

# Qualifying Standards Addendum

We are delighted that you are interested in leasing a dwelling in our apartment community. In order to help you in making your decision, we have listed below the criteria for qualifying as a resident with us.

- This rental application must be fully completed, dated, and signed by each applicant.
- Each applicant must provide current government photo identification and allow it to be photocopied. A valid social will be required to process your rental application.
- Applicants, who are first time renters, will be required to pay a larger deposit.
- Applicants, who do not make three times the monthly amount of rent, will be required to have a co-signer.
- If applicant's family will be occupying the dwelling, the family size must be appropriate for the available apartment, i.e. no more than two adults per bedroom, in most circumstances.
- Employment and monthly income must be verifiable. Applicant must provide most current pay stubs or most recent tax return if self-employed.
- Applicants may be denied for the following reasons;
  - Falsification of application
  - Incomplete application
  - Insufficient income (total of all applicants)
  - Criminal convictions (We will accept NO FELONIES)
  - Credit history (Bankruptcy within the past two years will require an additional security deposit equal to one month's rent)
  - Poor rental history

We do not discriminate on the basis of race, color, creed, religion, sex, national origin, disability, or family status.

The application fee is \$35.00 per person over the age of 18 or \$50 for a married couple. The application fee is non-refundable.

- **Security deposits are non-refundable after approval.**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please provide 1 month of paystubs, driver license, social security card, and application fee on money order when returning application.**

**RENTAL APPLICATION**

**Date:** \_\_\_\_\_  
**Referred to community** \_\_\_\_\_ **by whom** \_\_\_\_\_  
**Marketing Source:** \_\_\_\_\_ **Agent assisting you:** \_\_\_\_\_  
**Move-in special offer** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

Applicants full name: \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

Visa/Work Permit # \_\_\_\_\_ Country \_\_\_\_\_ Exp. Date \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Landlords Name \_\_\_\_\_ Landlords Phone # \_\_\_\_\_

How long at this address \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Landlords Name \_\_\_\_\_ Phone # \_\_\_\_\_

How long at this address \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Present Employer \_\_\_\_\_ Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Employers Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Length of Employment \_\_\_\_\_

Other income/source \_\_\_\_\_

Have you ever been party to an eviction? ( ) Yes ( ) No; Date of eviction: \_\_\_\_\_ Address at time of eviction \_\_\_\_\_

Employers Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Length of Employment \_\_\_\_\_

Other income/source \_\_\_\_\_

Have you ever been party to an eviction? [ ] Yes [ ] No

Date of eviction: \_\_\_\_\_ Address at the time of eviction \_\_\_\_\_

Have you ever been convicted of a felony ( ) Yes ( ) No. If yes, when and what was the nature of the crime?  
\_\_\_\_\_

**Emergency Contact**

**Name** \_\_\_\_\_ **Relationship to Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Total number of adult's \_\_\_\_\_ Total number of children living with you under the age of 18 \_\_\_\_\_

List of all other applicants/occupants:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Auto YR \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ State/License Plate # \_\_\_\_\_

Do you have pets? \_\_\_\_\_ How many? \_\_\_\_\_ What kind? \_\_\_\_\_

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening and a credit report may be obtained as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above. I understand that my application fee is non-refundable and must be paid by money order, cashier's check.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Rental Verification Request

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

Name of community: \_\_\_\_\_ Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Please complete the following information:

Other Occupants: \_\_\_\_\_  
Date of Move In: \_\_\_\_\_ Date of (scheduled) Move out: \_\_\_\_\_  
Received Proper Notice to Vacate? \_\_\_\_\_  
Monthly rent amount: \$ \_\_\_\_\_ Security Deposit Amount: \$ \_\_\_\_\_  
Eviction proceedings of any kind? \_\_\_\_\_  
Have Rental Payments Been Late? \_\_\_\_\_ How Many Times? \_\_\_\_\_  
Have You Received any NSF Checks? \_\_\_\_\_ How Many? \_\_\_\_\_  
Were there any reports of bug infestation including bed bugs? \_\_\_\_\_  
If yes, of what nature? \_\_\_\_\_  
Have any complaints been received against Applicant? \_\_\_\_\_  
If yes, of what nature? \_\_\_\_\_  
Any property damage? \_\_\_\_\_  
Would You Re-rent to Applicant? \_\_\_\_\_

Additional Comments:

\_\_\_\_\_

Signature of Person Verifying Information: \_\_\_\_\_

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

## Information Release Authorization

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I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening. I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made of this application for residency.

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

Please fax information sheet to: Parkview Apartments 405-736-6061

\*PLEASE FILL OUT HIGHLIGHTED AREA ONLY\*

## **Employment Verification Request**

Current employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ to \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ to \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_

Other Sources of Income: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Signature of person verifying information: \_\_\_\_\_

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

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening. I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made of this application for residency.

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

### **Please fax information to:**

Property Name: Parkview Apartments

Fax number: 405-736-6061

Office number: 405-737-0211

\*PLEASE FILL OUT HIGHLIGHTED AREA ONLY\*