

## PORT ROYALE I PROPERTY RENTAL CRITERIA

All adults eighteen (18) years and older must submit an application for residency. A separate application fee is required for each application unless married. All applicants must have a valid social security number, Visa, or Resident Alien Card.

### INCOME/EMPLOYMENT

- Must have at least six (6) months consecutive, verifiable employment history.
- Must provide two (2) current pay stubs or verification on company letterhead which must include date of hire, position, monthly salary, or hourly rate, and hours worked per week. This document must be signed by a designated supervisor.
- Monthly income must be equivalent to two (2) times the net effective rental rate.
- Income for roommates can be combined to meet the requirement.
- If self employed we will require a copy of the previous years tax return or W-2 forms.
- Income from Social Security, pensions, etc. must be verifiable.
- Debt to income ratio must be equivalent to one (1) months rent plus and additional \$100.00. rent.

### CREDIT

- Can not exceed fifty percent (50%) derogatory credit.
- Medical, student loans, and foreclosures will be excluded from this calculation.
- Any open bankruptcy, not discharged, will be cause for an automatic denial.
- Open collection accounts can not exceed \$4,000.00 in total.
- No credit history will be interpreted as good credit.

### RENTAL HISTORY

- Must have six (6) months positive, verifiable rental history from a legitimate source.
- Verification of rental history from a private owner will require a copy of the legal lease agreement or a notarized statement.
- Any evictions or open landlord collection accounts recorded over the most recent fourteen (14) month period will be cause for an automatic denial. Any evictions or open landlord collection accounts between fifteen (15) months and three (3) years will result in an extra security deposit of \$500 in addition to any extra deposit that may be required by On-Site. Dismissed or satisfied landlord debts with payment verification will be excluded from this calculation.

### BACKGROUND CHECK

- Applicants with a criminal background that includes a felony conviction, a drug conviction, (misdemeanor or felony), an aggravated assault conviction, (misdemeanor or felony), or a criminal conviction which threatens the welfare or health and safety of the community will be denied for residency. Misdemeanors of a violent nature, if occurring over the most recent five (5) year period, will be cause for an automatic denial.

### ADDITIONAL DEPOSITS

- If an application scoring, falls within a 6.5 to 6.9 range, an additional deposit of one quarter (1/4) months rent will be required.
- If an application scoring, falls within a 5.6 to 6.4 range, an additional deposit of one half (1/2) months rent will be required.
- If an application scoring, falls within a 5 to 5.5 range, an additional deposit of one (1) months rent will be required.

### COSIGNER/ GUARANTOR REQUIREMENTS

If an applicant elects to qualify with the assistance of a cosigner/ guarantor the requirements of that cosigner/ guarantor will be as follows:

- Monthly income must be equivalent to four (4) times the net effective rental rate.
- Can not exceed thirty percent (30%) derogatory credit.
- Medical, student loans, and foreclosures will be excluded from this calculation.
- Debt to income ratio must be equivalent to one (1) months rent plus an additional \$200.00.

- Open collection accounts can not exceed \$2000.00 in total.
- Any evictions or open landlord collection accounts recorded over the most recent seven (7) year period, will be cause for an automatic denial. Dismissed or satisfied landlord debts with payment verification will be excluded from this calculation.
- All other requirements will remain the same as those noted for applicant.

Any application that is falsified or contains an invalid social security number will automatically be denied.

\_\_\_\_\_  
(Applicant Signature) Date

\_\_\_\_\_  
(Applicant Signature) Date

\_\_\_\_\_  
(Applicant Signature) Date

\_\_\_\_\_  
(Applicant Signature) Date

\_\_\_\_\_  
(Owner/Agent) Date

FOR OFFICE USE ONLY:

- ☐ APPLICANT  
☐ CO-APPLICANT  
☐ GUARANTOR

# WELCOME



ALLISON-SHELTON  
Real Estate Services

Please read carefully each paragraph of this agreement. There is no fine print or deceptive language. We want you to have a clear understanding of what is offered to you and what we expect of you.  
We will verify answers on the rental application so that we may give other residents reasonable assurance of good neighbors. We hope you see the benefits of this policy once you become one of our residents.  
We respect your right for confidentiality in giving us this information and for privacy in living in your apartment. We will do our best to make your residency enjoyable and a pleasant experience. **Thank you for your application.**

## RENTAL APPLICATION (all spaces must be filled in)

1. Applicant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Phone No. \_\_\_\_\_ Email address \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Applicant's State Driver's License No. or I.D. Type \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

