

LEASE REQUEST ORGANIZATION FORM

This form is intended to assist you in organizing the information you will need to submit lease requests through your client account on www.eviction247.com.

Please add admin@mail.eviction247.com to your Email contacts to ensure receipt of your lease and all email correspondence. If you have any questions please give us a call at 904-660-0020.

General Questions:

Lease Property County: _____

Number of Tenants: _____ Number of Other Occupants (Minors): _____ Number of Landlords: _____

Who will Manage the Property: (check one)

Management Company or Property Owner

Who will sign the Lease: (check one)

Management Company or Property Owner

I need this lease by: Date: _____ Time: _____

Rental Property Address:

Street Address

City, State, Zip

Property Owner / Landlord Information:

First, Middle, Last OR Company Name

Tenant(s) Information:

First, Middle, Last

Other Occupant Information:

First, Middle, Last

Person Responsible for Managing the Property:

First, Middle, Last

Company Name

Street Address

City, State, Zip

Contact Phone Number

Emergency Contact Phone Number

Lease Information:

Who Will Manage the Property (check one):
 Management Company or Property Owner

Who is Signing the Lease (check one):
 Management Company or Property Owner

Lease Term: Lease Start _____ Lease End _____

Rent:

Monthly Rent: \$ _____

Rent Due date: _____ Rent Late After: _____

Rent Late Fee Type (check one): Percentage of rent or Flat fee

Rent Late Fee: \$ _____ Daily Rent Late Fee: _____

Sales Tax: \$ _____ (If applicable) County Tax: \$ _____ (If applicable)

Cash Payment Accepted: (check one) Yes or No

Advance Rent:

Advance Rent: \$ _____

Prorated Rent: \$ _____

Prorated Start Date: _____ Prorated End Date: _____ Prorated Rent Due Date: _____

Security Deposit:

Security Deposit amount: \$ _____

Security Deposit Account Type: (check one) Interest Bearing or Non-Interest Bearing

Bank Name and Complete Address where the Security Deposit will be held:

Termination and Renewal of Lease: Notice of Tenant Non-Renewal: 30 days or 60 days (check one)

Mandatory Tenant Charges At Move Out:

Cleaning Mandatory Minimum Charge: (check one) Yes \$ _____ or No

Carpet/ Floor Cleaning Mandatory Minimum Charge: (check one) Yes \$ _____ or No

Missing Keys, Garage Remotes, Access Card Mandatory Minimum Charge (check one) Yes \$ _____ or No

Appliances: *Appliances that are supplied, maintained and repaired by the LANDLORD:*

Dishwasher Dryer Garbage Disposal Microwave Oven Range Refrigerator Washer
 Water Conditioner Water Heater Other

Property Maintenance and Repair: *Maintenance and Repairs at TENANT's Expense:*

A/C Filters All Drain Lines Dishwasher Dryer Garbage Disposal Light Bulbs Locks / Keys
 Microwave Oven Range Refrigerator Refrigerator Filter Smoke Detector Washer
Batteries Water Conditioner Water Filter Water Heater Other

Landscaping and Pool Maintenance:

If there is a lawn or landscaping who is Responsible? (check one): LANDLORD or TENANT

If there is a lawn or landscaping who is responsible for watering? (check one): LANDLORD or TENANT

Is there a pool or hot tub at the property? (check one): Yes or No

If Yes, Person Responsible for Maintaining the Pool (check one): [] LANDLORD or [] TENANT

If Yes, Person Responsible for Repairing the Pool (check one): [] LANDLORD or [] TENANT

Utilities:

Is Landlord responsible to provide and pay for any utilities? (check one): [] Yes or [] No

If Yes, Utility Types: [] Cable [] Electricity [] Gas [] Internet [] Local Phone [] Oil
[] Reclaimed Water [] Recycling Pickup [] Satellite [] Sewer [] Water [] Other

Vehicles:

What vehicles are permitted on the property?

Type: _____ Make: _____ Model: _____ Color: _____ License Plate: _____

Additional Provisions:

Is Smoking permitted inside the property? (check one): [] Yes or [] No

Is Smoking permitted on the porches, patios and balconies? (check one): [] Yes or [] No

Commission Paid to Broker on Sale of Property? (check one): [] Yes or [] No

If Yes, Sales Commission: _____% and who will be paid the commission?

First, Middle, Last OR Company Name

Lease Termination on Sale or Contract Clause? (check one): [] Yes or [] No

If Yes, how many days notice to TENANT? [] 30, [] 60 OR [] 90

Need a Custom Provision? List Each Provision Separately:

Lease Addendums:

Was the property built before 1978? (check one): [] Yes or [] No

Does the tenant have a Pet? (check one): [] Yes or [] No

If Yes, Pet Type: _____ Breed: _____ Color: _____ Weight: _____ Name: _____

Monthly Fee: \$ _____ Non-Refundable Fee: \$ _____ Additional Security Deposit: \$ _____

Is there a Personal Guaranty? (check one): [] Yes or [] No

Is this a waterfront property (ocean/river/pond/canal)? (check one): [] Yes or [] No

Email Notifications: Who do you want notified about the status of this Lease?

First, Middle, Last

Email Address

First, Middle, Last

Email Address