

RENTAL APPLICATION



PLEASE PRINT

FOR OFFICE USE ONLY

COMMUNITY	ADDRESS	\$ MONTHLY RENT	\$ OTHER CHARGES
TYPE OF APT.	FLOOR	TOTAL MONTHLY RENT \$	
RENTED BY	DATE RENTED	APPLICATION FEE PAID \$	
OCCUPANCY DATE	NO. OF OCCUPANTS	ADMINISTRATIVE FEE PAID \$	
NOTES	TOTAL SECURITY DEPOSIT \$		

APPLICANT'S NAME _____ DATE OF BIRTH _____ SOC. SEC. NO. _____

PRESENT ADDRESS _____ CITY _____ STATE/ZIP _____ PHONE NO. _____

CELL / OTHER PHONE NO. _____

OWNER/MANAGEMENT CO. _____ PHONE NO. _____ MONTHLY RENT PAID _____

LENGTH OF RESIDENCY _____ OWN HOME? YES NO

(IF LESS THAN 2 YEARS AT CURRENT)
PREVIOUS ADDRESS _____ CITY _____ STATE/ZIP _____ MONTHLY RENT PAID _____

OWNER/MANAGEMENT CO. _____ PHONE NO. _____ DATES OF RESIDENCY _____

FULL NAME OF OTHER OCCUPANTS
 1. _____ SS# _____ DATE OF BIRTH _____
 2. _____ SS# _____ DATE OF BIRTH _____
 3. _____ SS# _____ DATE OF BIRTH _____

PRESENT EMPLOYER _____ BUSINESS PHONE NO. _____ BUSINESS FAX NO. _____

BUSINESS ADDRESS _____ POSITION HELD _____ APPROX. INCOME \$ _____

SUPERVISOR _____ LENGTH OF EMPLOYMENT _____

PREVIOUS OR OTHER EMPLOYER _____ BUSINESS PHONE NO. _____ LENGTH OF EMPLOYMENT _____

SUPERVISOR _____ POSITION HELD _____ APPROX. INCOME \$ _____

OTHER INCOME \$ _____ PLEASE DESCRIBE _____

IN CASE OF EMERGENCY, CONTACT (Other than co-applicant) _____ RELATIONSHIP _____
NAME _____

ADDRESS _____ CITY/STATE _____ PHONE NO. _____

DO YOU OWN A PET? YES NO IF YES, PLEASE DESCRIBE _____

DOES ANYONE IN YOUR HOUSEHOLD SMOKE? YES NO IS APPLICANT CURRENTLY IN ANY BRANCH OF THE MILITARY SERVICE? YES NO

HOW DID YOU HEAR ABOUT US? NEWSPAPER * GUIDE BOOK * DRIVING BY * INTERNET *
 RESIDENT NAME/ADDRESS _____ * OTHER _____

This is to inform you that as part of our procedure for processing your application, an investigative report may be made where by information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By signing below, applicant authorizes a credit background check.

The undersigned agrees to execute upon presentation a Rental Agreement in the usual form and on the terms and conditions therein stated, which Agreement may be terminated by the Owner or Agent if any statement herein made is not true. The undersigned makes the foregoing representations knowing that the Owner or Agent will rely on the accuracy thereof in acting on this application. The application fee paid is non refundable, does not create tenancy and is not applicable to rent.

APPLICANT'S SIGNATURE _____ DATE _____





STATEMENT OF RENTAL POLICY

1. **WE ARE AN EQUAL OPPORTUNITY HOUSING PROVIDER.** We fully comply with the federal Fair Housing Act. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin. We also comply with all state and local fair housing laws.
2. **APARTMENT AVAILABILITY POLICY.** Apartments become available to pre-lease when management receives written notice from a resident. We update our list of available apartment homes as each apartment becomes available. An apartment that was unavailable in the morning may become available later that same day.
3. **OCCUPANCY GUIDELINES.** To prevent overcrowding and undue stress on plumbing and other building systems, we restrict the number of people who may reside in an apartment. In determining these restrictions, we adhere to all applicable fair-housing laws and local ordinances.
4. **APPLICATION PROCESS.** We evaluate every apartment home application in the same manner. All applicants age 18 years and older must submit a complete and signed CPM application. Applications that are not filled out completely may be rejected.
5. **RENTAL CRITERIA.** To qualify for an apartment home you must meet the following criteria:

INCOME: Applicant’s rental payment may not exceed 30% of monthly income. All applicants’ income must be verifiable.

CREDIT HISTORY: Applicant(s) must have established good credit history.

LANDLORD: Applicant(s) must have good landlord references both past & present.

Date: _____

Lessee: _____

Lessee: _____





Application & Move In Requirements

I understand and agree to the following:

- A. All applications must be submitted to the manager for approval along with a \$25 per applicant processing fee. A credit check, landlord reference and income verification will be required. Applications will not be process until the application fee is received.
- B. A photocopy of a driver's license or other government issued photograph i.d. is required to process an application.
- C. Within 72 hours of approval, a **non-refundable** deposit of \$500 is required. It will be applied towards the first month's rent. This deposit must be paid by certified check or money order. The apartment will be taken off the market and held for up to 60 days upon receipt of this deposit. If an applicant fails to move in, this deposit will be forfeited.
- D. In order to receive keys, all Lessees must sign the lease, and all balances due must be paid. Balances include the balance of the First Month's Rent, a Pro Rate (if Applicable), \$150 administration fee, and Security Deposit.
- E. All move-in balances must be paid by certified funds, money order or cashier's check.
- F. Any change of move-in date or change of apartment must be approved by the property manager.

Date: _____

Lessee: _____

Lessee: _____





Employment Verification

Below you will find a release signed by _____, allowing us access to any pertinent information that would be relative in considering them for our community.

I hereby authorize CPM to contact present and previous employers to verify the information I have provided on the Rental Application.

Signature: _____

Date: _____

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Here is a list of standard questions usually asked during the verification:

Name of Employer: _____

Position Currently Held: _____

Length of Employment: _____

Approximate Annual Income: \$_____

Employment Outlook: _____

Signature of Verifier: _____

Title of Verifier: _____

Date: _____

Thank you. Please Fax back to 603-606-3001 (call first)



Landlord Verification

Below you will find a release signed by _____, allowing us access to any pertinent information that would be relative in considering him/her for our community.

I hereby authorize CPM to contact present and previous landlords to verify the information I have provided on the Rental Application.

Signature: _____

Date: _____

FOR LANDLORD / OFFICE USE ONLY

Here is a list of standard questions usually asked during the verification:

Current/Previous Address: _____

Length of time at above address? _____

Amount of Rent \$ _____

How many times has resident paid late? _____

How many NSF's? _____

Is account in arrears? _____ If yes, how much? _____

Did resident give proper notice? _____

Any outstanding concerns? If yes, please explain _____

Would you re-rent? _____

Signature of Verifier: _____

Title of Verifier: _____ Date: _____

Thank you.
Please Fax back to 603-606-3001 (call first)

