

Application Process

Thank you for choosing The Flats at Fox Hill as your new home.

To Apply, please complete the following steps:

- Complete & Sign the Application for Residency
- Provide Two Forms of ID for Verification:
 - One Photo ID
 - Social Security Card
- Proof of Income:
 - Typically presented as 2 months of most recent, consecutive paystubs; please inquire with leasing professional on additional acceptable forms of Proof of Income
 - **Please note that some Proof of Income forms may require Management Review & Verification**

*All supporting documents must be submitted within 3 days of application date. Failure to submit all requested supporting documents will result in a cancellation of the application and forfeiture of all fees paid.

Investment:

- Application Fee: \$50.00 Per Applicant
- Reservation & Admin Fee: \$300.00 per home, due at time of application.
 - Approved applications: \$100 of your reservation fee will be applied to rent due at move in. \$200 of your reservation fee will be applied towards your municipal occupancy inspection fee and your admin fee.
 - <u>Cancellation:</u> \$100 of the reservation fee is <u>ONLY</u> refundable in the event the application is not approved. Cancellation of your rental application will result in a forfeiture of all fees paid at the time of application.
- <u>Security Deposits:</u> Subject to credit and background screening, security deposits will be equal to \$99, \$300, a half month's rent, or full month's rent.
- Renter's Insurance: Our community requires renter's insurance for all residents. The Flats at Fox Hill must be listed as additionally insured. Please inquire for coverage details.

Lease Agreement:

 Leases can be signed electronically, or in person. We ask that all lease agreements are signed within 72 hours of application approval.



Application for Residency

For Office Use Only: Leasing Professional:			
Date:	_ Apartment Add	ress:	
Monthly Rent:	Concess	ion/Special:	
Move-In Date:	Lease Te	erm:	to
Applicant Type: L	_ease Signer	Guarantor _	Occupant

Applicant Information						
Full Name:						
Date of birth:	SSN:			Phone:		
Email Address:						
Current address:						
City:		State:				ZIP Code:
Own Rent (Please circle)	Monthly p	ayment or re	nt:			How long?
Reason for Moving:						
Previous address, if less than 2 years	at current:					
City:	State:					ZIP Code:
Owned Rented (Please circle)	Monthly p	ayment or re	nt:			How long?
Driver's License Number:		I	Issuing St	ate:		
Employment Information						
Current employer:						
Employer address:						City:
State: Z	Zip Code:			Length of Employme	ent:	
Phone:	E	-mail:				Fax:
Position:	Hourly	Salary (P	lease circ	le)	Annual inco	me:
Emergency Contact						
Please initial to signify that in the event of serious illness or other circumstances, the below person may have access to the leased premises and contents within.						
Name (must not reside in apartment h	ome):					
Address:						
City: State:		ZIP Code:		Phone:		
Relationship:						
List all other Minor Occup	ants					
Name:						
Date of birth:	SSN:		Phone:			
Name:						
Date of Birth: Si						Phone:
Name:						
Date of Birth:		SSN:				Phone:
Pet Information						
Pets are accepted only with consent of the Management and are subject to breed and weight restrictions.						
Do you have any pet(s)? Yes No # Pets: Vet records may be required to substantiate breed.						
Pet #1: Type: Dog Cat Breed: Weight:			Weight:			
Pet #1: Type: Dog Cat						
Please initial to signify that you have a service or emotional support animal, and require a request for reasonable accommodation form.						
Vehicle Information					request for re	asonable accommodation form.
venicle information					Tequest for re	asonable accommodation form.
Make:		Model:			Tequest for re	License Plate:

