



Solutions Realty Network, Inc

Rental Reservation



Property Address: _____

IMPORTANT

APPROVED APPLICATION AND FULL MONTH'S RENT ARE REQUIRED TO HOLD A PROPERTY!

In order to hold a property, a reservation fee (full month's rent) is paid at time of application and held until application is either approved or declined. Once approved, all advertising and scheduled showings to other prospective tenants are suspended. The property will be reserved for a maximum of 30 days. Any move-in date requested beyond 30 days may be subject to a pre move-in rent assessment. The reservation fee is **NON-REFUNDABLE** once the application is approved and move-in is scheduled. This fee will automatically be applied as the first month's rent for move-in purposes. Tenants moving in after the first will pay the prorated amount for the second month. In the event your application is declined, the fee will be immediately returned.

Payment must be in the form of **cashier's check** or **money order**. Personal checks or credit card payments will NOT be accepted for the reservation fee or security deposit. For the safety of our agents, we are unable to accept cash.

CHOOSE ONE:

- I/We **have NOT paid** the Reservation Fee at time of application and understand that property will **NOT** be reserved until this fee is received by Solutions Realty Network. I understand that all advertising and showings on this property will continue.
- I/We **have paid** the Reservation Fee and understand it is non-refundable upon approval of our application and funds received by Solutions Realty Network. I understand that all advertising and showings will be suspended, as the property is reserved. MONEY ORDER #: _____

Did an agent NOT associated with Solutions Realty Network show you this home? ____ YES* ____ NO

Name: _____ Company: _____

Phone: _____ Email: _____

*Solutions Realty Network pays a referral fee to other brokers provided they are the procuring cause of you leasing this home and you have signed a referral authorization. Solutions Realty Network has a broker-client relationship with the landlord; however we are happy to assist you as a customer in this transaction. When a real estate broker works with a party as a customer or client, the broker may not knowingly give the party false information. **Always Choose a REALTOR®**: Solutions Realty Network is a member of the National Association of REALTORS® and subscribes to its strict Code of Ethics.

Expected Move-in Date: _____ Monthly Rent: _____ Date Existing Lease Expires: _____

Are you interested in a Lease / Purchase? ____ YES ____ NO

Down Payment Amount Available: _____

Solutions Realty Network, Inc.
Rental Applicant Qualification Criteria

In order for the application to be processed, the following criteria **MUST** be met by all applicants to be approved for a lease:

1. Print legibly
2. Complete **ALL** fields with accurate information
3. Payment of applicable application fee(s) in the form of money order or cashier's check only
 - ❖ \$40 for each person to reside in property 18 years of age and older

Applications received without the application fee will be considered incomplete
4. Provide rental or mortgage history
5. Provide legal documentation of income:
 - ❖ Copies of your two (2) most recent pay stubs must be included
 - ❖ Filed Tax statement(s) from prior year and/or current bank or accounting statements are acceptable for self-employed applicants
6. Provide two forms of picture identification
 - ❖ Valid Driver's License – be sure to enlarge photo for clear view
 - ❖ Social Security Card
 - ❖ Valid Government Issued Photo ID – be sure to enlarge photo for clear view
9. Must be 18 years of age or older to apply

****SEND ALL COMPLETED FORMS (6 pages) TO: SOLUTIONS REALTY NETWORK****

FAX: 770-908-3329 * ATTN: *Property Manager*

100 Glendalough ct Suite D2 – Tyrone – GA - 30290

In the absence of substantial mitigating circumstances, an applicant may be denied for the following reasons: Criminal conviction for crimes against persons and/or property, certain court judgments, a negative reference from a previous landlord, management or mortgage company, false information provided by applicant(s).

It is our company policy to accept the first qualified applicant when multiple applications have been received. We are a company who recognizes and fully supports Federal and State Fair Housing Laws. We do not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, or national origin.

You may expect to receive notification on the status of your application within 72 hours, if all references are cooperative. If you are using an agent, your agent will contact you with the status of your application.

Authorization to Release Information

____1. *I/We have applied for a rental agreement from Solutions Realty Network, Inc. (SRN). As part of the application process, SRN (Initial) and/or its assigns may verify information contained in my/our application, plus **criminal history** and any other information which the company deems germane in connection with said application, either before or after the agreement is ratified as a part of its quality control program. I hereby acknowledge that if I have made my credit unavailable (temporarily frozen by me), I will have to un-freeze this for SRN to process my history. In the event I have frozen my credit at the time that SRN runs my credit history, I will incur a \$20 fee to SRN in order for SRN to run my credit history a second time after credit freeze has been temporarily lifted by myself.*

____2. *I/We authorize Solutions Realty Network and/or its assigns to release any and all information to subsequent landlord requests (Initial) for **residential history**. Such information includes but is not limited to, **employment history, credit history**.*

____3. *I/We understand that in some cases SRN serves as an application processing company only and in no way represents itself as a (Initial) real estate agency. Upon application approval, prospective tenant will be referred to the agency/owner pertaining to the property of interest.*

