

**Statement of Rental Policy and Occupancy Standards
(Scoring Model for Leaseholder(s) or Co-signers)**

Management supports THE FAIR HOUSING act as amended, prohibiting discrimination in housing based on race, color, religion, national origin, handicap, or familial status. The following qualification standards will be required from every prospective resident.

Co-Signer: A co-signer may be required when an applicant(s) cannot meet the requirements below. Co-signer must not have any automatic rejections and qualify as stated below, with the exception that the co-signer must make 2 times their rent/mortgage and the applicants rent amount combined.

- Roommates must qualify individually in all areas except income. Roommates must qualify for their percentage of the rental amount
- First time renters must have a co-signer unless the Acceptable Accounts Ratio is 100% and they qualify in all other areas.

Job Stability (current and previous if less than thirty (30) days in between both jobs)

1st time renters must have at least 12 months or more of verifiable employment history or 12 months of rent in savings

Must have at least 6 months or more of verifiable work history

If retired must have 12 months of rent in savings

Rental History

Must have at least 6 months or more of verifiable rental history. Mortgage must be verifiable via credit report or written documentation from the mortgage company. Automatic denial: Negative landlord reference (ex: would not re-rent to resident due to lease violations); any unpaid rental housing debt; evictions (if an applicant has had an eviction the balance must be paid and be able to provide at least 12 months of positive rental history since the eviction); over 40% late pays during the lease term and all unpaid tax liens over \$2,000.00

Acceptable Accounts Ratio

Will be based on your ability to pay according to your credit screening report. This is not based on your actual credit score provided by Transunion, Equifax, and/or Experian.

0-110 Denied

111-140 Accept with conditions-A larger deposit equal to one-month rent will be required within 72 hours of application approval.

141-350 Accept

Rent to Income Ratio

33% Pass

34% and above Denied

(Voucher participants are not included in this category but must be able to provide proof of income to pay utilities)

Telecheck

1 Pass

2 Pass with conditions (Must pay with money order or cashier's check for the 1st 6 months of the lease term)

Credit Check: Failure to provide complete and accurate information on a rental application will result in a refusal to rent if credit verifications cannot be made. If any untrue or misrepresented information is included, CRSC Residential Inc. will have no obligation to rent or continue to rent the apartment to you. Timeline checked is less than or equal to 2 years. Medical and student loans are not included in consideration of application. Automatic denial is property rental collections. Bankruptcy is not counted if older than 2 years.

Criminal History: It is an automation denial if applicant(s) and/or occupant(s) have been convicted for a felony and/or misdemeanor offense (not including traffic) involving actual or potential physical harm to a person(s), or involving possession, manufacture, or delivery of a controlled substance, marijuana, drug paraphernalia, weapons, burglary, auto theft damage to property, sexual offenses, or solicitation, even if currently serving deferred adjudication, convicted or case pending in the last 5 years. Applicants with sexual offenses and/or violent offenders are automatically denied.

Processing: A \$40.00 per adult applicant and \$50.00 per married couple applicant for same unit is a non-refundable application processing fee and will be required for anyone 18 years of age and older. Any prospective resident and any occupant over the age of 18 are required to submit an application for a criminal history check. Management can deny an applicant and/or occupant if they have been arrested for a felony and/or misdemeanor offense involving actual or potential physical harm to a person(s), or involving possession, manufacture, or delivery of controlled substance, marijuana, drug paraphernalia or weapons.

