

MANAGER'S , LIST - Visual proof of Drivers License or State I.D. & Social Security # YES NO

MANAGEMENT CO.	COMMUNITY NAME	CONTACT NAME	TELEPHONE #	FAX #
<input type="checkbox"/> CO-SIGNER				
<input type="checkbox"/> W/ CURRENT TENANT				
<input type="checkbox"/> MOVE IN SPECIAL				
<input type="checkbox"/> OTHER				

APARTMENT # _____ RENT \$ _____ MOVE IN DATE _____

APPLICATION TO RENT IN THE EVENT OF CO-TENANTS OTHER THAN SPOUSE, INCLUDING INDIVIDUALS 18 OR OLDER, USE SEPARATE FORMS FOR EACH APPLICANT.

APPLICANT'S Last Name	First	Middle	Birthdate	Driver's License # and State	Soc. Sec. #
SPOUSE'S Last Name	First	Middle	Birthdate	Driver's License # and State	Soc. Sec. #
Names and ages of other occupants				Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Do you have waterbed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CURRENT RESIDENCE

APPLICANT'S Present Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo. ____ Yr.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Phone () ()	Monthly Payment \$
Name of <input type="checkbox"/> Present Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)					Landlord Day Phone () ()	Landlord Night Phone () ()	
Why are you vacating your current residence?							

PREVIOUS RESIDENCE

APPLICANT'S Previous Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo. ____ Yr.	Move-Out Date ____ Mo. ____ Yr.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Monthly Payment \$
Name of <input type="checkbox"/> Previous Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)					Landlord Day Phone () ()	Landlord Night Phone () ()	
SPOUSE'S Previous Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo. ____ Yr.	Move-Out Date ____ Mo. ____ Yr.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Monthly Payment \$
Name of <input type="checkbox"/> Previous Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)					Landlord Day Phone () ()	Landlord Night Phone () ()	

EMPLOYMENT HISTORY

APPLICANT Employed By	Supervisor's Name / C. O.	Hire Date ____ Mo. ____ Yr.
Address	City	State
	Zip	Phone () ()
	Position Held	Salary per <input type="checkbox"/> Mo. <input type="checkbox"/> Hr.
APPLICANT Previous Employment	Supervisor's Name / C. O.	Hire & Term. Dates
Address	City	State
	Zip	Phone () ()
	Position Held	Salary per <input type="checkbox"/> Mo. <input type="checkbox"/> Hr.
SPOUSE Employed By	Supervisor's Name / C. O.	Hire Date ____ Mo. ____ Yr.
Address	City	State
	Zip	Phone () ()
	Position Held	Salary per <input type="checkbox"/> Mo. <input type="checkbox"/> Hr.
ADDITIONAL INCOME SOURCE	Amount	Frequency
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CREDIT & LOAN REFERENCES

Auto #1(Make & Model)	License Plate	State	Monthly Payment \$	Auto #2(Make & Model)	License Plate	State	Monthly Payment \$
Bank or Savings and Loan	Branch	Savings Account #	Checking Account #				

ADDITIONAL INFORMATION

Name of APPLICANT'S Nearest Relative	Relationship	Address	City	State	Zip	Phone () ()
Name of SPOUSE'S Nearest Relative	Relationship	Address	City	State	Zip	Phone () ()
Emergency Contact	Relationship	Address	City	State	Zip	Phone () ()
Personal Reference	Relationship	Address	City	State	Zip	Phone () ()
Have you ever filed for bankruptcy?				Describe:		
Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____						
Has an eviction ever been filed against you?				State/County		
Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____				Describe:		
Have you ever pleaded guilty to, been convicted of, or have pending against you, a criminal charge?				State/County		
Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____				Describe:		

NON-REFUNDABLE APPLICANT(S) SCREENING CHARGE \$ _____

In compliance with State and Federal laws, this is to inform you that an investigation involving the statements made regarding your rental application with this landlord is being initiated. You have the right to dispute the information reported. Direct inquiries to Bemrose Consulting. All or part of the above information may be made available to other services unless this box is checked. I/We certify that to the best of my knowledge all statements are true and complete. I/We further authorize Bemrose Consulting to obtain credit reports, character reports, verification of rental, employment, and criminal history as necessary to verify all information put forth in the above referenced application process. False, fraudulent, or misleading information may be grounds for denial of tenancy or subsequent eviction.

