

RENTAL APPLICATION

Completing your Application Instructions

To help us complete your application in a very timely manner, please note the following when filling out each page. It is important that we receive all information in the correct format and all together.

Rental Application: Page 1

• Complete each line in full (if not applicable, please write N/A) on that subject line.

Rental Application: Page 2

- List any person that will be occupant only! Occupants are any minors living in the household. Any one 18 and older must fill out the application portion.
- Complete the remainder of the page with the applicable information or N/A
- Sign and Date at bottom of page

Statement of Rental Policy:

- Please read so that you understand the appropriate fees and Guidelines.
- Sign and Date at the bottom of the page.

Rental Verification Form:

- The top portion is to be completed by the applicant(s).
- If you do NOT have rental history, please write:
 - "NO Rental History" under Community/Landlord Information.

Single Entry Debit Authorization Form:

- This is to be used to pay the Application Fee(s) and Security Deposit.
- Complete either the Checking or Savings account section or the Credit Card Section with your account information.
- SIGN & DATE at the bottom of the form!
- *Please note* when we deduct the fees, they will be deducted in two separate transactions:
 - 1. Application Fee(s)
 - 2. Security Deposit

Bring your proof of gross income equal to 3x the rent in with your application.

*** Verification of income must include recent paycheck stubs and/or W2 forms. Self-employed or retired applicants must provide a financial statement from a CPA or previous year's tax statement with back up such as W-2's, 1099's, etc. Active-duty military personnel must provide a copy of his/her LES and orders.

Please attach a copy of your US Government Issued ID with this page!







RENTAL APPLICATION

APPLICANT:	ADDITIONAL APPLICANT (if applicable):			
Full Name:	Full Name:			
Current Address:				
Phone: Work:	Phone: Work:			
Cell:	Cell:			
Email:	Email:			
SSN #: Date of Birth:	SSN #: Date of Birth:			
Driver's License #:	Driver's License #:			
State Issued:	State Issued:			
Rental History: (check if you own your home □)	Rental History: (check if you own your home □)			
Current Landlord:	Current Landlord:			
Manager/Contact:	Manager/Contact:			
Phone: Fax:	Phone: Fax:			
Move in Date: Rent Amount: \$	Move in Date: Rent Amount: \$			
Employment Information:	Employment Information:			
Current Employer:	Current Employer:			
Address:	Address:			
Supervisor: Phone:	Supervisor: Phone:			
Position/Title:	Position/Title:			
Employment Date: Salary:	Employment Date: Salary:			
Any Additional Income:	Any Additional Income:			
Source:	Source:			
Vehicle Information:	Vehicle Information:			
Make: Model:	Make: Model:			
Year: Color:	Year: Color:			





License Plate #: _____ State: ____ License Plate #: ____ State: ____



RENTAL APPLICATION

Other Persons	who will occupy Aparti	ment:					
Name:	e: Relationship:			Birthda	te:		
		Relationship:			te:		
Name:		Relationship:		Birthda			
Name:		Relations	hip:	Birthda			
	Name Phone Num		lumber	Relationsh	nip		
Emergency Cor	ntact #1:						
Emergency Co	ntact #2:						
Key Release: In	the event of serious illne	ss, death, or other circ	cumstances that wo	ould make you	unavailable, the emergency		
contact can rem	ove your property from y	our unit or the commo	on areas.	Арі	plicant Initials:		
PETS:							
Туре:	Breed:	Weight:	Name:		_ Rabies #:		
Туре:	Breed:	Weight:	Name:		_ Rabies #:		
40lbs and/or und NONREFUNDA apartment. Certa start date.	der six months of age prider six months of age prider and do nain breed restrictions ma	or to occupying premis lot cover damages ca lay apply. Proof of up	ses, and upon exe aused by pets. No to date rabies vac	cution of a pet O EXCEPTION cines must be	Olbs and \$600 per dog over agreement. These fees are NS. LIMIT OF 2 PETS per provided prior to the lease states that it is unlawful to		
discriminate aga		application for rental			eligion, color, sex, national		
and security department application fee, s	posit or hold fee is due	with application in ordee, and complete appl	ler to process. Ap	plications will r	ication. The application fee not be accepted without an osit and application fee(s)		
Have you ever b	een evicted or required t	to vacate from a previ	ous rental property	/?			
I learned about t	hese apartments from: _		E	BOAT/RV/MOT	ORCYCLE:		
DESIRED MOVI	E IN DATE: I	LEASE TERM:	FLOORPL	.AN:	W/D Needed:		
	ow, I hear by authorize uded on this application		credit history, cr	iminal history	r, and rental history for all		
APPLICANT:		ADDITIONAL API	PLICANT:		DATE:		





COMMUNITY AGENT: _____ DATE RECEIVED: ___



STATEMENT OF RENTAL POLICY

Thank you for choosing an apartment home managed by HomeCorp Management. In order for someone to establish residency within our community, we require that each **applicant** meet certain criteria. Before you apply to rent an apartment, please take a moment to review and sign our rental policy.