Initials

- Maximum Occupancy:** Two people per bedroom (Exception- child less than 6 months old) once the child is over 6 months you must obtain a larger apartment.
- Security Deposit:** Minimum Deposits: \$200.00 for standard one bedroom, \$250.00 for premium one bedroom, \$350.00 for deluxe one bedroom, \$300.00 for standard 2 bedroom, \$350.00 for premium 2 bedroom, and \$400.00 for deluxe 2 bedroom. A larger deposit such as one-month rent may be required depending on credit.
- Payment:** Rent is due and payable on the 1st day of each month. All applicable fees outlined in the lease agreement will apply is not paid as agreed. Personal checks are not accepted prior to move-in. All deposits, application fees, and 1st month's rent must be paid with a money order or cashier's check. Personal checks are not accepted for late rent. Fee schedules are outlined in the lease agreement. Roommates: Each resident is fully responsible for the entire rental payment.
- Recreational Vehicles:** Must be registered and approved with the management office and must not take up more than one parking space.
- Pets:** This community allows two (2) pets with a weight limit of 75lbs and under. Acceptable pets include domestic cats, birds, fish (50-gallon tank size limited with managers prior written approval) and dogs. **The following full or mixed breeds are NOT accepted: Bull Mastiff, Chow Chow, Dalmatian, Doberman Pinscher, German Shepard, Mastiff, Pit Bull, and Rottweiler. Prohibited pets also include snakes, ferrets, iguanas, and pot belly pigs.** When a pet is permitted on property a recent photo of the pet and an additional fee is required. This policy does not apply to disabled persons who require the use of an animal aid, police dog, which will be reviewed on an individual basis. Minimum non-refundable pet fee of \$ ½ months' rent is due prior to bring the pet into the apartment. A pet fee will also be required for anyone who has a pet visiting their apartment at any time. (Please ask to see pet policy for this community)
- Utilities:** All residents are responsible for maintaining the expense of electricity, and gas service. Keys will not be issued until electric and gas is scheduled to be turned on in the resident's name on the scheduled move in date.
- Community:** All residents and occupants agree to abide by the policies for health, safety and crime and drug free living enjoyment at this community.

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE AS QUALIFYING STANDARDS AND RENTAL POLCIES OF THIS COMMUNITY.
COMMUNITY NAME: SKYLINE APARTMENTS

Applicant Signature

Date

Skyline Apartments

Dear applicant:

The information on this form is needed to determine if your household is eligible under Skyline Apartments leasing criteria. Please complete this entire form and leave no blanks.

If there are any questions that you do not understand, please call the apartment manager. We thank you in advance for your cooperation.

HOUSEHOLD COMPOSITION

#	Full Name Drivers License No.	Relationship	Date of Birth	F/T=Full Time P/T=Part Time	Social Security Number/ Alien Registration Number	Receiving any source of income?
	Marital Status - M D S W NM					
1		Head of Household		Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
2				Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
3				Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
4				Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
5				Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
6				Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
7				Student Status <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No

HOUSEHOLD COMPOSITION

1. Do you expect any additions to the household within the next twelve months? Yes No If Yes, explain _____
2. Are any of the household members listed above foster children? Yes No If yes, who? _____
3. Are any of the household members listed above a live-in attendant? Yes No If yes, who? _____
4. Are any of the household members planning to attend school full time? Yes No If yes, who? _____

CONTACT PHONE NUMBER _____ CELL PHONE NUMBER _____ EMAIL _____

Current Residence of Applicant:

Address _____, Apt. No. _____, City/State _____ Zip Code _____

How long _____ Years _____ Mos. Name of Landlord _____ Landlord Phone (____) _____

Amount of rent paid? _____

Previous Address of Applicant (if Current Address is less than 2 years):

Address _____, Apt. No. _____, City/State _____ Zip Code _____

How long _____ Years _____ Mos. Name of Landlord _____ Landlord Phone (____) _____

Amount of rent paid? _____

Current Residence of Co-Applicant:

Address _____, Apt No. _____, City/State _____ Zip Code _____

How long _____ Years _____ Mos. Name of Landlord _____ Landlord Phone (____) _____

Amount of rent paid? _____

Previous Address of Co-Applicant (if Current Address is less than 2 years):

Address _____, Apt. No. _____, City/State _____ Zip Code _____

How long _____ Years _____ Mos. Name of Landlord _____ Landlord Phone (____) _____

Amount of rent paid? _____

CURRENT EMPLOYMENT INFORMATION

Applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City		State Zip Code
Date Hired	Gross Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

Co-applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City		State Zip Code
Date Hired	Gross Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

Additional household member		Occupation		Work Phone	
Name and Street Address of Employer			City		State Zip Code
Date Hired	Gross Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

Additional household member		Occupation		Work Phone	
Name and Street Address of Employer			City		State Zip Code
Date Hired	Gross Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

