

WILLOW CREEK APARTMENTS
2603 El Paso Way - Office
Chico, CA 95973
Phone: (530) 891-8749 Fax: (530) 891-1801
chicowillowcreek@ismrem.com

****Pre-Qualifying Materials Needed When Applications are Submitted****

We are excited that you have chosen Willow Creek Apartments as your next home! In order to complete your application in its entirety, the following items need to be turned in when you submit your application:

1. Copy of driver's license and/or identification card
2. Most recent bank statement for checking and/or savings accounts
3. Proof of Income (Ex: Current paystub, social security statement, etc.)
4. Credit Check fee in the amount of \$30 per adult applicant. (Check or money order)

Thank you again for your interest in Willow Creek Apartments! If you have any questions, please feel free to call us. Our office is here to serve you!



Chico Willow Creek Apartments

SELECTION CRITERIA

We want to thank you for considering Willow Creek 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 \$ 30.00 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 Management;
- 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 2 1/2 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 _____



RENTAL APPLICATION

| FOR OFFICE USE ONLY | | | | | | | |
|--|----------------------|-------------------------|-------------------------|---|----------------------|------------------------------------|--|
| COMMUNITY Willow Creek | | APP FEE \$ \$30.00 | | MONTHLY RENT \$ | | APPLICATION TAKEN BY | |
| APT. NUMBER | | APT. TYPE 2 Bedroom | | CONCESSION (IF ANY) \$500.00 Sec Dep | | LENGTH OF LEASE TERM 1 yr lease | |
| APPLICANT | | | | | | DATE OF BIRTH | |
| SOCIAL SECURITY NUMBER | | | DRIVER'S LICENSE NUMBER | | | STATE | |
| E-MAIL ADDRESS: | | | | PHONE: | | MOBILE | |
| CURRENT ADDRESS | | STREET | | CITY, STATE, ZIP | | LENGTH OF RESIDENCY | |
| PREVIOUS ADDRESS | | STREET | | CITY, STATE, ZIP | | RENT/MORT. \$ | |
| CURRENT LANDLORD/ MORTGAGE | | NAME ADDRESS | | | | PHONE NUMBER | |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| IF YES, EXPLAIN | | | | | | | |
| SPOUSE | | | | | | | |
| NAME | | | | | DATE OF BIRTH | | |
| SOCIAL SECURITY NUMBER | | | DRIVER'S LICENSE NUMBER | | | STATE | |
| PERSONS OTHER THAN APPLICANTS TO OCCUPY APARTMENT | | | | | | | |
| NAME | | | | RELATIONSHIP | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| EMPLOYMENT INFORMATION | | | | | | | |
| APPLICANT | | | | SPOUSE | | | |
| EMPLOYER | | POSITION | | EMPLOYER | | POSITION | |
| ADDRESS | | PHONE NO. | | ADDRESS | | PHONE NO. | |
| 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 NO. () | | ADDRESS | | PHONE NO. () | |
| PERIOD OF EMPLOYMENT | | SUPERVISOR | | PERIOD OF EMPLOYMENT | | SUPERVISOR | |

RENTAL APPLICATION

| | | | |
|---|---------------------|----------------------|-----------|
| SAVINGS ACCOUNT(S) | | ACCOUNT NUMBER | |
| BANK REFERENCE | CHECKING ACCOUNT(S) | ACCOUNT NUMBER _____ | |
| | FINANCED WITH | ACCOUNT NUMBER | |
| AUTO LOANS | FINANCED WITH | ACCOUNT NUMBER | |
| | NAME | ACCOUNT NUMBER | |
| CHARGE ACCOUNTS | NAME | ACCOUNT NUMBER | |
| | NAME | ACCOUNT NUMBER | |
| AUTOS OWNED | MAKE & YEAR | LICENSE NUMBER | |
| | MAKE & YEAR | LICENSE NUMBER | |
| EMERGENCY CONTACT (1) | RELATIONSHIP | COMPLETE ADDRESS | PHONE NO. |
| EMERGENCY CONTACT (2) | RELATIONSHIP | COMPLETE ADDRESS | PHONE NO. |
| ADDITIONAL INFORMATION (CIRCLE YES OR NO) | | | |
| 1. HAVE YOU EVER HAD ANY CREDIT PROBLEMS? | | YES / NO | |
| 2. HAVE YOU EVER HAD AN UNLAWFUL DETAINER FILED AGAINST YOU? | | YES / NO | |
| 3. HAVE YOU EVER BEEN EVICTED FOR NON PAYMENT OF RENT OR ANY OTHER REASON? | | YES / NO | |
| 4. HAVE YOU EVER FILED BANKRUPTCY? | | YES / NO | |
| 5. HAVE YOU EVER BEEN CONVICTED OF A FELONY? | | YES / NO | |
| 6. WILL YOU BE USING WATER FILLED FURNITURE IN YOUR RESIDENCE? | | YES / NO | |
| <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 \$ 300. (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. ISM Management may verify all the information provided by me for eligibility purposes and release from liability all persons or entities supplying or collecting such information.</p> | | | |
| APPLICANTS SIGNATURE | DATE | SPOUSE'S SIGNATURE | DATE |



EQUAL HOUSING OPPORTUNITY

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