



FOX CLUB
Resident Selection Criteria

Welcome To Our Community!

Thank you for choosing Fox Club as your new home! In order to approve your application we have guidelines that help us process and determine approval for residency. All of the information requested is very important and required to process your application, so please read through the qualifications and if you have any questions, please do not hesitate to ask!

CRITERIA:

- Six months of verifiable employment with 3 prior pay statements showing gross monthly income equal to three (3) times the rental amount of the apartment home desired.
- Satisfactory Credit Rating. The following items are not considered during review:
 - o Medical Bills
 - o Student Loans
 - o Bankruptcy that is discharged older than 3 years
- Satisfactory Rental Verification from prior landlords. This includes lease violation and payment history.
- No Criminal History

OTHER INFORMATION:

- All applicants for an apartment home must be 18 years of age
- Photo ID from all persons over 18 year of age to view an apartment and apartment home.
- Your deposit will be non-refundable 48 hours after notification of the approval of your rental application.

I agree to the above terms of this rental review process. Upon completion of this process, I will be notified with a decision of approval or denial. I agree that all information on my application is true to the best of my knowledge and that any false information given will be reason to deny my application.

Signature

Date

APPLICATION FOR RESIDENCY

Fox Club

4401 S. Keystone Ave. ~ Indianapolis, IN 46227 ~ P: 317-784-4241 F: 317-787-3223

PERSONAL		Full name of applicant	Home #	Date of birth
Social Security Number	Driver's License No. & State issued	Marital Status (check one)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
List all others who will be occupying the apartment.				
Name	Date of Birth	Social Security Number	Relationship	
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RENTAL/MORTGAGE INFORMATION

If additional space is needed, please attach separate page. MUST HAVE 2 YEARS OF CONTINUOUS HISTORY

Applicant's Present Address (check one) Apartment Leased Home Own Home Other (please state): _____

Present Street Address: _____ Apt # _____ City/State/Zip _____

Present landlord/mortgage company: _____ Monthly rent or mortgage \$ _____

Address of landlord/mortgage company: _____ Landlord/mortgage co. phone # _____ Is landlord a relative? - relationship _____

Dates: / / To: / /

Is your lease/mortgage in any other name? Yes No What is your reason for moving? _____

If yes, please explain and provide name: _____

Applicant's Previous Address (check one) Apartment Leased Home Own Home Other (please state): _____

Previous Street Address: _____ Apt # _____ City/State/Zip _____

Previous landlord/mortgage company: _____ Monthly rent or mortgage \$ _____

Address of landlord/mortgage company: _____ Landlord/mortgage co. phone # _____ Was landlord a relative? - relationship _____

Dates: / / To: / /

Was your lease/mortgage in any other name? Yes No What was your reason for moving? _____

If yes, please explain and provide name: _____

Have you ever been threatened with an eviction action? Yes No

If yes, please explain: _____

EMPLOYMENT INFORMATION

MUST HAVE 2 YEARS OF CONTINUOUS HISTORY

Applicant's present employer	Address	City/State/Zip
Position/Job Title	Monthly gross income \$ _____	Length of Employment _____
Supervisor's name/title/phone #	Other Income (child support, alimony, Social Security Pension, etc.) List source and amount.	Work phone # _____
Applicant's previous employer	Address	City/State/Zip _____
Position/Job Title	Monthly gross income \$ _____	Length of Employment _____
Supervisor's name/title/phone #		Work phone # _____
		Work tax # _____

MISCELLANEOUS INFORMATION

How many autos (including company cars) would you keep at this address?

Make	Model	Year	Color	License Number and State

In case of emergency, notify: _____ Work phone number _____ Home phone number _____ Relationship _____

Street Address _____ City/State/Zip _____

In the event of serious illness or death of a resident, the above person may not enter, remove and/or store all contents found in dwelling, common areas, or mailbox (Please check appropriate box).

Do you own a pet? YES NO At full growth Description: _____

Must have permission from Management to house a pet Height: _____ Weight: _____

We DO NOT insure your personal property. Do you presently have personal property insurance? YES NO

Water beds are not permitted without proof of Renter's insurance with a minimum \$10,000 coverage.

Date possession desired: _____ Lease term desired: _____ Apartment type/address desired: _____

APPLICANT HEREBY REPRESENTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

I understand that this application is preliminary only and involves no obligation of the owners or its agents to approve it or to deliver occupancy of the proposed premises. The applicant appearing below hereby authorizes the holder of this application to investigate the current and past history of applicant's occupancy, employment and whatever credit bureaus, criminal reports or other sources available that the owner or agent deems necessary in determining the approval of the application. I understand the application fee of \$ _____ is a non-refundable fee for the credit and processing charge and is not considered rent. I also understand that the holding fee submitted of \$ _____ is non-refundable after 48 hours of signing the application and will be applied to the \$100 Non-Refundable Administration Fee upon approval, or will be returned in full if denied. The owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, resident, any occupant, or any guest for failure to do so. This application must be signed before it will be processed by Management.

Signature of Applicant _____ Date _____ Signature of Management _____

Greystone Property Management does not discriminate based on race, color, religion, sex, handicap, familial status or national origin



FOX CLUB APARTMENT'S EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer)

Date: _____

RE: _____ Applicant/Tenant Name _____ Social Security Number _____ Unit # (if assigned) _____

I hereby authorize release of my employment information.

Signature of Applicant/Tenant _____ Date _____

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent _____

Fox Club Apartments
4401 S. Keystone Ave.
Indianapolis, IN 46227
PH: 317.784.4241
FX: 317.787.3223

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed _____ No Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through ____/____/____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature _____ Employer's Printed Name _____ Date _____

Employer [Company] Name and Address _____

Phone # _____ Fax # _____ E-mail _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

GREYSTONE PROPERTY MANAGEMENT CORPORATION
REQUEST FOR RENTAL VERIFICATION

DATE _____
 TO _____
 TELEPHONE _____
 FACSIMILE _____
 ATTENTION _____

FROM FOX CLUB APARTMENTS
TELEPHONE 317-784-4241
FACSIMILE 317-787-3223

A rental application has been submitted to our community from _____
 who is residing or resided at _____

Please confirm the following:

Lease Dates: _____ to _____ Rental Rate: _____

Has the lease been fulfilled? Yes No Expiration Date: ____/____/____
 Has proper notice been given? Yes No Obligation Ends: ____/____/____
 Did resident violate lease? Yes No

Did resident damage apartment? Yes No
 Has the resident paid late? Yes No # Late: _____ # Filed for Evict: _____
 Has the resident had NSF'S? Yes No # NSF: _____

Does the resident owe any money? Yes No Current Balance: \$ _____
 Has the resident had complaints/disturbances? Yes No (Please Explain Below)
 Would you re-rent to this resident, if qualified? Yes No

TITLE _____
 NAME _____
 SIGNATURE _____
 DATE _____

I give permission for all previous landlords to release my rental history and information to: **FOX CLUB.**

Resident Signature (s): **X** _____

PLEASE RENTAL VERIFICATION BACK TO FOX CLUB AT 317-787-3223. THANK YOU!