2. Information about others who will occupy the apartment (separate Application required for all adults except spouse.)

Please check the status that applies to you: ☐ Married, ☐ Divorced, ☐ Separated, ☐ Not Married

Name	Relationship	Date of Birth
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____

3. Will a pet of any type live in your apartment? ☐ Yes ☐ No (Management must view pet prior to application approval.)

Name	Breed	Color	Weight	Licensed / Date
_____	_____	_____	_____	_____

4. Residence Information: Address \_\_\_\_\_ Apt # \_\_\_\_\_ City / State \_\_\_\_\_ Zip Code \_\_\_\_\_ Amount of Rent \_\_\_\_\_

Current Residence \_\_\_\_\_

From / / to / / Name of Landlord \_\_\_\_\_ Landlord Phone \_\_\_\_\_

If less than two years at your present address, list previous addresses below:

Address	Apt #	City / State	Zip Code	Amount of Rent
_____	_____	_____	_____	_____

Former Residence \_\_\_\_\_

From / / to / / Name of Landlord \_\_\_\_\_ Landlord Phone \_\_\_\_\_

5. Applicant Employed By \_\_\_\_\_ Address \_\_\_\_\_

From / / to / / Phone \_\_\_\_\_ Position \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Other Source of Income for Rental Payment \_\_\_\_\_

6. Spouse's Name \_\_\_\_\_ Soc. Sec No \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Phone No. \_\_\_\_\_ Email address \_\_\_\_\_

Spouse's State Driver's License No. or I.D. Type \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

City/ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Spouse Employed By \_\_\_\_\_ Address \_\_\_\_\_

From / / to / / Phone \_\_\_\_\_ Position \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

8. Have you or your spouse ever been evicted or asked to terminate a lease? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

9. Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, reference and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this Application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in; however, management reserves the right to verify Application information after move-in and may convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant agrees to the terms of the "Deposit to Hold Agreement."

**AGENCY DISCLOSURE:** All property and Allison-Shelton Real Estate Services, Inc., employees represent the owner with regard to the rental of your apartment and all terms and conditions contained in this rental application and agreement; however, we are committed to dealing fairly with all residents of this community.



Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Management's Receipt \_\_\_\_\_ Date \_\_\_\_\_

# Applicant Rental History Verification

Allison-Shelton Real Estate Services, Inc.

Name of resident: \_\_\_\_\_

Former resident of: \_\_\_\_\_ Apt. # \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

The amount of rent given is: \_\_\_\_\_

Is this amount correct? \_\_\_\_\_

Is the length of occupancy correct? \_\_\_\_\_

How was/is their payment history? \_\_\_\_\_

Legal Notices sent \_\_\_\_\_ Late Notices \_\_\_\_\_ NSF's \_\_\_\_\_

Were there any complaints? \_\_\_\_\_

Did the resident give proper notice? \_\_\_\_\_

Was the security deposit refunded? \_\_\_\_\_

What was the condition of the apartment after move-out? \_\_\_\_\_

Would you re-rent to this resident? \_\_\_\_\_

Your name: \_\_\_\_\_

Your title: \_\_\_\_\_

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Applicant's Signature

Date

Spouse's Signature

Date

Management's Receipt

Date

*We know your time is valuable to you and we Thank You for taking the time to fill out this form. Your help is greatly appreciated. Thank you.*

*Please fax back to \_\_\_\_\_*

*Attention: \_\_\_\_\_*

*If you have questions, please feel free to call us at \_\_\_\_\_.*

# Applicant Employment Verification

Allison-Shelton Real Estate Services, Inc.

Name of employee: \_\_\_\_\_

Dates employed: (start date) \_\_\_\_\_ (end date, if applicable) \_\_\_\_\_

Position with your company: \_\_\_\_\_

Present salary: \$ \_\_\_\_\_ Weekly/Bi-weekly/Monthly/Annually(Circle One)

Probability for continued employment \_\_\_\_\_

Reason for leaving (if applicable): \_\_\_\_\_

Person giving information: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_  
Management's Receipt Date

*We know your time is valuable to you We appreciate you taking the time to fill out this form. Your help is greatly appreciated. Thank you for your cooperation in this matter.*

*Please fax back to \_\_\_\_\_*

*Attention: \_\_\_\_\_*

*If you have questions, please feel free to call us at \_\_\_\_\_.*