

Polo Glen QUALIFICATION STANDARDS

I/We hereby authorize MF Polo Glen LLC to inquire as to my/our credit history, employment history, income and rental references. It is understood that the information received will be used to determine my acceptance for residency at Polo Glen.

INCOME REQUIREMENTS

The employment status of each applicant will be verified. Combined income must be at least three (3) times the monthly rent.

RENTAL REFERENCES

Two years of rental history for each applicant will be verified. Your name must have been on the lease for the reference to be valid. References should reflect the applicant's ability and willingness to comply with lease terms and community policies and guidelines. Any negative reference such as late payments, returned checks, or letters of complaint will result in the application being denied. Foreclosure may result in further review or denial, please discuss your situation with the property manager prior to placing application. Eviction will result in an automatic denial.

CREDIT QUALIFICATIONS

Credit information on each applicant will be obtained through a national credit-reporting agency. Credit history should positively reflect the applicant's ability and willingness to make payments as required by the lease. Applicant may not exceed the maximum risk score on the credit report. Bankruptcies less than 3 years are an automatic denial.

MAXIMUM OCCUPANCY STANDARD

Two occupants per bedroom

I/We further understand that failure to meet any of the above requirements will require an increase in security deposit or denial of the application.

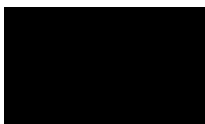
1. A holding fee has been accepted in good faith to reserve the apartment noted on the front of the application for the applicant. If the application is denied the holding fee will be returned. Once the application is approved and accepted, the holding fee becomes non-refundable. Once the applicant moves in the holding fee becomes part of the security deposit.
2. The application fee of \$75.00 per applicant should be submitted by separate money order or check. (Fees are non-refundable.)
3. The lease date is final and if the applicant fails to move in on that date, prorated rent will still be charged from the lease effective date.
4. You have not applied for an apartment that is currently under construction, and therefore may have unforeseen construction delays, therefore your apartment move-in date cannot be predetermined. Should your estimated move-in date be delayed due to construction delays you will still be obligated to initiate the lease upon the unit becoming available for occupancy.
5. Keys can be released on the move-in day after all lease holders have signed the lease and all monies owed have been paid.
6. We suggest you notify Florida Power & Light at least 72 hours prior to move-in to ensure non-interruption of electric service and water.
7. **A criminal search revealing a conviction of any felony, or misdemeanor against persons or properties will result in the application being denied. This includes pleas of guilty or no contest, and adjudication withheld. Any person convicted of a sexual crime who is designated as a "sexual predator/offender" will not be accepted.**

Applicant _____

Date _____

Applicant _____

Date _____





APPLICATION FOR RESIDENCY

Property Name: **Polo Glen** Date _____

Apartment # Desired: _____ Number of Bedrooms / Baths _____

Floor Desired _____ Move-In Date _____

To Be Completed by each Household Member ages 18 and older. PLEASE ANSWER ALL QUESTIONS! Do not leave any space blank, write "No or N/A" where appropriate. PLEASE PRINT:

APPLICANT DATA

Applicant				
Last	First	MI		
Current Address: Street				
City	State	Zip	Day Phone	Night Phone
Drivers License #	State	OR Government ID Card #		
Date of Birth				
Social Security #	Are you a U.S. Citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be any Pets in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes Describe _____				

Marital Status: Married Divorced Widowed Separated

SPOUSE DATA (IF MARRIED ONLY)

Applicant				
Last	First	MI		
Current Address: Street				
City	State	Zip	Day Phone	Night Phone
Drivers License #	State	OR Government ID Card #		
Date of Birth				
Social Security #	Are you a U.S. Citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No



Directions to Applicant: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months.

HOUSEHOLD COMPOSITION: List each person living in the unit.

Member	Name(s)	Relationship To Head	Date of Birth	Gender (M/F)	Employed (Y/N)	Contact Number
1.		Self				
2.						
3.						
4.						
5.						
6.						
7.						

CURRENT EMPLOYMENT INFORMATION

Employer's Name			
Street Address		City	State Zip Code
Date Hired	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other		Hours worked per week
Gross Salary \$ _____			
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

ADDITIONAL EMPLOYMENT

Employer's Name			
Street Address		City	State Zip Code
Date Hired	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other		Hours worked per week
Gross Salary \$ _____			
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

IF CURRENTLY UNEMPLOYED, LIST PREVIOUS EMPLOYMENT

Employer's Name			
Street Address		City	State Zip Code
Date Hired	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other		Hours worked per week
Gross Salary \$ _____			
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #



CURRENT RESIDENCY INFORMATION

Community Name (if applicable)			
Street Address		City	State Zip Code
Dates of Residency	Landlord Name (if applicable)		Landlord Phone #
Notice Given?	Landlord Address		Landlord Fax #

PREVIOUS RESIDENCE

Community Name (if applicable)			
Street Address		City	State Zip Code
Dates of Residency	Landlord Name (if applicable)		Landlord Phone #
Notice Given?	Landlord Address		Landlord Fax #

ADDITIONAL RESIDENCE INFORMATION, IF RESIDENCY SHOWN IS LESS THAN 2-YEARS

Community Name (if applicable)			
Street Address		City	State Zip Code
Dates of Residency	Landlord Name (if applicable)		Landlord Phone #

Have you ever had an eviction filed or left owing money to an owner or landlord? Yes No
 Have you applied for residency in the past 2 years, but did not move in? Yes No
 Are you currently registered as a Sexual Predator or Sexual Offender, regardless of a "no contest" or "not guilty" plea?" Yes No
 Have you ever had adjudication withheld or been convicted of crime? Yes No
If you have answered yes to any of the above questions please explain the circumstances regarding the situation on back of this sheet.

EMERGENCY CONTACT In Case of Emergency Notify:

Name	Relationship	Address	() Phone Number
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