

JOSEPH SKILKEN ORGANIZATION



Notice: Co-Applicant must complete a separate rental application form; contact office for details.

The undersigned hereby makes application to rent unit number \_\_\_\_\_ located at \_\_\_\_\_

Beginning on \_\_\_\_\_, at a monthly rental of \$ \_\_\_\_\_

PLEASE TELL US ABOUT YOURSELF

FULL NAME \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

ID #/State \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Names of All Other Occupants: \_\_\_\_\_ Total # of Occupants \_\_\_\_\_

How Many Pets? \_\_\_\_\_ Kind of Pet, Breed, Weight & Age \_\_\_\_\_

PLEASE GIVE YOUR RESIDENT HISTORY FOR THE PAST 3 YEARS (Beginning with the Most Current)

CURRENT ADDRESS \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

PREVIOUS ADDRESS (If within 3 years) \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

PREVIOUS ADDRESS (If within 3 years) \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

STATUS: \_\_\_ Employed Full-Time \_\_\_ Employed Part-Time \_\_\_ Student \_\_\_ Retired \_\_\_ Not Employed

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

CURRENT EMPLOYER (Or Most Recent) \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Your Gross Monthly Salary \$ \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date(s) Employed From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) \_\_\_\_\_ Tag No./State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

HAVE YOU EVER: Been sued for non-payment of rent? \_\_\_ Yes \_\_\_ No

Been evicted or asked to move out? \_\_\_ Yes \_\_\_ No Broken a Rental Agreement or Lease? \_\_\_ Yes \_\_\_ No

Been sued for damage to rental property? \_\_\_ Yes \_\_\_ No Declared Bankruptcy? \_\_\_ Yes \_\_\_ No

Please give any additional information that might help management evaluate your application: \_\_\_\_\_

How did you hear about our property? \_\_\_\_\_

In Case of Personal Emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Full Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, \$ \_\_\_\_\_ of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$ \_\_\_\_\_ as earnest money to be refunded to me if this application is not accepted within 5 business banking days. Upon acceptance of this application, this deposit shall be retained as part of the security deposit. When so approved and accepted I agree to execute a lease for 12 months before possession is given and to pay the balance of the security deposit within 2 business banking days after being notified of acceptance, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit character, and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant thereby waiving any claim for damages by reason of non-acceptance.

The undersigned does hereby consent that all information stated on the application may be verified and processed by Joseph Skilken Organization. This may include rental, credit and police reports. I also authorize current and previous landlords and employers to release to Joseph Skilken Organization any information pertaining to rental and/or employment history. I release all parties from any liability in connection with the provision and use of such information.

In signing this rental application, I certify that all information is complete and accurate. If any misrepresentations, omission, or falsification is discovered, it will constitute grounds for denial. I also agree that all information pertaining to my rental history can be released for future reference verification.

I AUTHORIZE YOU TO CONTACT PREVIOUS LANDLORD(S), CREDIT AND PERSONAL REFERENCES THAT I HAVE GIVEN IN THIS APPLICATION. I ALSO AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT.

The above information, to the best of my knowledge, is true and correct.

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

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**JOSEPH SKILKEN ORGANIZATION**  
**RENTAL POLICY**

**THIS COMMUNITY WILL NOT DISCRIMINATE AGAINST ANY PERSON**

- **OCCUPANCY STANDARD:** (2) Person Max Per Bedroom
- **AGE REQUIREMENT:** Lease holder(s) must be 18 years or older. All occupants 18 years old or older will be required to complete an application (even if living with parent or guardian).
- **INCOME REQUIREMENTS:** The gross monthly income of all lease holders will be considered jointly, and must equal three times the rental amount and be able to be verified.
- **EMPLOYMENT VERIFICATION:** Lease holder must be currently employed or provide written evidence of regular income sufficient to at least three times the rental amount for the duration of the lease.
- **SELF EMPLOYMENT:** Must provide the previous years income tax return and the past two (2) months personal bank statements as evidence of sufficient income. Commission only jobs are to be considered "self-employed".
- **RESIDENCY:** Upon (2) years residence history will be reviewed and must exhibit no derogatory references. Any debts owed to Concierge property must be paid before lease can be approved.
- **CREDIT REQUIREMENTS:** The credit history will be reviewed. Collections, judgments, bankruptcy, eviction or accounts past due 60 days will contribute to an unfavorable decision.
- **PETS:** Pets must be under 65 pounds and no restricted breeds are allowed. All dogs must be kept on a leash and residents must pick up after pet at all times.
- **CRIMINAL BACKGROUND:** If applicant has any criminal history involving conviction, violence, firearms, drugs, theft, domestic or crimes involving a minor, applicant will not be approved.

**ADDENDUM TO APPLICATION**

1. Are you a current illegal abuser of a controlled substance: \_\_\_\_\_?
2. Have you ever been convicted of a felony: \_\_\_\_\_?
3. Have you ever been convicted of being in possession of a controlled substance: \_\_\_\_\_?

I understand and accept these qualifying standards, and have truthfully answered all questions. Further, I understand that falsification of this application will lead to denial of rental. This enables us to accept as prospective residents those persons who are credit worthy, and do not have a criminal background.

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Signature

Date

APPLICANT: PLEASE DO NOT WRITE BELOW

Payment of \$ \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_\_

Reference Verification Name	Reference Comments

THIS APPLICATION:  APPROVED  NOT APPROVED

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

If not approved, specify reason(s): \_\_\_\_\_

Applicant Notified By: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Notified by:  LETTER (attach copy)  FORM  TELEPHONE  FAX  IN PERSON

Approval Code: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_