

## RECEIPT FOR RESIDENT SCREENING

Applicant:	Applicant Address:
Owner/Agent (Apartment Community):	Address:
Phone Number:	Fax Number:

Owner/Manager requested the following reports on the dates listed below and these reports may constitute investigative consumer reports" and/or "consumer credit reports" as defined by California Law. These reports may provide information regarding the consumer's character, general reputation, personal characteristics, mode of living and/or credit worthiness. These reports are being processed by the reporting agency ("agency") indicated below.

On-Site Manager, Inc  
P.O. Box 1514  
Los Altos, CA 94023-1514  
(877) 222-0384

First Advantage Safe Point  
1140 Rockville Pike, PMB 1200  
Rockville, MD 20852  
(800) 999-9350

Requested	Report
	Unlawful Detainer (Eviction) Search
	Consumer Credit Report
	Rental Reference or Landlord Reference Verification

If you would like a copy of the report(s), please check the box below, and return it to the Owner/Manager at the address listed above. The report(s) will be sent to you within three business days of their receipt by Owner/Manager.

Yes, please send me a copy of the reports listed above.

Send reports to Address (if different than above):		
City:	State:	Zip Code:

Return this form to: \_\_\_\_\_

\_\_\_\_\_ (Apt. Community Address)

### NOTICE TO CONSUMER<sup>1</sup>

California Civil Code Section 1786.16(a)(3), states that a consumer shall be notified in writing regarding any report which may be construed as an "investigative consumer report" that is requested for the purpose of evaluating the consumer's ability to hire a dwelling unit.

California Civil Code Section 1786.22, states in summary that the agency listed above shall supply files and information relating to these investigations during normal business hours and on reasonable notice. Files maintained shall be made available for the consumer's visual inspection either: (1) by certified mail, pursuant to a written request, with proper identification, for copies to be sent to a specified addressee; (2) by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any is prepaid by or charged directly to the consumer; or (3) in person, upon furnishing proper identification. "Proper identification" shall mean identification generally deemed sufficient to identify a person, including a valid driver's license, social security account number, military identification card and credit card. Only if the consumer is unable to identify himself with the forgoing information may the agency require additional information concerning the consumer's employment, personal or family history. The agency shall provide a written explanation of any coded information for visual inspection. The agency shall provide trained personnel to explain to the consumer any information furnished to the consumer by the agency. The consumer shall be permitted to be accompanied by one other person of his choosing, who shall also furnish reasonable identification. The agency may require the consumer to furnish a written statement granting permission to the agency to discuss the consumer's file in such person's presence. There may be a fee associated with said disclosure.

A fee of \_\_\_\_\_ has been received from above applicant for an offer to rent. The above payment is to be used for processing the resident screening, including any investigative consumer report and/or consumer credit report.

Cost of investigative consumer report, consumer credit report and reference verification	_____
Labor cost of employees for application processing and verifications	_____
Total Fee	_____

Applicant has given written authorization to run a consumer credit report, including a search of any other public information to evaluate their application to live at \_\_\_\_\_ Apartments, and use the information contain therein for **no other purpose**, as limited by **federal law**. Applicant has provided for verification acceptable form of identification to confirm the applicant's identity.

\_\_\_\_\_  
Applicant

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

<sup>1</sup>Owner/Manager does not waive the issue of whether this notice is its legal obligation, but provides such notice to protect the legal right, if any, of the consumer thereto.

# OPERATION REIMBURSEMENT ACCOUNT REGISTRATION

I hereby authorize the charge "Operation Reimbursement" to be transferred into my name \_\_\_\_\_

at the following address:

1550 Springfield Drive, Unit # \_\_\_\_\_, Chico, CA 95928

I understand that I shall be responsible for the monthly Operation Reimbursement cost for my apartment during the time that I am a resident. I further understand that it is my responsibility to notify Glenbrook Apartment management, in advance of the date that I plan to move out of my apartment and that the final invoice will be taken out of my security deposit.

