

HOME PHONE: _____ CELL PHONE: _____ OTHER: _____

LANDLORD'S NAME: _____ PHONE: _____ HOW LONG: _____ PMT: \$ _____

PREVIOUS ADDR: _____ CITY: _____ STATE: _____ ZIP: _____

LANDLORD'S NAME: _____ PHONE: _____ HOW LONG: _____ PMT: \$ _____

CURRENT EMPLOYER: _____ ADDR: _____ CITY: _____ ST: _____

WORK PHONE: _____ POSITION: _____ HOW LONG: _____ H.R. PH: _____

EMPLOYMENT INCOME: \$ _____ per _____ OTHER INCOME SOURCE: _____ AMT: \$ _____

=====

CO-APPLICANT NAME: _____ DL #: _____

CURRENT ADDR: _____ DATE OF BIRTH: _____

CITY: _____ STATE: _____ ZIP: _____ S.S.#: _____

HOME PHONE: _____ CELL PHONE: _____ OTHER: _____

LANDLORD'S NAME: _____ PHONE: _____ HOW LONG: _____ PMT: \$ _____

PREVIOUS ADDR: _____ CITY: _____ STATE: _____ ZIP: _____

LANDLORD'S NAME: _____ PHONE: _____ HOW LONG: _____ PMT: \$ _____

CURRENT EMPLOYER: _____ ADDR: _____ CITY: _____ ST: _____

WORK PHONE: _____ POSITION: _____ HOW LONG: _____ H.R. PH: _____

EMPLOYMENT INCOME: \$ _____ per _____ OTHER INCOME SOURCE: _____ AMT: \$ _____

How many people will occupy this property? _____ Names & ages of occupants:

Do you have pets? Yes ___ No ___ Type: _____ Breed: _____ Weight: _____

Type: _____ Breed: _____ Weight: _____

Type: _____ Breed: _____ Weight: _____

Auto: Make: _____ Year: _____ License #: _____ Pmt. Amt: \$ _____

Make: _____ Year: _____ License #: _____ Pmt. Amt: \$ _____

Make: _____ Year: _____ License #: _____ Pmt. Amt: \$ _____

Do you smoke: Yes ___ No ___ **SMOKING IS NOT PERMITTED INSIDE OUR RENTALS**

Have you ever been convicted of a felony? Yes ___ No ___ (We do National background checks) Care to explain: _____

Have you ever had an eviction notice filed against you? Yes ___ No ___ Year _____

Emergency Contact: _____ Relationship: _____ PH: _____

Personal references (Non-family members) Name: _____ PH: _____

Name: _____ PH: _____

Property Address applying for: _____

Proposed move in Date: _____

Applicant Signature Date Applicant Signature Date

FOR OFFICE USE:

Rental Amt.: \$ _____ Terms of the Lease: _____ Sec Dep. Amt: \$ _____

Additional Sec. Deposit: \$ _____ Pet fees & deposits: \$ _____

CS: Appl #1: _____ Notes: _____

Appl. #2: _____ Notes: _____

DISCLOSURE

I/We, the undersigned, understand that CDC PROPERTIES OF CENTRAL FLORIDA, LLC is the leasing agent and representative for the owner/landlord and that the leasing agent's fee will be paid by the Owner/Landlord. The undersigned acknowledges that this written notice was received prior to the undersigned receiving a lease agreement.

RADON GAS - Notice to Prospective Tenant: Radon Gas is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may represent health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in this state. Additional Information regarding radon and radon testing may be obtained from you county public health unit.

I/We declare the foregoing information is true and correct, and I/We hereby authorize you to conduct an employment and credit check and to verify our references.

Applicant Signature

Date

Applicant Signature

Date

GOOD FAITH DEPOSIT: I understand that once I have been approved and put down the deposit with CDC Properties of Central Florida, LLC and if I fail to enter into a Rental Agreement, I understand and agree that the entire Security Deposit shall be forfeited by me. In addition, if I have already entered into a Rental Agreement, I will be held liable for all rents and damages as set forth in the Rental Agreement.

Applicant Signature

Date

Applicant Signature

Date



CDC Properties of Central FL, LLC
Property Management
3900 S. Florida Ave., Ste. # 311
Lakeland, FL 33813
863-644-4622 (O) 863-701-2243 (F)

EMPLOYMENT VERIFICATION

(EMPLOYEE FILL OUT TOP SECTION)

I, _____, have applied For a rental with CDC Properties and hereby give permission for you to release any employment information including but not limited to salary information.

