

Qualification Guidelines Addison Mill Apartments

Konover Residential Corporation provides equal opportunity housing. **Konover Residential Corporation** will not discriminate against applicants based on race, color, religion, sexual orientation, ethnic origin, familial status or disability. Management complies with all Federal, State and local Fair Housing and Civil Rights Laws.

Please note these are the current rental criteria and nothing in these requirements shall constitute a guarantee or representation by our community that all residents and occupants currently residing in our community have met these requirements. There may be residents and occupants that have resided here prior to these requirements going into effect; additionally, our ability to verify whether these requirements are met is limited to the information we received from the various resident reporting services.

Application: A rental application must be completed for each individual age eighteen (18) or over. Please complete application in full. Understand that applications containing any untrue, incorrect, or misleading information will be declined. Each application must be accompanied by a government issued photo ID for each applicant (for example, driver's license, majority card, military ID, etc). All applicants in the United States on a Visa must provide a copy of the Certificate of Eligibility, which is completed upon arrival in the United States. A **non-refundable** fee of \$35 for the initial applicant and \$25 for each additional applicant will be due prior to processing any application.

Income: Applicants must have verifiable employment and/or income history, such as copies of the two (2) most recent pay stubs, Leave & Earnings Statement or offer letter. Self-employed persons must provide a copy of the prior year's tax return. Unemployed applicants must provide documentation regarding sources of income, e.g. - social security, pension, savings, interest, or provide guarantor/co-signer that meets the guarantor/co-signers qualifying standards below. Notarized documentation must be submitted with your application to support additional sources of income such as alimony, dividends, military housing allowance, child support, interest, retirement income, etc. Copies of all documentation will be retained in the lease file.

Gross annual income for all leaseholders is combined and entered into the credit-scoring model. Household gross monthly income must meet or exceed three times the monthly rental rate.

Landlord Reference/Rental History: Applicants must have verifiable rental/mortgage history. Management requires at least twelve (12) months rental payment history. The rent payment history, to be confirmed with previous landlords, must reflect prompt payment history, compliance with community policies, and return of apartment in good condition. **WE WILL NOT ACCEPT A REFERENCE FROM A RELATIVE AS YOUR ONLY PREVIOUS LANDLORD.** Any legal proceedings or evictions filed by previous landlords will result in the declination of the application for residency.

Credit History: Applicants must have a favorable credit history. A credit report will be secured for all occupants of legal age to verify account credit ratings. The results will be entered into the credit-scoring model, which determines applicant eligibility to rent and security deposit level. Unfavorable accounts, which will negatively influence this score, include, but are not limited to: Collection, Charge Off, Repossession, Current Delinquency, & Bankruptcy within the last five (5) years.

NOTE: The occurrence of any of the items listed below will cause rejection. However, if an Applicant is rejected for one of these items and is acceptable in two of these qualifying standards, an Applicant may then **choose** to provide (1) a Guarantor meeting all requirements as Leaseholder, or (2) two months security deposit in advance.

- Insufficient income
- Unsatisfactory credit rating
- Insufficient or no rental history

Criminal: Any applicant or a household member that has a criminal history in the last 10 years for a felony conviction or 5 years for a conviction which indicates that his/her residency would pose a danger to the housing community or to the health, safety, security or peaceful enjoyment of the community, or that the applicant would otherwise not comply with the terms of the lease will be denied residency and occupancy. Guarantors/co-signers cannot be a substitute for this requirement. Applicants' subject to a state sex offender registration requirement is prohibited admission.

Pets: This site accepts cats and dogs. There is a \$250 refundable pet deposit and a \$25 per pet per month pet rent. Please refer the pet policy for additional information including breed restrictions & weight limitations, if applicable.

Roommates: Each resident is jointly and severally (fully) responsible for the entire rental payment and must sign the Lease Agreement.

Occupancy Guidelines: This site shall follow a two person per bedroom occupancy standard unless otherwise required by Federal, State or local law.

Guarantors/Co-signers: Guarantors/cosigners must meet all of the above qualifications and must have at least four (4) times the monthly rent of the apartment being applied for. The guarantor must physically sign the lease either in the office or in front of a notary.

I hereby acknowledge reviewing the above Qualifications provided by Addison Mill Apartments and the information that I have provided is true and accurate.

Prospective Resident Signature

Date

Prospective Resident Signature

Date

Management reserves the right to add or delete any or all of the above guidelines and qualifications.





