SMRMANAGEMENT

A Professional Apartment Management Company

201 North Broad Street, Suite 109 Mankato, MN 56001 507.345.1290 FAX 507.387.6843 smr@smrrental.com

RESIDENT SELECTION CRITERIA

A rental application, credit, rental references and criminal report must be processed on all prospective residents 18 years of age or older. Applications will not be approved from un-emancipated minors and/or persons under the age of 18.

A NON-REFUNDABLE Application Fee in the amount of \$35.00 will be required of each person of age unless prohibited by local governing agencies. No application will be processed without the non-refundable Application Fee(s). This fee MUST be in the form of a money order/cashier's check payable to the project name.

SMR will adhere to Fair Housing Act as amended, prohibiting discrimination in housing based on race, color, religion, sex, national origin, familial status or disability.

Please review this information before completing the application and paying the application processing fee, which is non-refundable. Falsification of information on the application will result in denial of residency and loss of security deposit as liquidated damages for our time and expense.

Each applicant must provide an original and valid local, state or federal government issued photo identification at the point of application for verification purposes.

Rental History/References

Applicants must provide verifiable present and past residency information including any out of state residences during the past two years (24 months). Each applicant's rental references, criminal/credit report will be reviewed. If applicant takes exception with the findings, the applicant is responsible and has the right to contact the credit reporting, rental reference agent/agencies. In the event the discrepancy can be cleared up, the applicant will be considered on the basis of the new information.

Applicant may be denied for the following:

Criminal Background History

- Applicant or Occupant will be denied for any conviction of a sexual crime when applicant is register as a sex offender.
- Applicant/Occupant may be denied for three consecutive convictions within 3 years (36 months).

Felony Conviction

Applicant or Occupant may be denied for any felony conviction for offenses against property, animals, persons, fraud, computers, family relations, government, public peace, gambling, firearms, organized crime, illegal drugs, sexual nature, alcohol, victimless offenses, public peace for minimum of 7 years and maximum of 50 years, from conviction date.

Gross Misdemeanor Conviction

Applicant or Occupant will be denied for any Gross Misdemeanor conviction for offenses against property, animals, persons, fraud, computers, family relations, sexual nature, government, public peace, firearms, organized crime, illegal drugs, victimless offenses, public peace for minimum of 5 years and maximum of 35 years, from conviction date.

Misdemeanor/Petty Misdemeanor Conviction

Applicant or Occupant will be denied for any Misdemeanor/Petty Misdemeanor conviction for offenses against property, animals, persons, fraud, computers, family relations, government, public peace, gambling, firearms, organized crime, illegal drugs, alcohol, victimless offenses, sexual nature, public peace for minimum of 2 years and maximum of 15 years, from conviction date.

<u>Credit/References/Past Behavior</u>

- Applicant or occupant may be denied for a history or not meeting financial obligations, or a history of disturbing neighbors, violations of previous rental agreements, or evictions.
- Applicant or occupant will be denied if previous landlord would not relet due to lease violations.

Income Limit

• Applicant (s) must meet the required income guidelines set forth by the project.

Applicants may be denied for the following:

- Adverse information received during the interview process related to eligibility, received on the application and the information contained in a rental references, consumer credit report or a criminal records report.
- The applicant does not meet the requirements of the Fair Housing/Tenant Selection Occupancy Policy.
- Anyone having been and/or in the process of being terminated/evicted from a previous landlord for just cause.
- Falsification, misrepresentation or withholding of information or submission of inaccurate and/or incomplete information on any application or during the interview related to eligibility, award of preference for admission, family composition, or rent.
- Refusal to comply with housing program requirements, policies, and/or procedures.

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Studio1 occupant1 bedroom2 occupants2 bedrooms4 occupants3 bedrooms6 occupants

I/WE HEREBY CONSENT TO ALLOW SMR, TO OBTAIN AND VERIFY MY CREDIT, CRIMINAL AND RELATED INFORMATION FOR THE PURPOSE OF DETERMINING WHETHER OF NOT TO LEASE TO ME AN APARTMENT OR TOWNHOME, I UINDERSTAND THAT SHOULD I LEASE AN APARTMENT OR TOWNHOME, THE COMMUNITY IN WHICH I HAVE APPLIED AND ITS AGENT/S SHALL HAVE A CONTINUING RIGHT TO REVIEW MY CREDIT INFORMATION, PAYMENT HISTORY AND OCCUPANCY HISTORY FOR ACCOUNT REVIEW PURPOSES AND FOR IMPROVING APPLICATION METHODS.

I/WE HAVE READ UNDERSTOOD AND AGREE TO THE ABOVE TERMS AND CONDITIONS THEREOF FROM WHICH MY/OUR APPLICATION WILL BE PROCESSED.

