



RENTAL APPLICATION GUIDELINES/INSTRUCTIONS

The following guidelines will be followed in processing your application. Non-compliance with any of these items is grounds for immediate rejection of the application. Your application is subject to the owner/agents approval. The applicant understands that the property will remain available "for rent" until an application is approved. Please refer to the posted selection criteria and pet policy for specific details regarding applicants. Applications are processed in the order received.

- 1. Application form must be filled out completely.
2. A RENT DEPOSIT of \$150.00 must be paid before the application is processed.
3. A non-refundable screening fee of \$38 per adult occupant is required in addition to and separate from the rent deposit above.
4. An Application is not considered received until application form is complete and submitted together with the required screening fees, rent deposit is paid, and all supporting documents listed below are submitted for all occupants.
5. Upon notification of acceptance, the applicant shall be required to pay an additional \$150 towards the first month's rent and sign the rental agreement(s).
6. An applicant may withdraw his/her application at any time prior to being notified of acceptance and receive a refund of the rent deposit less a \$100.00 withdrawal fee.
7. All income must be verified. The applicant must provide written verification of his/her income by providing pay stubs or grant letters for the preceding full month.
8. Copies of Valid Government Issued Photo Identification (Driver's License or Identification Card) and Social Security Cards are required at time of application for each applicant/occupant.
9. Section 8 Applicants: Must submit the original relocation package and provide copies of their voucher and rent worksheet (shopping list) at time of application, and must sign authorization for PHA to release file data.
10. An inspection of your present residence may be required. If so, it may be an unannounced visit. The owner/agent may reject an application based on unacceptable housekeeping habits.
11. Applicant acknowledges reading the 'Tenant Selection Criteria' (available online and in our office). Any applicant/occupant who does not meet the criteria stated may request a meeting to discuss the details of his/her situation prior to applying.
12. Application processing will take 2 to 3 business days after all information is supplied. Should additional information be required - applicant shall have until 12 noon the second business day following the request to provide information, otherwise application may be rejected. Applicants may reapply in the future.
13. All applications and copies of all supporting documents are the property of Family Real Estate Service, Inc. and will not be returned to you.

Date: _____

Property Address: _____

Applicant

Applicant

OFFICE USE ONLY:

Address: _____

Deposit Paid \$ _____ Screening Fee Paid \$ _____

Date Received _____ Receipt # _____

Screening company: LSI Other: _____

475-1884

RENTAL APPLICATION

Note: Co-Applicants that do not share the same address/rental or credit history need to complete separate forms.

Applicant Name:	Co-Applicant Name:
E-mail Address:	E-mail Address:
Cell phone: ()	Cell Phone: ()

List all people that plan to reside with the above applicants — Note: guests may only stay a total of 20 days per calendar year. Anyone listed age 18 or over who is not a legal dependent of the above, must complete a rental application, pay a screening fee and sign all documents.

Name	Birth date	Relationship to Applicant	Name	Birth Date	Relationship to Applicant

Animals: List pets, ADA service and companion animals below:

Note: Pet fees, pet rent &/or liability insurance may be required.

How many animals do you have?	List Types, breeds & details for each animal:
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Automobiles:

Note: Only currently licensed & operational vehicles are permitted on the property / No car parts may be stored on the property

Auto Make:	Auto Model & Color:	Model Year:	License # / State:
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Maintenance/Insurance: Applicants with waterbeds or aquariums over 10 gallons must have renters insurance or specific coverage insurance

Do you own a lawn mower?	Waterbed(s)?	Aquarium(s)?	Do you have renter's insurance?
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SOURCE OF INCOME

If less than 1 year, give prior on separate page	APPLICANT	CO-APPLICANT
EMPLOYER/AGENCY		
ADDRESS		
PHONE		
POSITION HELD		
HIRED/START DATE		
NAME OF SUPERVISOR/CASE WORKER		
HOURS WORKED PER MONTH		
GROSS INCOME PER MONTH		

List any other sources of income - including food stamps or other verifiable assistance incl. SECTION 8 - attach verification of each.

Are you relying on any other assistance to pay initial move-in costs or monthly rent? If yes – explain & Attach letters of grant/verification:

Requested Move-in date:

Do you have funds needed to move in?

Bank References:

Bank:	Branch	Account #	Avg. Bal. \$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Applicant Names: _____

Credit Reference: — Attach additional references on separate paper, if needed.

Company:	<input type="checkbox"/> Appl <input type="checkbox"/> Co-Appl	Account #	Phone #	Date Opened:
High Amount Owed \$	Current Balance \$	Payment Amount \$	# Late Pays:	
Purpose of Credit: (Auto, furniture, gas card, student loan, etc.)			Account Status: (open, closed, etc.)	

List any other names (maiden, married, nicknames, etc.) that you have used for credit or rental purposes:

Non-Related Personal References:

Name:	<input type="checkbox"/> Appl <input type="checkbox"/> Co-Appl	Phone #: Home: ()	Cel: ()
Address, incl City, State, Zip			Known How Long?
Name:	<input type="checkbox"/> Appl <input type="checkbox"/> Co-Appl	Phone #: Home: ()	Cel: ()
Address, incl City, State, Zip			Known How Long?