Move in Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell

Work

Home

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## UTILITY RATES

### **GLENBROOK APARTMENTS (GLB)**

1550 Springfield Drive  
Chico, CA 95928

### OPERATION REIMBURSEMENT

The "Operation Reimbursement" is a flat rate each month on the square footage of your unit which will be reevaluated quarterly based on the overall operating costs of the property.

### RATES:

1 x 1	832 sqft	Operation Reimbursement "A" \$18.00 per full month.
2 x 2	1090 sqft	Operation Reimbursement "B" \$20.00 per full month.

This fee can include a partial cost of the following, but not limited to; costs for the preparation to your unit of water. Costs of sewer and trash service, maintenance of common area property, pest control, and lawn & garden service.

Late fee \$5.00 per month. (On past due balances of \$20.00 or more.)

Minimum Billing: n/a

Average Invoice: n/a

\*Started billing – new move-ins only from 01/22/07.

## RESIDENT SCREENING VERIFICATION

Current Landlord [ ] Previous Landlord [ ] Other: \_\_\_\_\_

\_\_\_\_\_  
Current or Former Landlord RE: (Name): \_\_\_\_\_

Address: \_\_\_\_\_

Dear Sir or Madam

Our Resident Selection Policy obliges us to verify certain information about all applicants submitting an application to rent our apartment community. We ask for your cooperation in supplying information on the resident history of the applicant listed above.

Your prompt return of this information will be appreciated. You may fax it to us at \_\_\_\_\_ (fax number).

Sincerely,

\_\_\_\_\_  
Management Representative Signature Date

\_\_\_\_\_  
Apartment Community Name Phone Number

I hereby authorize the release of the information requested below.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Applicant Date

Are you a relative or friend of the applicant? [ ] Yes [ ] No

Date of Applicant's tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

Does (did) the applicant have a lease/rental agreement? [ ] Yes [ ] No

### 1. Rent Payment

a. Amount of monthly rent: \$ \_\_\_\_\_

b. Has (had) he/she ever paid late? [ ] Yes [ ] No

c. Has (had) he/she had an NSF check? [ ] Yes [ ] No

d. Have (had) you ever started or completed eviction proceedings for nonpayment? [ ] Yes [ ] No

e. Does the applicant still owe you money? [ ] Yes [ ] No

f. Did the applicant give a 30-day notice? [ ] Yes [ ] No

### 2. Caring for the Apartment

a. Does (did) the applicant keep the apartment clean, safe and sanitary? [ ] Yes [ ] No

b. Beyond normal wear and tear, has (had) the applicant damaged the apartment? [ ] Yes [ ] No

If so, please describe: \_\_\_\_\_ Cost to repair? \_\_\_\_\_

c. Has (had) the applicant paid for the damage? [ ] Yes [ ] No

d. Will (did) you keep any of the security deposit? \$ \_\_\_\_\_ [ ] Yes [ ] No

**3. General**

- a. Is (was the applicant listed on the lease/rental agreement for the apartment?  Yes  No
  - b. Does (did) the applicant permit persons other than those on the lease/rental agreement to live in the apartment on a regular basis?  Yes  No
  - c. Has (had) the applicant, household members or guests damaged or vandalized the the common areas?  Yes  No
  - d. Does (did) the applicant, household members or guests interfere with the rights and quiet enjoyment of other residents?  Yes  No
  - e. Does (did) the applicant, household members or guests engaged in any criminal activity, including drug-related criminal activity, in the apartment or on the grounds?  Yes  No
  - f. Has (had) the applicant, household members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, Landlord, or management staff?  Yes  No
  - g. Would you re-rent this applicant?  Yes  No
  - h. Have you ever given this applicant notice to move?  Yes  No
  - i. What was the applicant's reason for moving? \_\_\_\_\_
  - j. Did this applicant rent from you, or just stay with you? \_\_\_\_\_
  - k. Do you have additional comments about this applicant? \_\_\_\_\_
- 

