



Welcome Future Resident,

Thank you for your interest to live at Palmilla Luxury Apartment homes!

Please be sure to complete entire application, sign and date all forms that apply. Also bring back the following information at time of signing to complete your application packet:

**Incomplete applications will NOT be accepted. Please have all additional qualifying documents needed to apply.**

**Lease Holding Resident:** Please provide the following items listed below:

- ✓ Your income must be 2.5x's the monthly rent.
  - a. Provide 4 most current check stubs or Offer Letter
  - b. Supplemental Income accepted: financial aid statement, award letter or W2's (if applicable)
- ✓ Pass the credit check, criminal background check, and Rental Verification (must have 1 year minimum).
- ✓ Provide valid ID or Drivers License.
- ✓ Application fee of \$50 and a \$250 holding deposit is due at time of signing to process your application and reserve your apartment home.
- ✓ Application and holding deposit must be paid in the form of Money Order, Cashier's Check or a 1 time credit card payment.

**International:** If you are applying as a Non-U.S. citizen the following must be provided:

- ✓ DS-2019 / I-20 or any other documentation that entitles applicant to be in U.S. through expiration of Housing Contract
- ✓ Provide valid Passport
- ✓ *1 year of verifiable rental*
- ✓ *All international applicants may be qualified with a standard deposit equal to (1) month's rent plus standard unit deposit.*

Thank you,

RPM Management



# Rental Application

## PERSONAL INFORMATION

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FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	OTHER NAMES USED IN LAST 10 YEARS	EMAIL ADDRESS
SOCIAL SECURITY NUMBER or TIN	DRIVER'S LICENSE and ISSUING GOVERNMENT	
PRESENT ADDRESS	CELLULAR TELEPHONE #	
CITY, STATE, ZIP	HOME TELEPHONE #	

### PRESENT ADDRESS IS (CHECK ONE)

Own Home  
  Parents Home  
  Rented Home  
  Rented Apartment  
  Student Housing  
  Other \_\_\_\_\_

IF RENTING: PRESENT LANDLORD OR APARTMENT COMMUNITY: / IF OWNED: NAME OF MORTGAGE COMPANY			
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY			
CITY	STATE	ZIP	TELEPHONE #
MONTHLY PAYMENT	HOW LONG? TO / FROM DATES	REASON FOR MOVING	

PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS) TO / FROM DATES			
CITY	STATE	ZIP	TELEPHONE #
PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY (IF LESS THAN TWO YEARS AT PRESENT ADDRESS)			
ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY			
CITY	STATE	ZIP	TELEPHONE #
MONTHLY PAYMENT	HOW LONG? TO / FROM DATES	REASON FOR MOVING	

HAVE YOU LIVED IN AN RPM COMPANY COMMUNITY BEFORE?	WHICH ONE? (INCLUDE CITY)			WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTOR VEHICLES (INCLUDE CARS, TRUCKS, MOTOR CYCLES)	YEAR	COLOR	LICENSE PLATE #	STATE
1.				
2.				
3.				

**LIST ALL OTHER PERSONS TO OCCUPY THE APARTMENT, INCLUDING BIRTH DATES (IF 18 YEARS OR OLDER, MUST COMPLETE SEPARATE APPLICATION AS AN APPLICANT)**

NAME	BIRTH DATE	NAME	BIRTH DATE
NAME	BIRTH DATE	NAME	BIRTH DATE
NAME	BIRTH DATE	NAME	BIRTH DATE

**LIST PETS: (ACCEPTING OF PETS REQUIRES CONSENT FROM MANAGEMENT)**

BREED	NAME	WEIGHT	AGE
1.			
2.			



# Rental Application

## EMPLOYMENT INFORMATION

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EMPLOYER			MONTHLY GROSS INCOME
EMPLOYER ADDRESS			
CITY	STATE	ZIP	TELEPHONE #
POSITION	TYPE OF WORK		HOW LONG?
SUPERVISOR'S NAME AND POSITION			SUPERVISOR'S TELEPHONE #

FORMER EMPLOYER (IF LESS THAN TWO YEARS AT CURRENT EMPLOYER)			
ADDRESS			
CITY	STATE	ZIP	TELEPHONE #

OTHER SOURCE OF INCOME	WHEN RECEIVED	AMOUNT
TOTAL MONTHLY INCOME		

## BANK AND CREDIT REFERENCES

NAME OF FINANCIAL INSTITUTION	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	ACCOUNT #	
ADDRESS			
CITY	STATE	ZIP	TELEPHONE #

CREDIT REFERENCE NAME	<input type="checkbox"/> Credit Card <input type="checkbox"/> Loan	ACCOUNT #	
ADDRESS			
CITY	STATE	ZIP	TELEPHONE #

## PERSONAL REFERENCES

NAME OF NEAREST RELATIVE	RELATIONSHIP		
ADDRESS			
CITY	STATE	ZIP	TELEPHONE #

EMERGENCY CONTACT	RELATIONSHIP		
ADDRESS			
CITY	STATE	ZIP	TELEPHONE #

## OTHER INFORMATION

Do you or do any of your occupants have charges pending against you or against them for any criminal offense(s)?      Applicant  Yes  No      Occupants  Yes  No

Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) Or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?      Applicant  Yes  No      Occupants  Yes  No

If "Yes" to either of the above questions, give details and dates: \_\_\_\_\_

Any litigation, such as; evictions, suits, judgments, bankruptcies, foreclosures, etc.?       Yes  No      If "Yes", give details and dates: \_\_\_\_\_



# Rental Application

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## PLEASE READ CAREFULLY AND SIGN BELOW

**Correct Information** – Applicant represents that all of the above statements are true and correct. Applicant hereby authorize verification of all of the above information, references and credit records, and release from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, incomplete, or misleading information herein may constitute grounds for rejection of the application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of the State. Applicant agrees to the “Application Fees/Deposit Agreement” below.

