



**STATEMENT OF RENTAL POLICY
FOR
RESIDENTIAL MANAGEMENT**

Welcome to DJN The Park at Chesterfield. Thank you for choosing our community. We require that each Applicant and adult (18 or over) occupant meet certain rental criteria. Before you fill out our Rental Application, we suggest that you determine whether you meet our requirements. Please note that the term “Applicant” provided below applies to all Residents to be identified on the Lease Contract and the person or persons to be responsible for paying the rent. Please note that these represent our current rental criteria; nothing contained in these requirements shall constitute a guarantee or representation by Owner prior to these requirements going into effect. Additionally, our liability to verify whether these requirements have been met is limited to the information we receive from the various credit reporting services used.

APPLICATION SCREENING CRITERIA

All applicants must have a Social Security Number and will be approved on the following basis:

1. Applicant or applicants must be a minimum of eighteen (18) years of age or older. All applicant(s) must be able to provide a copy of their Social Security card. Minors under the age of eighteen (18) are not required to apply but **MUST** be listed under Occupants. Everyone residing in the apartment eighteen (18) years or over must complete and application and be listed as a lease holder.
2. Occupancy Guidelines:

<u>TYPE OF APARTMENT</u>	<u>MAXIMUM # OF OCCUPANTS</u>
ONE BEDROOM	2
TWO BEDROOM	4
THREE BEDROOM	5*

*Please speak with Leasing Agent

3. Application Fee, Deposit, Administrative Fee
A **non-refundable** application fee of **\$50.00 (Money Order Only – Made payable to Residential Management)** is required per person for processing. *If the application is approved, the deposit and non-refundable administrative fee is then required to hold an apartment.* These deposits are payable by a certified check or money order only. This will hold the apartment for a maximum of thirty (30) days, some restrictions apply. This **deposit is non-refundable** if Applicant(s) decides not to move or cancels for any reason.
4. Employment Requirement
Employment will be verified. Verifiable income shall include income as confirmed by employer, trust officer, two (2) recent computerized pay stubs or two (2) years tax returns if self-employed.



5. Income Requirements

You must have a minimum verifiable income of at least three (3) times the monthly rent. If Applicants do not meet this guideline, Owner may look at other compensating factors (i.e. Credit History, Length of Employment or Rental History) in the approval process.

6. Credit History

Evictions or owing money to previous landlords or for utilities is not acceptable, and will result in a declined application.

7. Verifiable Rental History

It is your responsibility to provide the necessary information that allows us to contact your past Landlords. Previous Rental History must have a record of paying your rent on time, no prior convictions, no history of default in lease obligations and have given proper notice and must not owe any money to your Landlord. Also, there must not be violations of rules and regulations. If we are unable to verify your previous Landlords and/or references we reserve the right to deny your application.

8. Criminal History

Criminal records must contain no convictions/charges for misdemeanors for crimes involving violence, assault or battery, drugs, theft, firearms; felonies and no sexual offenses ever. In the event of a record applicant may be denied on this basis.

9. Co-signors / Guarantor

A co-signor / Guarantor will be accepted for lack of income or credit history. Co-signors / Guarantor must meet all the same criteria as stated in this application. No co-signor / Guarantor will be accepted for bad credit history. Only one co-signor allowed per application.

You will be denied if:

Any information provided on the application is found to be incorrect. In general, if misrepresentations are found after the rental agreement is signed, your rental agreement will be terminated.

Rental Agreement

If you are accepted, you will be required to obtain renters insurance prior to move in date, keys will not be released without proof of renters insurance of at least \$100,000 general liability with Fisherman's Landing named as an additional interest. You will also be required to sign a Lease Contract in which you will agree to abide by the policies of this rental property. A copy of this contract is available for your review. Please read the Lease Contract carefully, as we take each and every part very seriously. It has been written to protect the rights of both our residents and the Owners of the community.

ALL ITEMS LISTED ON APPLICATION SUBJECT TO CHANGE WITHOUT WRITTEN NOTICE

Revised 3/8/13



RENTAL APPLICATION FORM

OCCUPANCY DATE: _____ APARTMENT TYPE: _____ # OF APPLICANTS: _____

PETS: _____ E-MAIL: _____

APPLICANT #1

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____ YES _____ NO

DRIVER'S LICENSE NUMBER: _____ STATE: _____

PRESENT ADDRESS

STREET ADDRESS: _____ APARTMENT # _____

CITY: _____ STATE: _____ ZIP CODE: _____

NUMBER OF YEARS LIVED AT PRESENT ADDRESS: _____

PHONE NUMBERS

WORK: _____ HOME: _____ CELL: _____

EMERGENCY CONTACT PERSON

FIRST NAME: _____ LAST NAME: _____ PHONE #: _____

PRESENT EMPLOYER

EMPLOYER NAME: _____ TITLE/POSITION: _____

EMPLOYER ADDRESS: _____ SUITE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

