

<u>RESIDENT SELECTION CRITERIA</u> ALL APPLICANTS WILL BE APPROVED ON THE FOLLOWING CRITERIA

A rental application must be processed on all prospective residents. All Applicants must be at least 19 years of age or older. A *non-refundable application fee must be paid for each applicant*. A State or Federal Issued Photo ID will be required of each applicant.

1. INCOME:

Gross income per apartment must be at least two and a half (2.5) times the amount of the market rent. Verification may include but not limited to original pay stubs, bank statements, tax returns, etc. An applicant must have verifiable current employment or a verifiable source of income and must be employed for three months at minimum.

2. VERIFICATIONS:

Applicants will be required to provide current and past rental and employment verification. Applicants having unresolved debts to a current/previous landlord, non-compliance with any terms of the lease contract or community policies will be denied. Applicants having been evicted in the last three (3) years or currently in the process of being evicted by a landlord for cause can be denied.

3. OCCUPANCY:

All persons residing in unit must be listed on the Lease. No more than two (2) occupants per bedroom are permitted. Residents whose household size changes while under a lease agreement will be required to upgrade to an apartment that will allow them to adhere to occupancy guidelines. (Children less than 24 months of age will not be counted as an occupant.)

4. SECURITY DEPOSIT:

Security deposit will vary depending on qualifications.

5. PET DEPOSIT/PET POLICY:

There is a non-refundable pet fee per pet. Additionally, a monthly rent per pet is assessed. There is a limit of two (2) pets per apartment. All pets are subject to management approval and registration on third party pet screening service. Exotic pets and specific breeds may be prohibited. Each pet must be properly documented.

6. PAYMENTS:

ALL RENT, DEPOSITS AND FEES must be paid by money order, cashier's check or ACH payment. If application or administration fee is returned due to insufficient funds, this will result is a denied application. If rent is returned due to insufficient funds, management may require the payment to be made in the form of a cashier's check or money order only.

7. SCREENING:

Each applicant will be screened through Realpage. A decision will be generated considering the following: credit history, criminal background; rental history, rent-to-income ratio and debt-to-income ratio, and employment history. Applicant's individual scores will be combined to provide a leasing score.

8. APPROVAL:

Approval of applications are at the sole discretion of Management; some applications can be approved with a standard or additional security deposit.

9. RENTER'S INSURANCE:

All leaseholders are <u>required</u> to obtain renter's insurance and provide policy to management effective lease start date through the end of the lease term and upon renewal.

10. LEASE GUARANTOR:

A Lease Guarantor will only be granted to fulfill the income requirements for students or special needs residents. A Lease Guarantor cannot be used to improve the applicant's credit score. The guarantor's income must be four times the amount of rent and will be screened using the same criteria as above.

AN APPLICANT WILL AUTOMATICALLY BE DENIED FOR THE FOLLOWING REASONS:

- a) Any falsifying information on the rental application.
- b) Having been convicted of manufacturing or distributing a controlled substance.
- c) Having been convicted of a felony.
- d) Having been required to register with any government (federal, state, or local) as a sexual offender.

Note: The effect of any criminal background could result in denial of applicant. The decision will depend upon the nature of the crime.

I HAVE READ THE ABOVE AND UNDERSTAND THE CRITERIA UNDER WHICH MY APPLICATION WILL BE REVIEWED.

APPLICANT'S SIGNATURE





APPLICATION FOR RESIDENCY

Home Phone:	Primary Applicant	DOB		Soc. Sec. #	Driver's License/State
Home Phone:	Additional Occupants	DOB		Soc. Sec. #	Driver's License/State
Work Phone:					
Residency References: (please provide information for the last five years) Present Address: City: State: Dates of Residency: From To Reason for Leaving: Landlord Name: Phone: City: Email or Fax: Monthly Rent Rate:	Home Phone:			Cell Phone:	
Present Address:					
Monthly Rent Rate:					
Monthly Rent Rate:	City: Sta	te:	Zin	Code:	
Monthly Rent Rate:	Dates of Residency: From		2.ip ·	Reason for Leavi	ng
Monthly Rent Rate:	Landlord Name:	Phone:		Email	or Fax:
Dates of Residency, From					· · · · ·
Dates of Residency, From	Previous Address:				
Dates of Residency, From	City: Sta	.te:	Zıp (Code:	
Monthly Rent Rate:	Dates of Residency: From	10		Reason for Leavi	ng:
Have you ever been convicted of a felony? (circle one) No Yes If yes, please explain:	Landlord Name:	Phone:	· · · · · · · · · · · · · · · · · · ·	Email	or Fax:
Gross Monthly Income: Payment Frequency: Personnel Dept. Phone: Fax: Supervisor: Position: Gross Monthly Income: Payment Frequency: Previous Employer: Payment Frequency: Supervisor: Payment Frequency: Previous Employer: Payment Frequency: Previous Employer: Fax: Previous Employer: Position: Previous Employer: Payment Frequency: Previous Employer: Payment Frequency: Previous Employer: Fax: Personnel Dept. Phone: Fax: Supervisor: Payment Frequency: Please list any other form of income: Fax:	If yes, please explain:				
Gross Monthly Income: Payment Frequency: Personnel Dept. Phone: Fax: Supervisor: Position: Gross Monthly Income: Payment Frequency: Previous Employer: Payment Frequency: Supervisor: Payment Frequency: Previous Employer: Payment Frequency: Previous Employer: Fax: Previous Employer: Position: Previous Employer: Payment Frequency: Previous Employer: Payment Frequency: Previous Employer: Fax: Personnel Dept. Phone: Fax: Supervisor: Payment Frequency: Please list any other form of income: Fax:	Current Employer:			Position:	How Long?
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Please list any other form of income:	Personnel Dept. Phone:		Fax:		
Please list any other form of income:	Supervisor:				
Other Income / Month / Weak / Piweekly / Appuel	Please list any other form of inc	ome:			
	Other Income			/ Month / W	Veek / Riweekly / Annual





