



QUEST
REAL ESTATE, LLC

707 Peninsular Place #250
Jacksonville, FL 32204
PHONE (904) 373-9171
FAX (888) 854-1925

Licensed Real Estate Broker ♦ Tenant Placement ♦ Property Management

COMMERCIAL APPLICATION CRITERIA

APPLICATION REQUIREMENTS: All adult applicants 18 or older must submit a fully completed, dated and signed commercial application and fee. ****Applicants must provide a valid state-issued photo identification card or a driver's license.****

A non-refundable application fee of \$40 will be required for all applicants. Fee payable in certified funds only, or online via PayPal at www.AccentFlorida.com (click on the link to pay your app fee online).

INCOME: Applicants must have a combined income of at least two times the monthly rent. We reserve the right to require a co-signer. Self-employed applicants are required to produce, upon request, two years of tax returns or 1099s. Applicants must provide proof of income (recent pay stubs, bank statements, etc. All sources of other income must be verifiable if needed to qualify.

CREDIT REPORTING: In the event of non-compliance with the terms of your rental agreement or failure to pay rent as agreed, we reserve the right to report these issues to any or all of the various credit reporting agencies. This is a company policy.

BACKGROUND CHECK: Criminal records must contain no convictions for felonies within the past seven years and no sexual offenses ever. In the event a record comes back "adjudication withheld" further documentation may be required and applicant may be denied on this basis.

RENTAL HISTORY: Previous rental history must reflect timely payment, sufficient notice of intent to vacate, no complaints regarding noise, disturbance or illegal activities, no unpaid NSF checks, and no damage to unit or failure to leave the property clean and without damage at the time of lease termination.

HOLDING DEPOSIT: Applicants will be required to pay, via certified funds (no personal checks accepted), a holding deposit equal to one month's rent within twenty-four (24) hours of being notified of acceptance or the dwelling will not be reserved for the approved applicant. We reserve the right to require an additional deposit and/or additional prepaid rent. We require this holding 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 VERBAL AGREEMENTS: Any exceptions to our criteria must be submitted in writing to the owner/agent for consideration. If approval is then given for such exceptions, additional security, co-signers and/or additional advance rent payments may be required. **No** verbal agreements will be executed or honored. Any agreements must be in writing and signed by both parties.

By signing below, I indicate that I have read the above APPLICATION CRITERIA statement and fully agree to its stipulations.

Applicant Name (Please Print)

Applicant Signature

Date

Applicant Name (Please Print)

Applicant Signature

Date



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COMMERCIAL APPLICATION

DATE _____ INTENT FOR USE/TYPE OF BUSINESS _____

PROPERTY APPLYING FOR _____ ANTICIPATED MOVE-IN DATE _____

ALL FIELDS ARE REQUIRED; PLEASE PRINT LEGIBLY!

APPLICANT 1

NAME _____ DOB _____
LAST FIRST M.I. xx/xx/xxxx

HOME PHONE WORK PHONE CELL PHONE

SOCIAL SECURITY NUMBER DL NUMBER & ISSUING STATE E-MAIL ADDRESS

PRESENT HOME ADDRESS _____
STREET CITY/STATE ZIP CODE

PREVIOUS HOME ADDRESS _____
STREET CITY/STATE ZIP CODE

(If applicable:)
PRESENT COMMERCIAL RENTAL ADDRESS _____
STREET CITY/STATE ZIP CODE

AGENT OR LANDLORD:

NAME/ PHONE _____

CURRENT MONTHLY RENT \$ _____ HOW LONG AT THIS ADDRESS? _____

CURRENT MONTHLY INCOME \$ _____ SOURCE/EMPLOYER _____

SUPERVISOR PHONE _____ LENGTH OF EMPLOYMENT _____

ADDITIONAL MONTHLY INCOME \$ _____ SOURCE/EMPLOYER _____

BANK INFORMATION:

BANK NAME CHECKING ACCOUNT NUMBER SAVINGS ACCOUNT NUMBER

BUSINESS REFERENCES (NOT EMPLOYER OR PERSON RELATED TO YOU):

_____ NAME	_____ RELATIONSHIP	_____ PHONE
_____ NAME	_____ RELATIONSHIP	_____ PHONE

APPLICANT 2

NAME _____ **DOB** _____

 LAST FIRST M.I. xx/xx/xxxx

HOME PHONE _____
WORK PHONE _____
CELL PHONE

SOCIAL SECURITY NUMBER _____
DL NUMBER & ISSUING STATE _____
E-MAIL ADDRESS

PRESENT ADDRESS _____

 STREET CITY/STATE ZIP CODE

PREVIOUS HOME ADDRESS _____

 STREET CITY/STATE ZIP CODE

(If applicable:)
PRESENT COMMERCIAL RENTAL ADDRESS _____

 STREET CITY/STATE ZIP CODE

AGENT OR LANDLORD:
NAME/ PHONE _____

CURRENT MONTHLY RENT \$ _____ HOW LONG AT THIS ADDRESS? _____

CURRENT MONTHLY PAYMENT \$ _____ HOW LONG AT THIS ADDRESS? _____

CURRENT MONTHLY INCOME \$ _____ SOURCE/EMPLOYER _____

SUPERVISOR PHONE _____ LENGTH OF EMPLOYMENT _____

ADDITIONAL MONTHLY INCOME \$ _____ SOURCE/EMPLOYER _____

BUSINESS REFERENCES (NOT EMPLOYER OR PERSON RELATED TO YOU):

_____ NAME	_____ RELATIONSHIP	_____ PHONE
_____ NAME	_____ RELATIONSHIP	_____ PHONE

		YES	NO
Have you ever been evicted?	Applicant 1		
	Applicant 2		
Have you ever broken a rental or lease agreement?	Applicant 1		
	Applicant 2		