APPLICATION FOR RESIDENCY



Tell Us About Yourself (use additional sheets if necessary)
PLEASE LIST YOUR FULL NAME AS IT APPEARS ON YOUR PHOTO ID

FIRST NAME		MIDDLE NAME		LAST NAME	
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID		DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID #		TYPE OF ID	STATE OR GOVERNMENT THAT ISSUED THE ID
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		E-MAIL ADDRESS	
PRESENT ADDRESS			COUNTY		WORK TELEPHONE #
CITY	STATE	ZIP	HOME TELEPHONE #	MOBILE TELEPHONE #	
LIST ALL OTHER PERSONS, INCLUDING SPOUSES, TO OCCUPANCY THE PREMISES, INCLUDING DATE OF BIRTH (if 18 years or older, must fill out application as an applicant)					
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
PRESENT ADDRESS IS (Check One) <input type="checkbox"/> OWNED HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> PARENTS' HOME <input type="checkbox"/> STUDENT HOUSING <input type="checkbox"/> OTHER					
IF RENTING or OWNED: PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY					
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY					
CITY	STATE	ZIP	TELEPHONE #		
HOW LONG?	MONTHLY PAYMENT	ANTICIPATED MOVE-OUT DATE	REASON FOR LEAVING:		
PREVIOUS ADDRESS (if LESS THAN THREE YEARS AT PRESENT ADDRESS)					
CITY	STATE	ZIP	TELEPHONE #		
PREVIOUS ADDRESS IS (Check One) <input type="checkbox"/> OWNED HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> PARENTS' HOME <input type="checkbox"/> STUDENT HOUSING <input type="checkbox"/> OTHER					
IF RENTING or OWNED: PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY					
ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY				COUNTY WHERE RESIDENCE LOCATED	
CITY	STATE	ZIP	TELEPHONE #		
HOW LONG?	MONTHLY PAYMENT	MOVE-OUT DATE	REASON FOR LEAVING:		
HAVE YOU LIVED IN A KONOVER RESIDENTIAL COMMUNITY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHICH ONE? (include city and/or state?)		FROM: TO:	
Employment					
EMPLOYER (COMPANY NAME)		HOW LONG?		MONTHLY GROSS INCOME	
ADDRESS		CITY	STATE	ZIP	
JOB TITLE		SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #	
OTHER SOURCES OF VERIFIABLE INCOME		WHEN RECEIVED	AMOUNT	MONTHLY INCOME FROM OTHER SOURCES	
FORMER EMPLOYER (if LESS THAN THREE YEARS AT CURRENT JOB)			HOW LONG?		
ADDRESS		CITY	STATE	ZIP	
JOB TITLE		SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #	
Motor Vehicles (including cars, trucks, boats, motorcycles – if permitted at property):					
MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #	STATE	
1.					
2.					
3.					
Pets (animals require our consent):					
TYPE	BREED	WEIGHT	NAME	LICENSE/TAG #	
1.					
2.					
Person to Notify in Case of Emergency, Death or Incapacity** (cannot be someone who intends to reside in the premises):					
NAME	RELATIONSHIP	PRIMARY TELEPHONE #		ALTERNATE TELEPHONE #	
ADDRESS		CITY	STATE	ZIP	
Will you or any of your occupants require special assistance in case of an emergency, including evacuation of the building or community? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If so, identify the person and the type of special assistance required:					



