BASIC LEASING CRITERIA

- 1) Applicants must be at least twenty-one (21) years of age or older and <u>must provide a photo-copy of a driver's license or state issued identification card WITH PHOTO.</u>
- 2) Applicants must have verifiable current employment and/or income with a **GROSS MONTHLY INCOME** of at least two and a half (2.5) times the rental rate. In the event that the applicant has been at his or her current job for a period of six (6) months **or less**, then the applicant must provide verification of prior employment. Should the applicant be self-employed, he or she must provide a copy of the previous year's tax return as proof of income.
- 3) Applicants must have a verifiable rental reference of six (6) months or more with a lease term fulfilled and a copy of the thirty (30) day written notice to vacate current or previous residence.
- 4) Applicants must NOT have more than two (2) late payments and/or non-sufficient fund (NSF) personal checks in one (1) year of residency.
- 5) Any applicant with questionable rental history or evictions may be subject to denial of their application.
- 6) Applicant's credit report must be in good and acceptable standing without any Unlawful Detainer or Court ordered eviction due to non-payment of rent.
- 7) Medical accounts sent to collection will be the ONLY exception in determining acceptable credit. Personal bankruptcies shall be reviewed and as long as applicant meets all other qualifications and criteria, application will be accepted if the applicant has re-established a good credit rating.
- 8) **ALL UNRELATED ADULTS** must complete rental application, pay an application fee of _______.

 Applicant(s) will be listed on the Lease as a Tenant(s) and have full liability to fulfill all Terms and Conditions of the Lease. The application fee is waived for spouses and any children under age of twenty-one (21) at the time of applying. These persons shall be listed as Occupants.
- 9) The NON-refundable application fee **MUST** be paid **BEFORE SCREENING/APPROVAL CAN BEGIN**.
- 10) Applicants must consent to a credit check and background/criminal investigation. Criminal and/or felony convictions may be grounds for denial.

MAXMIUM OCCUPANCY STANDARDS

Efficiency/Studio has a maximum capacity of TWO (2) persons. 1-bedroom unit has maximum capacity of THREE (3) persons. 2-bedroom unit has maximum capacity of FIVE (5) persons.

I have read, understand and agree to the above listed rental criteria.

Date



HOUSING OPPORUNITIES MADE ECONOMICAL, INC. 1907 CHARLES ST. FREDERICKSBURG, VA 22401

540-361-7477 540-361-4417 (FAX)

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APPLICATION FOR LEASE

APPLICANT'S INFORMATION

Name : (LAST	Γ)	(FIRST)	(MI)	
	s:			
	: ()			
Date of Birth :		_ Social Security Number : _		
Driver's Licen	se Number :	State Issued		
OTHER OCC	CUPANTS' INFORMATION (if ap	plicable)		
Name : (LAST	Γ)	(FIRST)	(MI)	
	oplicant :			
Name : (LAST	Γ)	(FIRST)	(MI)	
	oplicant :			
How Montl	long have you been residing at this hly Rent : lord's Name :	address?		
Landl	lord's Contact Number : on(s) for leaving this property :			
II. Previ	ious Residence (if current residence	e is LESS THAN 2 years)		
	ess:		(APT #)	-
City:		State :	ZIP :	
	ong had you been residing at this a			nava reconstruction and defining
	ord's Name :			
Poons	on(s) for leaving this property:			



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EMPLOYMENT DETAILS

1.	Current Employment				
	Employment Status : [] Full-Time [] Part	time []S	tudent	[] Unemployed	[] Retired
	Current Employer :		and Open and Assessed		
	Supervisor's Name :		*****************	Phone:	
	Job Title :				
	Date Hired :				
	Monthly Income: \$				
II.	Previous Employment				
	Previous Employer (if current job is less than	l year)			
	Supervisor's Name :			Phone :	
	Job Title :				
	Period of Employment : (from)	(to) _			
	Other Sources of Income (child s	upport, alimo	ny, pen	sion, disability, SEL	F EMPLOYMENT):
Source	•		Amour	nt per month:	
Source			Amour	nt per month:	36
Source	·		Amour	nt per month:	
Source			Amour	nt per month :	

PROOF OF OTHER INCOME

If the applicant is self-employed or on disability, applicant <u>must provide proof of Other income</u> with this rental application form. Acceptable documentation includes :

SSI Award letter, pension statement, bank statements or if SELF-EMPLOYED, a copy of the previous year's tax return.



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CREDIT HISTORY AND BACKGROUND CHECK AUTHORIZATION

Do you consent to a credit c		Yes □	No 🗆
Is there anything that we ma	ay find in our credit check tha	It you want to comment on?	?
CRIMII	NAL BACKGROUND CH	IECK AUTHORIZATIO	<u>N</u>
Do you consent to a crimina	I check?	Yes □	No 🗆
Is there anything that we ma	ay find in our criminal check t	that you want to comment o	on?
I. PETS			
The Landlord does not allow	pets in the rental property. (5	Service Animals and ESA excl	uded, with conditions)
II. SMOKING			,
The Landlord does not allow	smoking of cigarettes, ci	gars, pipes or e-cigaret	tes in the rental property.
III. WATERBEDS			
The Landlord does not allow	the use of waterbeds on the p	premises.	
IV. PARKING			
The rental property includes 2 s	paces per apartment for the	e tenant's use.	
Will you bring a vehicle?		Yes □	No □
ehicles that will be Parked at Proper	ty:		
#1 Vehicle Make	Model	2	
Vehicle Year			
License Plate Number	State)	-
‡2 Vehicle Make	Model		
Vehicle Year	Color		
License Plate Number	State		



