

APPLICATION FOR RENT

FOR OFFICE USE ONLY

APPLYING FOR: _____

DATE RECEIVED: _____ TIME RECEIVED: _____ AM/PM

UNITS AVAILABLE: _____ APPLICATIONS ACCEPTED: _____
IF LEFT BLANK, AT LEAST ONE UNIT IS AVAILABLE AND NO PREVIOUSLY ACCEPTED APPLICATIONS CURRENTLY UNDER CONSIDERATION HAVE BEEN RECEIVED.

REQUIRED DOCUMENTS

The following is required for each adult (18 or older) in order to consider it a complete application:

- Your application: completed in its entirety as outlined in our screening guidelines with no lines left blank. Please use "N/A" as needed.
- A screening fee of \$50.00 per applicant. Acceptable forms of payment are cash, cashier's check, or money order.
- A copy of a valid government-issued photo ID.
- Two (2) months worth of income verification in the form of: pay stubs or employer contract; award letters for Social Security, alimony, child support, public assistance, utility or housing assistance; current tax records; or bank statements.
- If applicable, pet vaccination records for any animal listed on your application.
- If applicable, copy of service animal(s) certification or a letter from your prescriber if you have an emotional support animal(s).

DISCLAIMER

- Incomplete applications will not be reviewed.
- Applications must be signed and dated.
- You may only apply for one unit at a time.
- Applications are transferrable to any property on our unit roster/portfolio.
- Applications will only be considered as "in line" on a unit if they are deemed complete by Owner/Agent.
- All co-applicants in a group must have their applications submitted in order to be deemed complete.
- Applicants may be rejected based on the demeanor in which they treat the Owner/Agent or other parties present.

MOVE-IN ACCOUNTING & UTILITIES

AMOUNTS LISTED MAY BE SUBJECT TO CHANGE BEFORE THE RENTAL AGREEMENT IS EXECUTED. AN INCREASED DEPOSIT AND/OR A CO-SIGNER MAY BE REQUIRED IF APPLICANT IS UNABLE TO MEET ONE OR MORE OF OWNER/AGENT'S SCREENING CRITERIA.

Security Deposit: \$ _____ Monthly Rent: \$ _____

*Pet Rent is \$50 per pet, per month (Service/ESA exempt).

*First month's rent and first month of pet rent is prorated using a Banker's month.

Lease Type: Fixed Term Month-to-Month Other: _____

Utilities Included in Rent: (Check all that apply)

ELECTRICITY GARBAGE CABLE OIL
 GAS SEWER INTERNET OTHER
 LAWN CARE WATER SATELLITE _____

If checked, one of the utilities or services the Applicant will be responsible for and is linked with the unit benefits another.

SCREENING FEE DISCLOSURE

Owner/Agent is requiring payment of an Applicant Screening Charge in the amount of \$50.00. The entire Applicant Screening Charge is non-refundable unless the Owner/Agent does not screen the Applicant. Application fee is non-refundable after the screening report has been executed. For more information see the Application Process form attached to this document.

NONDISCRIMINATION POLICY

We do business in accordance with Fair Housing Law. We do not discriminate among Applicants based on membership in a protected class including, race, color, religion, sex, sexual orientation, national origin, disability, marital status, familial status, source of income, or any other protected class as defined in any federal, state, or local law.

SMOKING POLICY

Smoking/Vaping is not allowed in any of our rental properties. "Smoking/Vaping" means inhaling, exhaling, breathing, carrying, or disposing of any lighted cigar, cigarette, or other tobacco product or similar substance, including marijuana. Tenant(s) further agree to properly dispose of Smoking/Vaping waste in a safe and reasonable manner.

Tenant and members of Tenant's household shall not smoke anywhere in the unit rented by Tenant(s), the building where the Tenant(s)'s dwelling is located in, or within ten (10) feet of any of the common areas (such as the stairwells, patios, playgrounds, laundry rooms, office, and community room of the rental community) or dwelling openings (such as windows & doors), nor shall Tenant permit any guests or visitors under the control of Tenant to do so. Smoking on porches is strictly prohibited. Where applicable, use designated smoking areas. We prohibit growing any marijuana, for any purpose, on any part of the premises, including common areas.