Signed _____ Dated _____
 Applicant Spouse
 Signed _____ Dated _____
 Landlord Title



Additional Information Requested & Required for Application

Applicants current contact information: _____ / _____
Phone Email

- Name and ages of all persons requesting occupancy:

- List ALL Pet type / breed / age / size that will reside at the property:

- Does anyone in your household smoke? YES or NO (circle one)

- Why are you leaving your current address?

- List make and model of ALL Vehicles and Recreational Vehicles that will be at the property:

_____	_____
Make / Model	State / License plate
_____	_____
Make / Model	State / License plate
_____	_____
Make / Model	State / License plate

RENTAL CRITERIA

Invest West Management, LLC acts as the agent for the owners of the property that you are applying to rent and want you, the potential tenant, to understand that we work for the owner of the property. The following information is required for our tenant screening, which meets the **FEDERAL FAIR HOUSING AMENDMENTS ACT of 1988**, effective March 12, 1989.

- 1) Must be at least 18 years of age and have a Social Security #
- 2) Submit an completed rental application with signature
- 3) Picture identification will be required; a current driver's license or ID card will be acceptable
- 4) Every adult applicant will be required to pass our screening criteria individually, with the exception of income we will consider "the combined income of all adult applicants"
- 5) 2 people are allowed per bedroom. If the property is on a septic tank and the property is 15 years or older than 2 people for the 1st bedroom and 1 person per additional bedroom

THE FOLLOWING INFORMATION WILL BE VERIFIED FROM YOUR COMPLETED APPLICATION:

1) INCOME/EMPLOYMENT:

- A) Gross income shall be a minimum of 2 -3 times the stated rent amount (2-3 times income is determined by your debt to ratio income)
- B) At least six (6) months with present employer(s) OR in similar line of work
- C) Proof of self-employment shall be made by financial statements, business license, and previous year's IRS 1040 and Schedule C
- D) Non-Employment income shall require:
 - 1) Social Security or Disability income; copies of at least six (6) months of checks, or proof from income provider that funds are to be received.
 - 2) Retirement/Pension income; copies of at least six (6) months of checks, or proof from income provider that funds are to be received.
- E) Students with no verifiable means of income may be accepted with a qualified co-signer.

2) RENTAL REFERENCES:

- A) Positive verifiable rental history for at least six (6) months, from a third party landlord is required. Your application could be denied if any of the following information is obtained from a previous landlord.
 - 1) No Unlawful Detainer or FED in the past 7 years. This means an eviction free rental history with no housing debt and you must meet the highest end of our Rental Criteria is required.
 - 2) Three (3) or more Three day notices from any landlord
 - 3) Two (2) or more NSF checks
 - 4) Previous landlord would not re-rent due to documented loud noise or other complaints.

3) CREDIT REQUIREMENTS:

- A) Good credit will be required (defined as a credit report consisting of little or no negative information.
- B) Debt to income ratio of no more than 40%.
- C) Bankruptcy must be Discharged or Dismissed and you must have positive current credit and rental history

4) CRIMINAL HISTORY:

The following will result in denial of application; conviction, guilty plea or no contest plea for any felony, or any misdemeanor involving theft, dishonesty, assault, intimidation, prostitution, drug-related or weapons charges, obscenity, and any related violations to sex crimes and/or child sex crimes. **No Outstanding Warrants**

If your application has been denied and you feel that you qualify as a resident under the criteria set out above, you may do the following: **Contact Bemrose Consulting at 1-800-886-3365**