

**FOR OFFICE USE ONLY:**

- APPLICANT  
 CO-APPLICANT  
 GUARANTOR

# WELCOME

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)

- Applicant's Name \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_  
 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 \_\_\_\_\_
- Information about others who will occupy the apartment (separate Application required for all adults except spouse.)  

	Name	Relationship	Date of Birth
a)	_____		
b)	_____		
c)	_____		
d)	_____		
- Will a pet of any type live in your apartment?  Yes  No (Management must view pet prior to application approval.)  

	Name	Age	Breed	Color	Weight	Licensed / Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
- 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:					
Former Residence	_____				
From / / to / /	Name of Landlord _____		Landlord Phone _____		
- Applicant Employed By \_\_\_\_\_ Address \_\_\_\_\_  
 From / / to / / Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_  
 Other Source of Income for Rental Payment \_\_\_\_\_
- 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 \_\_\_\_\_
- Spouse Employed By \_\_\_\_\_ Address \_\_\_\_\_  
 From / / to / / Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_
- 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 \_\_\_\_\_

10.

Vehicles you would like to park on property					
Year:	Make:	Model:	Color:	Plate #:	State:
Year:	Make:	Model:	Color:	Plate #:	State:

11.

Person(s) you want responsible for your personal property in Case of Emergency (Other Than Co-Lease Holders)	
For Lease Holder	For Additional Lease Holder
Name:	Name:
Address:	Address:
Relationship:	Relationship:
Phone Number:	Phone Number:

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

\_\_\_\_\_  
 (Management's Receipt)

\_\_\_\_\_  
 Date

# Allison-Shelton / Escala Central City 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 or other unearned income that can be verified by a third party.
- For LIHTC communities the form must be faxed or mailed directly to third party that is verifying. If third party verification is unobtainable then six (6) consecutive paystubs will be needed.
- Monthly minimum income must be equivalent to (2) times the net effective rental rate.
- Annual maximum income levels are determined by HUD annual income limits for LIHTC communities.
- Income for roommates must be combined to meet the income requirements.
- If self employed we will require a copy of the previous year's tax return.
- Income from Social Security, pensions, etc. must be verifiable.

## Credit

- Can not exceed fifty percent (50%) derogatory credit over the most recent three (3) year period. 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 cannot exceed \$2,000.00 in total.
- No credit history will be interpreted as good credit.

## Rental History

- 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 three (3) year period will be cause for an automatic denial. 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 5.6 to 6.4 range, an additional deposit of one quarter (1/4) months rent will be required.
- If an application scoring, falls within a 5.0 to 5.5 range, an additional deposit of one half (1/2) 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 twenty percent (20%) derogatory credit over the most recent five (5) year period. 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 \$400.00.
- Open collection accounts can not exceed \$500 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

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Applicant Signature

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Date

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Applicant Signature

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Date

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Applicant Signature

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Date