

APPLICATION CRITERIA & GENERAL OCCUPANCY STANDARDS

It has been and will continue to be the policy of the owners of this community, to provide equal housing opportunities for all people, regardless of race, color, religion, sex, national origin, handicap or familial status.

All applications for residency are reviewed according to the criteria listed below. If the following criteria is not met, applicant could be required to pay additional deposits or denied.

1. RESIDENT/RENTAL HISTORY

Future Residents must present two (2) years verifiable good rental history (must include addresses and telephone numbers where this information can be verified). All addresses on credit report are verified.

2. CREDIT

Future Residents credit must be in good standings. Excessive late payments, collections, judgments, and bankruptcies may subject applicant to denial, additional deposits and or last month's rent.

3. EMPLOYMENT

Future Residents must present two (2) years of consecutive employment.

ACCEPTABLE PROOF OF INCOME:

1. Current paycheck stub
2. Copy of last years tax return
3. Letterhead from your employer stating your income, dates of hire, position, and social security number. * The letter must be from Human Resources or an Officer and notarized*

4. CRIMINAL HISTORY

Applicant or any proposed occupants with any felony convictions will result in automatic denial for residency. Landlord also reserves the right to deny residency to any applicant with a misdemeanor convictions for violent crimes, stalking, drug or sexual offenses.

5. OCCUPANCY STANDARDS ARE AS FOLLOWS:

Efficiency	2 persons	Two Bedroom	4 persons
One Bedroom	2 persons	Three Bedroom	6 persons
One bedroom/ Den	4 persons		

6. FEES AND DEPOSITS

Application fee: \$30.00 per legal adult that will reside in apartment or guaranty the lease. Security deposit: \$125.00. A Non-refundable Redecoration fee of \$125.00. Pet Deposit: \$150.00. Pet fee \$100.00 which is non-refundable and an additional \$10.00 a month pet rent.

7. COMMUNITY POLICY Our community policy is to report all non compliances with the terms of your rental agreement or failure to pay rent, or any amounts owed to the credit bureau(s).

Applicant Signature _____ Date: _____

Applicant Signature _____ Date: _____

Community Manager Signature _____ Date: _____

RENTAL APPLICATION

Each applicant must complete separate application

FOR OFFICIAL USE ONLY:

Date of Application _____ Monthly Rental Rate _____

Apartment Address _____ Security Deposit _____

APPLICANTS PLEASE COMPLETE ALL QUESTIONS. WRITE N/A IF NOT APPLICABLE.

NAME OF APPLICANT _____

Co-Applicant Names _____
(attach applications for other applicants)

Other Names Used? _____

Date of Birth _____

Social Security No. _____

Driver's License No. _____

Copy of Driver's License Attached? Yes ___ No ___

State _____ Expiration Date _____

Spouse's Name _____

Emergency Contact _____

Emergency Contact Telephone and Address _____

Names of all Occupants: _____

CURRENT ADDRESS _____ City _____ State ___ Zip _____

Home Phone No. _____ Community Name _____

Rental Rate _____ Lease Expiration Date _____ Manager's Name _____

Manager's Phone No. _____ How long have you lived at this address? _____

Why are you moving? _____

How did you choose our community? _____

PRIOR RESIDENCE _____ City _____ State ___ Zip _____

Community Name _____ Rental Rate _____ Lease Expiration Date _____

Manager's Name _____ Phone No. _____ How Long There? _____

Have you ever been evicted? Yes ___ No ___ If so, from where? _____ When? _____

Describe any rental agreement you have not completed? _____

CURRENT EMPLOYMENT

Employer Name _____ Supervisor _____ Phone _____

Business Address _____ Position _____ Years Employed _____

Current Income (Weekly/Monthly) _____ Do you know of anything that may interrupt income or ability to pay rent? Yes ___ No ___ (If yes, explain) _____

PREVIOUS EMPLOYMENT

Employer Name _____ Supervisor _____ Phone _____

Business Address _____ Position _____ Years Employed _____

Salary/Wage Rate _____

OTHER INCOME

Source _____ Type _____ Amount _____ Frequency _____

CREDITORS

Name _____ Acct. No. _____ Balance _____ Monthly Payment _____

Name _____ Acct. No. _____ Balance _____ Monthly Payment _____

Name _____ Acct. No. _____ Balance _____ Monthly Payment _____

BANK ACCOUNT(S)

(1) Bank Name _____ Acct. Name _____ Type _____

Acct. No. _____ Contact _____ Phone _____

(2) Bank Name _____ Acct. Name _____ Type _____
 Acct. No. _____ Contact _____ Phone _____

VEHICLE INFORMATION

Year _____ Make _____ Color _____ License Number _____ State _____
 1. _____
 2. _____

