

THE VILLAS at CHICO
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Chico, CA 95926
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****Pre-Qualifying Materials Needed When Applications are Submitted****

We are excited that you have chosen The Villas at Chico 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 **\$30.00** per adult applicant. (Check or money order)
5. A separate check or money order in the amount of **\$500.00** can be left as a holding deposit to reserve a unit for you while we process your application.

Thank you again for your interest in The Villas at Chico! If you have any questions, please feel free to call us. Our office is here to serve you!



The Villas at Chico
SELECTION CRITERIA

We want to thank you for considering The Villas 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 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 for 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	APP FEE \$ \$30.00	MONTHLY RENT \$	APPLICATION TAKEN BY
APT. NUMBER	APT. TYPE	CONCESSION (IF ANY) \$500 Sec Dep	LENGTH OF LEASE TERM 1 Year
APPLICANT			DATE OF BIRTH
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	STATE
EMAIL ADDRESS		PHONE:	WORK:
CURRENT ADDRESS	LANDLORD NAME	PHONE NO.	LENGTH OF RESIDENCY
			RENT/MORT. \$ _____
PREVIOUS ADDRESS	STREET	CITY, STATE, ZIP	LANDLORD PHONE:
LANDLORD/ MORTGAGE	NAME	ADDRESS	LENGTH OF RESIDENCY
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		PHONE	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

FINANCIAL INFORMATION			
BANK REFERENCE	SAVINGS ACCOUNT(S)	ACCOUNT NUMBER	
	CHECKING ACCOUNT(S)	ACCOUNT NUMBER	
AUTO LOANS	FINANCED WITH	ACCOUNT NUMBER	
	FINANCED WITH	ACCOUNT NUMBER	
CHARGE ACCOUNTS	NAME		
	NAME		
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	
<small>The undersigned represents that the above statements are true and complete and authorized 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 requested damages for non-performance and will be forfeited by the resident as compensation for holding the apartment on the market. BACO Realty Corporation / 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. I understand that an investigation will be done 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 the investigation.</small>			
APPLICANT'S SIGNATURE	DATE	SPOUSE'S SIGNATURE	DATE



EQUAL HOUSING OPPORTUNITY

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