

Reflections of Island Park E-mail Application Form

Resident Qualifications Criteria

Please understand the following qualifications are established to ensure uniformity in leasing standards to all applicants and compliance with local, state, and federal government regulations, as well as owner's regulations.

1. Applicant must be 18 years of age or older.
2. Gross monthly income must be 3.5 times the monthly rental amount. Senior adults and person's receiving disability benefits may qualify at 3 times the monthly rent depending on debts presently owed.
3. Full time students requiring a co-signer must have additional application processed on parents and/or guardian. All employment and rental verification must be conducted. In addition, a Guarantor Agreement form must be completed and notarized. Co-signers must be present at time of lease signing. This rule is also true for all other applicant's requiring a co-signer.
4. Applicant must have current employment. Students must have proof of school enrollment. Photocopies of last 3 months of earnings are preferred. For new employment, applicant must have written document from employer to confirm employment date and pay rate. If self-employed, applicant must provide copies of previous years IRS tax returns and current bank statements that support income stated.
5. Applicant must have 2 years of favorable, verifiable rental and/or mortgage history with no more than 2 late payments and no more than one paid NSF check. In addition there must be no resident problem issues with the prior landlord.
6. Applicant must have good credit which is 75% or more positive credit with no late payments beyond 60 days. Applicants with less good credit records, bankruptcy, repossessions, or first time renters will be considered depending upon present debts and income. A Bankruptcy must be discharged with a copy of the discharge papers. Resident must agree to the Security Deposit Agreement.
7. Number of residents per apartment shall be no more than:
 - For 1 bedroom: 2 persons plus newborn under 6 months of age.
 - For 2 bedroom: 4 persons plus newborn under 6 months of age.
 - For 3 bedroom: 6 persons plus newborn under 6 months of age.
8. Unlicensed or inoperable vehicles are prohibited and will be towed.
9. Resident must have no felony convictions or deferred adjudication or misdemeanor to person or property.
10. Security deposit and non-refundable application fee must be paid with application.
11. Boat, RV, trailer, or commercial truck storage is not permitted on premises.
12. Pets are not allowed without management's prior written approval. There is a limit of one pet per apartment. Full grown weight limit is not to exceed 45 lbs. No aggressive breeds are allowed. These breeds include, but are not limited to Staffordshire Terriers, Pit Bulls, Doberman Pinchers, German Shepherds, Rottweilers, etc. The pet fee for an approved pet 0-25 lbs is a \$350 non-refundable fee and the fee for an approved pet 26-45 lbs is a \$700 non refundable fee. Payment of pet fee is, in full, along with a picture of the pet at the time of lease signing. Resident must agree to all rules in Pet Addendum.
13. Residents understand that all payments must be in check or money order. Cash is not accepted.
14. Foreign applicants must supply a temporary social security number as issued for a temporary work visa. Applicant's passport must be inspected to verify the time spent in the United States is consistent with the residency disclosed on the rental application.

I have read and understand the Resident Qualifications Criteria for leasing at Island Park Apartments.

Resident

Resident

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Full Name	
Social Security Number	
Date of Birth	
Drivers License No. and State	
Male or Female	
Marital Status	
Present Address	
Home Telephone No.	
OwnorRent/How Long/ Mo. Payment	
Landlord/Mortgage Company	
Telephone No. of Landlord/Mortgage	
Previous Address	
Home Telephone No.	
OwnorRent/How Long/ Mo. Payment	
Landlord/Mortgage Company	
Telephone No. of Landlord/Mortgage	
Nearest Relative Not Living w/You	
Relationship	
Address	
Phone No.	
In Case of Emergency Contact	
Relationship	
Address	
Phone No.	
Employer:	
How Long?	
Address	
Telephone No.	
Subject to Transfer	
Annual Salary	
Spouse/Roommate Full Name	
Address	
Social Security No.	
Date of Birth	
Drivers License No. and State	
Male or Female	
Employer:	
How Long?	
Address	
Telephone No.	
Subject to Transfer	
Annual Salary	
Additional Occupant	
Date of Birth	
Additional Occupant	
Date of Birth	
Additional Occupant	
Date of Birth	

Number of Motor Vehicles	
Make/Model/Year/Tag Make/Model/Year/Tag	
Pet?	
Type/Breed/Weight/Age	
References: Name and Phone No.	
Bank	
Personal	

PLEASE READ THE FOLLOWING CAREFULLY:

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, TO THE BEST OF MY (OUR) KNOWLEGDE. I (WE) UNDERSTAND THAT YOU WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY CREDIT, EMPLOYMENT, CHARACTER, GENERAL REPUTATION, PERSONAL REFERENCES, AND IF DEEMED NECESSARY A CRIMINAL INVESTIGATION. I (WE) FURTHER CERTIFY THAT I (WE) AM (ARE) ADULTS OVER THE AGE OF 18 AND I (WE) UNDERSTAND THE IMPORTANCE OF ACCURATE INFORMATION. I (WE) FURTHER UNDERSTAND THAT APPROVAL OF THIS APPLICATION IS BASED ALL IN PART ON THE INFORMATION CONTAINED HEREIN. SHOULD THIS APPLICATION BE APPROVED AND A LEASE CONTRACT BE EXECUTED, I (WE) FURTHER UNDERSTAND THAT THIS APPLICATION IS MADE PART OF THE LEASE, AND LATER, IT IS DETERMINED THAT THE INFORMATION PROVIDED HEREIN WAS INCORRECT, SAID INCORRECT INFORMATION SHALL BE GROUNDS FOR TERMINATION OF THE REMAINDER OF THE LEASE CONTRACT.

I (WE) AGREE TO PAY \$__50.00 per adult____ AS A NON-REFUNDABLE APPLICATION FEE FOR PROCESSING THE APPLICATION FORMS AND FOR THE CREDIT REPORT.

Applicant's Signature

Applicant's Signature

Authorization for Release of Information

I hereby authorize Island Park Apartments and their agents to receive any credits and/or criminal history record information pertaining to me which may be in the files of any credits reporting agency or state or local criminal justice agency and I release all parties from liability for issuing such information. I also authorize you to release to all Federal, State and Local law enforcement agencies any confidential information about me you receive or otherwise have.

Full Name	
Social Security No.	
Date of Birth	
Drivers License No. and State	
Address	
Signature/Date	