I DECLARE THE FOREGOING TO BE TRUE UNDER PENALTY OF PERJURY. I acknowledge and agree that the Lease agreement contemplated may not be executed or that the owner, manager or agent of the apartment community may terminate such agreement without further notice if such agreement is executed based upon reliance upon any false or misleading statement made herein. Because damages would be difficult or impossible to ascertain, the reservation deposit in the amount shown below will be retained as liquidated damages upon confirmation of false information or if applicant fails to cancel or complete the Lease agreement on or before Lease Start Date. If applicant completes the rental agreement on or before this date the reservation deposit shall be held by RPM Company as part of their escrow deposit. If the applicant cancels the agreement within 72 hours of submitting this application (see date below) or if the applicant is not approved by RPM Company, the reservation deposit shall be returned within 21 days from the date of cancellation or non-approval.

### **APPLICATION FEE/DEPOSIT AGREEMENT**

In consideration for Owner taking the dwelling unit off the market while considering approval of this Application, the following fees/deposits must be paid at the time this Application is submitted:

Non-Refundable Admin Processing Fee (per applicant)	\$ <u>50.00</u>	Reservation Deposit (per apartment)	\$ <u>250.00</u>
Amount Paid	\$ _____		

## GUIDELINES, STANDARDS AND QUALIFICATIONS

RPM Company and it’s representatives will NOT discriminate against any person based on race, color, religion, sex, national origin, familial status or disability.

### **Maximum Occupancy Standard:**

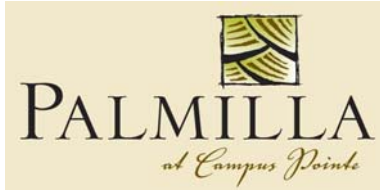
Two (2) persons per bedroom plus one (1) maximum occupancy (i.e. 2 bedroom = 5 persons, 2+2+1=5)

### **Rental Guidelines:**

- AGE REQUIREMENTS:** Lease holder(s) must be 18 years or older. All occupants 18 years or older must complete an application.
- EMPLOYMENT HISTORY/VERIFICATION:** Lease holder(s) must be on current job at least one full year or prior job must be minimum of one year and must provide one month of pay stubs for verification of income or written verification of employment and income from employer.
- SELF-EMPLOYMENT:** Lease holder(s) must provide copy of previous year’s personal tax returns and copies of personal bank statements for the last 3 months.
- INCOME:** Income must be at least 2.5x the amount of the rental rate for the purposed apartment to occupy.
- RESIDENCY:** Must provide 1 year of current verifiable rental history from a property management company, real estate company or mortgage company. Private owner accepted only if proof of payment can be furnished, i.e. canceled checks. NO Evictions.
- IDENTIFICATION:** All applicants must provide proof of identification with a current/unexpired government issued photo identification (ex. Driver’s License, Passport, Identification Card or Military Identification.) and Social Security Card/Tax Identification Number or Visa, Section 8 Voucher or any other HUD Program information (if applicable) for copying.
- CREDIT REQUIREMENTS:** Credit should be in good standing, with no outstanding judgments. Bankruptcies must be re-established for two years with strong employment and rental history. Bankruptcy must not include foreclosure on a home or prior apartment. A copy of your credit report is available to you upon request.

**I understand and authorize Owner’s agent to obtain a credit report and a criminal background report. I understand that any negative finding on my credit or criminal background reports, including any one felony conviction, except driving under the influence which is two felony D.U.I. convictions, or any two misdemeanor convictions, will not be acceptable for approval of my rental application.**

_____ Applicant	_____ Date	_____ Accepted By	_____ Acceptance Date
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**VERIFICATION OF RENTAL HISTORY**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Community: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ - \_\_\_\_\_

From: \_\_\_\_\_ (Agent for Palmilla @ Campus Pointe)

Telephone #: (559) 291 - 4000 Fax #: (559) 291-4040

**Subject: Verification of Present/Former Resident**

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

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

I hereby authorize the release of my rental history/information:

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

~~~~~  
**INFORMATION BEING REQUESTED:**

1. Move-In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Move-Out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Was a 30-Day Notice to Vacate submitted: YES / NO
3. Rental Rate: \$\_\_\_\_\_
4. Number of persons on the lease: \_\_\_\_\_
5. # of late payments: \_\_\_\_\_ # of returned checks (NSF): \_\_\_\_\_
6. Any Complaints: YES / NO \_\_\_\_\_ Pets: YES / NO \_\_\_\_\_
7. Would you re-rent to this person: YES / NO \_\_\_\_\_
8. Damages to Unit: YES / NO \_\_\_\_\_
9. Comments: \_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# EMPLOYMENT VERIFICATION

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_ Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

**Return Form To:**

**Palmilla @ Campus Pointe**  
**5082 North Primitivo Way**  
**Fresno, CA 93710**  
**559.291.4040 fax**

## THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_ Last Day of Employment \_\_\_\_\_

**Current** Wages/Salary: \$ \_\_\_\_\_ (check one)  
 hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ from: \_\_\_/\_\_\_/\_\_\_ through: \_\_\_/\_\_\_/\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (check one)  
 hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature Employer's Printed Name Date

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone # Fax # E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.