

SHUCOM PROPERTIES RENTAL CRITERIA

ALL APPLICATIONS WILL BE APPROVED ON THE FOLLOWING BASIS:

- ✓ **Shucom Properties operates pet-free communities. Dogs, cats, and other pets may not reside in or visit the apartments.**
- ✓ **Applicant gross monthly income must be at least three times the monthly rental rate.**
- ✓ **Applicant must have a favorable rental reference of at least three years or must be a previous homeowner.**
- ✓ **Applicant must be employed at least six months with current employer.**
- ✓ **Applicant must have a good credit rating and good credit history.**
- ✓ **Applicant must not have a felony conviction within the last seven years.**
- ✓ **Applicant must not have more than two persons residing in one bedroom apartment, not more than four persons in a two-bedroom apartment.**
- ✓ **Applicant must be of legal age. (18 years or older)**
- ✓ **Applicant must submit all move-in monies in the form of cashiers check or money order prior to move-in.**
- ✓ **Applicant will not be allowed to move in until the appropriate utilities are activated on behalf of the applicant.**
- ✓ **Applicant understands that application fees are non-refundable. The Deposit is refundable upon cancellation within 72 hours of application; otherwise it will be forfeited if the applicant does not pay deposit balances, first months rent and have utility services activated by agreed upon lease commencement date.**
- ✓ **Management reserves the right to require applicants to pay additional security deposit if the above criteria are not met.**

I understand and accept the above criteria from which my application approval will be determined.

APPLICANT SIGNATURE

DATE



SHUCOM PROPERTIES: APPLICATION, RELEASE OF INFORMATION, AND AUHORIZATION OF FOR VERIFICATION OF APPLICATION

APPLICANT NAME _____ SEX _____ MARRIED? _____

DATE OF BIRTH ___/___/___ SSN _____ DRIVERS LICENSE _____ STATE _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

PRESENT ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____ MOVE-IN DATE ___/___/___ MOVING-OUT ___/___/___

LANDLORD _____ PHONE _____ WHY MOVING? _____

PREVIOUS ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____ MOVE-IN DATE ___/___/___ MOVING-OUT ___/___/___

LANDLORD _____ PHONE _____ WHY MOVING? _____

PRESENT EMPLOYER _____

OCCUPATION _____ SUPERVISOR _____ PHONE _____

HOW LONG EMPLOYED? _____ SALARY \$ _____ WEEKLY ___ MONTHLY ___ ANNUALLY ___

PREVIOUS EMPLOYER _____

OCCUPATION _____ SUPERVISOR _____ PHONE _____

DATES OF EMPLOYMENT? _____ SALARY \$ _____ WEEKLY ___ MONTHLY ___ ANNUALLY ___

OTHER SOURCES OF INCOME (IE CHILD SUPPORT, SSI)

SOURCE _____ AMT \$ _____ WEEKLY ___ MONTHLY ___ ANNUALLY ___

SOURCE _____ AMT \$ _____ WEEKLY ___ MONTHLY ___ ANNUALLY ___

LIST ALL PERSONS TO OCCUPY THE PREMISES, ONLY THESE PEOPLE WILL BE PERMITTED TO RESIDE:

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

WHO TO NOTIFY IN CASE OF AN EMERGENCY

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

- HAVE YOU EVER HAD AN EVICTION FILED AGAINST YOU? Y N
- HAVE YOU EVER LEFT OWING MONEY TO ANY LANDLORD? Y N
- HAVE YOU EVER HAD ADJUDICATION WITHHELD OR BEEN CONVICTED OF A CRIME? Y N

REFERRAL SOURCE? _____ DESIRED MOVE-IN DATE? _____ DESIRED APT SIZE? _____ 1BR _____ 2BR

DESIRED PROPERTY? _____ CASTILLE COURT _____ OXFORD HALL _____ RADCLIFF COURT _____ SEABOARD OAKS

APPLICANT REPRESENTS THAT ALL OF THE ABOVE INFORMATION IS TRUE AND COMPLETE, AND HEREBY AUTHORIZES AN INVESTIGATIVE CONSUMER REPORT AND VERIFICATION OF ANY AND ALL INFORMATION RELATING TO RESIDENTIAL HISTORY, EMPLOYMENT HISTORY, CRIMINAL HISTORY RECORDS, COURT RECORDS AND CREDIT REPORTS. APPLICANT ACKNOWLEDGES THAT FALSE OR OMITTED INFORMATION HEREIN MAY CONSTITUTE GROUNDS FOR REJECTION OF THIS APPLICATION, TERMINATION OF OCCUPANCY, AND/OR FORFEITURE OF FEES OR DEPOSITS. I HEREBY RELEASE RESIDENT DATA AND SHUCOM PROPERTIES FROM ANY LIABILITY AND RESPONSIBILITY ARISING FROM INFORMATION OBTAINED. FACSIMILES OF THIS AUTHORIZATION MAY BE USED TO FACILITATE MULTIPLE INQUIRIES. FACSIMILES OF THIS AUTHORIZATION SHOULD BE TREATED AS AN ORIGINAL.

