



**LAKESIDE POINTE AT NORA**  
**Resident Selection Criteria**

*Welcome To Our Community!*

Thank you for choosing Lakeside Point at Nora 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 6 months
- 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 holding fee will be non-refundable 24 hours after the rental application has been submitted.

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**

Lakeside Pointe at Nora  
 9000 N College Ave., Indianapolis, IN 46240  
 P: 317-844-9991 F: 317-575-0290 E: Live@LakesidePointeNora.com

|  |  |
|--|--|
| <b>PERSONAL</b>  |  |
| Full name of applicant                                     | Home #   |
| Social Security Number                                     | Date of birth  |
| 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 |
| <b>List all others who will be occupying the apartment</b> |  |
| Name   | Relationship   |
| Date of Birth  | Social Security Number   |
| Name   | Relationship   |
| Date of Birth  | Social Security Number   |
| Name   | Relationship   |
| Date of Birth  | Social Security Number   |

|   |  |
|---|--|
| <b>RENTAL/MORTGAGE INFORMATION</b>  |  |
| (Additional space is needed, please attach separate page. MUST HAVE 2 YEARS OF CONTINUOUS HISTORY)              |  |
| Applc't's Present Address (check one)   | <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> 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 your lease/mortgage in any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No              | What is your reason for moving?  |
| If yes, please explain and provide name.  |  |
| Applc't's Previous Address (check one)  | <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> 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 your lease/mortgage in any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No             | What was your reason for moving?   |
| If yes, please explain and provide name.  |  |
| Have you ever been threatened with an eviction action? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If yes, please explain.   |  |

|   |  |
|---|--|
| <b>EMPLOYMENT INFORMATION</b>           |  |
| MUST HAVE 2 YEARS OF CONTINUOUS HISTORY |  |
| Applicant's present employer            | Address  |
| City/State/Zip                          |  |
| Position/Job Title                      | Monthly gross income \$  |
| Length of Employment                    | Work phone #   |
| Supervisor's name/title/phone #         | Other income (child support, alimony, Social Security Pension, etc.) List source and amount. |
| Applicant's previous employer           | Address  |
| City/State/Zip                          |  |
| Position/Job Title                      | Monthly gross income \$  |
| Length of Employment                    | Work phone #   |
| Supervisor's name/title/phone #         |  |

|  |                        |
|--|------------------------|
| <b>MISCELLANEOUS INFORMATION</b>   |                        |
| 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 <input type="checkbox"/> may <input type="checkbox"/> not enter, remove and/or store all contents found in dwelling, common areas, or mailbox (Please check appropriate box). |                        |
| Description:   |                        |
| Do you own a pet? <input type="checkbox"/> YES <input type="checkbox"/> NO   | At full growth Weight: |
| Must have permission from Management to house a pet  | Height:                |
| We DO NOT insure your personal property. Do you presently have personal property insurance? <input type="checkbox"/> YES <input type="checkbox"/> 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 24 hours of signing the application and will be applied to the Security Deposit 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.

# 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 housing that required 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

**Lakeside Pointe at Nora**  
9000 N College Ave.  
Indianapolis, IN 46240  
P: 317-844-9991  
F: 317-575-0290

## Return Form To:

**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: \$ \_\_\_\_\_ per hour week bi-week semi-month month year other: \_\_\_\_\_ (circle one)  
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: \$ \_\_\_\_\_ per hour week bi-week semi-month month year other \_\_\_\_\_ (circle one)  
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): \_\_\_\_\_  
Is employee eligible for unemployment compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long? \_\_\_\_\_ How much? \_\_\_\_\_  
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.

Employment Verification (September 2000)

**GREYSTONE PROPERTY MANAGEMENT CORPORATION**  
**REQUEST FOR RENTAL VERIFICATION**

DATE \_\_\_\_\_  
TO \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
FACSIMILE \_\_\_\_\_  
ATTENTION \_\_\_\_\_

FROM **LAKESIDE POINTE AT NORA**  
TELEPHONE 317-844-9991  
FACSIMILE 317-575-0290

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 <input type="checkbox"/> | No <input type="checkbox"/> | Expiration Date: ____/____/____      |
| Has proper notice been given?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Obligation Ends: ____/____/____      |
| Did resident violate lease?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                      |
| Did resident damage apartment?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                      |
| Has the resident paid late?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | # Late: ____ # Filed for Evict: ____ |
| Has the resident had NSF'S?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | # NSF: ____                          |
| Does the resident owe any money?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Current Balance: \$ _____            |
| Has the resident had complaints/disturbances?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (Please Explain Below)               |
| Would you re-rent to this resident, if qualified? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                      |

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

\_\_\_\_\_  
I give permission for all previous landlords to release my rental history and information to the above named.

Resident Signature (s): **X** \_\_\_\_\_

**PLEASE RENTAL VERIFICATION BACK TO 317-575-0290. THANK YOU!**

RENTALVERIFICATION

5/29/2007