

RENTAL DISBURSEMENT FORM

AGENT: _____

Phone: _____ **Email:** _____

Owner: _____ **Tenant:** _____

Property Address: _____

I certify that the following information is true and correct to the best of my belief and knowledge. I give you this information to permit you to rely on it as conclusive evidence of the matters stated below.

1. _____ Attached hereto is a true, correct and complete copy of the Lease provided as Exhibit "A" including all assignments, amendments, supplements and modifications thereto, if any. The Lease has not been otherwise assigned, amended, supplemented or modified as of the date hereof and is the only lease between the Tenant and the Landlord affecting the premises.

_____ The Lease for this account has been previously provided and has not been modified.

_____ W-9 for Landlord is attached hereto.

Summary of Lease terms:

- (a) Annual _____ Seasonal _____
- (b) Date of Lease: _____
- (c) Date of amendments or modifications (if any): _____
- (d) Term of Lease: _____
- (e) Renewal Options, (if any): _____
- (f) Monthly Rent: \$ _____
- (g) Prepaid Rent: \$ _____
- (h) Security Deposit: \$ _____
- (i) Guarantors (if any): _____
- (j) Tax Id number: _____

2. Tenant _____ has (or) _____ has not been approved by the homeowner/condominium association (if applicable).

3. Total Rent Payment: \$ _____

Disbursements:	<u>Amount</u>	<u>Payee</u>
Amount Due to Owner:	\$ _____	_____
Sun Realty Transaction Fee:	\$ _____	_____
CoBroker or Referral Fee:	\$ _____	_____
State Sales and Use Tax (6%):	\$ _____	Florida Department of Revenue
County Sales and Use Tax (3%):	\$ _____	Collier County Tax Collector
Amount Due Agent:	\$ _____	_____
Other: _____	\$ _____	_____
Other: _____	\$ _____	_____
Other: _____	\$ _____	_____

Note: * Deposit/Rent Checks must be made payable to: Craig D. Blume Attorney Rental Escrow Account.
*Disbursements will be made on the 10th and 20th of each month.

IN WITNESS WHEREOF, the undersigned Agent has caused this certification to be executed this _____ day of _____, 201____.

_____ Agent's Signature

PLEASE COMPLETE THE WHOLE FORM

Owners Name _____ Occup Vacant: _____ Key Number _____

Address: _____ MLS# _____

Phone- Home# _____ Cell# _____ Listing Agent _____

Showing Instructions _____

Date	Time	Associate	Office	Key Out/Key In	Phone #

CHOOSE ONE

_____ **CALL, LEAVE MESSAGE AND SHOW.**

_____ **CALL, LEAVE MESSAGE, WAIT FOR CONFIRMATION**

_____ **ALL CALLS TO LISTING AGENT**