PET POLICY & PAPERWORK

Animals are only permitted at the premises if the Owner/Agent has approved of the animal(s) in writing. At no point may an animal visit a No-Pet Property without Owner/Agent permission (Service/ESA Exempt). For pet friendly units, the policy may differ from unit to unit, but as a general rule the Owner/Agent permits a maximum of two animals, under 25lbs, with an additional pet rent per pet of \$50.00. The Applicant shall refer to the rental's market description for the pet policy of each individual unit.

Animal vaccination records must be provided at the time of application submission. Animals must be vaccinated as required by law and proof of such provided to Owner/Agent. All required vaccines must be administered by a licensed veterinarian. Owner-administered vaccines are not acceptable as proof of required vaccinations.

If Applicant has a service animal or emotional support animal (ESA), supporting documentation is required at time of application submission. A copy of the certification is required for service animals. A written verification letter from a qualified medical or mental health provider is required for emotional support animals. Owner/Agent will call and confirm validity of the prescription with the prescriber. Letters and certifications deemed invalid through forgery or obtained through illicit means will be disregarded and pet policy will be enforced.

GENERAL DISCLOSURES

To protect the safety of all new and/or previous tenants, locks on dwellings and mailboxes are re-keyed between every tenancy. Tenant(s) will be responsible for the fees charged by a locksmith and/or postmaster upon move out.

A move-out inspection fee of \$50.00 will be deducted from the security deposit. Tenant(s) do not need to be present for the move-out inspection but must schedule with Owner/Agent if they intend to be present upon giving written notice to vacate.

During move-out, cleaning and carpet cleaning must be completed by professionals; the Tenant(s) may hire a vendor and provide a receipt to avoid this charge being deducted from the security deposit.

Repairs of Tenant caused damages and cleaning above normal wear and tear during occupancy or at termination will be billed at \$50.00 per hour as assessed by the Owner/Agent

Damage caused by the Tenant such as stoppage of waste pipes or overflow of toilets, bathtubs or sinks shall be paid by the Tenant as well as any damage to walls and floors caused by failure to disconnect exterior faucets during freezing weather.

Any damage caused because of the Tenant supplied appliances (i.e., washing machine, dryer, refrigerator, dishwasher, etc.) shall be the responsibility of the Tenant to pay for and/or repair.

Tenant(s) is to use the premises for a dwelling unit and not conduct any commercial activity or services for compensation in or on the property without the prior written consent of Owner/Agent. Child-care shall be considered a business and shall not be conducted for any reason.

OPTIONAL ITEMS

- If checked, Renter's Insurance is required – Tenant(s) is required to maintain a minimum of \$100,000 liability coverage and list Owner/Agent as Interested Party. If Tenant(s) combined household income falls at or below 50% of the median for the area, Renter's Insurance may not be required. Owner/Agent is also responsible to maintain their own insurance policy and may not "self-insure" if Renter's Insurance is to be required. Owner/Agent must provide proof of Property Insurance to Tenant(s) upon request.
- If checked, there is a monthly utility charge associated with this unit. After assessment of monthly charge, Tenant(s) shall have 30 days to pay the charge in full. Failure to pay the utility charge by the due date shall result in a \$50.00 non-compliance fee.

NONCOMPLIANCE FEE DISCLOSURES

Late Payment of Rent Charge is \$100.00 per occurrence. Rent is due on the first of each month and late after the fifth.

Dishonored Check Fee of \$35.00 plus amount charged by the bank.

Early Termination of Lease Fee not to exceed 1-1/2 times the Monthly Rent, or Actual Damages at the option of Owner/Agent.

Owner/Agent may charge the following noncompliance fees after first giving a written warning notice of initial violation if noncompliance occurs within one year: \$50.00 fee for second violation, and \$50.00 plus 5% of current rent for each subsequent violation.

– Failure to clean up animal waste, garbage, rubbish, or other waste.

– Parking violation or other improper use of vehicle.

– Or any other breach in rental agreement policies not covered below.

Unauthorized Pet Fee for keeping an unauthorized pet on the premises capable of causing damage. Fee may be assessed for repeat violations that occur as early as 48 hours after the effective date of written warning notice, and for each subsequent violation within one year of issuance of initial written warning. Fee not to exceed \$250 per violation.

