

RENTAL APPLICATION

(Each Person over 18 and not a dependent must submit a separate application)

TO BE COMPLETED BY OWNER OR OWNER'S REPRESENTATIVE:

FLOOR PLAN DESIRED: 1x1: A1	A2 A3 A4 A5	2	x2: B1	B2 B3	
APT # ASSIGNED:	LEASE TERM:		RENTAL	RATE OFF	ERED:
CONCESSION OFFERED:			ANTICIP	PATED MO'	VE-IN DATE:
PROPERTY REP/DATE: DATE COMPLETE	D APPLICATION RECEIVE	D. DATE A	DDLICANT	NOTIFIED (OF APPROVAL/DENIAL:
TROTERTY RELYDATE.	D ATTEROATION RECEIVE		ar Eroditi i	(0111120)	or arrivo valy beinal.
A DDI I CANIT INIT ODAAA TIONI					
APPLICANT INFORMATION: First Name (Full Legal Name) M	iddle Name	Last Name: Social Security Number			
i iist ivaille (i uli Legal ivaille)	iddle Name	Last IV	ame:	Juciai	security Number:
	0.11				
Present Street Address	City	State	Zip	Telepho	one Number:
Email:	Date of Birth:		Driver's l	_icense N	Number and State:
Have you ever been known under a	l iny other names or al	iases?	YES 🗆	NO 🗆	If Yes, please list:
•					, ,
GENERAL INFORMATION ON ADUI	T DEPENDENT (if appl	licable):			
	iddle Name	Last N	ame	Social S	Security Number:
Present Street Address	City	State	Zip	Telepho	ne Number:
	,		Į-		
Email:	Date of Birth:		Driver's I	iconoc	Number and State:
Email:	Date of Birth:		Drivers	_icense i	Number and State:
EMPLOYMENT HISTORY ON APPLI	CANT:				
Name of Present Employer:					
Present Street Address C	Sity State	e Zi	р	Telepho	ne Number:
Email:	Position Held with P	resent Em	ployer:	Gross N	Monthly Income:
Length of Employment:	Supervisor's Name:			Talanho	one Number:
Length of Employment.	Supervisor's Name.			releptic	me Number.
Do You have any other non-work incom If Yes, please explain:	e you want to consider	(alimony, cl	hild suppor	t, investm	ents?) YES □ NO □
OTHER OCCUPANTS (list all persons	[including minors] not sign	ning an Appli	cation who w	ill be liste	d on the lease):
Full Legal Name:	F	Relationshi	p to Appli	cant:	Date of Birth:
Full Legal Name:	F	Relationshi	p to Appli	cant:	Date of Birth:
Full Lorest Name		D = 1 = 40 1 1			Data of Distil
Full Legal Name:		Relationshi	p to Appli	cant:	Date of Birth:
Full Legal Name:	F	Relationshi	p to Annli	cant:	Date of Birth:
	'	. 5. 5 . 5 . 6 . 10 . 11	, , pp.		
	L				

RENTAL AN	D CRIMINAL HI	STC	RY:								
Name of Pre	sent Landlord:		Monthly Rental Rat		e:	Date Moved Ir		n:	Date N	Date Moved Out:	
Street Addre	255		City	St	ate		Zip		Telenk	none Number:	
otroot / taare			0.09	O.	410		210		1 3.3 2.1	ione ivamicer.	
Have you or	any other pros	spec	tive reside	ents ever	owr	ned a	home?	YES	□ NO		
Have you or	any other occ	ира	nts listed d	n this ap	plica	ation	ever:				
been evicted or asked to move out? YES □ NO □				·	broken a rental agreement or lease contract? YES □ NO □						
been or are currently delinquent to a previous landlord? YES \square NO \square											
YES 🗆 NO											
been convict YES 🗆 NO		fel	ony, a sex	related o	offer	nse oi	a misde	meano	r? If yes,	please explain:	
YOUR VEHI	CLE(S) (If Applie	ant	will be parkin	g a vehicle	on th	ne prop	perty, pleas	se provid	e the follow	ring information:)	
Vehicle Type	YOUR VEHICLE(s) (If Applicant will be parking a vehicle on the property, please provide the following information:) Vehicle Type (car/truck/etc.):						Plate no. & State:				
Vehicle Type	e (car/truck/etc	.):	Make of \	/ehicle:	icle: Model:		Color:	Year:	License	Plate no. & State:	
ANIMALS / SERVICE ANIMAL / COMPANION ANIMAL											
ANIMALS / SERVICE ANIMAL / COMPANION ANIMAL: Please list of any and all pets that you or any other prospective resident or occupant have:											
Туре:	Breed:		ight:			Age:		Nam		Companion/Service?	
Туре:	Breed:	We	eight: Color:			Age:		Nam	e:	Companion/Service?	
The District is a pet-friendly community. Residents are allowed to have up to 2 free-roaming (not in a tank or cage) pets. All pets that reside on the property are required to maintain current vaccination records. Residents will be required to provide vaccination records for each pet at the time of move-in. Additional deposits may be required for various reasons. Pet deposits are an example of such additional deposits required.											
EMERGENCY (Preferably a relative over the age of 18 years) In case of emergency, notify:											
Name: Relationship to Applicant: Telephone Number:											
Street Address: Email:											
Application so	hat the Applicant authorize the Over applicant's unit a	vner	, in the event	of the App	olican	its dea	th to: (i) gr	ant to th	e person de		

In the event that the Applicant becomes a resident in Owner's apartment community, Applicant's execution of this Application so authorize the Owner, in the event of the Applicants death to: (i) grant to the person designated above access to the applicant's unit at a reasonable time and in the presence of the Owner or the Owner's agent; (ii) allow this person to remove any of the Applicant's property or any other contents found in the Applicant's unit or any Applicant's property located in the mailbox, storerooms or common areas; and refund the applicant security deposit, less lawful deductions, to this person. Applicant also authorizes the Owner to allow this person access to remove all contents of the unit as well as property in the mailbox, storerooms and common areas in the event that applicant becomes seriously ill.