\_\_\_\_\_  
Landlord or Management Representative

\_\_\_\_\_  
Date

**EMPLOYMENT VERIFICATION**

Current Employer      Previous Employer      Other: \_\_\_\_\_

\_\_\_\_\_  
Current or Former Employer  
\_\_\_\_\_  
\_\_\_\_\_

Re: (Name): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

Our Resident Selection Policy obliges us to verify certain information about all applicants submitting an application to rent to our apartment community. We ask for your cooperation in supplying information on the employment history of the applicant listed above.

Your prompt return of this information will be appreciated. You may fax it to use at \_\_\_\_\_ (fax number).

Sincerely,

\_\_\_\_\_  
Management Representative Signature      Date

\_\_\_\_\_  
Apartment Community Name      Phone Number

I hereby authorize the release of the information requested below.

\_\_\_\_\_  
Signature of Applicant      Date

\_\_\_\_\_  
Signature of Applicant      Date

Are you a relative or friend of the applicant?       Yes       No

Date of Applicant's employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary \$ \_\_\_\_\_ hr./wk./mo./yr.      Are paycheck stubs available?       Yes       No

Position: \_\_\_\_\_

Verified BY: \_\_\_\_\_

Thank you for your assistance in this matter.

## **DRUG FREE ZONE**

Dear Applicant(s) and Resident(s):

We are happy and proud to announce that this Apartment Community is a **DRUG FREE ZONE**. We are encouraging a community effort in backing this worthwhile cause to help free our neighborhoods from drug trafficking, gangs and all other forms of substance abuse and crime.

Our apartment community directors and other individuals will be taking the necessary steps forward to help to prevent and/or put a stop to drugs, alcohol, substance abuse and other violent crime in our area.

By working together as a community we are helping to make our neighborhoods a safer place to live. We are reporting all illegal activities and vehicle license number to our local law enforcement agencies. We hope we can count on your help.

If you would like more information on how you can help, please contact your Community Director to see what you can do to help!

THANK YOU FOR YOUR COOPERATION

Sincerely yours,

FPI Management, Inc.  
25 Cadillac Drive  
Sacramento, CA 95825



**FPI Management Inc.**

\_\_\_\_\_ APARTMENTS  
APPLICATION CRITERIA

Thank you for choosing \_\_\_\_\_ Apartments as your new potential home. We look forward to serving you. Below is a list of our rental qualifications. Please supply us with all the information listed below. All requested information must be received in order to process and evaluate whether your application for rental at our community qualifies for approval. In addition, we ask that you complete the rental application honestly and accurately in its entirety.

**All applicants must meet the itemized criteria below to be considered for tenancy:**

- A. All applicants must fill out their application legibly and accurately. Incomplete or falsified applications will be denied.
- B. Roommates/Co-Residents: In the event there are multiple applications to reside in the same apartment, the information from all applicants will be combined during the verification process. A rental application must be completed for each person age 18 or older.
- C. All applicants must show proof of a state or federal issued photo ID, which must be verified with the information on the rental application. If an applicant's ID cannot be verified it is ground for rejection.
- D. All requested information of documentation must be supplied within 72 hours from the date of the holding deposit. Failure to supply or failure to timely supply the requested information is grounds for rejection. A rejected applicant may not reapply for a period of six months.
- E. Credit history may not include derogatory credit. A copy of the credit history will be obtained through an outside agency. In order for applicants to receive consideration, applicants **must have at least two positive accounts** and there must be **more positive account than negative accounts**. No accounts in a "charge off" status. Lack of credit history may increase deposit.
- F. All applicants must have an income of at least 2.5 times the rent. Written verification or proof of all income such as current month bank statement, last 2 current paycheck stubs or last year's tax returns must be provided. If you have income from child support, disability, or retirement, you must provide proof of them. Continuous employment of at least 1 year(s) is required.
- G. All applicants must have 1 year(s) good rental history, and/or have good mortgage payment history, written verification from the landlord and/or previous landlord may be required. If renting for the first time, an additional deposit may be required depending on your particular situation.
- H. Any applicant with a public record of an unlawful detainer action or an eviction, owing another landlord or apartment community money and/or having negative rental history will be automatically denied. **NO EXCEPTIONS!**
- I. The following occupancy guidelines will be applied:  
One bdrm: 2 person maximum. Two bdrm: 4 person maximum.  
Three bdrm: \_\_\_\_\_ person maximum
- J. Bankruptcies: Bankruptcy must be no less than 2 years old and have been discharged. There can be no new negative credit and the bankruptcy cannot have affected previous landlords. Following the discharge the applicant must have positive, independent rental history. The applicant will be considered under these conditions.

