

Thank you for the interest in our community. We are looking forward to working with you very soon. Below is a list of documents that are needed before setting up an interview to begin the process of the application. All documents must be brought into the office for a copy to be made or neatly scanned. No pictures will be accepted. Once we have received what is needed, a zoom call will be set up with our remote leasing agent and you will complete the application together. You will then be sent an email to electronically sign the application through DocuSign.

- √ \$30 background check fee per adult (can be paid with money order, or PayPal)
- √ Household information questionnaire completed and returned
- ✓ IDs for each adult in the home and birth certificates for each minor
- √ 5 paystubs (4 consecutive and the very first one of the current year.)
- ✓ If you receive Social Security or VA benefits, we must have a letter dated within the last 30 days stating how much you receive.
- ✓ If you have been divorced, we will need your full divorce decree.
- ✓ If both parents of the child(ren) are not in the home we will need a copy of any and all legal custody paperwork.
- ✓ If your minor will be 18 in the next year, is currently 18 or older and is attending school we will need a copy of their school schedule.

<u>Please bring the above listed items to the Laguna office or email them to the property manager.</u>

Fees can be paid by using the QR code below.



Application Questionnaire

BD Size	

THE APPLICANT				
		IIIL AFF		
Applicant's Full N	lame:		SSN:	
Date of Birth:			Phone Number:	
Email:			Full Time Student	Yes No
Additional Occupant(s) and/or Dependent(s)		Please provide SSN and DOB below		
Name 1:			SSN/DOB:	
Name 2:				
Name 3:			SSN/DOB:	
Name 4:			SSN/DOB:	
Marital Status:	NBM	Divorced	Pets:	Yes No
	Widowed	Separated	If yes, list the type	e of pet(s)
CURRENT RESIDENCE **Include City, State and zip code**				
Property Address	S:		Lease Start Date:	
Monthly Rent: \$			Landlord Name:	
Reason for Movi	ng:		Landlord Phone: #	
		DREVIOUS R	ESIDENCE **Include	e City, State and Zip code**
Dramanti / Addraga		FREVIOUS N		
Property Address:		Lease Start Date:		
Monthly Rent: \$		Landlord Name:		
Reason for Moving: Landlord Phone: #		#		
CURRENT EMPLOYER				
Company Name:			Start Date:	
Employer's Address:		Supervisor Name:		
Gross Monthly Income: Supervisor Phone: #		e: #		
PREVIOUS EMPLOYER				
Company Name:		Start Date:		
Employer's Address:		End Date:		
Gross Monthly Income:		Supervisor Name:		
		Supervisor Phone: #		

	OTHER INCOM	IE INFOMRATION
Child Support Y	es 🔲 No	If yes, please list monthly amount
_	es No	If yes, please list monthly amount
SSI/SS Y	es No	If yes, please list monthly amount
Gift Income Y	es 🔲 No	If yes, please list monthly amount
Disability	es 🔲 No	If yes, please list monthly amount
Unemployment	es No	If yes, please list monthly amount
	ASSET IN	FORMATION
Charling Assessmt	_	
Checking Account You Name of Bank:	es 🔲 No	Savings Account Yes No
Name of Bank.		
Pre-Paid Card(s)	es П No	Name of Pre-Paid Card(s):
- ()	_	- ()
	BACKGROUN	D INFORMATION
Have you ever been evicted or a defendant in an eviction action?		
Signature of Applicant: Printed Name of Applicant: Date:		

Resident Selection Criteria

- 1. Head of household applicant must be a minimum of 18 years of age
- 2. Government issued picture identification is required of all applicants over the age of 18
- 3. Birth Certificates are required for all children
- 4. Copy of Current benefit letter from Social Security (if applicable)
- 5. Divorcee Decree if you have ever been divorced
- 6. Copy of any court ordered child support case
- 7. Copy of all Pre-Paid Cards and Balance Inquiry of all Prepaid Cards

Reason(s) for Denial of Housing

- 1. Any felony convictions of a crime within the last 5 years.
- 2. A history of violent activity to persons or property including themselves. This includes but not limited to the possession, sale or use of illegal substances, prostitution or any illegal activity for the past 5 years from the date of conviction or date of release (Whichever is later). Discharge paperwork must be provided.
- 3. Any domestic Abuse violations.
- 4. False statements, orally or in writing.
- 5. A derogatory rental history, including but not limited to late rent payments, any unpaid rent or utilities, any housekeeping issues, noise complaints, illegal activity and evictions within the last 5 years. All balance due to current and previous landlords must be paid in full or half of the amount with a payment agreement within 72 hours of being notified of any unpaid balances.
- 6. A history of disturbance of neighbors, destruction of property or derogatory housekeeping issues.
- 7. Does not meet minimum income limits of 2 times the amount of resident's portion or responsibility of rent except when applicant can provide proof of monetary assistance or verifiable assets to sustain 2 times rent for 12 months. Unless one of the following exceptions applies.
 - Applicant is a former active military member getting off of active duty within the past 90 days.
 - Applicant can show an accumulative 6 months worth of rent in savings/checking account.

^{*}All Verifications must be dated within the last 30 days*

8. Total household income ex	sceeds the current limit for their household size.	
9. Application is not compler returned.	ted and/or corrected within 24 hours of application being	
10. It is possible that a househ they meet an "exception"	old consisting of full-time students may not be eligible unless rule.	}
11. Maximum household size	is 2 per bedroom.	
12. Once application is approv	ved the Security Deposit is to be paid in full within 24 hours o	f
being notified of approval		
13. For any reason the application forfeited.	nt decides to not take the home, the Security Deposit will be	
14. Once the Security Deposit	is paid in full to hold a home for 7 days of the home being	
	fundable until my lease is fulfilled.	
Laguna Management Services	makes no guarantee of an official occupancy date for any hon	ne
Applicant	Date	

TENANT RELEASE AND CONSENT

I/We	, the undersigned hereby authorize all persons or companies		
in the categories listed below to re-	lease without liability, information regar	rding employment, income, and/or assets	
to, for purposes of verifying inform	nation on my/our apartment rental (own	er or agent) application.	
INFORMATION COVERED			
inquiries that may be requested inc medical or child care allowances.	vious or current information regarding melude, but are not limited to: personal ide I/We understand that this authorization may eligibility for and continued participation.	entity; employment, income, and assets; cannot be used to obtain any information	
GROUPS OR INDIVIDUALS TH	IAT MAY BE ASKED		
The groups or individuals to:	s that may be asked to release the above	information include, but are not limited	
Past and Present Employers Previous Landlords (including Public Housing Agencies) Support and Alimony Providers	Welfare Agencies State Unemployment Agencies Social Security Administration Medical and Child Care Providers	Veterans Administration Retirement Systems Banks and other Financial Institutions	
CONDITIONS			
of this authorization is on file and	opy of this authorization may be used for will stay in effect for a year and one moview this file and correct any information		
SIGNATURES			
Applicant/Resident	(Print Name)	Date	
Co-Applicant/Resident	(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. I A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.