Prospective Resident	Date	Prospective Resident	Date



ty City: 1 BR 2 BR 3 BI Ianagement, Inc. Inkato, MN 56001		Date Received:
ty City: 1 BR 2 BR 3 BI Ianagement, Inc. Inkato, MN 56001 ATION (Middle) (Last) Date of Birth: (State) (Zip) f applicable) for the past two (2) years. FAMILY		Proj. Code:
☐ 1 BR ☐ 2 BR ☐ 3 BI Ianagement, Inc. Inkato, MN 56001 ATION (Middle) (Last) Date of Birth: (State) (Zip) f applicable) for the past two (2) years. FAMILY	CCUPANCY	
ATION (Middle) (Last) Date of Birth: (State) (Zip) f applicable) for the past two (2) years. FAMILY	ty City:	
ATION (Middle) (Last) Date of Birth: (State) (Zip) f applicable) for the past two (2) years. FAMILY	□ 1 BR	□ 2 BR □ 3 BI
(Middle) (Last) Date of Birth: (State) (Zip) f applicable) for the past two (2) years. FAMILY	Management, Inc. ankato, MN 56001	
Date of Birth: (State) (Zip) f applicable) for the past two (2) years. FAMILY	IATION	
f applicable) for the past two (2) years. FAMILY		
(City) (State) (Zip)	(State)	(Zip)
(City) (State) (Zip)	if applicable) for the p	past two (2) years. FAMILY
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SIVIAIVIAIVAGEIVIEIV					
A Professional Apartment Managem	ent Company			Proj. Code:	
	APPLICAT	TION FOR OCCUP	ANCY		
Property Name:		Property City:			
Unit size desired:			□ 1 BR	□ 2 BR	□ 3 BR
		Managed by: SMR Managem			
	201 North Broad S	Street, Suite 109, Mankato, M	IN 56001		
	APPLIC	CANT 1 INFORMATION			
Name:					
Cogial Cognitive Name have	(First)	(Middle)		(Last)	
Social Security Number:		Da	ate of Birth:		
Home Phone Number:					
E-Mail Address:				jk	
Employer Name:					
Employer Address:					
De la plant	(City)	(State)		(Zip)	
Employer Phone Number:					
HOUSING REFERENCES -	- List all residences and la	ndlord references (if applica	ble) for the past	two (2) years. F	AMILY
	E USED AS A REFERENCE				
Current Address:	(Street)	(City)		(State)	(7:)
Dates of Occupancy:	(30,666)	to		(State)	(Zip)
Landlord Name:	-				
Landlord Phone Number:					
Previous Address:					
rievious Address:	(Street)	(City)		(State)	(Zip)
Dates of Occupancy:		to		(Suute)	(2.7)
Landlord Name:					
Landlord Phone Number:				×.	
QUESTIONNARE					
	en convicted of a felony?			☐ Yes	□ No
-	ease explain:			TC5	
				□ Vaa	
2. Have you ever be	en evicted?			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	□ No
2. Have you ever be				☐ Yes	□ No
a. If yes, ple	ease explain:			□ res	□ No
	ease explain:				
a. If yes, ple	ease explain:	Model	Color	Licens	□ No e Plate nber
a. If yes, ple	ease explain:	Model	Color	Licens	e Plate

PETS/SERVICE ANMIALS

1.	Do you	have a	pet



 \square No

2. If Yes, Is it an ESA/Service Animal?

☐ Yes

□ No



APPLICANT 2 INFORMATION

Name:					
	(First)		(Middle)	(Last)	
Social Security Number:			Date of Birth: _		
Home Phone Number:					
E-Mail Address:					
Employer Name:					
Employer Address:					
Employer Phone Number:	(City)		(State)	(Zip)	
			ulturbled Courth cours	t to (2) T	A NATI V. A NITO
HOUSING REFERENCES - FRIENDS CANNOT BE USE		andiord references (if ap	phcable) for the pas	t two (2) years. F	AMILI AND
Current Address:					
D 1	(Street)		(City)	(State)	(Zip)
Dates of Occupancy: Landlord Name:		to			

Landlord Phone Number:					
Previous Address:	(6)		(C')	(C())	(72)
Dates of Occupancy:	(Street)	to	(City)	(State)	(Zip)
Landlord Name:					
Landlord Phone Number:	***************************************	VV V III			
QUESTIONNARE				☐ Yes	□ No
•	en convicted of a felony? ease explain:			□ res	□ 140
a. If yes, plo 2. Have you ever be	<u> </u>			☐ Yes	□ No
				□ 1es	
_					
VEHICLE INFORMATION					
Year	Make	Model	Color	License P	late Number
mannan and a second a second and a second an					
PETS/SERVICE ANMIALS	S				
1. Do you have a pe	t?			☐ Yes	□ No
2. If Yes, Is it an ESA/	'Service Animal?			☐ Yes	□ No

