

# RESIDENT SELECTION CRITERIA

(Please read before completing your application)

In signing the application and submitting your application charge, you are giving us the right to research the information you have given to us.

- \* We may check your RESIDENCY HISTORY for two years previous.
- \* We may check your EMPLOYMENT HISTORY for two years previous.
- \* We may check your CREDIT RATING with the credit bureau.
- \* We may check your BANK ACCOUNTS for good standing.
- \* CRIMINAL BACKGROUND checks may be conducted and the findings may prevent the application from being approved.

In order to help us complete your application in a timely manner, we ask that you fill it in as completely as possible. There should be no lines left blank. If a line does not apply, please fill it in with N/A. If you need to call us back with more information, please do so within your 72-hour grace period. Be sure to sign the application and date it where indicated. The lease does not become effective until the application is approved by Management.

## QUALIFICATIONS

We require that every adult individual who resides in the apartment have an approved application on file.

We may or may not accept co-signers for a situation where you may lack income, credit or rental histories.

The income required for qualification is based on your verifiable gross income. Your salary must be in line with the following amounts:

- \* An individual will need 2.5 times the rental amount.
- \* Roommates will each need 1.5 times the rental amount.

The income requirements are guidelines and can be adjusted up or down, based on your individual debt load.

## APPROVAL

Applications may be approved even though the following results were found through the background search:

- \* Most misdemeanors, simple possession of drugs or other controlled substance, fraud, bad checks, vehicular homicide (in most cases) and DUI.

Applications may be denied based on the following results found through the background search:

- \* Fair Housing Act, Section 3604 (1)(9) which states an individual's tenancy would constitute a direct threat of the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of others. Crimes that will most often allow management to deny tenancy are murder, assault, robbery, arson, rape, sale of drugs, sexual predators and offenders.

Please understand that any falsifications or omissions deemed deliberate are grounds for immediate disapproval. APPROVAL OF THE APPLICATION IS BASED ON THE SOLE DISCRETION OF THE MANAGEMENT. The Fair Housing Amendments Act of 1988 makes discrimination based on Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin illegal in connection with the rental of most housing. It is the policy of this company to follow the law. If you feel you have been unfairly treated or discriminated against in connection with this application, please contact us immediately!

Skyline Fifth Occupancy Standard:

Two (2) persons per bedroom or two persons plus one minor who is twelve (12) months of age or less. The minor must reside with his parent, guardian, legal custodian, or person applying for that status.

In signing the application, you are aware that if the application is not approved, the application charge of \$50.00 is non-refundable.

In accepting the application, we require certified funds for SECURITY DEPOSITS and other applicable charges.

I hereby consent to allow Skyline Fifth through its designated agent and its employees, to obtain and verify my credit information including a criminal background search for the purpose of determining whether or not to lease to me an apartment. I understand that should I lease an apartment, and its agent shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history for account review purposes and for improving application methods.

Please acknowledge (by signing below) that you have read and understand the foregoing Resident Selection Criteria.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



# APPLICATION FOR RENTAL

Agent \_\_\_\_\_

All information must be filled in completely and legibly in order for the application to be processed. If the information does not apply, please put N/A (not applicable).

Applicant's Last Name	First	Middle Initial	Birthdate	Driver's License Number & State	Social Security Number	Sex
Spouse's Last Name	First	Middle Initial	Birthdate	Driver's License Number & State	Social Security Number	Sex
Single	<u>Other Occupants</u>					
Moved	Name	Relationship		Birthdate	Sex	
Expected Move-in Date:	Name	Relationship		Birthdate	Sex	
Apt. # _____	Name	Relationship		Birthdate	Sex	
Do you have Pet(s)?	Type(s) _____ Size(s) _____					
Yes	No	(Keeping of Pets requires Management consent, approved Pet Application and payment of required monies.)				

**PART I RESIDENCE HISTORY - 2 YEARS**

Present Address	City	State	Zip	Home Phone ( )	<input type="checkbox"/> Own
				Cell Phone ( )	<input type="checkbox"/> Rent
Name of Present Landlord or Mortgage Co.	Landlord Phone ( )	Landlord Fax ( )	How Long?	Monthly Payment?	
Previous Address	City	State	Zip	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Name of Previous Landlord or Mortgage Co.	Landlord Phone ( )	Landlord Fax ( )	How Long?	Monthly Payment?	