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ADDITIONAL INFORMATION

Have you ever been evicted from a rental residence?	Yes □	No 🗆		
Have you missed two or more rental payments in the past 12 mo	onths? Yes	No □		
Have you ever refused to pay rent when due?	Yes □	No □		
Ever filed for Bankruptcy?	Yes □	No 🗆		
Ever been convicted of a Felony?	Yes □	No □		
Are you subject to a LIFETIME sex offender registration program	n in any state?	No □		
Do you have renter's insurance ?	Yes □	No □		
If you have answered YES to any of the above, please explain the	ne circumstances and provide date	es:		
REFERE	NCFS			
PERSONAL (NOT related to you)	INOLO			
Name :	Phone:			
Address : Cell Phone :				
Relationship to YOU :				
Name :	Phone :			
Address:				
Relationship to YOU: Known for how long?				
PROFESSIONAL (NOT related to you)				
Name :				
Address:	Cell Phone :			
Relationship to YOU :	Known for how long?	Manager and the second		
Name :	Phone :			
Address:	Cell Phone :			
elationship to YOU: Known for how long?				



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I declare that the information I have provided is true and correct, and contain no misrepresentations. If misrepresentations are found after a residential lease agreement is entered into between the Landlord and Applicant, the Landlord shall have the option to terminate the residential lease agreement and seek all available remedies.

The Applicant authorizes the Landlord to verify all references and facts, including but not limited to current and previous landlords, employers and personal references. The Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing or may result in the denial of application.

Applicant's Signature	Date
Landlord's Signature	Date

EMPLOYEE VERIFICATION FORM

Please complete all of the sections provided on this form. **MUST BE COMPLETED BY SUPERVISOR OR PAYROLL DEPARTMENT**

COMPANY NAME	HIRE DATE
EMPLOYEE NAME	END DATE (if applicable)
JOB TITLE HELD	PAY RATE
ROLE AND RESPONSIBILITIES	AMOUNT Weekly Bi-Weekly Monthly Bi-Monthly
	BONUS INFO AMOUNT
	FREQUENCY
VERIFICATION REQUEST COMPLETED FOR	requestor phone
FORM COMPLETED BY (Printed Name and Signature) PRINTED NAME	DATE COMPLETED
SIGNATURE	
CONTACT EMAIL	CONTACT PHONE
SIGNATURE	DATE

UNDER \$5,000 ASSET CERTIFICATIONFor households whose <u>combined</u> net assets do not exceed \$5,000. Complete only <u>one</u> form per household; include assets of children.

Household	Name:				Unit No.		·
Development Name:					City:		×
Complete	all that apply	y for 1 through	n 4:				
1. My/ou	r assets inclu	ıde:					
(A) Cash Value		(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$	************	\$	Savings Account Cash on Hand	\$ \$		\$	Checking Account Safety Deposit Box
\$	Andrew Andrews Superior Code	\$	Certificates of Deposit	\$		\$	Money market
\$		\$	Stocks	\$		\$	funds Bonds
\$		\$	- IRA Accounts	\$	-	\$	401K Accounts
\$	entre de la constanta de la co	\$	- Keogh Accounts	\$		\$	Trust Funds
\$	And the second	\$	Equity in real estate	\$	(Salarana and Salarana)	\$	Land Contracts
\$		\$	Lump Sum Receipts	\$		\$	Capital investments
\$		\$	Life Insurance Policies	(excluding Term)			-
\$		\$	Other Retirement/Pens	ion Funds not nar	med above	: :	
\$	And the second s	\$	Personal property held	as an investment	** .		
\$	and the same	\$	Other (list):		-		
*Cash valuearly with **Personal personal equipment 2.	ue is defined as drawal penaltic property held a property such at for use by the Within the p \$1,000 below	s market value mes, etc. s an investment ras, but not neces disabled. ast two (2) year	ement, Pension, Trust) may or inus the cost of converting the may include, but is not limited assarily limited to, household f ars, I/we have sold or giv are value (FMV). Those are which this occurred).	e asset to cash, such to, gem or coin colle urniture, daily-use au en away assets (i	n as broker's ections, art, a utos, clothin including a ded above	s fees, settlement antique cars, etc. g, assets of an a cash, real esta and are equal	Do not include necessary active business, or special te, etc.) for more than
112			,				
3. ⊔	3. I/we have <u>not</u> sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.						
4. □	I/we do not h	nave any asset	s at this time.				
family ass \$ Under pen knowledge	ets is This alty of perjury The unde	amount is incl y, I/we certify the rsigned further	a 24 CFR 813.102) above luded in total gross ann that the information preser r understand(s) that pro- nation may result in the ter	ual income. Inted in this certifice viding false repre	cation is trussentations	ue and accurate herein consti	e to the best of my/our
Applicant/	Tenant		Date A	pplicant/Tenant			ate