Smoke Alarm and Carbon Monoxide Alarm Tampering Fee of \$250.00, including removing working batteries or non-payment of electrical service which renders the device inoperative.

Smoking/Vaping Fee for smoking/vaping in a clearly designated non-smoking/vaping unit or area of the premises. Fee may be assessed for repeat violations that occur as early as 24 hours after the effective date of a written warning notice. As well as for each subsequent violation within one year of issuance of initial written warning. Fee not to exceed \$250.00 per violation.

Any charges imposed upon Owner/Agent by a Homeowner's or Condominium Association for anyone who moves into or out of a unit within the association, may be passed through to the Tenant(s) for payment as allowed by law.

The current Homeowner's or Condominium Association Fee for the Rental Unit listed above (if any) is:

\$ _____ per _____ (Week, Month, Year).

In addition, tenants may be charged any statutory fee as provided by law.

APPLICANT INFORMATION

Please print clearly to make it easy for our staff to best process your information.

LEGAL FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ SUFFIX: _____

PREVIOUS NAMES, ALIASES, OR NICKNAMES USED: _____

PHONE NUMBER: _____ DO YOU TEXT? YES NO

EMAIL ADDRESS: _____

PREFERRED CONTACT METHOD: CALL TEXT EMAIL

TENANT TYPE (Check one): LEASEHOLDER OTHER OCCUPANT

TENANT TYPE INFORMATION: Leaseholders are financially responsible occupants who will be signing the Rental Agreement. Other Occupants are other individuals who are age 18 or older that will be residing in this unit/house. Co-signers (*alternate form required) are financially responsible individuals who will not be living at the premises but hold legal and financial obligation to ensure the Rental Agreement is abided by.

DESIRED MOVE IN DATE: _____ LATEST IDEAL MOVE-IN DATE: _____

DATE OF BIRTH (MM/DD/YYYY): _____ SSN (or ITIN): _____

GOVERNMENT ISSUED ID #: _____ ISSUING STATE/TERRITORY: _____

HOW DID YOU FIND OUT ABOUT OUR RENTAL? INTERNET DRIVE BY WORD OF MOUTH OTHER _____

RESIDENTIAL HISTORY

Minimum of 3 years required AND at least one current and one previous landlord/address.

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RESIDED FROM (MM/YYYY): _____ TO _____ MONTHLY RENT: \$ _____

LANDLORD NAME: _____

LANDLORD PHONE: _____ LANDLORD EMAIL: _____

REASON FOR LEAVING: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RESIDED FROM (MM/YYYY): _____ TO _____ MONTHLY RENT: \$ _____

LANDLORD NAME: _____

LANDLORD PHONE: _____ LANDLORD EMAIL: _____

REASON FOR LEAVING: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RESIDED FROM (MM/YYYY): _____ TO _____ MONTHLY RENT: \$ _____

LANDLORD NAME: _____

LANDLORD PHONE: _____ LANDLORD EMAIL: _____

REASON FOR LEAVING: _____

EMPLOYMENT INFORMATION

EMPLOYER NAME: _____ EMPLOYER PHONE NUMBER: _____

EMPLOYER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MONTHLY PAY: \$ _____ POSITION HELD: _____ YEARS WORKED: _____

SUPERVISOR NAME: _____ SUPERVISOR TITLE: _____

SUPERVISOR EMAIL ADDRESS: _____

ADDITIONAL INCOME

INCOME (PER MONTH): _____ SOURCE: _____ CONTACT INFO: _____

INCOME (PER MONTH): _____ SOURCE: _____ CONTACT INFO: _____

INCOME (PER MONTH): _____ SOURCE: _____ CONTACT INFO: _____

DEPENDENTS

Occupants under the age of 18 (minors) that will reside at the unit.

FIRST & LAST NAME: _____ RELATION: _____ DATE OF BIRTH: _____

FIRST & LAST NAME: _____ RELATION: _____ DATE OF BIRTH: _____

FIRST & LAST NAME: _____ RELATION: _____ DATE OF BIRTH: _____

FIRST & LAST NAME: _____ RELATION: _____ DATE OF BIRTH: _____

ANIMALS

Some properties may have more restrictive pet policies. Standard limit is two (2) per property for pet-friendly units.

