

*NorthStar Management & Consulting, Inc.*

**QUALIFYING CRITERIA**

**Mountain Village Apartments**

*The following criteria set forth the requirements to qualify for becoming a resident of our community.*

- Occupancy Limits: Two per bedroom plus one per apartment i.e.  
1 bedroom = 3 occupants, 2 bedrooms = 5 occupants.  
3 bedrooms = 7 occupants
- Must be 18 or over to apply.
- All individuals over the age of 18 occupying the rental unit must have an application processed and approved prior to move in.
- Official or legal documentation for residency required - applications will not be accepted without such documentation.
- Applicant's gross monthly income must be equal to or greater than 2.5 times the amount of the monthly rent. Paycheck stubs and verification by the employer will be required.
- The qualifying process will include:
  1. If a felony conviction and/or release from incarceration is less than 7 years, the applicant will automatically be disqualified.
  2. All felonies consisting of a sexual nature and or violent crimes will be automatically denied. Criminal convictions against property or persons (such as arson and/or theft) and drug manufacturing or distribution may result in disqualification if they occurred less than 7 years prior to applying for residency.
  3. Misdemeanor convictions of a violent or sexual nature may result in denial.
  4. Employment Verification-Work history consisting of no less than 6 consecutive months.
  5. Reference from previous landlord.
  6. Credit Check: an acceptable credit history is required, however discharged bankruptcies and medical bills may not reflect negatively.
  7. If applicant does not meet all of the above credit criteria, a higher deposit may be required.

The applicant's criteria will be considered in total. There may be elements that could collectively disqualify the applicant(s). The decision to approve or deny application(s) will be at the sole discretion of the Property Management.

This community complies with all Laws established by Fair Housing, HUD and ADA.

*Thank you for choosing this NorthStar Community as your new home!*

# APPLICATION FOR RESIDENCY

## PERSONAL DATA

APPLICANT'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ Email: \_\_\_\_\_

CO-APPLICANT'S NAME \_\_\_\_\_ DOB: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Dr. Lic. # \_\_\_\_\_

Email: \_\_\_\_\_ Home/Cell # \_\_\_\_\_

### PRESENT ADDRESS

From \_\_\_\_\_ To \_\_\_\_\_  
Street Name of Apts. Apt # City/State Zip  
 Reason for Leaving: \_\_\_\_\_

Rent Paid to: \_\_\_\_\_ Phone: \_\_\_\_\_

### PREVIOUS ADDRESS

From \_\_\_\_\_ To \_\_\_\_\_  
Street Name of Apts. Apt # City/State Zip  
 Reason for Leaving: \_\_\_\_\_

Rent Paid to: \_\_\_\_\_ Phone: \_\_\_\_\_

### ALL OTHER PERSONS TO OCCUPY PREMISES:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you been convicted of a crime in the past 7 years?  Yes  No If yes, please explain \_\_\_\_\_

(Resident may be denied based on the crime for which they were convicted.)

### ALL VEHICLES TO BE PARKED ON PREMISES:

Make/Model: \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Lic #/State: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Lic #/State: \_\_\_\_\_

### EMERGENCY CONTACT:

Address \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street City/State Zip

In the event of serious injury or death, the above named person  MAY  MAY NOT ENTER, remove, and/or store all contents found in the dwelling, storerooms, common areas, and mailboxes.

## EMPLOYMENT DATA

### PRESENT EMPLOYER:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City/State Zip

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Mo. Income: \_\_\_\_\_

### CO-APPLICANTS PRESENT EMPLOYER:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City/State Zip

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Mo. Income: \_\_\_\_\_

## FINANCIAL DATA

### CHECKING ACCOUNT:

Bank \_\_\_\_\_ Branch Address \_\_\_\_\_ Account # \_\_\_\_\_

### SAVINGS ACCOUNT:

Bank \_\_\_\_\_ Branch Address \_\_\_\_\_ Account # \_\_\_\_\_

## AUTHORIZATION

I declare all the above information to be true under penalty of perjury. Applicant hereby gives NorthStar Management & Consulting, Inc. and its authorized agents permission to utilize any and all of the above information to approve or disapprove this application. Any misstatement of fact may be grounds for terminating any agreement between applicant and landlord.

APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_ DATE \_\_\_\_\_

NorthStar Management Authorized Agent  
 Approved  Disapproved Manager: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

APT. # \_\_\_\_\_ COMMUNITY \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Move-In Date: \_\_\_\_\_

Furniture Rent: \$ \_\_\_\_\_ Lease Term: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ to \_\_\_\_\_

TOTAL MO RENT: \$ \_\_\_\_\_

### AMOUNT DUE UPON MOVE-IN:

Pro-rate Rent: \$ \_\_\_\_\_ (From \_\_\_\_\_ to \_\_\_\_\_)

Rent\* \$ \_\_\_\_\_ (From \_\_\_\_\_ to \_\_\_\_\_)

Security Deposit \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

\*Second month rent \$ \_\_\_\_\_ (From \_\_\_\_\_ to \_\_\_\_\_)



**NORTHSTAR**  
 MANAGEMENT & CONSULTING, INC.

**ADDENDUM to RENTAL APPLICATION**



Prospect Name \_\_\_\_\_ Date \_\_\_\_\_

Have you or ANYONE (regardless of age) who will be residing with you EVER:

- Been arrested, cited, prosecuted, plead guilty to or been convicted of any crime? . . [ ] Yes [ ] No
- Been placed on probation, parole, or affected by the Megan Laws? . . . . . [ ] Yes [ ] No
- Been in a gang, or are you currently a member of a gang? . . . . . [ ] Yes [ ] No
- Been involved in, or are you currently involved in any illegal activity? . . . . . [ ] Yes [ ] No
- Been evicted or had a forcible detainer filled against you? . . . . . [ ] Yes [ ] No
- Been petitioner in a case in bankruptcy court? . . . . . [ ] Yes [ ] No
- Had a warrant, or do you currently have a warrant for your arrest? . . . . . [ ] Yes [ ] No
- Moved to avoid eviction or because of problems with a tenant or landlord? . . . . [ ] Yes [ ] No

Please explain ALL "YES" answers in detail. (What happened, when, where, and the result.)

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Signature \_\_\_\_\_ Date \_\_\_\_\_

## DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application to rent a dwelling with Mountain Village Apartments, further known as ("Company"). I understand consumer reports will be requested by ACUTRAQ Background Screening. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of current and previous employers, reason for termination of employment, work experience, names and dates of current and previous tenancy, reasons for termination of tenancy, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with current and former employers and/or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand that the Company can use this disclosure and authorization to continue to obtain such consumer reports throughout my lease period.

### Authorization

**I hereby authorize procurement of consumer report(s) and/or investigative consumer report(s) by Company. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure such reports at any time during my lease period. I authorize without, reservation, any person, business or agency contacted by ACUTRAQ Background Screening, to furnish the above-mentioned information.**

### Summary of Rights: This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: ACUTRAQ Background Screening, P.O. Box 766 Elkins, Arkansas, 479-439-9174, upon proper identification, to obtain copies of any reports furnished to the Company by ACUTRAQ Background Screening and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and ACUTRAQ Background Screening, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). ACUTRAQ Background Screening will also disclose the recipients of any such reports on me which the ACUTRAQ Background Screening has previously furnished within one year preceding my request (California three years). I hereby consent to Company obtaining the above information from the ACUTRAQ Background Screening. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the ACUTRAQ Background Screening. I may view the ACUTRAQ Background Screening's privacy policy at their website: [www.ACUTRAQ.com](http://www.ACUTRAQ.com)

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

In connection with my application for rental, I direct the following regarding my current employer and/or landlord: (please check one).

- Yes, my current employer may be contacted  
 No, my current employer cannot be contacted  
 Yes, my current and previous landlord may be contacted  
 No, my current nor previous landlord may be contacted

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

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

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

Social Security No.: \_\_\_\_\_; Date of Birth: \_\_\_\_\_

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

**RESIDENT VERIFICATION REQUEST**  
(Please help us by filling this out and faxing back to us ASAP)

Date: \_\_\_\_\_  
 To: \_\_\_\_\_ Phone: \_\_\_\_\_  
 RE: \_\_\_\_\_

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

Resident Status:  Current  Former Apartment #: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Current Balance Due: \_\_\_\_\_ For? \_\_\_\_\_

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

Does / Did resident pay on time:  Yes  No How many late payments: \_\_\_\_\_

Any NSF's:  Yes  No If so, how many? \_\_\_\_\_

Breaking Lease?  Yes  No Lease Expiration: \_\_\_\_\_

Was 30-day notice of intent to vacate given:  Yes  No

Would you re-rent:  Yes  No

Any complaints/violations:  10 Day Notices  Health & Safety  Irreparable Breach  
 If yes, when? \_\_\_\_\_ For? \_\_\_\_\_

Bed Bugs?  Yes  No If yes, when? \_\_\_\_\_

Has treatment and follow up inspection been completed?  Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Name & Title of person completing this form \_\_\_\_\_

**Thank you for your cooperation.**

**NorthStar Management & Consulting, Inc.**  
**Property: Mountain Village Apartments**  
**Name: Cassandra Thompson**  
**Phone: 520-297-0804 Fax: 520-297-1712**

**AUTHORIZATION:**

I declare all the above information to be true under penalty of perjury. Applicant hereby gives NorthStar Management & Consulting, Inc and its authorized agents permission to utilize any and all of the above information to approve or disapprove this application. Any misstatement of fact may be grounds for terminating any agreement between applicant and landlord.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYMENT VERIFICATION REQUEST

(Please help us by filling this out and faxing back to us ASAP)

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

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

RE: \_\_\_\_\_

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

Employment Status:  Current  Former

Length of Employment: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

If hourly – Rate per hour: \_\_\_\_\_

Is overtime required:  Yes  No

If yes how many average overtime hours per month: \_\_\_\_\_

Probability of continued employment: \_\_\_\_\_

Any complaints/violations? \_\_\_\_\_

Comments: \_\_\_\_\_

Name & Title of person completing this form \_\_\_\_\_

### AUTHORIZATION:

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your cooperation.

**Property: Mountain Village Apartments**

**Contact Name: Cassandra Thompson**

**Phone: 520-297-0804 Fax: 520-297-1712**