SALARY

WK \$ _____ MO \$ _____ YR\$ _____ ADDT'L INCOME: \$ _____

LENGTH OF EMPLOYMENT: _____

PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS)

EMPLOYER NAME: _____ TITLE/POSITION: _____

EMPLOYER ADDRESS: _____ SUITE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT #1 – CONT'D



CURRENT LANDLORD (IF YOU CURRENTLY RENT YOUR HOME)

LANDLORD NAME: _____ PHONE: _____ CURRENT RENT PAID: _____

PLEASE INDICATE HOW YOU HEARD ABOUT FISHERMANS LANDING APARTMENTS (CIRCLE ONE)

APARTMENT FINDER SIGN/DRIVEBY INTERNET REFERRAL FLYER RENT.COM
APARTMENT GUIDE APARTMENTS.COM PRESENT TENANT FOR RENT OTHER

MONTHLY PAYMENTS

CREDIT CARDS MONTHLY PAYMENTS BALANCE: \$ \$ \$ \$

CAR PAYMENT: \$ NUMBER OF CARS (INCLUDING COMPANY VEHICLES): _____

MAKE: _____ YEAR: _____ PLATE: _____

MAKE: _____ YEAR: _____ PLATE: _____

TOTAL NUMBER OF OCCUPANTS IN THE APARTMENT: _____

PLEASE ENTER ALL OCCUPANTS UNDER THE AGE OF 18 BELOW. ANY OCCUPANTS 18 YEARS OR OLDER MUST FILL OUT AN APPLICATION.

NAME	RELATIONSHIP	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENTIAL MANAGEMENT, AS OWNER, RESERVES THE RIGHT TO REJECT THIS APPLICATION AND TO REFUSE POSSESSION OF THE ABOVE MENTIONED ACCOMODATIONS. I HAVE READ THE FOREGOING AND CERTIFY THAT THE INFORMATION SUBMITTED BY ME IS TRUE AND CORRECT AND THAT THIS APPLICATION IS ON MY BEHALF. SUBJECT TO THE ABOVE, APPLICANT AUTHORIZES RESIDENTIAL MANAGEMENT, OR ITS AGENT, TO PROCESS THIS APPLICATION AND MAKE THE NECESSARY SEARCHES AND INVESTIGATIONS. THE APPLICATION FEE IS NON-REFUNDABLE.

APPLICANT

DATE

I hereby confirm that I have **none** of the following:

Please initial by each below if you have NOT had:

Criminal Record _____ Bankruptcy _____ Court/Tenant-Landlord Filings _____
Civil Judgments _____ Sex Offender Record _____



RENTAL APPLICATION FORM

OCCUPANCY DATE: _____ APARTMENT TYPE: _____ # OF APPLICANTS: _____

PETS: _____ E-MAIL: _____

APPLICANT #2

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____ YES _____ NO

PRESENT ADDRESS

STREET ADDRESS: _____ APARTMENT # _____

CITY: _____ STATE: _____ ZIP CODE: _____

NUMBER OF YEARS LIVED AT PRESENT ADDRESS: _____

PHONE NUMBERS

WORK: _____ HOME: _____ CELL: _____

EMERGENCY CONTACT PERSON

FIRST NAME: _____ LAST NAME: _____ PHONE #: _____

PRESENT EMPLOYER

EMPLOYER NAME: _____ TITLE/POSITION: _____

EMPLOYER ADDRESS: _____ SUITE #: _____

CITY: _____ STATE: _____ CITY: _____

PHONE: _____ FAX: _____

SALARY

WK \$ _____ MO \$ _____ YR\$ _____ ADD'L INCOME: \$ _____

LENGTH OF EMPLOYMENT: _____

PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS)

EMPLOYER NAME: _____ TITLE/POSITION: _____

EMPLOYER ADDRESS: _____ SUITE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

APPLICANT #2 – CONT'D



CURRENT LANDLORD (IF YOU CURRENTLY RENT YOUR HOME)

LANDLORD NAME: _____ **PHONE:** _____ **CURRENT RENT PAID:** _____

PLEASE INDICATE HOW YOU HEARD ABOUT FISHERMANS LANDING APARTMENTS (CIRCLE ONE)

APARTMENT FINDER	SIGN/DRIVEBY	INTERNET REFERRAL	FLYER	RENT.COM
APARTMENT GUIDE	APARTMENTS.COM	PRESENT TENANT	FOR RENT	OTHER

MONTHLY PAYMENTS

CREDIT CARDS MONTHLY PAYMENTS BALANCE: \$ _____ \$ _____ \$ _____ \$ _____

CAR PAYMENT: \$ _____ **NUMBER OF CARS (INCLUDING COMPANY VEHICLES):** _____

MAKE: _____ **YEAR:** _____ **PLATE:** _____

MAKE: _____ **YEAR:** _____ **PLATE:** _____

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

TOTAL NUMBER OF OCCUPANTS IN THE APARTMENT: _____

PLEASE ENTER ALL OCCUPANTS UNDER THE AGE OF 18 BELOW. ANY OCCUPANTS 18 YEARS OR OLDER MUST FILL OUT AN APPLICATION.

