

LAKE BLVD REDDING
321 Lake Blvd, Redding CA 96003
Phone: 530-246-8813 Fax: 530-246-8833
SELECTION CRITERIA

We want to thank you for considering Lake Blvd Redding as your next home. We are very proud of our community and believe you will be too. Our required standards for qualifying are listed below. You will be pleased to know that all residents/applicants have been screened with the same quality care. There is a non-refundable credit history/application fee in the amount of **\$35.00** per adult applicant. This form and each application must be filled in completely and signed in order to complete this process.

The objectives of this tenant criteria:

- outline the areas used to determine eligibility to occupy housing owned or managed by ISM:
- set forth guidelines for applying the criteria in a nondiscriminatory way so as to comply with all applicable fair housing laws, and to ensure decisions affecting admission to and continued occupancy of residence in the community are made without regard to race, color, religion, sex, national origin, familial or handicap status and any legislation protecting the individual rights of residents, applicants or staff which may subsequently be enacted.
- lawfully deny admission to anyone whose presence threatens the health, safety or welfare of persons or community property or that threatens to disrupt the peaceful enjoyment of the property by other members of the community;
- ensure the financial stability of the community and the owners;
- promote safe and sanitary housing.

An applicant may be rejected if they fail to meet any of the following criteria:

1. Gross Income must be at least 3 times the monthly rent.
2. Negative rental history or mortgage history.
3. Lack of verifiable employment history with current employer.
4. Negative Credit history.
5. Evictions from prior housing.
6. Occupancy guidelines- 2 persons per bedroom plus 1.
7. Negative criminal history. Criminal convictions or arrests that result in an adjudication against the applicant other than a finding of not guilty that involve: fire, firearms, illegal drugs, theft, destruction of property, sex offense, violence to another person, any crime involving a minor, or any criminal offense that may threaten the health, safety or right to peaceful enjoyment of the premises by other residents.
8. Misrepresentation on the applicant's applications, including failure to disclose previous rental evictions or complete criminal history.
9. Lack of Renter's Insurance at move-in.
10. ISM pays for trash; Residents shall pay all utility charges.

We look forward to serving you!

Applicant's Signature _____ Date _____
_____ Date _____





Unity Pay

Phone: 801-308-0005 Fax: 801-308-0015

Toll-free phn: 800-466-1996 Toll-free fax: 800-351-4558

**PERSONAL RELEASE FORM
COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS – TENANT**

Account Name with Unity Pay: _____

Requestor's Name: _____ **Phone #:** _____

IMPORTANT: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, rental history, personal characteristics, police record, credit and indebtedness may be obtained in connection with your rental application. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process.** If adverse action is taken, based in whole or in part on the information contained in the consumer report, you are entitled to receive a denial letter. The name, address and telephone number of Western Reporting, and a summary of your rights under the Fair Credit Reporting Act will be included. You may contact Western Reporting for a copy of the consumer report.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, landlord, police department, financial institution, consumer reporting agencies, credit bureaus or other persons or agencies having knowledge about you to furnish Western Reporting with any and all background information in their possession regarding you, in order that your suitability as a potential tenant may be determined.

By signing below, you hereby authorize without reservation, any party or agency contacted by Western Reporting to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Please print legibly to speed up processing time

APPLICANT'S FULL NAME:
APPLICANT'S SSN:
APPLICANT'S DOB:
APPLICANT'S FULL ADDRESS:

READ, ACKNOWLEDGED AND AUTHORIZED

Signature of Applicant

Date

For California applicants only, if you would like to receive a copy of the report, if one is obtained, please check this box.
For Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

RENTAL APPLICATION

COMMUNITY	APP FEE \$	MONTHLY RENT \$	APPLICATION TAKEN BY
APT. NUMBER	APT. TYPE	CONCESSION (IF ANY)	LENGTH OF LEASE TERM
NAME OF APPLICANT		EMAIL	DATE OF BIRTH
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	STATE
HOME PHONE	MOBILE PHONE/PAGER	WORK PHONE	
PRESENT RESIDENCE/ADDRESS		CITY, STATE, ZIP CODE	
PRESENT LANDLORD NAME/MORTGAGE CO.	LANDLORD PHONE NUMBER	LENGTH OF RESIDENCY	RENT/MORT.
			\$
PREVIOUS RESIDENCE/ADDRESS		CITY, STATE, ZIP CODE	
PREVIOUS LANDLORD NAME/	PREVIOUS LANDLORD PHONE	LENGTH OF RESIDENCY	RENT/MORT.
			\$
PREVIOUS RESIDENCE/ADDRESS		PREVIOUS LANDLORD PHONE	CITY, STATE, ZIP CODE
PREVIOUS LANDLORD NAME/	PREVIOUS LANDLORD PHONE	LENGTH OF RESIDENCY	RENT/MORT.
			\$
REFERRED TO US BY	PETS OWNED TYPE _____ LBS _____	TOTAL NUMBER OF PERSONS TO OCCUPY APARTMENT	DATE APT. NEEDED
DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE SPECIAL HOUSING NEEDS? _____ YES _____ NO			
IF YES, EXPLAIN _____			
SPOUSE INFORMATION			
SPOUSE NAME		DATE OF BIRTH	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	STATE
PERSONS OTHER THAN APPLICANTS TO OCCUPY APARTMENT			
NAME		RELATIONSHIP	

RENTAL APPLICATION

EMPLOYMENT INFORMATION							
APPLICANT				SPOUSE			
EMPLOYER		POSITION		EMPLOYER		POSITION	
ADDRESS		PHONE NUMBER		ADDRESS		PHONE NUMBER	
MONTHLY INCOME	PERIOD OF EMPLOYMENT	SUPERVISOR		MONTHLY INCOME	PERIOD OF EMPLOYMENT	SUPERVISOR	
\$				\$			
OTHER SOURCES OF INCOME		CURRENT ANNUAL INCOME		OTHER SOURCES OF INCOME		CURRENT ANNUAL INCOME	
PREVIOUS EMPLOYER		POSITION		PREVIOUS EMPLOYER		POSITION	
ADDRESS		PHONE NUMBER		ADDRESS		PHONE NUMBER	
PERIOD OF EMPLOYMENT		SUPERVISOR		PERIOD OF EMPLOYMENT		SUPERVISOR	
FINANCIAL INFORMATION							
BANK REFERENCE	SAVINGS ACCOUNT(S)			ACCOUNT NUMBER			
AUTO LOANS	FINANCED WITH			ACCOUNT NUMBER			
CHARGE ACCOUNTS	NAME			ACCOUNT NUMBER			
AUTOS OWNED	MAKE & YEAR			LICENSE NUMBER			
EMERGENCY CONTACT INFORMATION							
EMERGENCY CONTACT (1)		RELATIONSHIP		COMPLETE ADDRESS			PHONE NUMBER
EMERGENCY CONTACT (2)		RELATIONSHIP		COMPLETE ADDRESS			PHONE NUMBER
<p>The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. It is understood that the amount received \$ _____ (the "Holding Deposit") will be returned in accordance with state law if applicant is not accepted as a resident. If accepted and subsequently the resident does not move in on the starting date (above), the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. BACO Realty Corporation/ISM Management Company may verify all the information provided by me for eligibility purposes and release from liability all persons or entities supplying or collecting such information. I understand that an investigation will be done by a credit reporting agency and may include but is not limited to a consumer credit report, verification of employment with salary, rental history, criminal history and I therefore consent to this investigation.</p>							
APPLICANTS SIGNATURE			DATE	SPOUSE'S SIGNATURE			DATE



EQUAL HOUSING OPPORTUNITY