____4. *A copy of this authorization may be accepted as an original (Initial)*

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Rental Application

Desired Date of Occupancy: _____ Application Fee: \$ _____

Address Applying For: _____ Monthly Rent: \$ _____

Where did you hear about this home? _____

Applicant Information (If joint application for a married couple, have spouse complete "Spouse Personal Information" section)

Full Name: _____

Date of Birth: ___/___/19___ SSN# _____ - _____ Drivers Lic. #: _____ State: _____

Work Phone: _____ Home Phone _____

*Cell Phone: _____ * E-Mail address: _____

Address: _____

Street City State Zip

Marital Status: Single /Married /Divorced

Co-occupant _____ Relation _____ DOB _____ SSN# _____

Co-occupant _____ Relation _____ DOB _____ SSN# _____

Co-occupant _____ Relation _____ DOB _____ SSN# _____

Pet Information \$500 first pet (\$250 non-refundable); \$250 each additional pet

Type (Cat, Dog, etc)	Breed	Weight	Age	Name	If cat, declawed?
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Vehicles to be parked on Premises

Make	Model	Year	Lic#/State	Monthly Payments
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Emergency Contact Information

1. Name: _____

Phone #: _____ Alt. Phone #: _____ Email: _____

Address: _____

2. Name: _____

Phone #: _____ Alt. Phone #: _____ Email: _____

Address: _____

Residential History

Current Address: _____

Street City State Zip

Rent or Own _____ Monthly Payment \$ _____ How Long at this Current Address? _____

Landlord Name _____ Landlord Telephone _____ Landlord Fax _____

End Date of Lease _____ Start Date _____

Reason for Leaving _____

Previous Address: _____

Street City State Zip

Rent or Own _____ Monthly Payment \$ _____ How Long at Current Address? _____

Landlord Name _____ Landlord Telephone _____ Landlord Fax _____

End Date of Lease _____ Start Date _____

Reason for Leaving _____

Employment History

Current Primary Employer: _____

Address: _____

Street City State Zip

Supervisor's Name: _____ Phone: _____

Length of Time Employed: _____ Monthly Net Income: _____

Position/Job Description: _____

Previous Employer: _____

Address: _____

Street City State Zip

Supervisor's Name: _____ Phone: _____

Length of Time Employed: _____ Monthly Net Income: _____

Position/Job Description: _____

Have you ever been evicted? _____

Have you ever broken a rental agreement? _____

Have you ever been sued for non-payment of rent or for damages to rental property? _____

Have you ever been convicted of a felony? _____ If so, how long ago? _____

The following information is required to insure an accurate match and is not used for any other purpose.

Sex: _____ Race: _____ Date of Birth: _____

Spouse's Personal Information (Joint Application for Married Couple)

Name: _____ DOB ___ / ___ /19 _____ SS # _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Drivers Lic. #: _____ State: _____

Has your spouse ever been evicted? ____

Has your spouse ever broken a rental agreement? ____

Has your spouse ever been sued for non-payment of rent or for damages to rental property? _____

Has your spouse ever been convicted of a felony? _____

Spouse's Employment History

Current Primary Employer: _____

Address: _____

Supervisor's Name: _____ Street _____ City _____ State _____ Zip _____ Phone: _____

Length of Time Employed: _____ Monthly Net Income: _____

Position/Job Description: _____

Previous Employer: _____

Address: _____

Supervisor's Name: _____ Street _____ City _____ State _____ Zip _____ Phone: _____

Length of Time Employed: _____ Monthly Net Income: _____

Position/Job Description: _____

Other Sources of Income/Information (Must provide documentation to prove other sources of income)

I certify that all of the information provided in this application is true and correct:

Applicant Name _____

Applicant Signature _____

Co-Applicant/Spouse Signature _____

_____ Date

_____ Date

SEND ALL COMPLETED FORMS (6 pages) TO:
SOLUTIONS REALTY NETWORK ATTN: Property Manage Fax: 770-908-3329

Solutions Realty Network, Inc.

Credit Card Authorization Form

INSTRUCTIONS:

1. Fill in ALL blanks below.
2. Print legibly using dark ink.
3. Credit card holder must sign where indicated

I, _____, hereby authorize Solutions Realty Network, Inc. to charge my credit card account for the amount of \$ _____

Type of Card (circle one): VISA / AMEX / MASTERCARD / OTHER _____

Credit Card Number _____ Expiration Date _____

Credit Card Billing Address: _____

City

State

Zip

Daytime Phone Number _____ Cell Number _____

Cardholder's Signature _____ Date _____

Your completion of this authorization form helps us protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Solutions Realty Network, Inc. Complete and fax all documents required to 770-908-3329.

SEND ALL COMPLETED FORMS (6 pages) TO:

SOLUTIONS REALTY NETWORK

FAX: 770-908-3329

ATTN: *Property Manager*