NAME	RELATIONSHIP	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENTIAL MANAGEMENT, AS OWNER, RESERVES THE RIGHT TO REJECT THIS APPLICATION AND TO REFUSE POSSESSION OF THE ABOVE MENTIONED ACCOMODATIONS. I HAVE READ THE FOREGOING AND CERTIFY THAT THE INFORMATION SUBMITTED BY ME IS TRUE AND CORRECT AND THAT THIS APPLICATION IS ON MY BEHALF. SUBJECT TO THE ABOVE, APPLICANT AUTHORIZES RESIDENTIAL MANAGEMENT, OR ITS AGENT, TO PROCESS THIS APPLICATION AND MAKE THE NECESSARY SEARCHES AND INVESTIGATIONS. THE APPLICATION FEE IS NON-REFUNDABLE.

APPLICANT

DATE

I hereby confirm that I have **none** of the following:

Please Initial by each below if you have NOT had:

Criminal Record _____

Bankruptcy _____

Court/Tenant-Landlord Filings _____

Civil Judgments _____

Sex Offender Record _____



FAIR HOUSING STATEMENT

IT IS THE POLICY OF RESIDENTIAL MANAGEMENT AND DAEJAN FISHERMANS LANDING, LLC. TO TREAT ALL CURENT AND PROSPECTIVE RESIDENTS IN A FAIR, PROFESSIONAL MANNER, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, HANDICAP OR NATIONAL ORIGIN.

“THIS IS AN EQUAL HOUSING OPPORTUNITY COMMUNITY”

I HAVE READ AND UNDERSTAND THE RENTAL POLICY OF THIS COMMUNITY.

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE



LANDLORD VERIFICATION

I hereby authorize the landlord indicated below to release all information regarding my tenancy.

Applicant Signature: _____

Applicant Name: _____

Apartment #: _____

Landlord Name: _____

Landlord Address: _____

Phone#: _____

Fax#: _____

TO WHOM IT MAY CONCERN:

The above named applicant/resident is applying for an apartment within our community. We ask your cooperation in providing the following information and any other information concerning the applicant/resident which you feel may be of interest to a landlord. Please complete and fax back to (813) 988-5152 or email to ssoto@resimgt.com. Any questions please contact us at (813) 988-7050.

Thank you in advance for your response to our request.

Management Representative

1. What was the applicant's rent? _____
2. Did the applicant pay rent on time? _____ If no, how many times late _____
3. What was the applicant's length of residency? _____ Was Proper Notice Given? _____
4. Did the applicant break their lease? _____
- If yes, was proper notice and fees paid? _____
5. Did the applicant leave the apartment in good condition? _____
6. Would you consider applicant's standing with your community:
 Excellent Good Fair Poor
7. Any additional comments? _____

Signature of Landlord: _____ Date: _____

Print Name: _____

Telephone #: _____



Dear Resident,

While we are proud of our reputation for quality of life and safety, accidents happen; even when people are careful. But damage caused by a resident is usually the financial responsibility of that resident, not the property owner. These accidents—such as bathtubs overflowing, kitchen fires, or damage to the common areas—can create significant financial hardship for apartment residents. That is why liability or property damage insurance is required in our lease.

To fulfill your lease recommendation, all new and renewing residents are required to provide evidence of liability or property damage insurance at a minimum limit of \$100,000. *You may choose the insurance company and the policy limits that are most appropriate to your situation, providing the minimum coverage level is satisfied.* If you arrange your own policy simply provide proof of this coverage, with The Park at Chesterfield Landing listed as an “additional interest” or “interested party”.

Please note that this community’s insurance does not cover a resident’s possessions if they are damaged or stolen. To obtain coverage for your possessions we strongly recommend your purchase a policy that includes “contents” insurance.

For the convenience of residents that do not have a specific insurance agent identified, we have arranged for a convenient, affordable insurance option for this community. First American Property & Casualty Insurance Company has made available *Renters Insurance Select*, an insurance program developed for multifamily residents. There is no application and acceptance is guaranteed for residents of this community.

Please indicate your insurance election below.

- I have arranged for liability or property damage insurance coverage through _____, and have listed Fisherman’s Landing as an “additional interest” or “interested party” on my policy. I understand that is required that I maintain liability or property damage coverage for the duration of my lease.
- I have enrolled in ***Renters Insurance Select*** for liability and contents insurance.
- I make no election at this time, but will provide proof of liability or property damage coverage prior to receiving keys to the apartment.

Resident Signature

Date