

## **Application Process**

Thank you for choosing The Flats at Fox Hill as your new home.

### To Apply, please complete the following steps:

- Complete & Sign the Application for Residency
- Provide Two Forms of ID for Verification:
  - One Photo ID
  - Social Security Card
- Proof of Income:
  - Typically presented as 2 months of most recent, consecutive paystubs; please inquire with leasing professional on additional acceptable forms of Proof of Income
  - \*\*Please note that some Proof of Income forms may require Management Review & Verification\*\*

#### Investment:

- Application Fee: \$35.00 Per Applicant
- Reservation (Holding) Fee: \$99.00 per home, due at time of application.
  - Approved applications: reservation fee applied to first month's rent
  - <u>Cancellation:</u> the reservation fee is only refundable in the event the application is not approved
- <u>Security Deposits:</u> Subject to credit and background screening, security deposits will be equal to a half or full month's rent.
- Renter's Insurance: Our community requires renter's insurance for all residents. The Flats at Fox Hill must be listed as additionally insured. Please inquire for coverage details.

#### **Lease Agreement:**

 Leases can be signed electronically, or in person. We ask that all lease agreements are signed within 72 hours of application approval.



# Application for Residency

For Office Use Only: Leasing Professional:	
Date:	_ Apartment Address:
Monthly Rent:	Concession/Special:
Move-In Date:	Lease Term: to
Applicant Type: L	Lease Signer Guarantor

Applicant Information					
Full Name:					
Date of birth:	SSN:			Phone:	
Current address:					
City:		State:			ZIP Code:
Own Rent (Please circle)	Monthly pa	ayment or rent:			How long?
Reason for Moving:		Ema	ail:		
Previous address, if less than 2 years at	current:				
City:	State:				ZIP Code:
Owned Rented (Please circle)	Monthly pa	ayment or rent:			How long?
Driver's License Number:		Issu	ing State:		
<b>Employment Information</b>					
Current employer:					
Employer address:					How long?
Phone:	E-	mail:			Fax:
City:	State:				ZIP Code:
Position:	Hourly	Salary (Pleas	se circle)	Ann	ual income:
Emergency Contact				<u> </u>	
Please initial to signify that in the early and contents within.	event of seri	ous illness or ot	her circumstances, the	below per	son may have access to the leased premises
Name (must not reside in apartment hom	ie):				
Address:					
City:	State: ZIP Code:			Phone:	
Relationship:					
List all other Minor Occupai	nts				
Name:					
Date of birth:		SSN:			Phone:
Name:					
Date of Birth:		SSN:			Phone:
Name:					
Date of Birth:	SSN:			Phone:	
Pet Information					
Pets are accepted only with consent of the	ne Managem	ent and are sub	ject to breed and weigh	ht restriction	ons.
Do you have any pet(s)? Yes	No	# Pets:	Vet records may be	e required	to substantiate breed.
Pet #1: Type: Dog Cat	Breed:		Weight:		
Pet #1: Type: Dog Cat Breed:				Weight:	
Please initial to signify that you have a service or emotional support animal, and require a request for reasonable accommodation form.				est for reasonable accommodation form.	
Vehicle Information					
Make:		Model:			License Plate:
Make:		Model:			License Plate:

<u>Disclosure:</u>				
Have you, or any anticipa substance? Yes		, been convicted of the illega	possession, manufacturing, or distribu	ution of any controlled
Have you, or any anticipa	ted occupant of the Premises	, been convicted of a sex offe	ense? Yes No	
Have you, or any anticipa	ted occupant of the Premises	, filed Bankruptcy? Ye	s No (if yes, proof of discharge	may be required)
Have you, or any anticipa	ted occupant of the Premises	, been evicted? Yes _	No	
Terms & Conditions of A	Application:			
application and my rental or not, is not refundable. I to make a tone-time elect withdrawn from my bank a institution but will instead	liability shall commence pursul hereby understand that, by pronic payment from my check account as soon as the same	uant to the terms of the lease aying the foregoing fees by o ing account. The electronic p day payment is received. I fu tems" section on my bank sta	Recute a lease in accordance with the total agree that the application fee, wheth the check, I am authorizing Landlord to use asyment will be for the amount indicate urther understand that my check will no atement. It is my obligation to notify Landard and the control of the	her my application is approved to the information on my check and on my check and may be to be returned by the financial
the apartment home here not approved for any othe requested by Landlord, w entitled to retain the holdin Landlord as a reasonable	in for occupancy by the under er reason other than the falsific ithin 3 days of such request, t ng fee to cover Landlord's var	signed upon approval of this cation of information by appliche foregoing holding fee shall ious costs of holding such application to hold the unit for	accompanying this application shall be application and execution of a lease accant, or failure to provide any document be refunded to the undersigned. Other artment home for me, and I agree to the my occupancy. I understand that, if I are agreement.	greement. If this application is nts or other information erwise, Landlord shall be his amount being retained by
I have read the foregoing, approval of this applicatio		erein is TRUE and CORREC	T, that this application is submitted for	the purpose of inducing
criminal history questions my lease agreement. Furt	above, or any false statementher, if I subsequently am invo	t on the application, can lead lved in conduct which would	nformation contained herein. Any "yes" to the rejection of my application and/result in a "yes" response to any of the and that Landlord may terminate the lea	or immediate termination of equestions set forth above
report may contain, but we residences, employment a I release all concerned from Fair Credit Reporting Act, consumer report, I will be card. I also consent to, an or transfer, or with the col	ould not be limited to, a consuland income. I further authorized any liability in connection volume Section 606(B) to make a writequired to furnish two forms and authorize the use of, any sulfection of any debt associated	Imer credit report, a criminal e you and the consumer repo- vith the information they give tten request of you of the inv of identification to verify my in Ibsequent consumer report(s I with the rental of a residence	a consumer reporting agency an inves history records investigation, a rental horting agency to verify all information co. I have also been advised that I have to estigation. I understand that, in order to dentity. I will be required to submit a plot under this authorization in connection e for which the application was made. In a control of Your Right.	nistory and verification of my contained in this application and the right, under the Federal to perform the investigative hoto ID, and social security in with any future assignment Finally, I acknowledge receipt
I have fully read and unde	erstand all the provisions of th	is application and acknowled	ge receipt of a completed copy of same	e.
Applicant		Date		
Leasing Professional		Date		
I attest that I have examin appear to be genuine.	ned the identification documer	ts below presented by the ab	pove-named applicant to verify identity	and the listed documents
For Office Use Only: Application Fee: \$	Received by:	Date:	Check/MO Number:	_
Holding Fee: \$	Received by:	Date:	Check/MO Number:	



Applicant Identity Verification	
(For Office Use Only)	

Name of Applicant (as it appears on photo ID):		
Circle documents presented. Initial and date upon verification of each form of identification.		
One of each of the documents below must be presented:		
ONE photo identification:		
<ol> <li>Driver's License or ID card issued by federal, state or local government agency or entity, provided it contains a photograph or information such as name, date of birth, height, eye color, and address (School ID card with a photograph, US Military card, Military dependent's ID card)</li> <li>US Passport or US Passport Card (expired or current)</li> <li>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>Foreign Passport with Form I-551 stamp or Form I-94</li> </ol>		
AND the following document:		
US Social Security Card issued by the Social Security Administration		
By signing below, I confirm that I have verified the document(s) presented by the above-named applicant to verify identity, and the listed document(s) appear to be legitimate.		
Leasing Professional's Signature Date		