



Rental Application Criteria

We would like to thank you for considering our community for your new residence. The following criterion outlines what will be required to approve your rental application.

Acceptable forms of ID:

1. Passport, permanent resident card, alien registration receipt card or employment authorization including a photograph-OR-Valid government issued photo ID (No expired ID's will be accepted) and Social Security Card or birth certificate.

Processing your application:

1. Application fees = \$35 for the first applicant, plus \$25 for each additional applicant (money order or online payment only – no cash)
2. Each applicant over 18 years of age must complete a rental application.
3. All proposed occupants under 18 years of age must be listed on the application.

Income:

1. Total rents cannot exceed 40% of household's gross monthly income OR your total monthly debt-to-income ratio must not exceed 70% of monthly income.
2. Proof of income is required: One month paycheck stubs; self-employed, most recent tax returns; government benefits or assistance, official documentation or/or bank statements

Criminal History:

1. Applicants with felony convictions in the last 7 years will be denied; applicants convicted of sex crimes and/or crimes against children will be denied.

Rental History: (Lease)

1. The Landlord Verification Form(s) must be filled out completely at the time of application; a minimum of 3 years of rental history must be provided. Please include valid contact information for each reference.
2. No broken leases or evictions within the past 3 years.

Credit History:

1. High/Severe level of collections and/or charge offs may result in application denial.
2. No open bankruptcy (proof of discharge is required).

Pets:

1. There is a strict policy regarding pets: Aggressive breeds are not permitted in the community. Pit Bulls, Rottweilers, Huskies, Wolf Hybrids, Bull Mastiffs, German Shepherds, Akitas, Chows, Dobermans, and mixes of these breeds are animals that are deemed unsuitable for the community. Exotic pets are not permitted.
2. Only 2 pets are allowed per household weighing no more than 40 pounds each; pets must be registered with the office and current vaccination information must be provided and pet fees apply. Please contact the community office for more details.

*Misrepresentation of the information provided in the application will automatically result in the rejection of the applicant(s) or termination in residency. Incomplete applications will be denied.

The application Requirements and Criteria has been explained and I have read and understand them.

Applicant's Signature

Co-Applicant/Spouse Signature

Date



RENTAL APPLICATION

EVERY OCCUPANT OVER THE AGE OF 18 MUST FILL OUT A SEPARATE APPLICATION.
Please fill out this form COMPLETELY and sign where indicated.

PERSONAL INFORMATION				
FIRST NAME		MIDDLE		LAST
DATE OF BIRTH / /		DRIVER'S LICENSE #	STATE	S.S.#
HOME PHONE () -				
WORK PHONE () - Ext.		CELL PHONE () -		EMAIL ADDRESS
PRESENT HOME ADDRESS (minimum 3 years of residential reference required)				CITY / STATE / ZIP
MOVE-IN DATE / /		PRESENT LANDLORD		LANDLORD PHONE () -
				RESIDENT STATUS OWN <input type="checkbox"/> RENT <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER <input type="checkbox"/>
REASON FOR LEAVING		AMOUNT OF RENT		IS YOUR PRESENT RENT UP-TO-DATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
PREVIOUS HOME ADDRESS				CITY / STATE / ZIP
MOVE-IN DATE / /		MOVE-OUT DATE / /		PREVIOUS LANDLORD
				LANDLORD PHONE () -
				RESIDENT STATUS OWN <input type="checkbox"/> RENT <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER <input type="checkbox"/>
REASON FOR LEAVING		AMOUNT OF RENT		WAS YOUR RENT UP-TO-DATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
PREVIOUS HOME ADDRESS				CITY / STATE / ZIP
MOVE-IN DATE / /		MOVE-OUT DATE / /		PREVIOUS LANDLORD
				LANDLORD PHONE () -
				RESIDENT STATUS OWN <input type="checkbox"/> RENT <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER <input type="checkbox"/>
REASON FOR LEAVING		AMOUNT OF RENT		WAS YOUR RENT UP-TO-DATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
EMPLOYMENT (minimum 3 years of employment reference required)				
CURRENT EMPLOYER		OCCUPATION		HOURS / WEEK
SUPERVISOR		PHONE () - Ext.		SALARY (GROSS)
ADDRESS		CITY / STATE / ZIP		
PREVIOUS EMPLOYER		OCCUPATION		HOURS / WEEK
SUPERVISOR		PHONE () - Ext.		SALARY (GROSS)
ADDRESS		CITY / STATE / ZIP		
PREVIOUS EMPLOYER		OCCUPATION		HOURS / WEEK
SUPERVISOR		PHONE () - Ext.		SALARY (GROSS)
ADDRESS		CITY / STATE / ZIP		
PREVIOUS EMPLOYER		OCCUPATION		HOURS / WEEK
SUPERVISOR		PHONE () - Ext.		SALARY (GROSS)
ADDRESS		CITY / STATE / ZIP		
PROPOSED OCCUPANT(S) UNDER 18				
NAME	RELATIONSHIP	OCCUPATION	BIRTHDATE	
NAME	RELATIONSHIP	OCCUPATION	BIRTHDATE	
NAME	RELATIONSHIP	OCCUPATION	BIRTHDATE	
NAME	RELATIONSHIP	OCCUPATION	BIRTHDATE	
NAME	RELATIONSHIP	OCCUPATION	BIRTHDATE	