**PART II EMPLOYMENT HISTORY - CURRENT**

Applicant Employed By	Address	City	State	Zip	How Long?
Position Held/Occupation	Gross Salary \$ _____ per _____	Supervisor's Name	Employer's Phone ( )	Employer's Fax ( )	
Applicant Employed By (Other Current Employment)	Address	City	State	Zip	How Long?
Position Held/Occupation	Gross Salary \$ _____ per _____	Supervisor's Name	Employer's Phone ( )	Employer's Fax ( )	
Spouse Employed By	Address	City	State	Zip	How Long?
Position Held/Occupation	Gross Salary \$ _____ per _____	Supervisor's Name	Employer's Phone ( )	Employer's Fax ( )	
Spouse Employed By (Other Current Employment)	Address	City	State	Zip	How Long?
Position Held/Occupation	Gross Salary \$ _____ per _____	Supervisor's Name	Employer's Phone ( )	Employer's Fax ( )	

**ADDITIONAL INCOME** (Such as child support, alimony, parental support or annual bonuses/commissions)

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ per \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ per \_\_\_\_\_

**PART III VEHICLE INFORMATION**

No. of Vehicles on Property	Do you have any recreational or work vehicles, vans, boats or motorcycles? If so specify.				
Auto No. 1 - Year	Make	Model	Color	License Tag No.	State
Auto No. 2 - Year	Make	Model	Color	License Tag No.	State

**PART IV EMERGENCY NOTIFICATION**

Emergency Contact	Relationship	Daytime Phone ( )		
Address	City	State	Zip	Alternate Phone ( )

**PART V**

Have you, your spouse, your roommate or any occupant listed ever had a Dispossessory Warrant filed or been evicted from a leased premises?  Yes  No

If yes, explanation: \_\_\_\_\_

Have you, your spouse, your roommate or any occupant listed ever been convicted of a felony?  Yes  No

If yes, state the offense, location, and date of conviction. \_\_\_\_\_

**PART VI REFERRAL**

I certify that I was referred to this community by: \_\_\_\_\_

(Please list name of publication, name of company or individual who referred you.)

Applicant hereby authorizes verification of any and all information set forth on this Application, including release of information by any bank or savings and loan, employer, landlord and any Lender. All such information hereon, and released as authorized above, will be kept confidential. APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Material misrepresentations on this Application will constitute a default under the lease or Rental Agreement between the parties.

**CREDIT CHECK CHARGE** - Applicant has submitted the sum of \$ \_\_\_\_\_ which is a nonrefundable payment for credit check and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment or deposit amount. In the event this application is approved or disapproved, this sum will be retained by management to cover the cost of processing the application as furnished by applicant. This application must be signed before it can be processed by management.

**GOOD FAITH DEPOSIT** - I hereby deposit \$ \_\_\_\_\_ with Management as a good faith deposit in connection with this rental application. If my application is accepted, I understand this deposit can be applied toward payment of my security deposit of \$ \_\_\_\_\_ when I take possession of the apartment. If for any reason Management decides to decline my application, the Management will refund this good faith deposit to me in full. I understand and agree that I may cancel this application within seventy-two (72) hours of submission of the application and receive a full refund of my good faith deposit. If I cancel after 72 hours, or fail to execute a rental agreement or refuse to occupy the premises on the agreed upon date, I understand all monies will be retained by Management to cover the damages incurred for taking the premises off the market.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

RELEASE OF GOOD FAITH DEPOSIT - I authorize Management to release my good faith deposit of \$ \_\_\_\_\_ on Apartment \_\_\_\_\_ and apply it towards a security deposit of \$ \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

## EMPLOYMENT VERIFICATION

Date: \_\_\_\_\_

To: \_\_\_\_\_  
Employer Name

From: \_\_\_\_\_  
Agent

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

The following applicant has applied for residency. Please verify the information given below and return as soon as possible. Thank you for your time and cooperation.

