



East High Village
 C/O Property Management, Inc.
 P.O. Box 622
 Lemoyne, PA 17043

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Visit our website at: www.rentpmi.com



Tenant Selection Guidelines

PMI uses the following forms of criteria for successful applicant leasing of an apartment:

1. **Sufficient verifiable monthly gross income.**
2. **Positive credit history.**
3. **Prior/most recent housing rental history must be verified as positive.**
4. **Satisfactory Results from Nationwide Criminal Background Check.**
5. **Application will be rejected and/or tenancy for existing tenants will not be renewed if any member of applicant's or tenant's household is subject to sex offender registration.**

An applicant may be rejected for failing to meet the minimum standards for any one (1) or more of these above criteria. PMI properties perform authorized third party criminal background searches on ALL otherwise qualified applicants. Applicants who also insist on housing an unqualified pet or inappropriate number of co-applicants/dependents in the unit (local occupancy or BOCA codes will be maintained) may be refused lease approval on this basis. Finally, if the applicant provides incomplete, inconsistent, or false information on the application it may also be rejected.

Please have the following with you when you turn in your application.

- An application completed for all adults who wish to occupy the unit.
- A \$25.00 (per applicant) check or money order for a non-refundable credit check fee.
- A check or money order for \$50.00 to reserve an apartment for you. This will be applied to your security deposit if approved. This will be refunded if you are rejected. If you cancel the application at any time, this money will be forfeited. The balance of security is due at lease signing.
- Driver's License or State/Federal issued photo identification.
- Social Security Card (original and non-lamented). If you do not have a social security card, you will only be considered for acceptance if you can provide a United States issued Visa, Passport or I-94 document.
- Pay stub or proof of income. Proof of income can be confirmed from the last two pay stubs. If the applicant is self-employed then the most current tax return must be provided. If the applicant has just started a new job, they must provide an employer certified statement of salary/wage rate.

The application process will only begin when all items/information that is needed is supplied. Once all information has been received, the application process will take about 48 hours, depending upon verification of all information. We will notify you of our decision by phone. If you have any question in the meantime, please call.

New residents are responsible for any utility connection fees.

If a current resident has referred you to us, please indicate the resident's name and/or address below.

Name _____

Address _____

"This institution is an equal opportunity housing provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

**PROPERTY MANAGEMENT, INC.
APPLICATION FOR RENTAL**

FOR OFFICE USE ONLY	
Applicant #:	_____
Date received:	_____
Time received:	_____

PROPERTY: East High Village BASE RENT: _____
 APARTMENT #: _____ ADDITIONAL PET FEE: _____
 TYPE: _____ SECURITY DEPOSIT: _____

APPLICANT NAME: _____
(LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS: _____
(STREET) (APT. #)

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE#: _____ WORK PHONE#: _____

CO-APPLICANT OR CO-HEAD WORK PHONE#: _____

PRESENT OCCUPATION:	CO-APPLICANT'S PRESENT OCCUPATION:
1) Employer: _____	2) NAME: _____
Address: _____	ADDRESS: _____
Phone#: _____ # Years: _____	PHONE #: _____ # Years _____
Annual Income: _____ wk/mo/yr (circle one)	Annual Income: _____ wk/mo/yr (circle one)

LIST THE HEAD OF HOUSEHOLD AND ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD.

MEMBER #	FULL NAME (LAST, FIRST, MI)	RELATIONSHIP	BIRTH DATE/ AGE	SEX	SOCIAL SECURITY	Full-Time Student
1						
2						
3						
4						
5						
6						

- YES NO 1 Do you expect any additions to the household within the next twelve months?
 Name & Relationship: _____
 Explanation: _____
- YES NO 2 Do you have full custody of your children?
 Explanation of custody arrangements: _____
- YES NO 3 Have you ever filed bankruptcy?
 Explanation: _____
- YES NO 4 Have you ever been convicted of a crime? If YES please provide specifics for ALL crimes for which you have been convicted.: _____



Housing References: List the past THREE (3) years of housing references.
(If additional space is required, please list on a separate sheet of paper and attach to this application.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1	_____	_____	Own _____	_____
	_____	_____	Rent _____	
	Phone: () _____			

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
2	_____	_____	Own _____	_____
	_____	_____	Rent _____	
	Phone: () _____			

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
3	_____	_____	Own _____	_____
	_____	_____	Rent _____	
	Phone: () _____			

Have you ever been evicted for any reason? YES NO (Circle One)
 If YES, please explain: _____

Personal References:
 List two personal references other than a relative.