Have you, or any anticipat substance? Yes		ises, been convicted of the ill	egal possessior	n, manufactu	ring, or distribution	of any controlled
Have you, or any anticipat	ed occupant of the Premi	ises, been convicted of a sex	offense?	_Yes	No	
Have you, or any anticipat	ed occupant of the Premi	ises, filed Bankruptcy?	_Yes No	(if yes, proc	f of discharge may	be required)
Have you, or any anticipat	ed occupant of the Premi	ises, been evicted? Ye	es No			
Terms & Conditions of A	pplication:					
application and my rental I or not, is not refundable. I to make a tone-time electr withdrawn from my bank a	iability shall commence phereby understand that, lonic payment from my chacount as soon as the sappear under the "electro	approval of this application, to bursuant to the terms of the leby paying the foregoing fees necking account. The electrorame day payment is received onic items" section on my bantem.	ease. I agree that by check, I am a nic payment will . I further unders	at the applica authorizing l be for the a stand that m	ation fee, whether m andlord to use the i mount indicated on a y check will not be r	y application is approved nformation on my check my check and may be eturned by the financial
the apartment home herein not approved for any other requested by Landlord, wit entitled to retain the holdir Landlord as a reasonable	n for occupancy by the un reason other than the fa thin 3 days of such reque ng fee to cover Landlord's estimate of the actual cos	n fee, I agree that the holding indersigned upon approval of alsification of information by a set, the foregoing holding fee is various costs of holding suc sts to Landlord to hold the un osit payable pursuant to the le	this application pplicant, or failu shall be refunde h apartment hor it for my occupa	and execution are execution and execution ar	on of a lease agreer e any documents or lersigned. Otherwise nd I agree to this ar	nent. If this application is other information e, Landlord shall be nount being retained by
I have read the foregoing, approval of this application		on herein is TRUE and CORR	ECT, that this a	ipplication is	submitted for the p	urpose of inducing
criminal history questions my lease agreement. Furtl	above, or any false state ner, if I subsequently am	agent for Landlord to verify and ment on the application, can involved in conduct which wo the apartment home), I unde	lead to the reject ould result in a "y	ction of my a	pplication and/or im	mediate termination of stions set forth above
report may contain, but wo residences, employment a I release all concerned fro Fair Credit Reporting Act, consumer report, I will be card. I also consent to, and or transfer, or with the coll-	ould not be limited to, a cound income. I further auth many liability in connecting Section 606(B) to make a required to furnish two fold authorize the use of, arection of any debt associ	nt, I authorize you to secure from the consumer credit report, a criminarize you and the consumer into the consumer into the consumer into the consumer request of you of the consumer report of the consumer	nal history reco reporting agency give. I have also e investigation. I my identity. I will ort(s) under this lence for which	rds investiga y to verify al o been advis understand I be required authorizatio the applicati	ation, a rental history I information contain ed that I have the rig that, in order to per I to submit a photo I n in connection with on was made. Finall	and verification of my ded in this application and ght, under the Federal form the investigative D, and social security any future assignment y, I acknowledge receipt
I have fully read and unde	rstand all the provisions o	of this application and acknow	vledge receipt o	f a complete	ed copy of same.	
Applicant		Date				
Leasing Professional		Date				
I attest that I have examine appear to be genuine.	ed the identification docu	ments below presented by th	e above-named	applicant to	verify identity and t	he listed documents
For Office Use Only:						
Application Fee: \$	Received by:	Date:	Che	eck/MO Nun	nber:	
Holding Fee: \$	Received by:	Date:	Che	eck/MO Num	ber:	



Applicant Identity Verification	
(For Office Use Only)	

Name of Applicant (as it appears on photo ID):	
Circle documents presented. Initial and date upon verif	ication of each form of identification.
One of each of the documents below must be presented	ed:
ONE photo identification:	
 Driver's License or ID card issued by federal, state entity, provided it contains a photograph or infor height, eye color, and address (School ID card will be military dependent's ID card) US Passport or US Passport Card (expired or color be provided by the color of the color be provided by the color by the color be provided by the color by	mation such as name, date of birth, with a photograph, US Military card, urrent) Receipt Card (Form I-551)
AND the following document:	
US Social Security Card issued by the Social Se	ecurity Administration
By signing below, I confirm that I have verified the document(s) applicant to verify identity, and the listed document(s) a	· , ,
Leasing Professional's Signature	Date