



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: 3 Persons
 - For 2 bedroom: 5 Persons.
 - For 3 bedroom: 7 Persons.
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 Reflections of Island Park.

Resident

Spouse/Roommate Signature

Phone Number

Phone Number

Email Address

Email Address

Reflections of Island Park APPLICATION FORM

\$200.00 Deposit
\$50.00 Application Fee

Date: _____
Type Apartment: _____
Rent: \$ _____
Lease Term (circle one): 6mth/12mth
Move-In Date: _____

POSITIVE IDENTIFICATION IS REQUIRED

Full Name: _____ Social Security No.: _____

Date of Birth: _____ Drivers License No.: _____ State: _____

Male: _____ Female: _____ Marital Status: _____

Present Address:

(Street Address) (City) (State) (Zip Code)

From: _____ To: _____ Own: _____ Rent: _____ Home Phone No.: _____

Name of Landlord if Renting: _____ Telephone No.: _____

Monthly Payments: \$ _____

Name of Mortgage Holder: _____ Telephone No.: _____

Account Number: _____ Monthly Payment: _____

Previous Address:

(Street Address) (City) (State) (Zip Code)

From: _____ To: _____ Own: _____ Rent: _____ Home Phone No.: _____

Name of Landlord if Renting: _____ Telephone No.: _____

Monthly Payments: \$ _____

Name of Mortgage Holder: _____ Telephone No.: _____

Employment:

Name of Employer: _____ How long? _____

Address: _____ (Street Address) _____ (City) _____ (State) _____ (Zip Code)

Position: _____ Supervisors Name: _____

Are you subject to transfer? _____ Annual Salary:\$ _____ Phone No.: _____

Previous Employer: _____ How Long? _____

Supervisor's Name: _____ Phone No.: _____

Spouse/Roommate Information:

Spouse/Roommate's Name: _____ Social Security No.: _____

Date of Birth: _____ Drivers License No.: _____ State: _____

(Street Address) (City) (State) (Zip Code)

Home No.: _____

Employer: _____ Employer No.: _____

Annual Salary: _____

Emergency contact: _____ Relationship: _____ Phone No.: _____

Additional Occupants:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Total Occupants: _____

Number of Motor Vehicles:

Make: _____ Model: _____ Year: _____ Tag Number: _____

Make: _____ Model: _____ Year: _____ Tag Number: _____

Make: _____ Model: _____ Year: _____ Tag Number: _____

Pet Information:

Type: _____ Breed: _____ Weight: _____ Age: _____ Color: _____

Type: _____ Breed: _____ Weight: _____ Age: _____ Color: _____

Nearest Relative Not Living With You:

(Name) (Relationship) (Phone Number)

(Street Address) (City) (State) (Zip Code)

In Case Of Emergency:

(Name) (Relationship) (Phone Number)

(Street Address) (City) (State) (Zip Code)

(Name) (Relationship) (Phone Number)

(Street Address) (City) (State) (Zip Code)

PLEASE READ THE FOLLOWING CAREFULLY

I (we) certify that the above information is true and correct, to the best of my (our) knowledge. 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 the 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 if 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 ALLOW LESSOR THE VERIFY THE ABOVE INFORMATION AND TO CHECK SOURCE DEEMED PERTINENT IN REGARD TO ACCEPTING THE APPLICATION. IN THE EVENT THE APPLICANT DOES NOT ACCEPT THE APARTMENT AFTER BEING APPROVED BY THE LESSOR, THE APPLICANT WILL HAVE 72 HOURS TO CANCEL OR THIS DEPOSIT SHALL BE FORFEITED AS LIQUIDATED DAMAGES. THIS DEPOSIT WILL BE REFUNDED IN FULL IF THE APPLICATION IS NOT ACCEPTED. THE INFORMATION GIVEN ABOVE HAS NOT BEEN FALSIFIED.

I (we) agree to pay \$_____ as a non-refundable application fee for processing the application forms and for the credit report (turn cost of unit).

APPLICANTS SIGNATURE

APPLICANTS SIGNATURE

DO NOT WRITE BELOW THIS LINE

APPLICANT:

Approved: _____ By: _____

Unapproved: _____ Date: _____

Comments: _____

REFLECTIONS OF ISLAND PARK

p. (318) 868-6780 f. (318) 868-3015 E-mail: reflectionsolislandpark@yahoo.com
After Hours Emergency Line (318) 560-0001

Authorization for Release of Information

I hereby authorize Reflections of Island Park and their agents to receive any credits and/ or criminal history report 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.: _____ **Marital Status:** _____

Date of Birth: _____ **Driver License No.:** _____ **State:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **Date:** _____

Spouse/Roommate Full Name: _____

Social Security No.: _____ **Marital Status:** _____

Date of Birth: _____ **Driver License No.:** _____ **State:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **Date:** _____

EQUAL HOUSING:

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

MARKETING DISCLAIMER:

For Marketing Purposes Only. All renderings, floor plans, features and photography are artist's depictions only. Features, pricing and dimensions shown herein are subject to change without notice. All dimensions are approximate. Developer reserves the right to modify or adjust prices and/or specifications without notice