OTHER SOURCES OF INCOME

Does anyone in your household over 18 years of age receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source	Employment	Check one	Source Benefits/Pensions	Check one	Source	Other	Check one
Second Job		<input type="radio"/> Yes <input type="radio"/> No	Workers Compensation	<input type="radio"/> Yes <input type="radio"/> No	Grants		<input type="radio"/> Yes <input type="radio"/> No
Bonuses		<input type="radio"/> Yes <input type="radio"/> No	Unemployment	<input type="radio"/> Yes <input type="radio"/> No	Scholarships		<input type="radio"/> Yes <input type="radio"/> No
Tips		<input type="radio"/> Yes <input type="radio"/> No	Alimony	<input type="radio"/> Yes <input type="radio"/> No	Recurring Gifts		<input type="radio"/> Yes <input type="radio"/> No
Commissions/fees		<input type="radio"/> Yes <input type="radio"/> No	Child Support	<input type="radio"/> Yes <input type="radio"/> No	AFDC/ TANF		<input type="radio"/> Yes <input type="radio"/> No
Overtime pay		<input type="radio"/> Yes <input type="radio"/> No	Social Security	<input type="radio"/> Yes <input type="radio"/> No	Other		<input type="radio"/> Yes <input type="radio"/> No

For each "Yes" marked above, please complete the following:

Household member name	Amount received	Source
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	

HOUSEHOLD ASSETS

Does anyone in your household have any of the following types of assets with a value of \$5000 or over? Please mark "yes" or "no" for each type of asset.

Type of Asset	Check one	Type of Asset	Check one	Type of Asset	Check one
Checking Account	<input type="radio"/> Yes <input type="radio"/> No	IRA/Keogh Account*	<input type="radio"/> Yes <input type="radio"/> No	Revocable trust fund	<input type="radio"/> Yes <input type="radio"/> No
Savings Account	<input type="radio"/> Yes <input type="radio"/> No	Retirement/Pension Fund*	<input type="radio"/> Yes <input type="radio"/> No	Mortgage/Note Held	<input type="radio"/> Yes <input type="radio"/> No
Cash	<input type="radio"/> Yes <input type="radio"/> No	Mutual Funds/Stock*	<input type="radio"/> Yes <input type="radio"/> No	Life Insurance Policy*	<input type="radio"/> Yes <input type="radio"/> No
Certificate of Deposit*	<input type="radio"/> Yes <input type="radio"/> No	Real Estate/Land*	<input type="radio"/> Yes <input type="radio"/> No	Personal Property Held as an Investment	<input type="radio"/> Yes <input type="radio"/> No

For each "Yes" marked above, please complete the following:

Household member name	type of asset	cash value (see note)	\$ asset will earn in the next 12 months

NOTE: *When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor etc.? That's the amount you should list in the "cash value" column.

Have you sold any real estate for less than it's worth within the last two years? (If sale due to foreclosure, bankruptcy or divorce, answer no) Yes No if yes, please explain

Have you or your spouse/roommate ever been evicted? Yes No

Declared Bankruptcy? Yes No

Do you use illegal drugs? Yes No

Do you or have you engaged in the distribution or sale of illegal drugs? Yes No

Have you or any household member listed above ever been convicted of a felony or any crime related to harm caused to a person or property, including, but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity and related violations? Yes No Do you have any outstanding warrants for arrest? Yes No

Person to contact in case of emergency:

Name: _____ Address/City/State _____
 Work Phone: (____) _____ Home Phone: (____) _____

Person to contact in case of emergency:

Name: _____ Address/City/State _____
 Work Phone: (____) _____ Home Phone: (____) _____

Note: Management is not responsible for damage to resident's property unless caused by negligence on the part of management or an employee of management. Residents are strongly advised to obtain renters insurance to cover loss or damage to their property!

DEPOSIT TO HOLD AGREEMENT

In consideration of management holding the apartment for me, I agree to pay a holding deposit of \$_____ and a non-refundable application fee of \$_____. The holding deposit is refundable if my Application is not approved (14 day delay for bank clearance of check). If my Application is approved, the holding deposit is credited to the required move-in costs. I may cancel this agreement and be refunded my holding deposit (14 day delay for bank clearance of check) by notifying you of my decision to cancel by 5 P.M. on _____, 20____. Cancellation after this time will result in forfeiture of my holding deposit. I must pay rent on or before my rent start date or my holding deposit will be forfeited and my apartment rented.

