

3601 18<sup>th</sup> Street South, Suite 117 St. Cloud, MN 56301 Phone: 320.255.9910

Fax: 320.255.5128

### **Resident Selection Criteria**

Thank you for choosing Essence and our family of Apartment and Townhome rental communities. We are an Equal Opportunity Housing Provider. We fully comply with all federal, state and local fair housing, civil rights and equal opportunity laws. All applicants must be 18 years of age or older, or a legally emancipated minor. As a professional management company, there are criteria that all of our applicants must meet.

#### **Occupancy Limits**

Two (2) people may occupy a 1-bedroom apartment. Four (4) people may occupy a 2-bedroom apartment with a maximum of 2 unrelated adults. Six (6) may occupy a 3-bedroom with a maximum of 3 unrelated adults. (We do make exceptions for household size if a minor is 1 year or under.)

#### Credit

Applicants are asked to have a positive credit history. A negative history may include but is not limited to: judgments, delinquent credit obligations, foreclosure, collection actions, and bankruptcy. Negative items on credit report may be grounds for denial of an application or possible approval with exception\*

### Criminal Background

An applicant with a criminal history may be denied. This includes many felonies -felonies that are a sex crime, violence against another, armed offenses, robbery, burglary, drug crimes and so forth, gross misdemeanors that are a sex crime, violent crime, armed crime, or other violent crime or a crime that puts our residents at risk. Nature and severity of conviction(s) and how much time has passed are considered. Please feel free to discuss any criminal history with management.

#### **Rental History**

Applicants are asked to have a positive rental history. We ask for a minimum of 1 year verifiable rental/mortgage history of all prospective lessees. If there is no rental history, or less than 1 year, an applicant may be considered with exception\* Negative items that also will be considered (i.e. evictions/ unlawful detainers, non-renewals, household safety/health violations, lease violations, unpaid rent etc.) on one's rental history may be grounds for denial of an application. Please feel free to discuss any rental history concerns with management.

#### **Income Requirements**

Applicants are asked to have an income of 2 times the amount of the apartment rent. If the income is less than 2 times, an applicant may be considered with exception\* Some sites may have a maximum income limit per household size based on the county of that site.

#### **Photo Identification**

Prior to viewing an apartment and or applying for residency, all adults will be required to show valid photo identification.

## **False Information**

Any applicant found to have knowingly falsified, misrepresented, or withheld any information on an application will be denied residency.

\*Exception: 1) a qualified guarantor and/or 2) additional deposit.

Security Deposits: \$450 -\$600 depending on s I have read the above information and fully t	11
Printed Name:	Printed Name:
Signature:	Signature:







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(320) 255-9910

# **RENTAL APPLICATION**

Date P	roperty Name		Unit#	Unit Size			
Deposit Paid \$	Ck/MO #	Ck/MO # Application Fee Paid \$ Ck/MO #					
Monthly Rent \$	Move In	Date					
Storage Rent \$	Ti	ime	Total Rent Due \$				
				ediately after approval.			
PERSONAL INFORMA	ATION-Please Print C	learly					
	PRMATION-Please Print Clearly Middle Name: Last Name:						
	Social Security #:						
	Phone: ()						
Email:	Cell Phone: ()						
PRESENT Address:		Apt #: _		Rent Amount: \$			
City:	State:Zip:	Move-In Date:		_ Move-Out Date:			
Present Landlord/Manag	ger:		Phone: (	)			
PREVIOUS Address: _		Apt #:		Rent Amount: \$			
City:	State:Zip:	Move-In Date:		Move-Out Date:			
Present Landlord/Manag	ger:	1	Phone: (	)			
MONTHLY INCOME							
Employer:		Contact or Supervisor's 1	Name:				
Monthly Income: \$	St	art Date:	End Date:				
Address:	City:	State:	_Zip:	Phone: ()			
OTHER SOURCES OF	INCOME (Assistance	e, Part-Time Job, Etc)					
Source/Contact:		Amount Per Month	ı:	Phone: ()			
BANK REFERENCE (I	ndicate Bank Branch	and Services Used)					
Name:	Please circle all that apply: Checking Savings Loan						







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PERSONAL RE	FERENCE
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In Case of	of Emergency P	lease Co	ontact:	_					
Address:		City	:	State:	Zip:	Phone: ()			
MOTOR V	EHICLE								
License	Plate #:		Make:	Year:	Year: Model &		Monthly Paymen	t: \$	
PET(S): _	(S):NOYES Type:		Weig	Weight:		Color:			
HAVE YO	U EVER? (C	ircle A	nswer)						
Hav If yo (You	e you ever been ou answered YE	evicted S to eith	or asked to vener of the question to prov	(except driving acate? stions above, pl	ease explai	n:	YES NO YES NO		
				Relation	ship:		D.O.B.:		
	Name: Name:								
	Name:								
Name: _				Relations	ship:		D.O.B.:		
such informa		nsidered	grounds for a	denial of this ap			disclose knowing that fail	ilure to disclose	
may be deni may be acce be refunded.	ed and that he/septed or rejected	the has of by Ess anageme	only applied for ence Manage ent notifies the	or a tenancy. T ment. If Essen e Applicant tha	his form is ce Manage	not a lease, bement does no	nts or omissions on this at an application and off t accept this application accepted, Applicant m	er to lease which, the deposit wil	
MN 55344 to include, but collection puprovides info	to verify the in will not be lim urposes. I releat formation in con	formation ited to, it is and his innection	on on this for rental history, sold harmless with my app	m and prepared income verificany public agen olication for res	obtain a c ation, crim ncies, courn ntal housin	onsumer or in inal history, on its, law enforce g. I authorize	e. 7525 Mitchell Rd, #30 evestigative consumer recredit bureau files for creement agencies and any Essence Property Manany time for any reason.	eport which may edit granting and other source that agement, and its	
Essence	Property Manag	gement S	Signature & D	Pate		Applicant	Signature & Date		



