

Legacy Partners Rental Application

FOR OFFICE USE ONLY

| | | | | |
|---|-----------------|-------------------------------|-------------------|--------------------|
| Move-In Date | Unit # | Rent Amount | Lease Term | Agent's Name |
| Applicant's Name (First, Last, Middle) | | Birthdate | Social Security # | Driver's License # |
| Spouse's Name (First, Last, Middle) | | Birthdate | Social Security # | Driver's License # |
| <u>Occupants:</u> Indicate persons, other than applicants, to occupy the apartment: | | | | |
| Name | | Relationship | Age | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| RESIDENCE HISTORY | | | | |
| Present Address | City | State | Zip Code | |
| Home Phone | Monthly Payment | Move In | Move Out | |
| Landlord/Mortgage Company/ Apartment Community | | Phone # (including area code) | | |
| Previous Address | City | State | Zip Code | |
| Home Phone | Monthly Payment | Move In | Move Out | |
| Landlord/Mortgage Company/ Apartment Community | | Phone # (including area code) | | |
| EMPLOYMENT HISTORY | | | | |
| Present Employer | Phone | Immediate Supervisor | | |
| Address(include City, State, Zip) | | Position | | |
| Gross Monthly Salary | | Start Date | | |
| Previous Employer | Phone | Immediate Supervisor | | |
| Address(include City, State, Zip) | | Position | | |
| Gross Monthly Salary | | Start Date | | |
| Spouse's Employer | Phone | Immediate Supervisor | | |
| Address(include City, State, Zip) | | Position | | |
| Gross Monthly Salary | | Start Date | | |
| Spouse's Previous Employer | Phone | Immediate Supervisor | | |
| Address(include City, State, Zip) | | Position | | |
| Gross Monthly Salary | | Start Date | | |

PERSONAL DATA

Have you ever been evicted or asked to terminate a lease?

Have you ever been convicted of a crime?

If so, please explain:

FINANCIAL

Name of Bank

Account Number

Address

Phone Number

Will you or other occupants have a pet?

Type

Breed

Weight

Age

VEHICLE

Make

Model

Year

License Plate #

State

Make

Model

Year

License Plate #

State

Person (s) to notify in case of emergency (other than co-resident)

Name

Address

Relationship

Phone

1.

2.

DEPOSIT TO HOLD AGREEMENT

In consideration of Management reserving the apartment for me, I agree to pay a deposit of \$_____. This deposit is refundable if my application is not approved. If my application is approved, the deposit is credited to the required move-in charges. I may cancel the agreement and be refunded my deposit by notifying you of my decision to cancel by 5:00 pm on _____. Cancellation after this time will result in forfeiture of my deposit. I must pay rent on or before my "rent start date" or my deposit will be forfeited and the apartment re-rented. A non-refundable application fee of \$_____ is required for verifying the information contained herein.

The undersigned persons represents that all above statements are true and complete and hereby authorize verification of such information. False information given above shall entitle owner to (1) Reject this application, (2) Retain application fee and (3) Terminate resident's right of occupancy. Applicant authorizes Legacy Partners Residential, Inc. to access a credit report for credit evaluation.

Signature of Applicant

Date

Agent's Signature

Date

Signature of Applicant's Spouse

Date

Manager's Signature

Date

Managed by **Legacy Partners Residential, Inc.**

Resident History Verification

RESIDENT HISTORY VERIFICATION

Date Requested: / /20 To: _____

From: Rosemary Owen, Manager I am requesting the following information on your current/previous resident:

Applicant Name: _____

Applicant Address: _____

| Rent paid each month | Move-In Date | Lease expiration date |
|----------------------|--------------|-----------------------|
| \$ | / / | / / |

Did they sign into a lease agreement? Yes No

Was rent paid on time? Yes No If no, how many times late? _____

Has proper notice been given? Yes No Required to give proper notice? _____

Are there any additional monies owed? Yes No If yes, what amount? \$_____ Are there arrangements to pay? _____

Is applicant breaking lease? Yes No

Any legal/late notices served? Yes No If yes, list type: _____

Any document complaints? Yes No If yes, list type: _____

Any damage to the residence? Yes No If yes, list type: _____

Any NSF checks? Yes No If yes, list type: _____

Asked to "vacate" the residence? Yes No If yes, list type: _____

Rental type: Lease Month to month No lease

Would you re-rent? Yes No I cannot release this information

This request was completed by:

Name _____

Title _____

Signature _____

My/Our signature(s) below indicate that I/we hereby allow the release of the above information to Legacy Partners Residential Inc. and its representatives.

_____/ /20
Applicant Signature

_____/ /20
Applicant Signature

Thank You

Managed by **Legacy Partners Residential, Inc.**

Qualification Requirements for Residents

Legacy Partners Residential, Inc. supports the Fair Housing Act as amended, prohibiting discrimination in housing based on race, creed, color, religion, sex, sexual orientation, national origin, handicap or familiar status. In reviewing your application, the following areas will be taken into consideration for each prospective resident and/or occupant. They include, but are not limited to:

- INCOME:** Total household income for all leases must be at least two and one half (2.5) times that of the amount of the apartment monthly rate.
- EMPLOYMENT:** Prospective residents must have verifiable employment or verifiable source of Income. To expedite employment verification, please provide a copy of your most recent pay stub. If applicant is self-employed, disabled, retired, or receives money from non-employment sources, the applicant must provide: (1) a photocopy of a tax return from the previous year, or (2) provide a financial statement from CPA verifying employment and income, or (3) photocopies of the three most current bank statements.
- CREDIT:** A consumer credit report will be pulled and viewed on each applicant. Unpaid rental debt within the past seven (7) years will be grounds for denial, unless proof can be provided that the debt has been paid.
- RENTAL HISTORY:** Prospective residents and occupants must have verifiable residency for the past twelve (12) months. Previous payment history will be reviewed and no negative rental history will be accepted. Negative rental history is described as, but not limited to the following: Any damages owed, rental related debt as described above, and/or eviction filed within the past seven (7) years.
- CHECK WRITING:** A negative check writing code will result in applicant paying monthly rent by certified funds or securing guarantor.
- OCCUPANTS:** All occupants over the age of eighteen (18) are required to complete an application. Negative rental history and/or criminal history (see below) will not be accepted.
- CRIMINAL HISTORY:** Management will reject applicants or occupants that have been charged with or convicted within the past seven (7) years of any felony, or for a misdemeanor involving crimes against persons, property, or for drug-related offenses.

Thank you for considering this Legacy Partners Residential, Inc. community for your new home.

I understand the qualifying procedures listed above.

Signed this _____ day of _____, 20_____.

Applicant Name: _____

Agent Name: _____

Applicant Signature: _____

Agent Signature: _____

Applicant Name: _____

Manager Name: _____

Applicant Signature: _____

Manager Signature: _____