Signature Date

Print name Employee ID

=====

(EMPLOYER FILL OUT THIS SECTION)

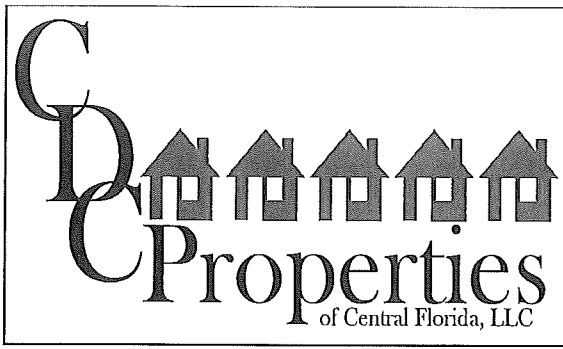
The above mentioned person has applied for residency with us. Please complete the information below and fax it to the attention of _____ at 863-701-2243. Thank you in advance for your prompt attention to this matter.

Company name

- 1. Is he/she currently employed by you? _____ yes _____ No
- 2. What is his/her salary? \$_____ Hourly/Annual
- 3. Does He/She receive Bonus? Yes/No If so, average annual amt. \$_____
- 4. Avg. hours worked per week? _____
- 5. What is his/her job title? _____
- 6. How long has he/she worked for you? _____

Name Title Date

Phone number Fax number



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Name Title Date

Phone number Fax number



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LANDLORD VERIFICATION
(TENANT TO FILL OUT TOP SECTION)

I (we), _____, have applied For a rental with CDC Properties and hereby give permission for you to release rental information on our behalf.

Signature

Signature

Print name

Print name

=====

(LANDLORD TO FILL OUT THIS SECTION)

The above mentioned person(s) has applied for residency with us. Please complete the information below and fax it to the attention of _____ at 863-701-2243. Thank you in advance for your prompt attention to this matter.

How long have they been at the current address: _____ Rental amt: \$ _____

Is/was rent paid on time: YES/NO Did they have any NSF's: YES/NO Do/did they have any pets:

YES/NO If yes, how many & type/breed: _____

Any late payments: yes/no? if so how many: _____ Are they breaking their lease: _____

Any complaints: _____ If yes, explain: _____

Have they taken care of the property: YES/NO Explain: _____

Would you rent to them again: YES/NO Explain: _____

Signed by: _____ Title: _____ Date: _____

Phone number: _____ Fax number: _____

CDC PROPERTIES OF CENTRAL FLORIDA, LLC

EACH OF THESE FEES MUST BE A SEPARATE MONEY ORDER. THE \$35. LEASE PREP FEE SHOULD BE MADE OUT TO HEIST, WEISSE & DAVIS. ALL OTHER MONEY ORDERS SHOULD BE MADE OUT TO CDC PROPERTIES OF CENTRAL FLORIDA LLC.

APPLICATION FEE

\$ 35. - each adult over 18 (under 18, no charge)

SECURITY DEPOSIT

Once you are approved, you have 48 hours to bring in the security deposit and we will not show the house to anyone else during that time. If you are approved and change your mind, you will lose your deposit.

The security deposit is \$10. less than the rent. (This is not the last month's rent.) After we have the deposit we can hold the property for you up to 3 weeks.

For credit scores below 600 we require an additional \$ 400. deposit. This is not an automatic approval. (This may apply for a short job history or other issues.)

PETS

\$ 50. nonrefundable pet fee for each cat

\$ 100. nonrefundable pet fee for small dogs (under 25 lbs.)

\$ 150. nonrefundable pet fee for large dogs (over 25 lbs.)

One \$ 300. refundable pet deposit (not per pet)

Because of insurance regulations, we cannot rent to owners of certain breeds of dogs.

AT LEASE SIGNING

The day you sign the lease you will need to bring the full first month's rent and a \$ 35. lease preparation fee. Any additional deposits are also due. REMEMBER each of these needs to be a separate money order or cashiers check.

SOME OWNERS REQUEST PERIODIC INSPECTIONS AND YOU WILL BE NOTIFIED IN ACCORDANCE WTH YOUR LEASE.