NAME: _____ TYPE/BREED: _____

WEIGHT: _____ AGE: _____ ESA/SERVICE ANIMAL? YES NO (If yes, please attach supporting documentation)

EVER INJURED ANYONE OR DAMAGED ANYTHING? YES NO - IF YES, WHAT? _____

NAME: _____ TYPE/BREED: _____

WEIGHT: _____ AGE: _____ ESA/SERVICE ANIMAL? YES NO (If yes, please attach supporting documentation)

EVER INJURED ANYONE OR DAMAGED ANYTHING? YES NO - IF YES, WHAT? _____

EMERGENCY CONTACT

This person must be someone NOT living with you at the unit.

FIRST & LAST NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PERSONAL REFERENCES

FIRST & LAST NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

FIRST & LAST NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

VEHICLES

Some properties may have more restrictive vehicle policies. Standard limit is two (2) per property.

MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____ PLATE: _____

MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____ PLATE: _____

QUESTIONNAIRE

YES NO - HAVE YOU BEEN EVICTED FROM A PROPERTY IN THE LAST THREE YEARS?

YES NO - HAVE YOU EVER HAD A HOME FORECLOSED ON OR CURRENTLY IN THE FORECLOSURE PROCESS?

YES NO - HAVE YOU EVER FILED FOR BANKRUPTCY? IF YES, WHEN? _____

YES NO - DO YOU OWN AN AQUARIUM, WATER BED, OR ANY OTHER WATER-FILLED FURNITURE?

YES NO - DO YOU OWN A TRAMPOLINE?

YES NO - HAVE YOU EVER BEEN CONVICTED, PLEAD GUILTY, OR NO CONTEST TO A CRIME?

IF YES, WHAT? _____

YES NO - HAVE YOU BEEN ARRESTED FOR A CHARGE RELATED TO A CRIMINAL CONVICTION THAT HAS NOT BEEN DISMISSED?

IF YES, EXPLAIN: _____

YES NO - DID YOU GIVE LEGAL NOTICE WHERE YOU LIVE NOW?

YES NO - HAVE YOU APPLIED TO RENT WITH OUR COMPANY IN THE LAST 90 DAYS?

YES NO - HAVE YOU RENTED WITH OUR COMPANY BEFORE?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO DISCLOSE TO OUR COMPANY AT THIS TIME?:

INFORMATION RELEASE AUTHORIZATION

I certify that the above information is correct and complete. I hereby authorize Sowins Real Estate & Property Management, LLC to do a credit/background check and make any inquiries they feel necessary to evaluate my tenancy and credit standing which may include, but is not limited to; the checking of the my credit, income, employment, rental history, and criminal court records and may include information as to my character, general reputation, personal characteristics, and mode of living. I hereby authorize the release of any and all data or records pertaining to my rental history to Sowins Real Estate & Property Management, LLC. I understand that I have the right to request additional disclosures provided under Section 606 (b) of the Fair Credit Reporting Act, and a written summary of my rights pursuant to Section 609 (c). I understand that I have the right to dispute the accuracy of any information provided to the Owner/Agent by a screening service, credit reporting agency, financial institution, previous employer, personal reference, or other third-party information resource.

I understand that Owner/Agent may refuse to process or deny this application if it is incomplete, fails to include information regarding my identification or income, or I intentionally withheld or misrepresented required information. I understand that if any information supplied on this application is later found to be false that it is grounds for termination of tenancy. I understand that I am welcome to provide supplemental evidence to mitigate potentially negative screening results. If Owner/Agent is requiring payment of an applicant screening charge, I acknowledge receiving a copy of and/or reading Owner/Agent's application screening guidelines.

I understand that this is a rental application only and does not constitute my acceptance as a tenant and does not establish a tenancy relationship between both parties. I understand that I will acquire no rights to a rental unit until I sign a Rental Agreement. I understand that my rent will commence upon the date of approval of my rental application, deposit to hold, and/or the availability of the dwelling, whichever occurs later.

APPLICANT NAME (PRINT): _____

APPLICANT SIGNATURE: _____ DATE: _____