	l you hear about us? (please Resident Referral	check one)	Inter	net:
	Signage		Othe	r (please specify):
Vehicle	Information:			
Year/ Ma	ake I	icense # & State		Registered To
Year/ Ma	akeL	license # & State	2	Registered To
	have a pet? If yes, please fill			
Туре	Breed Veterinarian Nar	Color	Weight _	Age
Name	Veterinarian Nar	ne		Phone Number
Туре	Breed Veterinarian Nar	Color	Weight	Age
Name	Veterinarian Nar	ne		Phone Number
In case o	of emergency, please contac	<u>t:</u>		
Name				Relationship
Address		City / St	ate / Zip	
	ent Desired: Move In Date			
Size	Move In Date		Unit	Rent amount
	nt Approval and Deposit Dis		very application.	Additionally, upon approval of the application there will be a
§ refund. If	Administration Fee taken to he the applicant cancels the applicat	old the apartment.	The applicant ha	Additionally, upon approval of the application there will be a s 72 hours to cancel their application and request a deposit orfeited.
[hereby :	authorize	to	verifv informat	ion contained herein. By signing below, I affirm that the
informati	ion provided is true and compl	ete to the best of	my knowledge.	I understand that if any information provided by the can be denied. By signing below, I acknowledge that I
	d and understand the application			
Applican	nt's Signature			Date
	Consultant's Signature			
C	<u> </u>			
The	Apartments does bus	siness in accordance wi	th FEDERAL FAIR	HOUSING LAW.
	FFICE USE ONLY:			
I.D. Che Rent \$		Admin Ess	¢ Saar	rity Deposit \$Pet Rent \$Pet Fee (Non-
Refunda	able) \$			r et ree (Non-
	Cerms From	_To		
Manage	er's Signature:	Date		
1				





REQUEST FOR VERIFICATION OF EMPLOYMENT

	I,	(Ap	hereby a pplicant's Name)	uthorize the release of	
	emp	loyment and salary to		ity Name)	
	(Social	Security Number)	(Wo	rk Division/I.D. Number)	
		(Company Name)	(Su	pervisor's Name)	
		(Employ	ver's Street Address)		
	(City)	(St	tate)		(Zip)
	(Pho	one Number)		(Fax Number)	
		FMPLOY	ER'S VERIFICATIC)N	Applicant Signature/Date
			pleted by the employer		
The above-n	amed applicant has submitte	ed an application for Residency	at our apartment com	munity. Please confirm the in	formation in the space below.
Present Statu	us: (Please circle) Full tir	ne Part Time	Previously Emp	ployed	
Job Title: _		Employment D	Dates:		
Gross salar	y or Wage: \$	Per: Month	Week	Hour	
Average nu	umber of hours worked po	er week:			
			(Signature)		(Title & Date)
			(Signature)		(The & Date)
	PLEASE EN	AAIL/FAX BA	CK TO: _		





LANDLORD REFERENCE

		who resides at
	(Resident's Name)	
	(Resident's Current Address & Community Name)	
	Applicant authorizes the release of information and has applied to live	
	at	·
	at (Address & Community Name)	
Please	provide the following information:	
l.	Move In Date?	
2.	Move Out Date Has the applicant ever been late with rent or other payments? () yes () no	
<u>-</u> .	If yes, how many times?	
	Any NSF's? () yes () no If yes, how many?	
3.	Monthly rent amount	
	Monthly rent amount	
1.	How many occupants?	
5.	What was the general condition and cleanliness of the apartment? () Exceptional () Good () Fair () Poor	
5.	Did the resident have any pets? () yes () no	
5. 7.	Were there any damages to the apartment during the resident's lease period?	
	() yes () no	
	If yes, explain:	
3.	Have other residents or management had problems with the conduct of the resident or their gue	ests? () yes ()
	If yes explain:	··- · · /
).	Has the resident ever been in breach of the lease? () yes () no	
10.	If yes, explain: To your knowledge, has this resident ever been evicted? () yes () no	
11.	Would you re-rent? () yes () no	

Landlord's Signature/Date _____

Resident's Signature/Date _____

PLEASE EMAIL/FAX BACK TO: _____