1	<u>Name/Address of Reference</u>	2	<u>Name/Address of Reference</u>
	_____		_____
	_____		_____
	Phone: () _____		Phone: () _____
	Relationship: _____		Relationship: _____
	Years Known: _____		Years Known: _____

Vehicle Identification:

1	License Plate#: _____	State Issued: _____	Make/Model/Year: _____
2	License Plate#: _____	State Issued: _____	Make/Model/Year: _____

Emergency Contact:

(If possible list someone in the area that is not listed on the application.)

1	<u>Name/Address</u>	2	<u>Name/Address</u>
	_____		_____
	_____		_____
	Phone: () _____		Phone: () _____
	Relationship: _____		Relationship: _____

Income Information: Include all income anticipated for the next 12 months.
For each YES answered, provide details in the space provided below.

- YES NO 1 Is any member of your household employed, full-time, part-time or seasonally?
- YES NO 2 Does any member of your household expect to work for ANY period during the next twelve (12) months?
- YES NO 3 Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?
- YES NO 4 Does anyone in your household now receive or expect to receive unemployment benefits?
- YES NO 5 Does anyone of your household now receive or expect to receive child support?
- YES NO 6 Does any member of your household now receive or expect to receive alimony or support payments?
- YES NO 7 Does any member of your household receive or expect to receive public assistance (welfare, AFDC)?
- YES NO 8 Does any member of your household receive or expect to receive social security benefits?
- YES NO 9 Does any member of your household receive or expect to receive income from a pension or annuity?
- YES NO 10 Does any member of your household receive cash contributions from individuals not living in the unit?
- YES NO 11 Does any member of your household receive income from assets, including interest on checking or savings accounts, interest or dividends from certificates of deposit, stocks or bonds, income from rental property?

For each YES answered list the family member, the source of income and amount of income, that can be expected from that source during the next twelve months

Household member: _____
Source: _____
Annual Amount: _____
Address _____
Phone#: () _____

Household member: _____
Source: _____
Annual Amount: _____
Address _____
Phone#: () _____

Household member: _____
Source: _____
Annual Amount: _____
Address _____
Phone#: () _____

Household member: _____
Source: _____
Annual Amount: _____
Address _____
Phone#: () _____

Household member: _____
Source: _____
Annual Amount: _____
Address _____
Phone#: () _____

Household member: _____
Source: _____
Annual Amount: _____
Address _____
Phone#: () _____

Asset Information:

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold or currently have access to. Include the value of the asset and corresponding income from the asset in the space provided. Include ALL assets held by ALL household members including minors.

Do YOU or ANYONE in your household hold:

YES NO 1 **Checking or savings accounts?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____

YES NO 2 **CD's, money market accounts or treasury bills?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____

YES NO 3 **Stocks, bonds or securities?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____

YES NO 4 **Trust funds?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____

YES NO 5 **Pensions, IRA's, KEOGH or other retirement accounts?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____

YES NO 6 **Cash on hand over \$500.00?**

Household Member: _____

Amount: _____

YES NO 7 **Real estate, rental property, land contracts/contract for deeds or other real estate holdings?**
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property?)

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____

YES NO 8 **Personal property as an investment?** *(This includes painting, stamp & coin collections, etc...)*

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

YES NO 9 **Have you or any household member disposed of or given away any asset(s) for less than fair market value within the last 2 years?**

Household Member: _____ Amount: _____

Explanation: _____

Allowances:

Are YOU or ANYONE in your household:

YES NO

1 Qualify for an elderly deduction?

Household Member(s) Date of Birth

YES NO

2 Qualify for a handicap deduction?

Household Member(s)

YES NO

3 Paying for medical insurance, doctors bills, prescriptions?

(Medical Allowance apply only if you answered YES to questions #1 or#2)

Household Member Sources

YES NO

4 Pay for childcare?

Source Child(ren)'s Name Age Weekly Amount

5 Are you a legal U.S. Citizen or a legally Admitted Alien? YES NO

Student Information:

Are YOU or is ANYONE in your household:

YES NO

1 Currently a full-time student, or planning to be one within the next 12 months?

IF YES, STUDENT MUST CONTINUE WITH THE FOLLOWING QUESTIONS:

(You will need to provide verifications of all items to which you answered YES.)