AUTHORIZATION: Applicant represents that all the above information is true and complete and authorizes the verification of same and the performance of a credit check on Applicant as appropriate by all available means. In the event that Applicant provides any false or misleading information in this Application, Owner shall have the right to automatically reject this Application; and the Application fee and Administrative Fee will automatically be forfeited by the Applicant. Applicant further acknowledges that an investigative consumer report includes information as to character, general application, personal characteristics, and mode of living, whichever are applicable, of the Application may be made and that any person on which investigative consumer report will be made has the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and also has the right to request a written summary of the persons right under The Fair Credit Reporting Act.

By signing the following page, Applicant hereby authorizes the Owner or the Owner's Agent to obtain and hereby instructs any consumer reporting agency designated by Owner or Owner's Agent to furnish a consumer report under The Fair Credit Reporting Act to Owner or Owner's Agent to use such consumer reporting an attempt to collect any amount due and owing under this Application, the Applicant's lease (to be executed after Application approval) or for any other permissible purpose.

SCREENING CRITERIA

Please note that these are our current rental criteria. There may be residents in our community that have resided here prior to these requirements going into effect. Additionally, our ability to verify whether these criteria have been met is limited to the information we receive from the various credit reporting services used. It is The District's policy to comply with all applicable fair housing laws.

- All persons 18 or older are required to complete an application and submit an application fee. Adult dependents are not required to complete a credit check, but must pass a criminal background check. An adult dependent as defined by this community is: 18 years or older, residing in the apartment but is not rentresponsible, and does not claim their taxes independently.
- In compliance with fair housing recommendations, the occupancy guidelines for our apartments allow two persons per bedroom, plus one person per apartment. At The District, this translates to 3 persons allowed in a one bedroom apartment and 5 persons allowed in a 2 bedroom apartment. If at any time during the lease the number of occupants exceeds these guidelines, residents will be asked to either transfer to a larger apartment or move out of the community at the end of their current lease term.
- Applicants are required to have a combined monthly income that meets or exceeds 2.5 times the monthly rental amount. If the applicant(s) do(es) not meet the income guidelines, they may have a guarantor complete an application. The guarantor is required to meet the income and credit requirements that are in place for all applicants. The guarantor may be required to sign a Guaranty of Rental Obligations addendum.
- The District Apartments requires each resident to carry renter's insurance. The policy must have a minimum of \$100,000 personal liability coverage and property damage.

Non-Refundable Application Fee:_____

Non-Refundable Administrative Fee:____

FEES (Owner or Owner's Representative is to make copies of form(s) of payment):

Simultaneously with the execution of this Application, Applicant has paid:

- Falsification of any information on an application will result in automatic denial of the application.
- Any fees associated with the application process will not be refunded.
- Applicants with eviction records will be denied.
- Applicants with eviction records will be defined.
 Applicants with open bankruptcies will be denied.
- Applicants with open landlord collection balances will be denied.
- The District will complete a criminal background check.
 Please review the following criminal background criteria:

Sex related offenses and terrorism related offenses	Declined Regardless of Time
Felony crimes against a person or property	5 years or older
Drug-Related Felony	5 years or older
Felony Theft	5 years or older
Felony Check-Related Offenses	5 years or older
Felony Prostitution	5 years or older
Weapons-Related Felony	5 years or older
Felony cruelty to animals related offenses	5 years or older
Pending Cases	Approved

- If for any other reason an application is denied, all application fees associated with the application process will not be refunded.
- If an applicant is approved for residence and submits a nonrefundable administrative fee, then cancels their reservation with The District for any reason, the administrative fee will not be returned to the applicant.
- The District must receive the application fee and administrative/ reservation fee in order to screen an applicant. We will not perform any screening, nor will we approve or deny an application until all fees are paid in full.

☐ Personal Check_

☐ Personal Check_

Applicant acknowledges that Owner's acceptance of Applicant as a resident at the property is conditional upon: (i) Owner's approval of this Application; and (ii) receipt of an executed Apartment Lease Agreement from Applicant. In the event any of these conditions have not been met, Owner shall have no obligation to lease to Applicant.					
Application and Administrative Fee Retained by Owner The Administrative fee is not considered a security deposit under this Application or applicable law. If this application is denied, the Administrative fee will be refunded to Applicant within 30 days of submitting Application. Owner shall be entitled to retain the Application Fee and the Administrative Fee as liquidated damages; in which case, all further obligation to lease the premises to Applicant shall be terminated if: (i) the Application is withdrawn, for any reason, after signing this Application, or (ii) the Application is accepted, and the Applicant is placed into a unit, but Applicant does not sign an Apartment Lease Agreement as and when required by Owner; or (iii) if the Applicant has provided false or misleading information within this Application.					
guarantor and will have no rights in the property. The guaran	TOR. The undersigned is completing this application solely as a ntor must satisfy the income and credit requirements that are Lease concurrently with this application. The lease will not be see of Lease.				
ACKNOWLEDGMENT I have read the resident screening policy and possess a full understanding of the above terms. I further understand that I will be required to sign a legal lease document prior to moving in and this screening policy does not constitute as a rental agreement.					
Dated effective on the date Owner or Owner's Representate Applicant, as indicated above.	tive has received a completed Application and fees from				
APPLICANT:	OWNER: The District at Parkcenter, LLC				
Signature	Signature				
Name Printed	Name Printed				
Date	Date				

☐ Cashier's Check

☐ Cashier's Check

☐ Money Order

☐ Money Order