

# Chestnut Cove Apartments

## **RENTAL CRITERIA**

Grandview Management Services, LLC rental criteria and standards are being provided to you pursuant to applicable state law. The following information provides the bases upon which Grandview Management Services, LLC will make its decision.

Payment of a non-refundable Application Fee by each applicant 18 years of age and older is required before a response will be provided. Application Fees are non-refundable and are used to pay for the costs incurred in the application process from a third party screening company. Incomplete applications will not be accepted. A holding fee in the amount of \$500.00 (cash or money order) is required to hold the unit during the application process. If denied the \$500.00 will be returned to applicant. If approved, the \$500.00 will be applied to the security deposit upon move-in. If applicant chooses not to enter in the rental agreement for any reason, the owner/agent will retain the holding fee to cover incurred "lost rental compensation"

<u>Date</u>	<u>Applicant Signature</u>	<u>Applicant Signature</u>	<u>Authorized Agent Signature</u>
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- A criminal history/background check will be run. Any convictions for crimes/active warrants may result in denial, in accordance with the fair housing law.
- Occupancy must be limited to no more the two people (2) per bedroom.
- Monthly income must be at least three (3) times the rent amount due.
- Current & Previous verifiable landlord references shall be listed on the application provided, with the telephone numbers, for a minimum of one year. Mortgage lenders and/or land sales contact persons where applicable.
- A credit report will be run. All active accounts should be reported as current. A credit score should be at least 620. An occasional negative credit rating will be reviewed, provided the applicant could justify the circumstances surrounding this rating. Multiple negative ratings may not be acceptable. Valid Social Security number required. (May be asked for proof)
- Current identity required. Application will not be processed without a copy of a valid driver's license, proper documentation permitting an individual to live and work in the United States.
- Any record of unlawful detainer, unpaid collection, or judgement may result in denial of application.
- Employment must be verifiable for a period of one year. Income must be verifiable through employer contact, current pay stub or 3 years of tax records for self-employed. Copy of most recent paystub with year to date earning must be received before application can be processed.
- Non-employment income should be verified through tax records.
- Holding fee is required at the time the application(s) are submitted for processing. If holding fee is not collected, the home applied for will not be held and will remain on a first come first serve basis.
- Information not disclosed on any section of the application may result in denial, including any special accommodations needed unless previously disclosed.
- If approved, proof of renter's insurance and utility set up is required before keys will be given.

### **Inability to meet any of the above criteria for residency may result in the following:**

1. Denial of application for tenancy
2. Approval of application for tenancy with either first, last month's rent, and/or increased security deposit



RESIDENTIAL RENTAL APPLICATION / EACH ADULT LIST FILL OUT SEPAWTF APPLICATION

Address of Rental Property: \_\_\_\_\_ Unit # \_\_\_\_\_ Rent Amount \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ssn# \_\_\_\_\_ DL#/State issued: \_\_\_\_\_

Tell \_\_\_\_\_ Email Address: \_\_\_\_\_

Other Occupant's Name, Age & Relationship: \_\_\_\_\_

If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no:   Y  N

Complete Every Item on Application. Incomplete and/or Inaccurate Information may Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)

PRIOR ADDRESS (Required Entry)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Apt # \_\_\_\_\_ Name of Apts \_\_\_\_\_

How Long(Mo/Da/Yr)From \_\_\_\_\_ To \_\_\_\_\_

Pymts / Rent Pd To \_\_\_\_\_ Amt \_\_\_\_\_

Landlord/Mgmt Co. \_\_\_\_\_

Address \_\_\_\_\_

Tel# \_\_\_\_\_ Rent/Own/Lease \_\_\_\_\_

E-Mail: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Apt # \_\_\_\_\_ Name of Apts \_\_\_\_\_

How Long(Mo/Da/Yr)From \_\_\_\_\_ To \_\_\_\_\_

Pymts / Rent Pd To \_\_\_\_\_ Amt \_\_\_\_\_

Landlord/Mgmt Co. \_\_\_\_\_

Address \_\_\_\_\_

Tel# \_\_\_\_\_ Rent/Own/Lease \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Current Employer** \_\_\_\_\_ Tel# \_\_\_\_\_ Supervisor \_\_\_\_\_

Dept / Attached to \_\_\_\_\_ occupation \_\_\_\_\_ Rank \_\_\_\_\_

Hire Date \_\_\_\_\_ Monthly Salary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Prior Employer \_\_\_\_\_ Tel# \_\_\_\_\_

Dept / Attached to \_\_\_\_\_ Occupation \_\_\_\_\_ Rank \_\_\_\_\_

hire Date \_\_\_\_\_ Monthly Salary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Additional Income (Interest,Child Support,Etc) \_\_\_\_\_

Bank \_\_\_\_\_ Acct# \_\_\_\_\_ Branch \_\_\_\_\_ Tel# \_\_\_\_\_

Pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number, size, and type(s) \_\_\_\_\_

Disability status and require special accommodations" \_\_\_\_\_

Are you a fulltime student? Yes \_\_\_\_\_ No \_\_\_\_\_

**HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:**

**Ever been charged or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_**

Ever been evicted or refused to pay rent? Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_

Ever used any other name(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list name(s) \_\_\_\_\_

Are you or any other household member a Registered or Unregistered Sea Offender? Yes \_\_\_\_\_ to \_\_\_\_\_

Ever had bedbugs or any other infestation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type of infestation: \_\_\_\_\_

Do you or any other household member smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any other household member filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Auto/Year/Make/Lic# : 1 ) \_\_\_\_\_ z ) \_\_\_\_\_

Local Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Nearest Relation \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

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Grand Chestnut Co  
w/

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