



Commercial Rental Application
6099 N Atlantic Ave, Cape Canaveral, FL 32920
(321) 784-6286 | Fax: (321) 783-5410 | Email: vincentkeenan@live.com

Please read the following instructions carefully & fill out the application in full. Incomplete applications and applications without the application fee and security deposit will not be accepted.

For income verification on commercial properties, we accept 3 months of bank statements (personal or business) or a sales report for the past 3 months. Must show account holder's name. Additional verification may be required. Typically, qualified applicants show monthly income equal to at least 3x one month's rent or significant savings.

If applicant is not the principal/registered agent of the business, please provide a letter on company letterhead that applicant is authorized to do business on company's behalf.

Credit, eviction, and criminal background checks are completed for all applicants.

REQUIRED WITH APPLICATION

- ☐ Application Fee: \$150.00
- ☐ Security Deposit: \$_____ (refundable until a lease is signed)
 - The Security Deposit must be paid on a separate check
- ☐ Photocopy of principal's valid Driver's License or other Photo ID.

Please make all payments out to "King Rentals, Inc." Accepted forms of payment:

- Cashier's Check
- Money Order
- Personal Checks (Must be received at least 7 business days prior to requested move-in)
- Credit/Debit Cards may only be used for the application fee.
- CASH IS NOT ACCEPTED

Schedule of Fees Upon Approval

_____ 1st Month's Rent
\$150.00 Lease Prep Fee

Processing typically takes up to 2 business days with complete information.



Rental Application

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Please complete this form to the best of your knowledge. Incomplete information can delay the processing of your application. PLEASE PRINT CLEARLY.

What Property Are You Applying For?

Street Address		Unit	City	State	Zip
Company		DBA			
Current Address					
Street Address / Suite		City	State	Zip	
Year Est	FEIN	(or) Corp No			
Principal		Title			
SSN	DOB	DL #			
Principal's Address					
Street Address / Suite		City	State	Zip	
Primary Phone		Other Phone			
Email					
Primary Contact		Title			
Office Phone		Primary Contact (include ext.)			
Email					

COMMERCIAL RENTAL HISTORY

Reason for leaving current address

How long at this address ☐ Rent ☐ Own Monthly Rent/Mtg. \$

Landlord/Property Manager Name Phone

Previous Address

How long at this address ☐ Rent ☐ Own Monthly Rent/Mtg. \$

Landlord/Property Manager Name Phone

Have you ever been served with a Three/Seven Day Notice?

Have you ever been evicted? If yes, when?

Have you ever been sued for non-payment of rent?

Have you ever broken a lease agreement?

Have you ever been in litigation with a landlord?

Have you ever filed for bankruptcy? If yes, when?

FINANCIAL REFERENCES

Accepted income verification: 3 months of Bank Statements or Sales Reports

Bank Name	Contact	Phone
City	Account No	
Credit Reference	Account No	
City	Contact	Phone
Credit Reference	Account No	
City	Contact	Phone

Desired Start Date_____

Desired Rental Term_____

Application Fee(s):

\$150 Application Fee

AUTHORIZATION

I authorize Vincent Keenan Realtors or King Rentals, located at 6099 N. Atlantic Ave. Cape Canaveral, FL 32920 to examine my credit, rental, and criminal history as necessary to qualify myself to lease the property listed on Page 1 of this form, and to contact any or all individuals and organizations listed above for the purposes of verification. I understand that I may be required to provide additional information or verification for the purposes of verification. I, the undersigned, hereby attest that the above information is complete and true.

This application shall remain the property of the owner. If approved, this application is made part of the rental agreement entered between Owner and Tenant. A deposit will be required by the agent to reserve the property prior to move-in, as well as an executed lease agreement. Once approved, the deposit shall be due within three days of acceptance. Vincent Keenan Realtors and King Rentals reserve the right to require a higher security deposit and/or pre-paid rent.

Authorized Signor_____

Signature

Print Name

Date

Please return your completed application to:

Vincent Keenan, Realtors
6099 N. Atlantic Ave.
Cape Canaveral, FL 32920
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Email: VincentKeenan@live.com
Fax: (321) 783-5410

Assisting Agent_____ Company_____

Email_____ Phone_____