ADDITIONAL INCOME					
\$ _____ WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY <input type="checkbox"/>		SOURCE		PROOF OF INCOME YES <input type="checkbox"/> NO <input type="checkbox"/>	
\$ _____ WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY <input type="checkbox"/>		SOURCE		PROOF OF INCOME YES <input type="checkbox"/> NO <input type="checkbox"/>	
\$ _____ WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY <input type="checkbox"/>		SOURCE		PROOF OF INCOME YES <input type="checkbox"/> NO <input type="checkbox"/>	
PROPOSED PET(S)					
NAME		TYPE / BREED		INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> AGE	
NAME		TYPE / BREED		INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> AGE	
VEHICLE(S) INFORMATION					
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
EMERGENCY / PERSONAL REFERENCE INFORMATION					
EMERGENCY CONTACT		PHONE () - CELL <input type="checkbox"/> HOME <input type="checkbox"/>		PHONE () - HOME <input type="checkbox"/> WORK <input type="checkbox"/>	
RELATION		ADDRESS		CITY / STATE / ZIP	
EMERGENCY CONTACT		PHONE () - CELL <input type="checkbox"/> HOME <input type="checkbox"/>		PHONE () - HOME <input type="checkbox"/> WORK <input type="checkbox"/>	
RELATION		ADDRESS		CITY / STATE / ZIP	
APPLICANT QUESTIONNAIRE / AUTHORIZATION					
HAS APPLICANT EVER BEEN SUED FOR BILLS? YES <input type="checkbox"/> NO <input type="checkbox"/>		HAS APPLICANT EVER BEEN LOCKED OUT OF THEIR RESIDENCE BY THE SHERIFF? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAS APPLICANT EVER BEEN BANKRUPT? YES <input type="checkbox"/> NO <input type="checkbox"/>		HAS APPLICANT EVER BEEN BROUGHT TO COURT BY ANOTHER LANDLORD? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAS APPLICANT EVER BEEN GUILTY OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/>		HAS APPLICANT EVER MOVED OWING RENT OR DAMAGED A RESIDENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAS APPLICANT EVER BROKEN A LEASE? YES <input type="checkbox"/> NO <input type="checkbox"/>		IS THE TOTAL MOVE-IN AMOUNT AVAILABLE NOW (RENT AND DEPOSIT)? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<p>Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.</p> <p>ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.</p>					
X _____				DATE _____	
APPLICANT SIGNATURE					

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

FOR OFFICE USE ONLY					
AGENT		UNIT SHOWN		RENT PRICE QUOTED	
SOURCE		RESIDENT REFERRAL NAME		SECURITY DEPOSIT	
				TOTAL DTI CALCULATION	
RESIDENT SCREENING RESULT APPROVED <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> REJECT <input type="checkbox"/>		EMPLOYMENT VERIFICATION ACCEPT <input type="checkbox"/> DECLINE <input type="checkbox"/>		LANDLORD VERIFICATION ACCEPT <input type="checkbox"/> DECLINE <input type="checkbox"/>	

EMPLOYEE INITIAL

EMPLOYEE INITIAL

COMMUNITY MANAGER

DISTRICT MANAGER (if applicable)



Landlord Verification

Community: _____

Site #: _____

Applicant Name(s): _____

I/We hereby authorize Ascentia to verify information that they deem necessary to evaluate my/our application.
I/we understand that such information and verification may include rental history, credit history and
employment/salary details.

Applicant Signature/Date

Applicant Signature/Date

Section to be completed by Landlord

Date: _____

Address of Rental: _____

Tenant has leased:

From: _____ To (list Current if still there): _____

Is the customer on the Lease? Yes ☐ No ☐

If Yes: Lease Expiration Date: _____

Monthly Payment Amount: _____

Total number of Late Payments: _____

What pets were included on the lease? _____

Were unapproved pets moved in? _____

Of those late payments, number of times late 5-15 days past due? _____

Of those late payments, number of times over 15 days past due? _____

Any NSF payments? Yes ☐ No ☐

Would you rent to this person again? Yes ☐ No ☐

Comments: _____

Name & Title of Person Completing this Form

Signature of Person Completing this Form

() - _____

Phone Number Where Landlord Can Be Reached



Employment Verification

Community: _____

Site #: _____

Applicant Name(s): _____

I/We hereby authorize Ascentia to verify information that they deem necessary to evaluate my/our application.
I/we understand that such information and verification may include rental history, credit history and
employment/salary details.

Applicant Signature/Date

Applicant Signature/Date

Date: _____

Employer Name: _____

Position Held: _____

Start Date: _____ End Date (list Current if still employed): _____

Income: \$ _____ ☐ Hourly* ☐ Monthly ☐ Annually ☐ Other _____

*If Hourly: Average number of hours worked each month: _____

Current Status (such as Active, Laid Off, Terminated, etc): _____

Continued employment probable? Yes ☐ No ☐ N/A ☐

Comments: _____

Name & Title of Person Completing this Form

Signature of Person Completing this Form

() =

Phone Number Where Employer Can Be Reached

Section to be completed by Employer