YES NO

a. Are you married and currently filing a joint tax return?

YES NO

b. Are you receiving AFDC (Aid to Families with Dependent Children)?

YES NO

c. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar, local or state program?

YES NO

d. Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return?

YES NO

e. Will you be living with someone who is not a full-time student? If so, who?:

I have paid a \$ _____ NON-REFUNDABLE credit check processing fee.

I have deposited \$ _____ deposit for this application. I understand that if the application is rejected the \$ _____ will be returned within 30 days. If my application is accepted but I do not move into the property for any reason the total amount paid for the deposit will be forfeited. If the application is accepted, the application fee will be applied to the security deposit.

PLEASE READ CAREFULLY - APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts setforth on the application are true and complete to the best of my knowledge. I understand that if incomplete, or false information is provided on the application it may be rejected. If accepted, falsified statements on this application shall be considered sufficient cause for eviction. I'm hereby authorizing management to perform an investigation of my rental history, criminal history, court records, credit and financial histories, and employment through any investigating or credit agencies of management's choice.

(Applicant) (Date) (Applicant) (Date)

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

ETHNICITY: Hispanic or Latino _____ Not Hispanic or Latino _____

RACE: (Mark one or more)

- _____ 1. American Indian/Alaska Native _____ 4. Native Hawaiian or Other Pacific Islander
- _____ 2. Asian _____ 5. White
- _____ 3. Black or African American _____ 6. Other (Name)

GENDER:

_____ Male _____ Female

**CONSUMER NOTICE FOR TENANTS
THIS IS NOT A CONTRACT**

Christal Martin (Licensee) hereby states that with respect to this property
East High Village (Property name), I am acting in the following capacity: (check one)

Owner/landlord or the Property

A direct employee of the Owner/Landlord; OR

An agent of the Owner/Landlord pursuant to a property management or exclusive leasing agreement.

I acknowledge I have read this Notice: _____ (Consumer) _____ (Date)

_____ (Consumer) _____ (Date)

I certify that I have provided this Notice: _____ (Licensee) _____ (Date)

FOR OFFICIAL USE ONLY

Application Fee\$ _____ Date: _____ Move-in Date: _____ Check/Money Order: _____

Applicant:
Address: _____ Date: _____ With: _____ By: _____ Remarks: _____

Employment: _____ Date: _____ With: _____ By: _____ Remarks: _____

Credit: _____ Date: _____ With: _____ By: _____ Remarks: _____

Criminal: _____ Date: _____ With: _____ By: _____ Remarks: _____

Manager Approval: _____ Date: _____

"This institution is an equal opportunity housing provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

CONSENT

I authorize and direct any Federal, State, or local organization, business or individual to release to Property Management, Inc. any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance, under USDA – Rural Development Multifamily Housing Assistance Programs.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Credit or Criminal Activity
Residence/Rental Activity	Income or Assets
Clinical or Medical Information	Child or Medical Allowances

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in, a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Colleges and Schools	Courts and Police Depts.
Law Enforcement Agencies	Post Offices	Utility Companies
Social Security Administration	Credit Bureaus	Credit Providers
Retirement Systems	Medical Providers	Child Care Providers
State Unemployment Agencies	Veterans Administration	Support /Alimony Providers
Banks and Financial Agencies	Welfare Agencies	Past/Present Employers

I understand that I have a right to notification of any adverse information found and a chance to disprove that information.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect until it is withdrawn.

Head (Signature) (Print name) (Date)

Spouse (Signature) (Print name) (Date)

Adult Member (Signature) (Print name) (Date)

Adult Member (Signature) (Print name) (Date)

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