

More Info

- Application RESULTS take a minimum of two business days.
- The owner will request first month's rent and a security deposit equal to one month's rent. Last month's rent is dependent on the results of your application.

 • The owner asks that you take possession of the home
- within 15-days of being approved.

Step 1

Fill out application and return it to us.

Step 2

- **Drivers License**
- Proof of income
- Letters of recommendation (optional)

Step 3

Payments Accepted: **Zelle** - AgentJason@gmail.com PayPal - AgentJason@gmail.com CashApp - \$TheRentKing Venmo - \$TheRentKing

www.TheRentKing.com

RENTAL PRE-SCREENING QUESTIONNAIRE



Date:	
Name:	
Contact Phone:	Contact Email:
Preferred Method of Contact: Text	□ Call □ Email
Current Address:	Inquired Property:
	Anticipated Occupancy Date:
Credit Score in Excess of 600? □ Yes □	No
(1) Any Bankruptcies? Yes No	(2) Any Foreclosures? □ Yes □ No
(3) Any Short Sales?	(4) Any Collections?
If answered yes to any question 1-4, please pro	ovide a brief explanation:
(5) Any pets?	
If yes to question 5, please answer the follow:	
How many pets?	
 Type of animal(s): 	
Breed of animal(s):	
We require first and last month's rent if credit	
□ Yes	□ No
If there are any credit blips, we will also requir	re last month's rent – a total of three (3) months.
Can you deposit this amount?	□ No

Eagle Premier Realty LLC 600 Cleveland St. Suite 375 Clearwater FL 33755 727-222-1369 www.TheRentKing.com



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TENANT INFORMATION FORM

I / We		, prospective
tenant(s) / buyer(s) f	or the property located at	,
Managed By:	Owned By:	***************************************
to obtain information for use in	and or the property owner / manager to inquire into my / our credit file, criminal, and rental history a processing of this application. I / we understand that on my / our credit file it will appear the TENA of privacy or any other claim that may arise against TENANT CHECK now or in the future. PLEASE PRINT CLEARLY	

TENANT INFORMATION:	SPOUSE / ROOMMATE:		
SINGLE MARRIED	SINGLE MARRIED		
SOCIAL SECURITY #:	SOCIAL SECURITY #:		
FULL NAME:	FULL NAME:		
DATE OF BIRTH:	DATE OF BIRTH:		
DRIVER LICENSE #:	DRIVER LICENSE #:		
CURRENT ADDRESS:	CURRENT ADDRESS:		
HOW LONG?	HOW LONG?		
LANDLORD & PHONE:	LANDLORD & PHONE:		
PREVIOUS ADDRESS:	PREVIOUS ADDRESS:		
HOW LONG?	HOW LONG?		
EMPLOYER:	EMPLOYER:		
OCCUPATION:	OCCUPATION:		
GROSS MONTHLY INCOME:	GROSS MONTHLY INCOME:		
LENGTH OF EMPLOYMENT:	LENGTH OF EMPLOYMENT:		
WORK PHONE NUMBER:	WORK PHONE NUMBER:		
HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO	HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO		
HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO	HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO		
SIGNATURE:	SIGNATURE:		
PHONE NUMBER:	PHONE NUMBER:		

Please Fax or email your completed application to:

Jason Adler AgentJason@gmail.com IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

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