

### Rental Application To be completed by each occupant and co-signer

Pet Information        Yes      No        Yes      No         If yes, please describe pet         Breed Type       Pet's Name         Weight         Previous         Address         Street       Apt #         City       State       Zip         Owner/Landlord       Rent Amount         Owner/Landlord Contact	Personal Inform	nation						
Anticipated Move-in date (mm-dd-yy) Unit Preference  Email Address  Present Address  Treet City County Cell ( )	Applicant's Name							
Email Address         Present Address         Street       Apt #         City       County       State       Zip         Home Phone       ( )       Cell ( )       Owner/Landlord       Rent Amount         Owner/Landlord		First	M.I.	Last		So	ocial security #	D.O.B. (m-dd-yy)
Present Address       Street       Apt #         City       County       State       Zip         Home Phone        Cell ()	Anticipated Move-in date				(mi	m-dd-yy)	Unit Preference	
Street     Apt #       City     County     State     Zip       Home Phone	Email Address							
City     County     State     Zip       Home Phone     ( )     Cell ( )     Rent Amount	Present Address							
Home Phone () Cell ()   Owner/Landlord Rent Amount   Dwner/Landlord Contact Length of Occupancy     Pet Information  Yes No  Yes No  Maybe Later   f yes, please describe pet     Breed Type   Previous   Address     City   Street   City   State   Zip   Company Name     Employers Address   Street   Company Name   Employers Address   Street   City   State   City   State   Company Name   Employers Address   Street   City   State   Street   City   State   Street   City   State   State   City   State		Street					Apt a	#
Nomer/Landlord   Owner/Landlord Contact     Pet Information  Yes  No  Maybe Later     If yes, please describe pet     Breed Type   Pet's Name   Weight     Previous   Address     Street   City   State   Zip   Company Name     Employers Address   Street   City   Street   Company Name     Street   City   Street   City   State   Zip   Position/Dept. #   Supervisor Name		City		County			State	Zip
Owner/Landlord Contact       Length of Occupancy         Pet Information	Home Phone	( )			Cell (	)		
Pet Information        Yes      No        Yes      No         If yes, please describe pet         Breed Type       Pet's Name         Weight         Previous         Address         Street       Apt #         City       State       Zip         Owner/Landlord       Rent Amount         Owner/Landlord Contact	Owner/Landlord						Rent Amount	
YesNo      Maybe Later         If yes, please describe pet	Owner/Landlord Contact						Length of Occupar	лсу
Yes         No         Maybe Later           If yes, please describe pet         Breed Type         Pet's Name         Weight           Previous         Address         Street         Apt #           City         State         Zip         County           Owner/Landlord         Rent Amount	Pot Information							
If yes, please describe pet          Breed Type       Pet's Name       Weight         Previous       Address       Street       Apt #         City       State       Zip       County         Owner/Landlord       Rent Amount       Length of Occupancy		Mavbe Later						
Breed Type     Pet's Name     Weight       Previous Address		·						
Previous Address       Street       Apt #         Street       Zip       County         Owner/Landlord       Rent Amount	If yes, please describe pe	t						
Address       Street       Apt #         City       State       Zip       County         Owner/Landlord       Rent Amount		Breed Type					Pet's Name	Weight
Street     Apt #       City     State     Zip     County       Owner/Landlord     Rent Amount     Length of Occupancy								
Owner/Landlord       Rent Amount         Owner/Landlord Contact       Length of Occupancy         Present Employer       Company Name         Employers Address       Street         Street       City       State       Zip         Position/Dept. #       Length of employment         Supervisor Name       Phone # ()		Street					Apt #	¥
Owner/Landlord Contact       Length of Occupancy         Present Employer       Company Name         Employers Address       City         Street       City         Street       Zip         Position/Dept. #       Length of employment         Supervisor Name       Phone # ()		City	State			Zip	County	4
Present Employer         Company Name         Employers Address         Street       City         Street       Zip         Position/Dept. #         Supervisor Name       Phone # ()	Owner/Landlord						Rent Amount	
Company Name         Employers Address         Street       City       State       Zip         Position/Dept. #         Supervisor Name       Phone # ()	Owner/Landlord Contact						Length of Occupancy	
Company Name         Employers Address         Street       City       State       Zip         Position/Dept. #         Supervisor Name       Phone # ()	Procent Employer							
Employers Address       Street       City       State       Zip         Position/Dept. #       Length of employment								
Position/Dept. #     Length of employment       Supervisor Name     Phone # ()	Employers Address	Company Name						
Supervisor Name   Phone # ( )		Street				-	State	Zip
LITOSS MONTRIV INCOMA	Gross Monthly income					/	Part Time	