APPLICANT 3 INFORMATION

Name:								
Conial Consults Noveless		(First)	Data		Middle)		(Last)	
Social Security Number: Home Phone Number:	49-33-34		Date (of Birth	1;	<u></u>		
E-Mail Address:			W					
			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Employer Name:								
Employer Address:		(City)			(State)		(Zip)	4. (4)
Employer Phone Number:								
HOUSING REFERENCES - FRIENDS CANNOT BE USI			llord references	(if app	olicable) for th	ne past two ([2] years. FA	AMILY AND
Current Address:		(Street)			(City)	(S	'tate)	(Zip)
Dates of Occupancy:		(to			-	,	,
Landlord Name:								
Landlord Phone Number:								
Previous Address:					(0)			(7:)
Dates of Occupancy:		(Street)	to		(City)	-	State)	(Zip)
Landlord Name:								
Landlord Phone Number:								
QUESTIONNARE								
1. Have you ever be	en convicted of	a felony?					☐ Yes	□ No
a. If yes, pl								
2. Have you ever be							☐ Yes	□ No
a. If yes, pl	ease explain: _							
VEHICLE INFORMATION								
Year	Make		Model		Cole	or	License Pl	late Number
	DEP	ENDENTS	TO RESIDE	N RE	NTAL UNIT	<u> </u>		
Name (First, Middle, La	st)	So	cial Security Nu	mber		Da	ate of Birth	
PETS/SERVICE ANMIALS	S							
1. Do you have a pe							☐ Yes	□ No
2. If Yes, Is it an ESA,	/Service Animal	?					☐ Yes	□ No



maintain a separate rental unit in a different location.	
	on in the application is true and correct and completed to the best of at any intentional misrepresentation or false statements may result in cupancy.
Applicant 1 Signature	Date
Applicant 2 Signature	Date
Applicant 3 Signature	Date

By signing below, Applicant(s) certifies that this housing will be their primary and permanent residence. Applicant(s) will not



220 Gerry Drive Wood Dale, IL 60191

Tel: 866.389.4042 Fax: 866.389.4043 www.screeningreports.com

RELEASE OF INFORMATION



COMMUNITY YOU ARE APPLYING FOR:

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on my application. I have personally filled in and/or reviewed all information listed on my application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

ARBITRATION AGREEMENT("AGREEMENT")

I agree to arbitrate all disputes and claims arising out of or relating to actions taken by SRI or its agents and assigns in acquiring and reporting information relating to my application. Before I seek arbitration, I will first provide written Notice of Claim or Dispute ("Notice") to SRI, 220 Gerry Dr., Wood Dale, IL 60191 ("Notice Address"). The Notice must: (a) describe the nature and basis of my claim or dispute; and (b) include all supporting documentation to substantiate the basis for my claim or dispute. If I do not reach an agreement with SRI to resolve the claim or dispute within 30 days after the Notice is received, I may commence an arbitration proceeding.

To the fullest extent permitted by applicable law, no arbitration under this Agreement shall be joined to an arbitration involving any other party subject to this Agreement, whether through class arbitration proceedings or otherwise. I may bring claims against SRI in my individual capacity only, and not as a plaintiff or class member in any purported class or representative proceeding.

The arbitration shall be governed by the Commercial Dispute Resolution Procedures and the Supplementary Procedures for Consumer Related Disputes of the American Arbitration Association ("AAA"), as modified by this Agreement, and shall be administered by the AAA. The AAA rules are available at www.adr.org or by writing to the Notice Address.

Applicant Name	XXX - XX Social Security #	Date of Birth
Applicant Signature		Today's Date



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Applicant Signature		Today's Date	



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Applicant Signature		Today's Date

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Authorization for Release of Information

By signing this form, I/we agree to have all of my/our income, assets, school statuses, and medical expense information verified by the Owner/Management Company that are necessary for the application and the recertification process.

The information obtained will be used only for determining eligibility and will be kept confidential.

I/We hereby authorize the release of the requested information. I/We also acknowledge that photocopies of this authorization may be used for the purposes stated above. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the Owner to verify information that is up to 5 years old, which would be authorized by me/us on a separate consent, attached to a copy of this consent.

Tenant Signature	
Cotenant Signature	
Cotenant Signature	
	_
Date	

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

1/2016



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201 North Broad Street, Suite 109 Mankato, MN 56001 507.345.1290 FAX 507.387.6843 smr@smrrental.com

Security Deposit Agreement

I/We understand that I/We are securing an apwith a security deposit of \$	partment at
I/We understand that the deposit will NOT BE apartment as indicated.	E REFUNDED if I/We choose to NOT rent the
Deposit will be refunded if: I understand that my deposit will only be refu due verification or any other reason indicated.	anded if I am denied occupancy at e to my background check or rental
Signatures:	
Signature	Date
Signature	Date
Signature	Date
Check or money order #	