



## APPLICATION REQUIREMENTS & QUALIFYING CRITERIA

### THE FOLLOWING ITEMS ARE REQUIRED BEFORE APPLICATION(S) CAN BE PROCESSED:

**APPLICATION(S):** ☐ All occupants, 18 and older must fill out an **application** completely and without falsifications or intentional omissions.

**IDENTITY:** ☐ Applicants must provide a clear copy of a non-expired **Driver's License** or a state issued Photo ID. Applicants without a valid social security number must provide a clear copy of a current Passport & Visa.

#### INCOME:

**Employed:** ☐ Applicants must provide 2 consecutive and current **paystubs** if paid biweekly or 4 consecutive and current paystubs if paid weekly.

**Self Employed:** ☐ Self Employed Applicants must provide 2 consecutive and current **paystubs** if paid biweekly or 4 consecutive and current paystubs if paid weekly OR **bank statements** from the previous 2 months AND  
☐ Self Employed Applicants must provide the prior year's personal & business **tax returns**.

**Remote Employment:** ☐ Applicants must provide 2 consecutive and current **paystubs** if paid biweekly or 4 consecutive and current paystubs if paid weekly AND  
☐ Remotely Employed Applicants must provide a **letter** from their current employer stating that an impending move will not affect employment or wages.

**Job Transfer:** ☐ Applicants must provide documentation on company **letterhead** from their current employer that includes: • job transfer date • job location • wage detail • employer contact information

**New Employment:** ☐ Applicants must provide an employment offer letter on company **letterhead** that includes: • employment start date • job location • wage detail • employer contact information. *Offer letters will only be accepted prior to the start date of employment and cannot be more than 90 days old.*

**Retired/ Unemployed:** ☐ Retired Applicants must provide **bank statements** from the previous 2 months, showing social security, pension, and/ or annuity deposits AND  
☐ Retired Applicants must provide the prior year's filed 1040 **tax form**.

**RESIDENCE:** ☐ Applicants must provide a **rental verification** from each company that they have rented from within the last 12 months. There shall be no record of eviction or balances due to any other rental properties.

**PETS:** ☐ Applications including pets require a **current photo** and **vaccination record** that includes age, weight and breed details. No exotic animals are permitted. No more than one animal per unit is allowed except with prior approval. Dogs permitted based on breed and temperament and may require a pet interview by manager before application.

**FEES:** ☐ Applicants must provide a **\$25.00 non refundable** application fee AND a **\$200.00** hold deposit that will be applied to the security deposit owed at the time of move in. *Security deposits are based on floorplan and the fulfillment of application requirements. Additional monies and/or qualified cosigner will be required for deficiencies in the application criteria.*

#### ADDITIONAL CRITERIA:

• Assignable Apartments are based on the availability and readiness of a specific apartment desired by customer. • Credit history must reflect current payment, and none charged to collection. • No occupant or resident may have been charged, indicted, arraigned, convicted, or had adjudication deferred when the crime is of a property, assaultive, illegal drug possession or sale, sexual or other nature representing a potential risk. • No one under 18 years of age may be a leaseholder. • A maximum occupancy of two persons per bedroom is allowed. • Home interiors free of smoke as defined in our Smoke-Free Addendum must be agreed to upon move-in in accordance with this policy. • Motorcycles, large trucks and recreational vehicles are permitted only with management's written permission in specific areas. All resident vehicles must have current tags and inspection stickers, operable and in good condition. Vehicle maintenance or repairs are not permitted on property. No more than 2 vehicles per household are permitted. • Garages are to be used for parking.



**OFFICE USE ONLY** -----

Possible Apartment # \_\_\_\_\_

Application Date \_\_\_\_\_ Lease Term \_\_\_\_\_ Move-In Date Desired \_\_\_\_\_

Number of Occupants \_\_\_\_\_ Floor Plan Desired \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

Pets: ☐ Dog ☐ Cat Breed \_\_\_\_\_ Weight \_\_\_\_\_ Pet Fee \$ \_\_\_\_\_

**Required before application will be processed: (Check or Money Order Only)** ☐ Vet Records

☐ Identity Verification ☐ Income Verification ☐ Application Fee \$ \_\_\_\_\_ ☐ Hold Deposit \$ \_\_\_\_\_