RECEIPT FROM APPLICANT IS HEREBY ACKNOWLEDGED OF \$_____ FOR A NON-REFUNDABLE PROCESSING CHARGE. RECEIPT IS ALSO ACKNOWLEDGED OF \$_____ AS A GOOD FAITH DEPOSIT IN CONNECTION WITH THIS RENTAL APPLICATION. I UNDERSTAND THAT MY GOOD FAITH DEPOSIT SHALL BE REFUNDED IN FULL WITHIN 30 DAYS IF I WITHDRAW THIS APPLICATION IN WRITING TO LANDLORD WITHIN 48 HOURS OR IF MY APPLICATION IS DENIED BY THE LANDLORD. AFTER THE 48 HOUR PERIOD, IF MY APPLICATION IS APPROVED AND I FAIL TO ENTER INTO A LEASE, I UNDERSTAND AND AGREE THAT THIS WILL CAUSE LANDLORD TO INCUR COSTS NOT CONTEMPLATED BY THIS APPLICATION, THE EXACT AMOUNT OF SUCH COSTS BEING EXTREMELY DIFFICULT AND IMPRACTICABLE TO FIX. SUCH COSTS INCLUDE, WITHOUT LIMITATION: RE-ADVERTISING, RE-MARKETING, RE-QUALIFYING APPLICANTS, RE-LETTING THE APARTMENT AND OTHER ADMINISTRATIVE AND ACCOUNTING COSTS RELATED TO MY FAILURE TO ENTER INTO MY LEASE. THE PARTIES AGREE THAT THIS GOOD FAITH DEPOSIT REPRESENTS A FAIR AND REASONABLE ESTIMATE OF THE COSTS LANDLORD WILL INCUR BY REASON OF MY FAILURE TO ENTER INTO MY LEASE AND IS THEREFORE FORFEITED IN FULL. IF MY APPLICATION IS APPROVED, AND A LEASE IS SIGNED, THE GOOD FAITH DEPOSIT SHALL BE APPLIED TOWARDS MY SECURITY/DAMAGES DEPOSIT. ACCEPTANCE OF THIS APPLICATION AND ANY MONIES DEPOSITED HEREWITH ARE NOT BINDING UPON LANDLORD UNTIL THE APPLICATION IS APPROVED AND A LEASE IS SIGNED NOR DOES IT GUARANTEE ME THE AVAILABILITY OF A PARTICULAR APARTMENT.

I certify that all of the information provided in this Application is complete and correct. I authorize Landlord or his agent to verify the accuracy of these statements, to communicate with my employers and creditors, and to procure such other information, including a credit report or criminal history, which may be required to evaluate this application. False information stated on this application may constitute grounds for rejection of this application and forfeiture of deposits. Landlord may terminate any agreement entered into in reliance on any misstatement made above. Landlord is authorized to contact emergency contact persons in the case of an emergency.

Have you, any Co-applicant or proposed occupant ever been convicted of a felony or any crime involving illegal drugs? Yes _____ No _____

Are you, any Co-applicant or proposed occupant listed on, or required to be registered under any sexual predator notification registries? Yes _____ No _____

 Applicant's Signature _____ Date _____

FOR OFFICIAL USE ONLY: Application Received by _____ Verified by _____

	<u>Yes</u>	<u>Marginal</u>	<u>No</u>
Credit Report Favorable	___	_____	___
Employment History Verified and Stable	___	_____	___
Income Verified and Stable	___	_____	___
Current Landlord Favorable	___	_____	___
Criminal Records Report Received	___	_____	___

Applicant Approved: Bldg. # _____ Apt. # _____ Type _____ Move-In Date _____ Rental Term _____ Rate _____

Applicant Denied: Form 4-1D sent

 Community Manager _____ Regional Manager _____

REQUEST FOR EMPLOYMENT VERIFICATION

TO: _____

DATE: _____

The person named below has made an application for an apartment with us. Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature below, has authorized you to release their employment information. Your assistance in providing employment information will be greatly appreciated. Thank you.

Employee Name: _____

Current Address: _____

Social Security Number: _____

Department or Branch: _____

Date(s) of Employment (from) _____ (to) _____

Gross Salary or Wage: \$ _____

Other Comments: _____

Signature _____ Title _____ Date _____

APPLICANT'S AUTHORIZATION OF THIS INQUIRY
I hereby consent to the release of my employment information

Employee's Signature

Date Signed

Requested by: _____

Date _____

REQUEST FOR RESIDENCY VERIFICATION

To:

Via: ___ Mail
___ Fax
___ Phone
___ Courier

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The person(s) named below has made application for apartment/housing rental with us. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendations on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank you.

Resident's Name(s) _____

Occupancy Address _____

Date(s) of Occupancy _____

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Request Submitted By: _____ Title: _____ Phone Number: _____

APPLICANT'S AUTHORIZATION OF THIS INQUIRY:
I hereby consent to the release of my residency information.

Signature _____ Date Signed _____

Date Moved-In _____ Date Moved-Out _____ Still is Occupied _____

Amount of Monthly Rent \$ _____ Utilities Included _____

Rent Generally Paid: ___ On-Time ___ Occasionally Late ___ Often Late

Housekeeping Habits: ___ Good ___ Average ___ Not Sure

Would you rent to this person again? ___ Yes ___ No ___ Not Sure

- 1. Any NSF / how many
2. How many times late
3. Any disturbance notices / what and how many
4. Has resident given notice they are vacating

Other Comments _____

Signature _____ Title _____ Date _____

**Release of information and
Authorization for Verification of Application
For Applicant Screening and Processing (ASAP)**

Have you ever had an eviction filed against you?

Applicant: Yes _____ No _____. Spouse: Yes _____ No _____.

Have you ever left owing money to an owner or landlord?

Applicant: Yes _____ No _____. Spouse: Yes _____ No _____.

Have you ever applied for residency anywhere in the past 2 years, but did not move in?

Applicant: Yes _____ No _____. Spouse: Yes _____ No _____.

Have you ever had adjudication withheld or been convicted of a felony?

Applicant: Yes _____ No _____. Spouse: Yes _____ No _____.

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.

Applicant(s) represents that all of the above statements and all information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. If Applicant(s) is accepted for residency, Applicant(s) further acknowledges and authorizes follow-up consumer report as part of the business transaction between the two parties event after the Applicant(s) has left the property. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I/We hereby release ASAP, the owner, management company, their employees, owners and agents, and any of the above from any liability and responsibility arising from their doing so.

Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

This release is an integral part of the Application for Residency and is incorporated therein.

Signature Applicant

Date

Social Security #

Birthday

Signature Spouse

Date

Social Security #

Birthday