

APPLICATION CRITERIA

All applicants for residency will be processed through a credit-reporting agency. All responsible parties 18 years of age or older must complete and sign an application. Unauthorized occupants are strictly forbidden.

In reviewing the application, all or part of the following areas will be taken into consideration.

1. CREDIT

All credit status for the last 2 years will be checked through the appropriate credit bureau. The credit history must be free of any outstanding debt to previous landlords, and creditor.

2. RESIDENT/RENTAL HISTORY

The last 2 years resident/rental history is required. All appropriate phone numbers and addresses, where this information may be verified, must appear on the occupancy application. All resident history must be free of rental housing evictions, skips, and all delinquencies.

3. EMPLOYMENT INCOME

Applicant's local employment must be verified, including salary amount. Monthly rent cannot exceed a certain percentage of the gross monthly income.

4. CHECK WRITING HISTORY

Code must be acceptable

5. CRIMINAL HISTORY

The criminal records of all household members over the age of 18 will be checked and reviewed for felony and misdemeanor offenses. The information gathered as the result of this check would effect the approval of the application.

6. NON U.S. CITIZENS

Must be able to provide documentation from U.S. Immigration to verify legal entry and residency in the United States for the length of the lease term.

Lincoln at River Run is committed to DRUG-FREE HOUSING. The lease agreement prohibits criminal activity, including drug related criminal activity on or near our premises.

PLEASE TAKE YOUR TIME AND FILL OUT THE APPLICATION THOROUGHLY TO INSURE TIMELY PROCESSING. PROCESSING CANNOT BEGIN UNTIL A COMPLETED APPLICATION IS RECEIVED.



GROUNDNS FOR DENIAL:

Applicants will be denied if they do not meet the community owner's screening criteria. Applicants may be denied for any, or a combination of any, of the following reasons:

1. Misdemeanor or felony criminal background including, but not limited to, crimes against persons or property, theft/burglary, prostitution, history of violence, illegal controlled substances, harboring a fugitive, and/or alcohol abuse.
2. Unable to provide documentation from U.S. Immigration to verify legal entry in the United States and legal residency in the United States an legal residency in the United States for the length of the lease term.
3. History of allowing unauthorized occupant(s) to reside in your apartment home as evidenced by the previous landlord's verifications(s)
4. Lack of six (6) months of verifiable continual rental history.
5. Poor housekeeping as evidenced by the previous landlord's verification(s).
6. History of drug or alcohol abuse as evidenced by previous landlord's verification and/or conviction, and no current rehabilitative services.
7. History of paying rent late or poor rental background as evidenced by previous landlord's verification(s) and/or credit report.
8. History of paying rent late or poor credit report.
9. Poor credit report.
10. Refusal to occupy proper unit size in accordance with property unit size standards.
11. History of property damage to apartment/townhouse/house or common areas as evidenced by previous landlord's verification(s) and/or credit report.
12. History of lease violations an evidenced by previous landlord's verification(s).
13. History of violence and interference with management's duties and responsibilities as evidenced by previous landlord's verification(s), government or social agencies' verifications, police reports, and/or criminal background check, or
14. Failure to move into the rent-ready unit on the agreed date: this will cause the application to be denied and the unit will be offered to the next qualified applicant on the waiting list.

Applicants will not be denied on the basis of race, color, religion, national origin, sex, handicap, or familial status.

Applicant Signature

Date

Applicant Signature

Date



LPC QUICK CHECK APPLICATION

The most recent 2 years resident history required. Must provide dates of residency, landlord names and phone numbers for all addresses. The application cannot be submitted for processing until all information is provided.

Property Name _____ Unit # _____ Rent Amount _____ Move in Date _____

| | | | |
|-------------------|---------------|--------------------|--------|
| Last Name | First Name | Middle/Maiden | Suffix |
| Social Security # | Date of Birth | Driver's License # | State |
| Spouse Last Name | First Name | Middle/Maiden | Suffix |
| Social Security # | Date of Birth | Driver's License # | State |

Are you a US Citizen? **YES** **NO**

Current Address *LPC requires at least 2 years resident history. For additional addresses, see supplemental address information on page 2. List all addresses that may be reported by a credit agency.*

| | | | | |
|--------------------------|------------|--------------|-------|-----|
| Street Address | Apt # | City | State | Zip |
| Home Phone | Work Phone | E-mail | | |
| Landlord / Mortgage Name | Phone # | Move In Date | | |

Total Gross Monthly Income \$

Emergency Contact (Will be the person listed on the lease as the emergency release representative)

| | |
|---------|--------------------------|
| Name | Phone |
| Address | City State Zip |

SUPPLEMENTAL INFORMATION

| | | |
|------------------|----------------------|-----------------|
| Current Employer | Personnel Phone # | Hire Date |
| Address | City | State Zip |
| Position | Gross Monthly Income | Supervisor Name |

| | | |
|-------------------------|----------------------|-----------------|
| Spouse Current Employer | Personnel Phone # | Hire Date |
| Address | City | State Zip |
| Position | Gross Monthly Income | Supervisor Name |

Vehicle Information

| | | |
|-----------|-------|------|
| License # | State | Year |
| Make | Model | |

Pet Information

| |
|-------------------------------------|
| Type/Breed |
| Height/Weight lbs. inches |

Roommates / Occupants Names and Birthdates (List only those that are applying with you today)

| | |
|--|------|
| | DOB: |
| | DOB: |
| | DOB: |

Renter's Insurance

Do you carry renter's insurance? Yes _____ No _____

Carrier _____ Agent _____ Phone _____

I understand that the property's insurance coverage and insurance does not and cannot protect any personal belongings against burglary, vandalism, fire, smoke, and other perils. I also understand that by not having personal liability insurance, I may be liable to third parties and to the property owner for certain perils which are covered by renter's insurance.