Have you ever declared bankruptcy?	Applicant 1			
	Applicant 2			
Have you ever been sued for non-payment of rent?	Applicant 1			
	Applicant 2			
Have you ever been sued for damages to rental property?	Applicant 1			
	Applicant 2			
Have you ever been arrested?	Applicant 1			
	Applicant 2			

VEHICLES

MAKE & MODEL	COLOR	YEAR	TAG NUMBER
MAKE & MODEL	COLOR	YEAR	TAG NUMBER
MAKE & MODEL	COLOR	YEAR	TAG NUMBER

APPLICANT ACKNOWLEDGES THAT THIS APPLICATION, INCLUDING EACH PROSPECTIVE OCCUPANT NAMED HEREIN, IS SUBJECT TO APPROVAL, AND THAT SAID APPLICATION MAY BE REJECTED BY THE AGENT OR HIS AGENT WITHOUT EXPLANATION. IF THIS APPLICATION IS APPROVED, APPLICANT AGREES TO EXECUTE, AFTER NOTICE OF APPROVAL, A RENTAL AGREEMENT PRIOR TO TAKING POSSESSION OF THE PREMISES, AND TO PAY ANY BALANCE DUE AS INDICATED ABOVE. APPLICANT ACKNOWLEDGES THAT THE APPLICATION FEE WILL BE APPLIED TO COSTS OF THE NECESSARY CREDIT INVESTIGATION TO BE CONDUCTED BY THE AGENT OR HIS AGENT, THAT SAID COSTS WILL BE INCURRED BY THE AGENT OR HIS AGENT, REGARDLESS OF WHETHER THIS APPLICATION IS APPROVED OR REJECTED, AND THAT THEREFORE THE APPLICATION FEE IS NON-REFUNDABLE.

I HEREBY AUTHORIZE THE AGENT OR HIS AGENT TO VERIFY THE ABOVE INFORMATION FURNISHED BY ME BY CONDUCTING AN INVESTIGATIVE REPORT WHICH MAY INCLUDE BUT NOT LIMITED TO VERIFICATION OF SAID INFORMATION THROUGH CREDIT BUREAUS, MY PRESENT AND FORMER AGENT/LANDLORD, AND OTHER SOURCES TO CONSTITUTE AN INVESTIGATIVE CONSUMER REPORT. I HEREBY WAIVE ANY CLAIM FOR DAMAGES BY REASON OF NON-ACCEPTANCE OF THIS APPLICATION. IN THE EVENT THAT APPLICANT REFUSES TO MOVE INTO PROPERTY ONCE ACCEPTED, SECURITY DEPOSIT SHALL BE FORFEITED.

Applicant Name (Please Print)

Applicant Signature Date

Applicant Name (Please Print)

Applicant Signature Date



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EMPLOYMENT VERIFICATION AND RELEASE

SEPARATE FORM REQUIRED FOR EACH APPLICANT

PLEASE PRINT LEGIBLY

PROSPECTIVE

TENANT'S NAME _____
LAST FIRST M.I.

DATE _____

EMPLOYER'S INFORMATION:

COMPANY NAME COMPANY PHONE

COMPANY FAX

COMPANY ADDRESS

I GIVE MY PERMISSION TO THE ABOVE REFERENCED EMPLOYER TO ANSWER THE QUESTIONS BELOW FOR THE PURPOSE OF VERIFYING EMPLOYMENT TO HELP DETERMINE COMMERCIAL RENTAL ELIGIBILITY. UPON COMPLETION, I UNDERSTAND THAT MY EMPLOYER IS REQUIRED TO FAX IT DIRECTLY TO ACCENT OF FLORIDA, INC.

APPLICANT'S PRINTED NAME APPLICANT SIGNATURE DATE

Dear Employer,

The above-mentioned employee is being considered for tenancy in one of the commercial properties managed by Accent of Florida, Inc. The information you provide will be used in part to help determine the applicant's qualification. Please fill out the following form completely and fax it directly to Accent of Florida, Inc. at (888) 854-1925. Thank you for your assistance.

CURRENTLY EMPLOYED? _____ IF YES, HOW LONG? _____
IF NO, SINCE WHEN? _____
JOB POSITION/TITLE _____ GROSS MONTHLY SALARY \$ _____

EMPLOYER'S PRINTED NAME EMPLOYER'S SIGNATURE DATE



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RENTAL HISTORY VERIFICATION

SEPARATE FORM REQUIRED FOR EACH APPLICANT

NAME _____
LAST FIRST M.I.

PRESENT ADDRESS _____
STREET CITY/STATE ZIP CODE

DATE _____

The above-mentioned applicant is being considered for commercial tenancy in one of the properties managed by Accent of Florida, Inc. The information you provide will be used in part to help determine the applicant's qualification. Please fill out the following form completely and fax it directly to Accent of Florida, Inc. at (888) 854-1925. Thank you for your assistance.

PRESENT AGENT:

CONTACT INFO _____
NAME PHONE FAX

HOW LONG HAS APPLICANT OCCUPIED YOUR PROPERTY? _____

CAN YOU RECOMMEND THE APPLICANT FOR TENANCY (If no, please explain)? _____

IS THE APPLICANT BEING EVICTED (If yes, please explain)? _____

DID THE APPLICANT PAY RENT AS AGREED TO IN PRESENT LEASE (If no, please explain)? _____

DID THE APPLICANT MAINTAIN GOOD HOUSEKEEPING (If no, please explain)? _____

DID THE APPLICANT DAMAGE OR DESTROY THE PROPERTY (If no, please explain)? _____

AGENT'S PRINTED NAME _____

AGENT'S SIGNATURE _____ DATE _____

