

**WILLOW CREEK APARTMENTS**  
**2300 MERCHANTS DRIVE**  
**KNOXVILLE, TN. 37912**  
**PH: (865) 688-3544**  
**FX: (865) 688-5701**

**SELECTION CRITERIA**

We want to thank you for considering **Willow Creek Apartments** 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 **\$40/\$45** 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 Management, LLC**
- 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 or 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. 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**

|                                  |
|----------------------------------|
| <b>APPLICANT'S FULL NAME:</b>    |
| <b>APPLICANT'S SSN:</b>          |
| <b>APPLICANT'S DOB:</b>          |
| <b>APPLICANT'S FULL ADDRESS:</b> |

#### 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.

**Personal Guarantee & Acknowledgement of Co-Signer Responsibilities**

ISM Management Company

\_\_\_\_\_ has applied for a rental unit located at:  
Prospective Resident

\_\_\_\_\_ (Property)

I understand that by agreeing to co-sign the Lease Agreement between the aforementioned individual and the community, I become jointly and severally liable under the terms of the Lease Agreement and individually responsible for the full amount of the Lease Agreement if the other signers default on their obligation.

This includes any past due rent, bounced checks, damage in excess of the security deposit, and other financial or residency obligations which may arise from the tenancy.

I agree to pay the amounts required, even though I do not reside in the apartment and even though the residents may be able to pay, but refuse to pay.

I acknowledge that if I do not pay, I may be subject to legal proceedings and have my account referred to a national credit bureau and to a collection agency, and that I may be liable for fees associated with these collection efforts.

Furthermore, personal guarantee/cosigner acknowledges that they are not occupying the premises leased pursuant this personal guarantee/co-signer agreement shall continue in full force and effect for the entire term of resident's tenancy including any extension and any rental increases in effect during the tenancy.

I acknowledge that before signing this agreement, I have read and understand the above terms and conditions, must qualify per selection criteria, agree to allow a background check to review credit and criminal information, and I have read the Lease Agreement and fully understand my responsibilities as a personal guarantee/co-signer.

**Please note this application/acknowledgement to co-sign must have verification of your signature. This can be accomplished by either having this form notarized or by signing below and sending a copy of your valid driver's license or other identification with picture.**

\_\_\_\_\_ Personal Guarantee/Co-Signer Signature

\_\_\_\_\_ Date

**Personal Guarantee/Co-Signer's Information:**

Name \_\_\_\_\_  
First Middle Last Suffix

Home Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Phone Cell \_\_\_\_\_ Home \_\_\_\_\_ Driver's License \_\_\_\_\_

Email contact \_\_\_\_\_ (required)

**Personal Guarantee/Co-Signer's Employer Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**TO BE COMPLETED BY MANAGEMENT**

This personal guarantee/co-signer agreement is not approved until signed by Management:

\_\_\_\_\_ Management Representative

\_\_\_\_\_ Date

