

The Commons Scattered Site RESIDENT APPLICATION

TODAY'S DATE:

CONSULTANT:

APT NUMBER:	UNIT TYPE	MOVE-IN DATE DESIRED	LEASE TERM	RENTAL RATE	SPECIAL
PRINT FULL NAME		DATE OF BIRTH	SOCIAL SECURITY #		DRIVER'S LICENSE#/STATE
NAME OF SPOUSE		DATE OF BIRTH	SOCIAL SECURITY #		DRIVER'S LICENSE#/STATE
EMAIL ADDRESS:					
OTHER OCCUPANTS UNDER THE AGE OF 18 WHO WILL BE OCCUPYING THE APARTMENT					
NAME	SS#	BIRTHDATE	SEX	RELATIONSHIP	
NAME	SS#	BIRTHDATE	SEX	RELATIONSHIP	
NAME	SS#	BIRTHDATE	SEX	RELATIONSHIP	

RESIDENCE		
PRESENT ADDRESS <input type="checkbox"/> RENT <input type="checkbox"/> OWN		FROM TO
CITY STATE ZIP		CELL/HOME NUMBER
NAME OF LANDLORD/ OR OFFICE		LANDLORD'S PH#
PREVIOUS ADDRESS		FROM TO
CITY STATE ZIP		PREVIOUS PHONE NUMBER
NAME OF LANDLORD/ OR OFFICE		LANDLORD'S PH#
CURRENT EMPLOYER	POSITION	INCOME FROM TO
BUSINESS ADDRESS	SUPERVISOR	PHONE NUMBER
PREVIOUS EMPLOYER	POSITION	INCOME FROM TO
SPOUSE EMPLOYER	POSITION	INCOME FROM TO
BUSINESS ADDRESS	SUPERVISOR	PHONE NUMBER
SPOUSE PREV. EMPLOYER	POSITION	INCOME FROM TO
SUPERVISOR		PHONE NUMBER
INCOME SOURCE OTHER THAN EMPLOYMENT	PHONE # & CONTACT TO VERIFY	AMOUNT(S)

FOR OFFICE USE ONLY
APPLICATION FEE: \$ _____ ON _____
FIXED FEE RECEIVED: \$ _____ ON _____
MANAGER'S REVIEW
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
DATE & INITIALS: _____
WITH CONDITIONS: _____
RESIDENT NOTIFIED
DATE: _____
TIME: _____
SPOKE WITH: _____
AGENT INITIALS: _____
Notes: _____

EMERGENCY CONTACT			
<small>IF YOU BECOME SERIOUSLY ILL OR DIE, YOU AUTHORIZE THE PERSONS LISTED TO ENTER YOUR DWELLING TO REMOVE AND STORE ALL CONTENTS, AS WELL AS YOUR PROPERTY IN THE MAILBOX.</small>			
NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER

IN CASE YOU BECOME SERIOUSLY ILL OR INJURED, YOU AUTHORIZE US TO SEND FOR AN AMBULANCE AT YOUR EXPENSE. WE ARE NOT LEGALLY OBLIGATED TO DO SO

PETS		
<input type="checkbox"/> YES <input type="checkbox"/> NO # _____	TYPE/COLOR/WEIGHT	MALE OR FEMALE

MARKET SOURCE	
HOW DID YOU HEAR ABOUT US?	WHY ARE YOU MOVING?

AUTOMOBILES			
MAKE	YEAR	COLOR	LICENSE#/STATE
MAKE	YEAR	COLOR	LICENSE#/STATE

HAVE YOU OR YOUR SPOUSE, OR ANY OCCUPANT LISTED ABOVE EVER;

- BEEN EVICTED OR ASKED TO MOVE OUT? BROKEN A RENTAL AGREEMENT OR LEASE CONTRACT? DECLARED BANKRUPTCY
- BEEN SUED FOR NONPAYMENT OF RENT? BEEN CONVICTED OF A FELONY? (STATE YEAR, LOCATION AND TYPE OF EACH FELONY) NOTE: YOU REPRESENT THE ANSWER "NO" TO ANY BOX THAT IS UNCHECKED ABOVE

Qualification Acknowledgement

In order to assist you with your decision on your new home, we are providing a list of guidelines used to qualify applicants for residency in our community. Nothing contained in these requirements shall constitute representation by Stonegate at Stillwater that all residents and occupants currently residing in our community have met or currently meet these guidelines. Qualification standards include but are not limited to the following criteria.