IF NO INSURANCE, OWNER AND ITS REPRESENTATIVES STRONGLY RECOMMEND THAT RESIDENT SECURES INSURANCE.

Have you, your spouse, roommate or occupant listed on this application ever been: Evicted or asked to move out? _____
 Sued for non-payment of rent? _____ Sued for damage to rental property? _____ Convicted of a criminal offense? _____
 Received deferred adjudication? _____. If yes please explain, year location and type of each: _____

You represent that the answer is "No" to any question left blank.

LPC and Applicant acknowledge that Applicant has paid a non-refundable processing fee of \$_____. LPC acknowledges that Applicant has also paid a holding deposit in the amount of \$_____. If Applicant fails or refuses, for any reason, to occupy the apartment and notifies LPC within 48 hours after signing the application of their intention not to occupy the apartment, the holding deposit will be returned. If the Applicant fails to notify LPC of their cancellation within 48 hours of signing the Application, and fails to occupy the apartment, Lessor/Owner shall be entitled to damages of \$_____ as administrative costs in addition to any and all damages provided for in the Lease Contract, including but not limited to damages for lost rent due to Applicants breach of Lease. Applicant, Owner and LPC agree these administrative costs are a reasonable forecast of the expenses incurred as a result of Applicant's failure to occupy the apartment and in no event will be considered a penalty. All parties agree this sum is an enforceable liquidated damage amount. If the Applicant is approved, the holding deposit will be applied to the deposit upon commencement of the lease.

The facts set forth in my Application are true and complete. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation of credit agencies or bureaus of your choice.

Resident Signature: _____



Date

Spouse Signature: _____

Date

LPC QUICK CHECK APPLICATION

| | | | |
|-----------|------------|---------------|--------|
| Last Name | First Name | Middle/Maiden | Suffix |
|-----------|------------|---------------|--------|

ADDITIONAL ADDRESS INFORMATION**Previous Address 1**

| | | | | |
|--------------------------|------------|-------------|-------|-----|
| Street Address | Apt # | City | State | Zip |
| Home Phone | Work Phone | E-mail | | |
| Landlord / Mortgage Name | Phone # | Dates: From | To | |

Previous Address 2

| | | | | |
|--------------------------|------------|-------------|-------|-----|
| Street Address | Apt # | City | State | Zip |
| Home Phone | Work Phone | E-mail | | |
| Landlord / Mortgage Name | Phone # | Dates: From | To | |

Previous Address 3

| | | | | |
|--------------------------|------------|-------------|-------|-----|
| Street Address | Apt # | City | State | Zip |
| Home Phone | Work Phone | E-mail | | |
| Landlord / Mortgage Name | Phone # | Dates: From | To | |

Previous Address 4

| | | | | |
|--------------------------|------------|-------------|-------|-----|
| Street Address | Apt # | City | State | Zip |
| Home Phone | Work Phone | E-mail | | |
| Landlord / Mortgage Name | Phone # | Dates: From | To | |

FOR OFFICE USE ONLY

Notes: _____

Leasing Agent _____

Submitted to Quick Check By _____

Date: _____

Time: _____

Faxed to Lincoln Check by _____

Attach confirmation from fax machine to back of application

Date: _____

Time: _____

Quick Check Proof Of Income

This must be completed and placed with the lease application in the permanent lease file.

Audits will be performed to ensure consistency.

PLACE A COPY OF RECENT PAY STUB HERE

(If a pay stub is unavailable, please staple tax return, bank statement, or CPA or Company proving income on the letter head stationary with corporate seal.)

SAMPLE CALCULATIONS:

Hourly:

\$6 hour X 40 hours =\$240 weekly

\$240 X 4.33 (standard for all) = \$1040 monthly

\$1040 X .35* = \$364 is the rent the client can pay

Weekly:

\$300/week X 4.333 (standard for all) =\$1299.90 monthly income

\$1299.90 X .35* = \$389 is the rent client can pay

Monthly:

\$1500/month X.35* = \$525 is the rent client can pay

*** USE WHATEVER THE PERCENTAGE YOUR COMMUNITY REQUIRES!!**

CALCULATIONS:

On your calculator, print a receipt tape to attach here.

\$ _____ (per hour) X 40 = \$ _____ (weekly) X 4.33 = \$ _____ (monthly) X _____ % = \$ _____ Rent Qualified.

PLEASE INITIAL: _____ (Manager) _____ (Leasing Professional) _____ Today's Date

LINCOLN APARTMENT MANAGEMENT LIMITED PARTNERSHIP

NOTICE OF NO AGENCY RELATIONSHIP

Please be advised that neither Lincoln Apartment Management Limited Partnership nor its Leasing Agents represent you or are acting as your agent.

Our leasing agents may perform ministerial acts and assist you in completing rental applications and leases. Under State law this activity does not result in the Leasing Agent acting as your agent.

THIS NOTICE OF NO AGENCY IS BEING PROVIDED AS REQUIRED BY STATE LAW.

Leasing Agent

Date_____

Tenant Signature

Tenant Signature

Print Tenant's Name

Print Tenant's Name

Date_____

Date_____