



RENTAL QUALIFICATIONS

- Fair Housing** We will show, qualify, refer and lease to a prospect in accordance with Federal Fair Housing Laws. We do not discriminate against any person because of race, color, religion, sex, national origin, familial status or disability,
- Age** Must be at least 18 years of age to sign a lease contract.
- Application** Must be completed by each single adult applicant (18 years of age or older) without omissions or falsifications. Married couples may complete one application. Married couples must have same last name to fill out one application. Cost per application is \$35.00 per applicant. \$10.00 for cosigners only and is non-refundable.
- Lease Term** Minimum of six-months, maximum of twelve-months.
- Deposits** \$400.00 for a one or two bedroom.
- Pets** Pets are not allowed. **HOWEVER**, Service animals can be allowed in some situations subject to medical qualifications pursuant to provisions of the Federal Fair Housing and Americans with Disabilities Acts.
- Occupancy Limits**

<u>Bedrooms</u>	<u>Occupants</u>
One (1) Bedroom	Two (2) Occupant
Two (2) Bedrooms	Four (4) Occupants

***** One additional occupant will be allowed in any unit provided the additional occupant is under the age of one (1) years old for the lease term. Resident will be required to transfer to a larger apartment at the time of lease expiration/renewal if the child is over the age of one (1).

WE VERIFY THE FOLLOWING ON ALL RESIDENTS:

- Employment history** Current and past employment of one (1) year. Students graduating from high school or attending higher education may substitute school work for employment history. A qualifying guarantor is acceptable with collection of an additional application fee of \$10.00.
- Identity** Positive identity will be required. State issued ID or Military ID will be accepted. A photocopy of your ID must be submitted with the application in order to be processed.
- Income** Monthly gross income at least three (3) times the monthly rate. Child Support payments and/or Alimony payments will be considered when court ordered. Income other than wages or salary (including but not limited to grants and student loans) may require verification. A qualified guarantor will be accepted if income qualifications cannot be met. Self employment income must be verified including check stubs.
- Rental History** At least six (6) months in which all lease terms were satisfactory. Proof of previous homeownership may be required,
- Credit History** Number of credit accounts in good standing must be greater than number of credit accounts delinquent or charged off. No credit history is acceptable. An additional deposit equal to one (1) months or Guarantor (see below) will be required if credit history criteria cannot be met.
- Criminal History** Additionally, Mather Capital Corporation conducts a criminal background search on each person applying to live at its communities.
- Guarantor** Income—five (5) times monthly rent. Verification of income may be required. No credit charge offs or write-offs. No broken leases, skips or foreclosures.

(Signature) _____
I have read all of the above and understand the qualifications.



RENTAL APPLICATION

Omissions will slow the processing time, please provide as much information as possible to expedite the process.

Applicant: _____ Soc. Sec. # _____ Phone _____

D.O.B. _____ D.L. # _____ ST. _____ E-Mail _____

Spouse _____ Soc. Sec. # _____ Phone _____

D.O.B. _____ D.L. # _____ ST. _____ E-Mail _____

Number of people to occupy the unit (This number should not include infants under the age of one)

Full Name _____ Relationship _____ Age _____

Full Name _____ Relationship _____ Age _____

Residents History

Why are you moving? _____

Present Address: _____ City/State _____ Zip _____

From _____ to _____ Phone _____

Own/Rent _____ Mo. Payment _____ Other _____

Present Landlord/Mortgage Company _____ Phone _____

Previous Address _____ City/State _____ Zip _____

From _____ to _____ Phone _____

Own/Rent _____ Mo. Payment _____ Other _____

Previous Landlord/Mortgage Company _____ Phone _____

Employment History

Employer _____ Monthly Salary _____

Address _____ City/State _____ Zip _____ Phone _____

Supervisor's Name _____ Date of Hire _____ Full/Part time _____

Spouse's Employer _____ Monthly Salary _____

Address _____ City/State _____ Zip _____ Phone _____

Supervisor's Name _____ Date of Hire _____ Full/Part time _____



Personal information

Emergency Contact _____ Phone _____

(In the event that the Applicant becomes a resident in Owner's apartment community. Applicant's execution of this Application still authorize the owner, in the event of the applicants death to: (i) grant to the person designated above access to access to the Applicant's unit at a reasonable time and in the presence of the owner or the Owner's agent (ii) Allow this person to remove any of the Applicant's property or any other contents found in the Applicant's unit or any of Applicant's property located in the mailbox, storerooms or common areas. And (iii) refund the Applicant's security deposit, less lawful deductions, to this person. Applicant also authorizes the Owner to allow this person access to remove all contents of the unit as well as property in the mailbox, storerooms and common areas in the event that Applicant becomes seriously ill.)