1.) Occupancy Guidelines:

One Bedroom - 2 Occupants Maximum Two Bedroom - 4 Occupants Maximum Three Bedroom - 6 Occupants Maximum

- 2.) **Employment and Income Requirements:** Applicant must have a verifiable monthly gross income of at least 3 times the amount of the rental rate. Verification of income must include recent paycheck stubs and/or W2 forms. Self-employed or retired applicants must provide a financial statement from a CPA or previous year's tax statement with back up such as W-2's, 1099's, etc. Active-duty military personnel must provide a copy of his/her LES and orders. Co-signors may be accepted only if income requirements are not sufficient. Co-signers must have a verifiable monthly gross income of at least 5 times the amount of the rental rate.
- 3.) **Rental History:** Applicant must provide current verifiable rental history. An application will not be approved if there is any outstanding balance to an apartment community or mortgage company. All applicants must have an acceptable rental history with no prior evictions and/or any history of default in lease obligations or community policies. Should you have a balance or if you failed to fulfill a lease contract with another apartment community, a written statement from the rental, management, or mortgage company will need to be provided stating the balance has been paid.
- 4.) **Credit Report:** Credit will be judged on a scoring system by RealPage, Inc. The scoring scale is subject to change at any time. In the event the credit scoring is not acceptable for full approval, the application may be conditionally approved with additional deposit and/or documentation. To obtain a credit report, all applicants 18 and older must have a verifiable social security number.
- 5.) **Criminal History:** An application will not be approved if he or she has been convicted of criminal offenses involving, but not limited to, homicide, rape, robbery, assault, drug trafficking, and/or distribution of any illegal substance. This requirement does not constitute a quarantee or representation that residents or occupants residing within our community have not been convicted of a felony.
- 6.) **Security Deposit:** A security deposit in the amount of \$250.00 will be required to hold an apartment for up to 30 days. The security deposit shall be refunded upon denial of application. If applicant cancels the application by written notice within 72 hours, a full refund of security deposit will be processed within 30 days of cancellation. If a cancellation occurs after 72 hours, or if applicant refuses to occupy the premises on the agreed upon date, the security deposit will be forfeited. Additionally, a \$75.00 non-refundable application fee, per applicant, is required to complete the rental application. The deposit must be paid in a separate check or money order from the application fee.
- 7.) **Pet Fee:** Only two (2) pets per apartment are allowed. There is a \$300.00-\$600.00 **non-refundable** fee to be paid upon any housing of a pet. Pet fees are as follows: \$300 per cat, \$400 per dog under 40 lbs., \$600 per dog over 40 lbs. An additional fee may be charged for dogs under one year of age. Breed restrictions apply (see leasing agent for complete list). All pet fees are due on the move-in date. Proof of up to date rabies vaccines must be provided prior to the move-in date.
- 8.) **Renters Insurance:** Renters Insurance is required before occupying the apartment. Proof of coverage must list the apartment address and apartment number. Minimum coverage of \$100,000 liability and \$10,000 contents is required. An agent can assist in obtaining renters insurance.
- 9.) General Applicant Requirement: All applicants must be at least 18 years of age to fill out an application and sign the lease agreement.
- 10.) **Equal Housing Opportunity:** Title viii, section 804 of the Civil Rights Act of 1968 states that it is unlawful to discriminate against any person making application for rental housing, with regard to race, religion, color, sex, national origin, familial status or handicapped status.

I have read and understand the rental policies listed above:

Applicant Signature	Date
Co-Applicant Signature	Date
Manager/Leasing Consultant Signature	Date







RENTAL VERIFICATION FORM

I/We hereby authorize the release of any and all rental history information regarding residency at the location specified below:

To be completed by the person renting the residence:				
Residents Name on Lease:				
Community/Landlord Information:				
Name:	Phone: ()			
Address:				
Resident Signature:				
To be completed by the person verifying residency:				
Dates of Residency:	Rental Amount:			
Number of Late Rental Payments:				
Number of Dispossessory Warrants:				
Any Lease Violations or Complaints:				
Damages Upon Move-out: Yes: No: Pets: Yes, pleas	se explain?:	No:		
Deposit Returned: Yes: No: Balance Upon Move-out	t: \$			
Was Notice Given:				
Would you lease to applicant again:				
Preparer's Signature/Title	Date:			
We would like to thank you in advance for your assistance.				
Upon completion, please fax back to:				





The Crossings at Nine Mile

SINGLE ENTRY DEBIT AUTHORIZATION FORM

I (we) hereby authorize The Crossings at Nine Mile to initiate debit entries to my (our) account indicated below, and to debit or credit the same such account. If this item is returned unpaid, I authorize an additional returned item fee of the maximum amount allowed by the state to be charged to this account.

Checking or Savings Account							
Type of Account	t	☐ Checking ☐ Savings					
Depository Final Institution Name							
Name on Accour	nt						
Routing Number	r			Ac	Account Number		
Credit Card Acco	ount						
Card Type		□ Visa □ MasterCard □ Discover					
Name on Card	me on Card						
Credit Card Billin Address	Credit Card Billing Address						
Card Number							
Expiration Date					CVV		
Payment Setup I	Informati	on					
Amount	ount		Tra	Transaction Date			
Authorization							
This authorization is to remain in full force and effect for the number of payments authorized above or until The Crossings at Nine Mile has received written notification from me (or us) of its termination, in such time and such manner as to afford The Crossings at Nine Mile a reasonable opportunity to act on it.							
Name					Unit #		
ID#					State		
Signature				•			
Date							