Applicant Name (printed): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Full/Part Time: \_\_\_\_\_

Salary: \_\_\_\_\_

<input type="checkbox"/> Per Hour	Overtime	_____
<input type="checkbox"/> Per Week	Bonuses	_____
<input type="checkbox"/> Per Month	Commissions	_____
<input type="checkbox"/> Annually	Shift Differential	_____
	Other	_____

(If Hourly, Please state hours worked) \_\_\_\_\_

Information Given By: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Verified By \_\_\_\_\_

Date \_\_\_\_\_

## RENTAL VERIFICATION

Date: \_\_\_\_\_  
To: \_\_\_\_\_ Landlord From: \_\_\_\_\_ Agent  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

The following applicant(s) has applied for residency. Please complete the requested rental information below as soon as possible. Thank you for your time and complete cooperation.

Applicant Name (printed): \_\_\_\_\_

Applicant hereby authorizes verification of any and all information set forth in the Application for Rental, including release of information by any landlord (past or present).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(  ) Current Resident (  ) Previous Resident

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

Dates of occupancy: \_\_\_\_\_

Rental Amount: \_\_\_\_\_

Length of Occupancy: \_\_\_\_\_

Any Lates? (  ) Yes (  ) No How Many? \_\_\_\_\_

NSF's? (  ) Yes (  ) No How Many? \_\_\_\_\_

Any Pets? (  ) Yes (  ) No

Proper Notice Given? (  ) Yes (  ) No

Deposit refunded? (  ) Yes (  ) No

Has a dispossession warrant ever been filed? (  ) Yes (  ) No How Many? \_\_\_\_\_

Is there a balance outstanding to your community? (  ) Yes (  ) No

Information Given By: \_\_\_\_\_ Title: \_\_\_\_\_

Verified By \_\_\_\_\_ Date \_\_\_\_\_

**PET APPLICATION FOR RENTAL**

NAME OF PET OWNER \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_

APARTMENT NUMBER \_\_\_\_\_

**Pet Information**

*Please list all pets separately*

Pet's Name	Type/Breed	Color	Age	Sex	License or ID Number

**Pet Reference**

VETERINARIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**Previous Residence**

NAME OF LANDLORD OR MANAGER (Circle One) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**Renter's Insurance**

AGENCY/INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

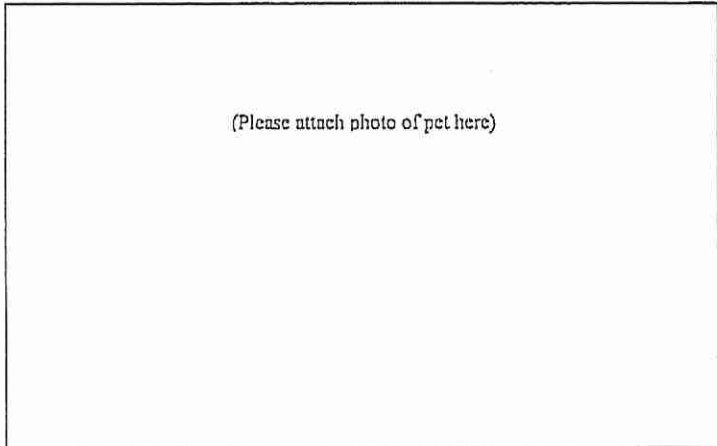
**Pet's Emergency Caretaker**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

I have been given a copy of the Pet Addendum and have been informed of all policies, deposits, fees and other charges associated with being allowed to have the above described pet(s) on this property. I understand that I am responsible for the control of my pet(s) at all times. I also understand that if my pet should be outside my apartment un-leashed or in any other way pose a threat to the health, safety or quiet enjoyment of other residents, that the manager has the right to use whatever means necessary to remedy the situation, including calling applicable authorities

SIGNATURE OF PET OWNER \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY - AUTHORIZED AGENT FOR OWNER \_\_\_\_\_ DATE \_\_\_\_\_



**Detailed Description of Pet:**

Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_