

Rental Application

For Office Use

Desired Date of Occupancy: _____ Date Application Rec'd: _____ Time Rec'd: _____ Rec'd By: _____

Property/Phase: _____ Apartment #: _____ Style: _____ Rent: \$ _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE TELL US ABOUT YOURSELF:

First Name Middle Name Last Name Date of birth Social Security #

Married Never Married Widowed Divorced Separated Legally Separated Maiden Name _____

PLEASE LIST OTHER OCCUPANTS AND THEIR RELATIONSHIP TO YOU:

First Name MI Last Name Relationship Date of birth Social Security #

Are you a full time student? Yes No Are you a part time student? Yes No *(Including grade school students)*

Is any other member of your household a full time student? Yes No If so, whom? _____

If yes, which school or university does the student attend? _____

What is the address of the school?

Street: _____ City: _____ State: _____ Zip Code: _____

Do you or any other household member have any pets? Yes No If yes, please describe: Height _____ Weight _____ Type _____ Color _____

Have your or any other household member ever broken a lease or been evicted from an apartment? Yes No If yes, explain: _____

Have you or any other household member ever been convicted of a drug related crime? Yes No If yes, explain: _____

Have you or any other household member ever been convicted of a felony? Yes No If yes, has it been within the last 5 years? Yes No

PLEASE TELL US ABOUT YOUR PAST 2 YEARS RESIDENCE HISTORY, BEGINNING WITH MOST CURRENT ADDRESS:

Current Address:

Street: _____ City: _____ State: _____ Zip Code: _____

Name of Management or Owner: _____ Phone #: _____ Fax #: _____

Manager's Address: _____ City: _____ State: _____ Zip Code: _____

Month and year moved in? _____ Monthly Rent? \$ _____ Reason for leaving? _____

Previous address:

Street: _____ City: _____ State: _____ Zip Code: _____

Name of Management or Owner: _____ Phone #: _____ Fax #: _____

Manager's Address: _____ City: _____ State: _____ Zip Code: _____

Month and year moved in? _____ Monthly Rent? \$ _____ Reason for leaving? _____

PLEASE TELL US ABOUT YOUR AUTOMOBILE:

<u>Year of Automobile</u>	<u>Make / Model</u>	<u>Color</u>	<u>License Plate Number</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMERGENCY INFORMATION: In Case of Emergency, Please Notify:

Name: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip Code: _____

In case of a serious illness, accident or death is this person authorized to enter and remove all of resident's property? YES NO

ASSETS: (List all assets, which include, but are not limited to, sums in checking accounts, savings accounts, safe deposit boxes, and cash on hand, stocks & bonds, certificates of deposit, real estate, and/or other capital investments.)

1). Type of Asset: _____ Amount of Asset: _____ Name of Institution Held by: _____

2). Type of Asset: _____ Amount of Asset: _____ Name of Institution Held by: _____

3). Type of Asset: _____ Amount of Asset: _____ Name of Institution Held by: _____

4). Type of Asset: _____ Amount of Asset: _____ Name of Institution Held by: _____

PLEASE LIST ALL EMPLOYMENT INCOME OF EVERY HOUSEHOLD MEMBER: (Include all income anticipated for the next 12 months.)

<u>Household Member</u>	<u>Employer/Address</u>	<u>Supervisor / Phone</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE LIST ALL OTHER INCOME OF EVERY HOUSEHOLD MEMBER: (Include all income anticipated for the next 12 months)

This includes, but is not limited to, public assistance, social security, pension, SSI, military pay, unemployment compensation, disability compensation, child support, educational loans, scholarships and grants, annuities.

<u>Household Member</u>	<u>Source</u>	<u>Address</u>	<u>Amount</u>	<u>Per</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If Management and/or its agents have any questions about this application, please give PHONE NUMBERS where you can be reached:

Phone: Day _____ Night Phone: _____ Cell Phone: _____ Pager: _____

Email Address: _____

I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge.