Criminal Background Information									
Do you or do any of your occupants have charges pending against your or against them for any criminal offense(s)?	Applicant: <input type="checkbox"/> YES <input type="checkbox"/> NO Occupants: <input type="checkbox"/> YES <input type="checkbox"/> NO								
Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?	Applicant: <input type="checkbox"/> YES <input type="checkbox"/> NO Occupants: <input type="checkbox"/> YES <input type="checkbox"/> NO								
Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.?	Applicant: <input type="checkbox"/> YES <input type="checkbox"/> NO Occupants: <input type="checkbox"/> YES <input type="checkbox"/> NO								
If "Yes" to any of the above questions, give details and dates, including the county and state in which the incident occurred:									
How did you hear about our community?									
<input type="checkbox"/> Internet (Which Site?) _____ <input type="checkbox"/> Resident (Name?) _____ <input type="checkbox"/> Drive-By <input type="checkbox"/> Rental Publication (Which One?) _____ <input type="checkbox"/> Rental Agency (Which One?) _____ <input type="checkbox"/> Locator Service (Which One?) _____ <input type="checkbox"/> Other _____									
Agency Disclosure (applicable for CT applicants only)									
<small>Konover Residential Corporation ("Manager"), and its leasing agents have been retained by the owner of the community in which your apartment is located as its representative for management and leasing services. Manager owes fiduciary duties such as loyalty and faithfulness to the owner. As our customer, we want you to understand that an agency relationship exists between Manager and the owner. Under applicable law, prompt disclosure in writing of agency relationships to all actual and prospective parties to a transaction at the earliest practical time is encouraged and/or required. Each party should carefully read all documents pertaining to any real estate transaction. Should you have any questions, please let us know and we will gladly answer them. By signing this application, each of the undersigned acknowledges that he or she has read and received a copy of this Agency Disclosure.</small>									
<small>It is unlawful to discriminate against an applicant or tenant because of their race, color, national origin, religion, gender, familial status, disability, or any other basis that may be protected under applicable state or local law.</small>									
PLEASE READ CAREFULLY AND SIGN BELOW									
Correct Information: You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations related to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This application is preliminary only and does not obligate us to execute a Lease or to deliver possession of the premises to you.									
I have read and agree to the provisions as stated. Applicant Signature: _____ Date: _____	<table style="width: 100%; border: none;"> <tr> <td style="font-size: small;">Non-refundable Application Processing Fee Required with each Application:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="font-size: small;">Total Holding Deposit *** (Per Apartment, if any):</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="font-size: small;">Holding Deposit amount paid by this applicant:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="font-size: small;">Address of Apartment/Premises being held:</td> <td style="text-align: right;">_____</td> </tr> </table>	Non-refundable Application Processing Fee Required with each Application:	\$ _____	Total Holding Deposit *** (Per Apartment, if any):	\$ _____	Holding Deposit amount paid by this applicant:	\$ _____	Address of Apartment/Premises being held:	_____
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Holding Deposit amount paid by this applicant:	\$ _____								
Address of Apartment/Premises being held:	_____								
OFFICE USE ONLY									
Apartment Number _____	Apartment Size/Description _____	Property Staff Initials:							
Anticipated Move-In Date _____	Lease Start Date _____								
Lease End Date _____	Quoted Monthly Apartment Rent _____								

**** Authorization for Providing Access in Event of Emergency, Death or Incapacity.** If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with the applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person you named.

***** Holding Deposit Agreement.** You understand that the holding deposit is not a security deposit. By signing this application and paying the holding deposit, you are requesting us to reserve the apartment/premises for you. You understand that the premises will not be taken off the market until such time as you have submitted this fully-completed and signed application, as well as all the necessary documentation we require in order to approve or deny your application. You further understand that the holding deposit does not obligate us to execute a lease or to deliver possession of the premises to you.

If your application is denied, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you notify us within 24 hours of that notification that you do not want to enter into a lease with us, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you do not notify us within 24 hours of that notification that you do not want to enter into a lease with us, your entire holding deposit will be forfeited. We both agree that your election to not enter into a lease with us, without providing the above mentioned notice within 24 hours of your approval notification, will cause us to incur costs that are difficult and impractical to fix. Such costs include, without limitation, lost rent on the premises, as well as marketing, advertising, office overhead and other costs incurred by us in preparing the premises for rental to other potential tenants. We both agree that the forfeiture of the holding deposit, in such instance, is not a penalty but represents a fair and reasonable estimate of the costs that we will incur as a result of your failure to timely enter into a lease for the premises.

If your application is approved and you enter into a lease with us, the holding deposit will be applied, at our discretion, to one of the following: (i) any security deposit required under the lease; (ii) any rental amount required under the lease; or (iii) any other fees and charges required under the lease. If there is inconsistency between the terms of this application and the signed lease, the terms of the lease will control.



REQUEST FOR RENTAL HISTORY

APPLICANT'S NAME AND ADDRESS:

LANDLORD'S NAME AND ADDRESS:

Dear Sir/Madam:

The above referenced person(s) has/have applied for residency at Addison Mill Apartments and furnished your name as a landlord reference. We, therefore, request that you complete the lower portion of this letter and return it to us as soon as possible.

Signature of Leasing Agent

Date

By signing below I hereby authorize the release of the requested information.

Applicant's Signature

Date

THIS BOTTOM PORTION TO BE COMPLETED BY LANDLORD ONLY

***** PLEASE FAX THIS FORM TO 860-652-9961*****

Length of Rental Period: From: _____ To: _____

Amount of Rent Per Month: \$ _____ Any Late Payments: _____ If Yes, How Many: _____

Any Bounced Checks: _____ If Yes, How Many: _____

Has resident ever been subject to legal action during his/her tenancy: _____

If so, why: _____

Are utilities included in the rent shown above? () YES () NO

Any complaints registered against resident? _____

Would you rent to this resident again? _____

Remarks and/or personal recommendations: _____

Landlord/Agent Signature

Date

Please print name

Phone #

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to the managing agent and is not to be transmitted through the applicant or any other party.