- K. Applicants may be rejected for conviction of fraud, theft, drugs, assault and battery or a violent crime, misdemeanor, or for other convictions of illegal activity.
- L. Applications may be rejected for behavior displayed during tour or application process that would constitute a violation of lease policies. Applicant must display the ability to comply with lease policies.
- M. All applications will be processed and reviewed. Depending on each individual situation, credit will be taken into consideration with all of the rental qualifications listed above. Additional deposits may be required depending on your particular situation. Unfortunately, we cannot guarantee that your application will be approved. The application may take up to 3 days to process.
- N. Denied applicants or conditional approvals will be notified in writing of the reason for denial or conditional approval.
- O. All applications will be reviewed and a consumer credit report, public search and/or an investigative consumer report, that discloses the consumer's character, general reputation, personal characteristics and mode of living, will be obtained and a copy of any such report(s) will be provided to the applicant.

Please sign below acknowledging that you have read the above rental qualification procedure.

		Apt # applying for _____
Applicant Signature	Date	
Applicant Signature	Date	
Applicant Signature	Date	

Application Checklist  
(for office use only)

Property Name \_\_\_\_\_

Applicant Name: \_\_\_\_\_

The application **MUST** have the following in order to begin the approval process. Please initial each item completed.

\_\_\_\_\_ Applicant received Receipt for Resident Screening.

\_\_\_\_\_ Applicant requested a copy of consumer and/or credit report – **notify Community Director**  
Mailed \_\_\_\_\_ In Person \_\_\_\_\_  
(Date) (Date)

\_\_\_\_\_ Verified Photo ID (Driver's License, Passport, etc) against application.

\_\_\_\_\_ Verified Social Security Number (if unavailable, it is not grounds for application denial)

\_\_\_\_\_ Income Verification (one option required)  
a) Two most recent paycheck stubs  
b) Recent years tax returns, if self employed  
c) Proof of income – bank statement

\_\_\_\_\_ Resident Screening Verification (must be obtained in writing – **not verbal**)

\_\_\_\_\_ Previous Resident Screening Verification, if applicable (must be obtained in writing – **not verbal**)

\_\_\_\_\_ Agency Recommendation – Received Date: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Approved w/ Conditions \_\_\_\_\_ Denied – Received Date: \_\_\_\_\_

1. Filled out application completely and accurately \_\_\_\_\_
2. Verified income \_\_\_\_\_
3. Sufficient monthly income: \_\_\_\_\_
  - a) \_\_\_\_\_ times x monthly rental rate of \$ \_\_\_\_\_ = \$ \_\_\_\_\_
  - b) Monthly income \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Income Required
4. Stable income or employment for a minimum of \_\_\_\_\_ months. \_\_\_\_\_
5. Able to pay full amount of deposit or rent. \_\_\_\_\_
6. Gave proper notice to previous landlord \_\_\_\_\_
7. Resident Screening Verification reviewed. \_\_\_\_\_

Notes: \_\_\_\_\_

Upon move-in only, a copy of the photo verification is to be placed in the resident file.

Application Processed By: \_\_\_\_\_

Community Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_