PLEASE COMPLETE THIS ENTIRE SECTION

SHUCOM PROPERTIES: EMPLOYMENT VERIFICATION

PHONE: 904-721-1767 FAX: 904-721-0662

COMPLETE ENTIRE SECTION

APPLICANT TO FILL OUT BOXED SECTION ONLY:

I HEREBY AUTHORIZE SHUCOM PROPERTIES TO OBTAIN THE FOLLOWING INFORMATION PERTAINING TO MY EMPLOYMENT HISTORY:

PRINT APPLICANT'S NAME APPLICANT'S SIGNATURE DATE

SOCIAL SECURITY NUMBER: _____

COMPANY NAME: _____

PERSONELL CONTACT _____ PHONE _____ FAX _____

THIS SECTION FOR OFFICE USE ONLY:

_____ HAS APPLIED TO LIVE IN ONE OUR COMMUNITIES.
IN ORDER TO DETERMINE APPROVAL PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATES OF EMPLOYMENT:

START: _____ END: _____

STATUS: (CHECK ALL THAT APPLY)

FULL TIME _____, AVERAGE OVERTIME IF ANY ? _____

PART TIME _____, AVERAGE HOURS PER WEEK? _____

PERMANENT _____ TEMPORARY _____ SEASONAL _____

GROSS SALARY:

\$ _____ PER: HOUR ___ WEEK ___ BI-WEEK ___ MONTH ___ YEAR ___

FORESEE ANY STATUS CHANGE? ___ YES ___ NO

IF YES, PLEASE EXPLAIN: _____

INFORMATION PROVIDED BY: _____

TITLE/POSITION: _____ PHONE: _____

THANK YOU FOR YOUR ASSISTANCE, PLEASE FAX THIS FORM TO 904-721-0662.

SHUCOM PROPERTIES: RENTAL VERIFICATION

PHONE: 904-721-1767 FAX: 904-721-0662

COMPLETE ENTIRE SECTION

APPLICANT TO FILL OUT BOXED SECTION ONLY:

I HEREBY AUTHORIZE SHUCOM PROPERTIES TO OBTAIN THE FOLLOWING INFORMATION PERTAINING TO MY RENTAL HISTORY:

PRINT APPLICANT'S NAME APPLICANT'S SIGNATURE DATE

SOCIAL SECURITY NUMBER: _____

THIS SECTION FOR OFFICE USE ONLY:

_____ HAS APPLIED TO LIVE IN ONE OUR COMMUNITIES.
IN ORDER TO DETERMINE APPROVAL PLEASE PROVIDE THE FOLLOWING INFORMATION:

PROPERTY NAME: _____

PHONE # _____ FAX # _____

ADDRESS APPLICANT RESIDES: _____

DATES OF OCCUPANCY: FROM _____ TO _____

RENTAL RATE: \$ _____ PER MONTH

ANY LATE PAYMENTS? YES ___ NO ___ IF YES, HOW MANY? _____

ANY NSF PAYMENTS? YES ___ NO ___ IF YES, HOW MANY? _____

IF CURRENT RESIDENT, PLEASE ANSWER THE FOLLOWING:

HAS CURRENT LEASE EXPIRED? YES ___ NO ___

IF NO, WHEN DOES LEASE EXPIRE? _____

HAS PROPER MOVE-OUT NOTICE BEEN GIVEN? YES ___ NO ___

ARE THERE ANY OUTSTANDING BALANCES OWED? YES ___ NO ___

IF YES, PLEASE EXPLAIN? _____

WERE THERE ANY COMPLAINTS IN REFERENCE TO THIS TENANT? YES ___ NO ___

IF YES, PLEASE EXPLAIN: _____

WOULD YOU RENT TO THIS TENANT AGAIN? YES ___ NO ___

IF NO, PLEASE EXPLAIN: _____

INFORMATION PROVIDED BY: _____ TITLE/POSITION _____

THANK YOU FOR YOUR ASSISTANCE, PLEASE FAX THIS FORM TO 904-721-0662 OR FOR ANY QUESTIONS OR COMMENTS PLEASE CALL OUR OFFICE AT 904-721-1767.