Have you or your spouse ever been convicted of a felony? ____ Yes ____ No If so date. _____ State _____

Have you or your spouse ever filed Bankruptcy? ____ Yes ____ No If so when? _____ State _____

Have you ever been evicted? _____ State _____ Reason _____

Have you ever been asked to vacate a rental unit? _____ If so when. _____

OTHER INCOME:

Amount: _____ per _____ Source _____

By my signature below, I represent that all of the information that I have disclosed in this Rental Application is true, accurate, and complete. I acknowledge that all of the information I have disclosed is material and Landlord is relying on the information to decide whether to approve or deny this Application. Applications fee(s) are required to process the application(s). Applications returned without fee(s) will be held ten days and deposited of.

Release of Information

I authorize Mather Capital Management to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency (TENANT TRACKER Inc.), which will appear as an inquiry on my file. I further authorize you to obtain a criminal background check. I understand the omissions or falsifications will constitute denial of my application.

Applicant Signature: _____ Date _____

Spouse Signature: _____ Date _____

DRIVERS LICENSE/OTHER PHOTO ID COPIED & ATTACHED? (For all parties 18 and older)

Non-refundable Processing fee: \$35.00 per single applicant, for all applicants 18 and older.

*All applications expire after 10 days.

* *****MAKE CHECK OR MONEY ORDER PAYABLE TO THE PROPERTY IN WHICH YOU ARE APPLYING*****



This apartment community professionally managed by:
Mather Capital Corporation Sun Valley, Idaho
www.mathercapital.com

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: (Name & address of employer)

RE: _____
Applicant/Tenant Name

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Lary Cossey
Management/Agent

Laurel Park Apartments
176 Maurice St. N
Twin Falls, Idaho 83301
(208) 734-4195

Return Form To:

laurelpark@mathercapital.com

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (check one)

hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from: ____/____/____ through: ____/____/____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one)

hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ ; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer (Company) Name and Address

Phone# Fax* E-mail

Landlord Verification

Date

To:

From: Laurel Park Apartments
176 Maurice St. N
Twin Falls, Idaho 83301
208-734-4195

(Return Verification to the person listed here)

RELEASE

Subject: Verification of Information, Supplied by an Applicant, for Rental Application
I hereby authorize the release of the requested information.

Name of Applicant (Print)

Date

Signature of Applicant

Applicant's Former Address

INFORMATION BEING REQUESTED

1. How long was tenancy: _____ Move In Date: _____ Move Out Date: _____
2. Was Proper Notice Given: Yes (___) No (___) Was Lease fulfilled? Yes (___) No (___)
3. Was deposit returned? Yes (___) No (___) How was unit left at move-out? _____
4. Amount of Monthly Rent: \$ _____ Paid on time? Yes (___) No (___)
5. How many times was rent late? _____ How many NSF checks? _____
6. Did Tenant maintain the housing safe, clean, and in good condition? Yes (___) No (___)
Explain: _____
7. Did Tenant have unauthorized person or pet at any time? Yes (___) No (___)
Explain: _____
8. Did Tenant have a history of violating rental agreement? Yes (___) No (___)
Explain: _____
9. Did Tenant or household members cause destruction / damage to housing? Yes (___) No (___)
Explain: _____
10. Did Tenant have a history of violence or harassment to neighbors? Yes (___) No (___)
Explain: _____
11. Was there any knowledge of drug related or criminal activity? Yes (___) No (___)
Explain: _____
12. Would you rent to this Tenant again? Yes (___) No (___)
Explain: _____

Information Provided By:

Print Name

Title

Signature

Telephone Number

Date