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Previous Employer			ł			1					
	Compa	ny Name									
Employers Address											
	Street					Cit	y		State	Zip	
Position/Dept. #					Length o	of employ	vment				
Supervisor Name					Phone #	(	)				
Gross Monthly income					Full Tim	e	Part Tir	ne			
Additional Information											
Vehicle Information											
_	Year	Make		Mode	el	Licen	se Place #	t and state			
Personal Reference						_	Phone #	( )			
						Emai	I Address				
Emergency Contact											
(Friend or relative)											
Name:				Ac	ddress						
Phone #						Street					Apt.
Relationship to applicant	: 										
						City		State	Zip		
Other											
Other											
Have you ever been evid	ted?	Yes	No								
Have you ever been arre		Yes	No								
Have you ever been con	victed?	Yes	No								
Have you ever filed bank	kruptcy?	Yes	No								
If you answered "yes" to	any, plea	se explain:									





I hereby deposit with the owner/agent, a non-refundable application fee of \$ in order to process my application. Application received on
I hereby deposit with The View on Fifth, a hold fee of \$ in order to hold a unit for lease. Holding fee received on
If this application is approved and I am unable to fulfill the conditions of the lease agreement and/or cancel my application, I understand that the holding fee becomes non-refundable. If the application is denied, the hold fee will be refunded within 30 days. Upon execution of the lease, this holding fee will be applied to my security deposit upon move in.
The undersigned does hereby consent that all information stated on this application may be verified and processed through a Credit Reporting Agency. This may include, but not limited to, a credit and criminal report. Likereby release all parties from liability in connection with the

a credit and criminal report. I hereby release all parties from liability in connection with the provision and use of such information. I understand that this application does not constitute any oral and/or written commitments on the part of the owner/agent.

Signature	Date
Please list any additional occupants that will reside on the premises Name/Age	
Name/Age	

Name/Age

# FOR OFFICE USE ONLY

Unit Style	Agent Name
Unit Reserved	Application received on
Rent Amount \$	Holding Fee/Security Dep. received on
Specials	Move in date
Notes:	





#### To be completed by each occupant and co-signer

#### 1. General:

All applicant(s) must be at least 18 years of age at time of application and qualify based on the standards below. All occupants over the age of 18 must be a lease holder.

Each applicant must submit an application and pay an application fee in the amount of \$35.00 (non-refundable). A current photo identification is required for each applicant (driver's license, military 10, and/or passport). All of our units are smoke-free.

Occupancy Standards:

- One (1) Bedroom: 2 person maximum
- Two (2) Bedroom: 4 person maximum
- Three (3) Bedroom: 6 person maximum

The View on Fifth provides rental housing to qualified residents without regards to race, color, religion, sex, disability, familial status, national origin, sexual orientation, marital status, age, source of income, or any other applicable protected class. All housing provided within the guidelines established by federal, state, and local laws regulating the multifamily housing industry.

#### 2. Income:

The gross monthly income must be at least three (3) times the monthly rent. Co-applicants may combine income. Applicant(s) must provide the leasing office with proof of income.

Acceptable forms of income include:

Two current consecutive paystubs

W-2 forms (if self-employed)

Offer Letter (must be on business letter head, with hire date, position title, and salary/hourly rate)

Government issued proof of income for Military (LES)

Social Security Verification

Disability from a government issued agency

Retirement pension account

Court ordered Child Support Allocation

Court Ordered Alimony

#### 3. Credit:

A credit report is required for all applicants. Factors that are reviewed in the credit report include, but are not limited to, delinquent accounts, collection accounts, credit score, bankruptcies, social security number verification, and address verification. Any bankruptcy within the past 2 years will require a guarantor and a copy of the discharge papers must be provided to the leasing office. All collections with a utility company or other rental property must be paid in full. The leasing office must receive a receipt that states a zero balance on any open collections. There are levels at which an application mayor may not be approved.