Applicant's Signature _____	Date _____	Co-Applicant's Signature _____	Date _____
-----------------------------	------------	--------------------------------	------------

Note to Applicant

- Unit is available - Applicant has submitted an application fee of \$ _____, which is a nonrefundable payment for a credit check and processing charge of this applicant. Such sum is not a rental payment or premises deposit. This amount will be retained by Management to cover the cost of processing application as furnished by the applicant. Any false information will constitute grounds for rejection of application.
- Unit is not available - Application will be placed on a waiting list in the order in which it is received and when a unit becomes available applicant will be notified and will have 24 hours to submit application fee.

Management will have 72 hours after receipt of application fee to pre-qualify applicant. Applicant will have 24 hours after notification of pre-qualification to reserve the unit by paying their deposit.

We do business in accordance with the Federal Fair Housing Law. The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin.

For office use only

Date pre-qualified: _____	by: _____
Date applicant notified by phone: _____	by: _____
Date application approved: _____	by: _____
Date approval mailed (if necessary): _____	by: _____
Date denied / cancelled mailed: _____	by: _____

RESIDENT SELECTION CRITERIA

RESIDENT SELECTION SUMMARY

1. Applicant must be a minimum of 18 years of age or an emancipated minor to enter into a Contract for Lease.
2. Unless married, all applicants must complete, date and sign a separate application form provided by ERC Management Group, LLC. **(NOTE: Incomplete applications will not be processed.)**
3. Proof of identification is required on all applicants.

REASON FOR DENIAL OF HOUSING

1. An incomplete application that was not made complete in the time frame required.
2. Does not meet Minimum Income requirements. Total gross household income must meet a minimum of two and one half times the rental fee per month, except when the household has verifiable assets meeting the income requirement, or the applicant has housing assistance.
3. False statements, either orally, or in writing.
4. A history of violence to person(s), or property in the past five years.
5. A history of nonpayment of rent or Eviction(s).
6. A history of nonpayment or unpaid financial obligations in excess of \$500 within the previous 12 months.
7. A history of disturbance of neighbors, destruction of property or living or housekeeping habits which adversely affect the health, safety or welfare of other residents.
8. A history of criminal activity involving crimes of physical violence to persons or property or other criminal acts which adversely affect the health, safety or welfare of themselves, other residents or the viability of the apartment community. This includes, but is not limited to, the possession, sale or use of illegal substances.
9. Convicted of a felony within the past five (5) years.
10. A household that consist of all full time students, that does not meet an approved exception (See ERC229). (TAX CREDIT HOUSEHOLDS ONLY)

VERIFICATION REQUIREMENTS FOR RESIDENCY

1. Photo identification
2. Credit Report (to include financial history and criminal history).
3. Verification of employment and/or income resources
4. Prior landlord reference
5. Copy of Social Security Card(s)
6. Copy of divorce decree (TAX CREDIT HOUSEHOLDS ONLY)
7. Copy of Birth Certificate (s) for persons under age 18. (TAX CREDIT HOUSEHOLDS ONLY)

MAXIMUM OCCUPANCY STANDARDS

Number of Bedrooms	Maximum Number of Occupants in Household
1	3
2	5
3	7
4	8

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I further authorize HUD, credit bureaus, collection agencies, or future landlords to release and verify information. This includes records on my payment history, and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Residences and Rental Activity	

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

Previous Landlords (including Public Housing Agencies)	Credit Providers and Credit Bureaus
Courts and Post Offices	Past and Present Employers
Schools and Colleges	Welfare Agencies
Law Enforcement Agencies	State Unemployment Agencies
Medical and Child Care Providers	Social Security Administration
Retirement Systems	Support and Alimony Providers
Utility Companies	Veterans Administration
	Banks and other Financial Institutions

CONDITIONS

I agree that a photocopy or fax of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____	_____	_____
Head of Household	(Print Name)	(Date)
_____	_____	_____
Spouse	(Print Name)	(Date)
_____	_____	_____
Adult Member	(Print Name)	(Date)
_____	_____	_____
Adult Member	(Print Name)	(Date)

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.