IDENTIFICATION. Applicants must present a valid government issued photo identification card for each person age 18 years and older that will be living in the apartment. Each person over the age of 18 MUST fill out a separate application unless joint credit is established.

INCOME. All applicants must have a combined verifiable source of income in an amount in accordance with current community guidelines but no less than three (3) times the rental rate. If an applicant has no income, a guarantor must be obtained or the applicant may be denied.

RENTAL HISTORY. Six months of verifiable satisfactory rental history may be required. Less than six months' rental history may result in the requirement of an additional deposit, guarantor or denial. No evictions will be allowed and there cannot be a debt owed to current or previous landlord.

CREDIT HISTORY. Our credit reporting agency evaluates credit and rental history against indicators of future rent payment performance. All bankruptcies must be discharged. Foreclosures are accepted with an additional deposit up to one month's rent. An unsatisfactory finding may result in the requirement of an additional deposit, guarantor, or denial.

GUARANTORS. If a guarantor is needed, he/she must meet the entire qualifying criteria as presented above. All guarantors must have a verifiable source of income in an amount no less than five (5) times the rental rate. A guarantor may be accepted for lack of rental history, lack of credit, or lack of income. The guarantor must pay an application processing fee, sign the Guarantor Addendum, reside in the United States, and may be subject to criminal screening.

CRIMINAL HISTORY. Our investigation includes criminal background screening. It is possible your application may be denied due to criminal convictions or charges. Applicant with any kind of felony charge on their background may be denied. Any person with a serious misdemeanor within the past 5 years on their background is subject to management approval.

OCCUPANCY. The maximum number of residents permitted to dwell in an apartment shall not exceed two (2) occupants per bedroom. The only exception to occupant limitations is anyone protected as familial status under Federal Fair Housing Guidelines. In this case, we will allow 2 persons per bedroom, plus one additional person in the apartment home.

PETS. Breed Restrictions Apply- No aggressive breeds (i.e. Rottweiler, Pit bulls, Doberman pinchers) or mix thereof will be admitted. All pets must be registered with the office and pet deposit(s)/fee(s) must be paid. No visitor pets will be allowed.

FAIR HOUSING STATEMENT. Stonegate at Stillwater Apartments and the Owner are committed to compliance with all federal, state, and local fair housing laws. It is our policy to comply with all laws prohibiting discrimination, including those that prohibit discrimination based on race, color, religion, national origin, sex, familial status, or disability, and any other local laws protecting specific classes.

ADA STATEMENT. Stonegate at Stillwater Apartments and the Owner are committed to compliance with the Americans with Disabilities Act by allowing the modification of existing premises for reasonable accommodations at the expense of the disabled person, if the disabled person agrees to restore the premises at their own expense to the pre-modified condition provided the modification would not affect the use and enjoyment of the premises for future residents.

ACKNOWLEDGMENT BY SIGNING. You declare that all your statement on this application are true and complete. You are authorizing us to verify this information through all available means. If you have failed to answer any question, we're entitled to reject this application. If you have given false information, we are entitled to (1) reject the application, (2) retain all application fees and deposits as liquidated damages for our time and expense, and (3) terminate your right of occupancy. Giving false information may also constitute a serious criminal offense. We reserve the right to furnish information to consumer reporting agencies about the performance of our resident on their lease contract obligations. This information may be reported at any time and include both favorable and unfavorable information regarding your compliance with the lease, and your financial obligations.

It is understood that the amount received \$ _____ will be returned if applicant is not accepted as a resident (\$ _____ will be retained for processing the resident application).

If accepted and subsequently the resident cancels the application after 72 hours of placing the deposit, the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market.
Initials

Applicant Signature Date

Co-Applicant Signature Date

Agent Signature Date