- 1000-700: Approved with standard deposit
- 699-650: Approved with half months' rent as an additional deposit
- 649-550: Approved with full months' rent as an additional deposit
- 549-0: Application will be declined or denied

#### 4. Employment:

Must have a minimum of 6 months verifiable employment history. If employed less than six (6) months, previous employment will be verified for continuance. New employment positions will require an offer letter from management.

#### 5. Rental History:

Must have a minimum of one year verifiable rental history. Rental history must be positive with no evictions, no outstanding utility bills, no money owed to any landlord, and have fulfilled all previous lease agreements. Home ownership will be verified by credit report. First time renters with positive credit, must pay a security deposit equal to one month's rent and/or have a qualified guarantor.





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#### 6. Criminal History:

A criminal report will be conducted on all applicants. No persons will be permitted to reside at The View on Fifth having serious offenses that may be a threat to our community. Any applicant will be denied for the following criminal report:

- Any felony conviction
- Any terrorism-related conviction
- Any drug-related conviction
- · Any prostitution-related conviction and/or sex-related conviction
- Any cruelty to animals-related conviction
- Any misdemeanor conviction involving violence, assault/battery, drugs, fire arms, and/or damage to a
  property
- · Active status on probation or parole resulting from any of the above
- Any applicant that has ever been evicted
- Applicants with open/pending cases will be suspended until the final outcome of the case.

#### **Automatic Denial:**

If application is denied, applicant will be notified immediately and will refunded the \$50.00 hold fee within 30 days to the address that was listed as the current address on the application. The applicant hereby waives any claim for damages by reason of non-acceptance. Factors that will result in an automatic denial include, but are not limited to:

- Credit score of 549 or below
- Open bankruptcy or a bankruptcy that has been discharged less than two (2) years with no guarantor
- Any criminal history that is described in the "Criminal History" section above
- Unpaid Collections from previous landlord or property management companies
- Any previous evictions
- One (1) or more three-day notice (pay rent or vacate) from previous landlord(s)
- Two (2) or more NSF checks in the past year will result in denial
- Falsified information on application

#### **Guarantor:**

If a guarantor is required, he or she must be approved through the same screening process. Guarantor will need to complete an application, pay an application fee, provide proof of income (gross monthly income must be five (5) times the apartment rent and mortgage payment combined), and provide a current photo ID. The guarantor must be a home owner. The guarantor is jointly liable for all funds due related to the lease agreements. A gualified guarantor may be required if:

- Applicant fails to meet the income criteria
  - Applicant is a first time renter
  - The non-existence of a credit rating
  - Discharged bankruptcies within the past two (2) years.

I have read the above information and hereby certify that the information provided on my application is true and complete to the best of my knowledge.

Signature

Printed Name

Date





## Rental Application To be completed by each occupant and co-signer **Residential Verification Form**

I/We, _	al	low The View on	Fifth Apartmer	nts, to
	te rental verification for my current/past residence at as an authorization of release.	your community.	Please accept	my signature
Signatu	ire Da	ate		
Reside	nt(s) Name:			
Reside	nt(s) Address:			
1.W	hat was the monthly rent?\$			
2.M	ove-In Date:			
3.Le	ease Expiration Date:			
4.Di	d the resident(s) pay their rent on time? a.If any late Payments, How Many?	Yes	No	
5.Di	d the resident(s) have any NSFs?	Yes	No	
	a.If so, how many?			
6.Ar	e there any outstanding balances on account?			
7.W	as proper notice to vacate given?	Yes	No	
8.W	as apartment left in appropriate condition?	Yes	No	
9.Ha	ave there been any violations of the lease?	Yes	No	
	a.If yes, please explain			
10.	Were there any noise complaints against the reside	ent(s) Yes	No	
11. Comme	Would you re-rent to resident(s) again? ents:	Yes	No	
Name:		Title:		

Thank you for your time and cooperation! Please fax this back to The View on Fifth at **(614) 291-2601** or you can Email it to: info@hometeamproperties.net

The Staff at The View on Fifth

