



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 processing your application for residency.

- The rental application(s) must be fully completed, dated, and signed by each applicant.
- Each applicant must provide current government photo I.D. and social security card or current work visa and allow it to be photocopied.
- Applicants who are first time renters, may be required to pay a larger deposit.
- Applicants, who do not meet the minimum requirements may be asked to have a co-signer.
- The family size must be appropriate for the available apartment size.
- Your employment and monthly income must be verifiable. Applicant should provide 4 weeks of current pay stubs or most recent tax return if self-employed.

The application fee is \$40.00 for 1st applicant \$30.00 for each additional applicant over 18 years of age. The application fee is non-refundable and must be given in the form of money order or cashiers check.

- Security deposits are non-refundable after application has been approved, and given to hold your apartment.

Applicant _____ Date _____



RENTAL APPLICATION

Agent assisting you: _____

Date: _____

How did you hear about us? (check the box in front of) Apartments.com / Flyer / Walk-in / Website _____
/ Facebook AHRN / Craigslist / Referral? By Whom: _____

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 _____

Previous Employer/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

PLEASE FILL OUT AREAS MARKED BY RED ARROWS ONLY

→ Name(s): _____

→ Name of community: _____ → Fax #: _____ → Phone #: _____

→ Address: _____

Office Use Only:

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

.....

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

Employment Verification Request

PLEASE FILL OUT AREAS MARKED BY RED ARROWS ONLY

→ Current employer: _____

→ Address: _____ → Phone #: _____

→ Name of applicant: _____

Office Use Only:

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

Previous Employer: _____

Address: _____

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

Other Sources of Income: _____

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