Apt. # _____ Type _____ Lease Length _____ Rent Start Date _____ Lease Ending Date _____

Monthly Rent with sales tax \$ _____ Total Deposits Due: \$ _____

VEHICLE AUTO INFORMATION: MAKE _____ COLOR _____ YEAR _____ LIC # _____ STATE _____

Please tell us how you heard about Skyline Apartments _____

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit reports. Applicant acknowledges that false information herein constitutes grounds for rejection of this application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in. Management reserves the right to verify application information after move-in and may convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant agrees to the terms of the "Deposit to Hold Agreement". This application is preliminary only and does not obligate owner or owners representative to execute a lease or deliver possession of the proposed premises.

Application form must be read filled out completely and signed by all household member 18 and older.

All of the information provided above is true and complete to the best of my knowledge and belief.

_____	Date _____
Applicant	
_____	Date _____
Co-applicant	
_____	Date _____
CO -applicant	
_____	Date _____
Co-applicant	
_____	Date _____
MANAGEMENT	

Before returning this form to the management office, be sure that you have marked "yes" or "no" for each source of income and each type of asset. Incomplete forms will delay processing and be returned.

VERIFICATION OF EMPLOYMENT

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY TENANT

To: (Company Name & Address of Employer) _____ DATE: _____
 _____ RE: _____
 _____ (print employee/tenant name)
 _____ SS#: _____

I hereby authorize the release of my employment information.
 SIGNED: _____ DATE: _____

The person listed above is an applicant/tenant of a housing program that requires verification of income. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your timely response is essential and greatly appreciated.

Sincerely,

Please return form (by mail/fax only) to:

Project Management Agent

THE FOLLOWING TO BE COMPLETED BY EMPLOYER:

Employee Name: _____ Job Title: _____
 Presently Employed: Yes _____ Date Hired _____
 No _____ Date Terminated _____
 Current Gross Base Pay \$ _____ Average total hours worked weekly _____
 Frequency: _____ Annual _____ Hourly _____
 _____ Monthly _____ Other (Specify) _____
 _____ Weekly _____ Overtime Rate: \$ _____

Does this employee earn... Circle one below

Overtime?	Yes _____	No _____	#Hours _____	per	week	month	quarter	year
Commissions?	Yes _____	No _____	Average \$ _____	per	week	month	quarter	year
Tips?	Yes _____	No _____	Average \$ _____	per	week	month	quarter	year
Bonuses?	Yes _____	No _____	Average \$ _____	per	week	month	quarter	year

***Do you anticipate an increase in the base pay over the next 12 months? Yes No

If so, please indicate the amount and approximate date of anticipated increase:
 \$ _____ per _____ beginning on _____.

Remarks: (If employee was/will be off work for any length of time, please indicate time period and reason)

Employer's Signature

Date

Print Employer's Name & Title

Telephone

NOTE: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements for misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Skyline Apartments
2414 S. Glendale
Wichita, KS 67210
(316) 440-6045

Request for Resident Verification

TO: _____

COMPLEX: _____ FAX#: _____ PHONE#: _____

APPLICANT: _____ SS# _____

ADDRESS: _____

The applicant has listed you as a current or previous landlord on the above address. Please fill in the requested information and return it to: **Skyline Apartments Email: SkylineApts@CRSCResidential.org**

Move in date: _____ Move out date: _____ Monthly rent: _____ How Many Late Payments _____

Is Resident currently under eviction or already been evicted? _____ Date of eviction: _____

Does above named applicant have any outstanding balance? _____ Amount owed: _____

If there is an outstanding balance what is it for? _____

Condition of leased premises: _____ Leaseholder(s) name: _____

Number of occupants: _____ Does resident have any pets: _____ Would you rent to applicant again? _____

Was any lease violations give? _____ If yes for what reason(s): _____

Verified by: _____ Title: _____ Date: _____

Printed Name: _____

By signing below, I/We authorized Skyline Apartments to check any credit or rental history.

Applicants Signature: _____ Date: _____

_____ Date: _____