Nearest Relatives (Not residing with you)

Name:	<input type="checkbox"/> Appl <input type="checkbox"/> Co-Appl	Phone #: Home: ()	Cel: ()
Address, incl City, State, Zip			Relation:
Name:	<input type="checkbox"/> Appl <input type="checkbox"/> Co-Appl	Phone #: Home: ()	Cel: ()
Address, incl City, State, Zip			Relation:

Designated Emergency Contact: We hereby authorize Owner/agent to contact this person to discuss my account, occupancy and in the event of my death (applies when only one adult legal occupant/tenant in unit) may remove/dispose of any of my belongings without liability.

Name:	Phone #: Home: ()	Cel: ()
Address, incl City, State, Zip	Email:	

Complete these questions: If you answer "YES" to any question, please attach a written explanation)

Other occupants includes children

Answer for Applicant - Co-Applicant - ALL other intended occupants, including children	Applicant	Co-Applicant	Other Occupants
Have you ever filed a petition of bankruptcy?			
Have you ever been evicted?			
Have you ever been asked to move out of any tenancy?			
Do you owe any landlord money from prior rentals?			
Have you ever willfully or intentionally refused to pay rent when due?			
Have you been convicted of any felony?			
Have you been convicted on any misdemeanor relating to domestic violence, drugs, or other crimes against either people or property?			
Are you a member or involved with any gang or gang activities:			
Do you smoke or vape, tobacco or any other products? If yes, state indoors, outdoors or both			
Do you use marijuana either medicinally or recreationally?			
Do you use or possess any other non-prescribed drugs or any related drug paraphernalia?			
Do you have any credit or other issues that would prevent utilities from being put into the Applicant/Co-Applicant names?			
Do you plan to run any business activity from the rental unit?			
Are you a military service member or reservist? If yes, complete section below			
Are you a dependent of a military service member, other than listed above? If yes, complete section below.			

Military & Dependents only:	Name of Service Member:
<input type="checkbox"/> Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Retired (Date: _____)	Branch of Service & Unit:
Dependents, list relationship to this service member:	

This page of the application may be reproduced, faxed or scanned/emailed to prior landlords, etc. to obtain verification of residency:

Applicant Full Legal Name		Date of Birth	
Social Security #		Driver's License/ID # & State	
Co-Applicant Full Legal Name		Date of Birth	
Social Security #		Driver's License/ID # & State	

WHERE YOU ARE LIVING TODAY: if Applicant and Co-Applicant are not at the same address, use separate forms			
Address:		City/State	Zip
Rent \$			
Home Phone ()	Work Phone ()	Deposit Paid \$	Expect Refund?
Reason for moving?			
Date Moved In:		Date you plan to move:	
Landlord/Agent Name & Company		Landlord Phone # ()	
Are you related to the owner or landlord?		Do you owe this landlord any money? If yes: \$ _____	
Number of Occupants:	Any late rent payments?	Did you give Notice? Or receive notice to move?	

WHERE YOU LIVED IMMEDIATELY PRIOR TO WHERE YOU ARE LIVING TODAY? Co-Applicant not at same address as Applicant, please use separate form			
Address:		City/State	Zip
Rent \$			
Dates at this address: From To		Deposit Paid \$	Deposit Refunded \$
Time at this address:	Reason for moving?		
Landlord/Agent Name & Company		Landlord Phone # ()	
Are you related to the owner or landlord?		Do you owe this landlord any money? If yes: \$ _____	
Number of Occupants:	Any late rent payments?	Did you give Notice? Or receive notice to move?	

WHERE YOU LIVED IMMEDIATELY PRIOR TO THE ABOVE ADDRESS? REQUIRED if less than 10 years of rental history in above 2 references.			
Address:		City/State	Zip
Rent \$			
Dates at this address: From To		Deposit Paid \$	Deposit Refunded \$
Time at this address:	Reason for moving?		
Landlord/Agent Name & Company		Landlord Phone # ()	
Are you related to the owner or landlord?		Do you owe this landlord any money? If yes: \$ _____	
Number of Occupants:	Any late rent payments?	Did you give Notice? Or receive notice to move?	

By signing below: I/We declare that the foregoing is COMPLETE, TRUE and CORRECT. I/We have read and understand the "Rental Application Guidelines." I/We authorize the verification of all information on this application and/or any information that may show on the credit report(s) and public record searches. I/We authorize the owner/agent and/or Landlord Solutions, Inc. to obtain a Credit Report and Criminal History report on each named applicant/intended occupant and perform any other screening deemed necessary by the owner/agent. I/We agree that the owner/agent may terminate any agreement entered into based on reliance of any information provided that is believed to be false, misleading or erroneous. It is further acknowledged that Family Real Estate is in full cooperation with local, state and federal agencies and may disclose any information contained herein upon written request of any agency. I/We authorize our current and former landlords/owners/agents to release all data to Family Real Estate regarding our rental history. I/We intend to rent the property if so approved on the advertised available date.

Applicant Date

Co-Applicant Date

Section 8 Applicants Only:	Caseworker Name:	Caseworker Phone: ()
# Bedrooms on Voucher:	Maximum allowable rent with tenant paying all utilities: \$	<input type="checkbox"/> New on program <input type="checkbox"/> portable
I/We authorize the Public Housing Authority (PHA) to release all information to owner/agent in regards to my case file and rental history.		
_____ Signature of Head of Household/Voucher Holder		_____ Date