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I understand that the hold deposit will not be refunded if this application is approved and I cancel for any reason.

|                                                                                                                                                                                                                                  |                          |                                                                                        |                    |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------|--------------------|---------------------------------------|
| <b>APPLICANT NAME</b> _____                                                                                                                                                                                                      |                          |                                                                                        |                    |                                       |
| <i>FIRST</i>                                                                                                                                                                                                                     | <i>MIDDLE</i>            | <i>LAST</i>                                                                            |                    |                                       |
| _____/_____/_____                                                                                                                                                                                                                |                          |                                                                                        |                    |                                       |
| <i>PRIMARY PHONE #</i>                                                                                                                                                                                                           | <i>ALTERNATE PHONE #</i> | <i>E-MAIL ADDRESS</i>                                                                  |                    |                                       |
| _____-_____-_____                                                                                                                                                                                                                |                          | _____                                                                                  |                    |                                       |
| <b>DATE OF BIRTH</b> _____                                                                                                                                                                                                       |                          | <b>SSN</b> _____                                                                       |                    | <b>ISSUE STATE</b> _____              |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Separated           # Years _____ <b>PARTNER/ SPOUSE'S NAME</b> _____ |                          |                                                                                        |                    |                                       |
| <b>CURRENT ADDRESS</b> _____                                                                                                                                                                                                     |                          |                                                                                        |                    |                                       |
| <i>STREET</i>                                                                                                                                                                                                                    | <i>CITY</i>              | <i>STATE</i>                                                                           | <i>ZIP</i>         |                                       |
| _____-_____                                                                                                                                                                                                                      |                          | _____                                                                                  |                    |                                       |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent                                                                                                                                                                       |                          | <b>DATES OF RESIDENCY</b> _____ - _____ <b>Monthly Rent/ Mortgage Payment \$</b> _____ |                    |                                       |
| <b>EMPLOYER</b> _____                                                                                                                                                                                                            |                          | <b>Title</b> _____                                                                     | <b>Since</b> _____ | <b>Gross Income per Year \$</b> _____ |
| <b>EMPLOYER ADDRESS</b> _____                                                                                                                                                                                                    |                          |                                                                                        |                    |                                       |
| <i>CITY</i>                                                                                                                                                                                                                      | <i>STATE</i>             | <i>PHONE#</i>                                                                          |                    |                                       |
| _____-_____-_____                                                                                                                                                                                                                |                          |                                                                                        |                    |                                       |
| <b>VEHICLE</b> _____                                                                                                                                                                                                             |                          |                                                                                        |                    |                                       |
| <i>YEAR</i>                                                                                                                                                                                                                      | <i>MAKE</i>              | <i>MODEL</i>                                                                           | <i>COLOR</i>       | <i>PLATE #</i>                        |
| _____-_____-_____-_____-_____                                                                                                                                                                                                    |                          |                                                                                        |                    |                                       |

EMERGENCY CONTACT:

| NAME   |      | RELATION | PHONE# |  |
|--------|------|----------|--------|--|
| STREET | CITY | STATE    | ZIP    |  |

HAVE YOU EVER BEEN: CHARGED/ ARRESTED OF A CRIME? ☐YES ☐NO STATE \_\_\_\_\_ YEAR \_\_\_\_\_

FORECLOSED ON/ EVICTED? ☐YES ☐NO YEAR \_\_\_\_\_ FILED BANKRUPTCY? ☐YES ☐NO YEAR \_\_\_\_\_

**Inaccurate or omissions of the requested information may cause delay or denial of consideration for residency.**

The undersigned does hereby consent that all information stated on this application may be verified and processed through a credit agency. This includes a full credit screening and criminal background check. I hereby release all parties from any liability in connection with the provision and use of such information. I understand that this application does not constitute any oral or written commitment on the part of the agent.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

LIST ALL CHILDREN OR DEPENDENTS THAT MAY OCCUPY THE PREMISE NOT INCLUDING OTHER CO-APPLICANTS:

| NAME | RELATION | DOB | NAME | RELATION | DOB |
|------|----------|-----|------|----------|-----|
| NAME | RELATION | DOB | NAME | RELATION | DOB |