

## Tenant Selection Criteria

Dear Prospective Resident:

The following summarizes the charges and the requirements necessary to qualify for an apartment in our community. In order to process your application, we must receive and verify from all applicants, a government issued photo identification. In addition, all applicants must also provide a Social Security card. If we cannot verify identity through our screening process, applicant may be required to show additional documents verifying the Social Security number.

- All applicants must be at least 18 years old.
- One application must be completed per household and a non-refundable fee of \$22 for a credit and criminal background check for every person 18 or older.
- If there is more than 1 applicant, each applicant must qualify independently, as it relates to criminal and rental history. Income will be combined to determine eligibility. Your source of income must be from a verifiable source.
- Occupancy Standards states no more than 2 people per bedroom are allowed.
- Applicant must have positive past landlord verification and must have prompt payment history that is verifiable.
- Applicant must not have more than 5 outstanding balances on his or her credit report, with the exception of medical bills and student loans.
- If prior residential history is from a home with a mortgage, this will be considered in lieu of landlord history.
- No prior judged evictions.
- Proof of utilities must be obtained before move-in.
- Proof of Federal and State Tax Return must be obtained before move-in.
- No prior landlords in collections, unless they have a written payment plan with a note from that landlord.
- Applicant must not have been convicted of a felony with the exception of flagrant nonsupport of child support.
- Applicant must not have been convicted of a misdemeanor in the last 5 years, involving the use, possession or intent to distribute a controlled substance or illegal drug or convicted of a crime involving violence against any person including, but not limited to, any form of assault, battery, domestic violence, and/or harm, injury or assault.
- Applicant must not have been convicted of any crime involving sexual menacing, assault or molestation offense, including children.
- No Pets Are Allowed

\_\_\_\_\_  
Prospective Resident                      Date

\_\_\_\_\_  
Prospective Resident                      Date

\_\_\_\_\_  
Property Manager                      Date





Anticipated change(s) in family size? \_\_\_\_\_ Anticipated changes in student status? \_\_\_\_\_

**Anticipated Income: Present employment and all income received by all household members:**

Member Number	Source of Income: Indicate Name of Source: Employer, Social Security, SSI, Child Support Address and telephone number	Position	Dates Employed	Gross Monthly

**Bank References:**

Member Number	Bank Name & Location	Checking Or Savings	Avg Balance	Interest Earned? Yes/No

**Assets:**

Member Number	Describe type (Stocks/Bonds, Property/Real Estate, IRA, etc.)	Value
		\$
		\$

**Credit References: (Credit Cards, School Loans, Car Payment, Mortgage Payment, etc.):**

Member Number	Company Name (Creditor)	Monthly Payment	Balance Due

**Vehicles: (Including company cars, motorcycles, etc.)**

Member Number	Driver's License #	Make/Model	Year/Color	Car Plate #	Monthly Payment

**Residence History and Current, Previous Landlords:**

Current Address	Monthly Rent	Utilities/month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone #	
Previous Address	Monthly Rent	Utilities/month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone #	

**Emergency Contacts:** (In the event of an emergency, designate someone to contact on your behalf)

Name	Address	Relationship	Phone #

**Medical/Disabled/Handicap Assistance Expenses**

Do you wish to apply for an elderly exemption? (to meet the definition of elderly, the head of household or the spouse/co-tenant of the head of household must be age 62 or older or disabled or handicapped.) YES \_\_\_\_\_ NO \_\_\_\_\_

**Medical Costs:**

- Head of Household Medicare Premiums – Monthly Amount \$ \_\_\_\_\_  
Spouse/Co-Tenant Medicare Premiums – Monthly Amount \$ \_\_\_\_\_
- Medical Insurance Coverage – List NAME of Insurance Company and premium.  
Head of Household \_\_\_\_\_ \$ \_\_\_\_\_  
Spouse/Co-Tenant \_\_\_\_\_ \$ \_\_\_\_\_
- Anticipated Medical/Drug/Prescription costs NOT covered by insurance or reimbursed for the next 12 months: \_\_\_\_\_ \$ \_\_\_\_\_
- Medical Bills or Outstanding Costs you are making monthly payments for:  
Payments are being made to: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Monthly Payment Amount \$ \_\_\_\_\_
- Are you seeing a Physician regularly? (Y/N) \_\_\_\_\_  
Name of Dr. \_\_\_\_\_ Address \_\_\_\_\_
- Any other medical expenses not included above? Explain below and include payment amount.  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Disability and/or Handicap Assistance Expenses. Complete ONLY if Disability/Handicap Expenses allow the disabled/handicapped or another household member to WORK:

List type of expenses, paid to whom and weekly amount: \_\_\_\_\_ \$ \_\_\_\_\_

**Child Care Expenses**

Is Childcare expense due to Employment or Education? (Y/N) \_\_\_\_\_

Name(s) of Children Cared For:

_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

Reasonable unreimbursed child care expenses for the care of children age **13 and under** are deducted from annual income if (1) the care enables a household member to work or go to school; (2) no other adult household member is available to care for the children; and (3) in the case of child care that enabled a household member to work, the expenses deducted do not exceed the income generated by that household member. If the child care provider is a household member, the cost of the children's care cannot be deducted.

Breakdown of Costs Incurred:

Name & Address of Person and/or Agency caring for the Children:

\_\_\_\_\_

\_\_\_\_\_

Weekly cost for Childcare \$ \_\_\_\_\_

**Criminal Background/Criminal History**

Do you have a criminal, civil or small claims record? (Y/N) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Special Needs**

Does anyone in your family/household have special needs? (Y/N) \_\_\_\_\_

Special living accommodations required? (Y/N) \_\_\_\_\_

Please explain: (ground floor apartment, grab bars in bathrooms, modified/removed cabinetry around sinks in kitchen and/or bathroom, doorbell signaler for hearing impaired, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Patchen Pointe Apartments, Ltd.

200 Walker Court, Danville, KY 40422

Phone/Fax: (859)236-1637

## TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned hereby authorize \_\_\_\_\_, to release without liability, the information regarding my/our employment, income, assets, credit report and criminal background check to **Patchen Pointe Apartments, Ltd.**, for purposes of verifying information provided as part of my/our apartment rental application.

### INFORMATION COVERED

**I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income and assets; medical or child care allowances; credit report, property ownership and criminal background check. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.**

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The group or individuals that may be asked to release the information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks/Financial Institutions
Medical and Child Care Providers	Credit/Criminal Background Agencies	

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that I/we can provide is incorrect.

Signatures:

\_\_\_\_\_  
Head of Household (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Co-Tenant (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Other Adult Member (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Other Adult Member (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

Note: This general consent may not be used to request a copy of a tax return, if a copy of a tax return is needed, IRS form 4506 "Request for a copy of Tax Form" must be prepared and signed separately.

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## VERIFICATION OF U.S. CITIZENSHIP LEGAL U.S. RESIDENCE STATUS

Complete one (1) form for every adult household member (18 years of age or older).

In order to verify your identity and legal U.S. Citizenship status, we are required to make copies of two (2) forms of Personal Identification. One form of ID must have a photograph on it.

### Photo Identification:

PHOTO ID HERE  
Driver's License, State Issued ID  
Card, Military Identification Card,  
Passport. Be sure the ID  
Includes your CURRENT  
ADDRESS information as  
Well as DATE OF BIRTH.

Place ID above and photocopy

### Secondary Identification:

2<sup>ND</sup> IDENTIFICATION HERE  
Secondary ID must be Social  
Security Card (signed)

Place SS Card above and photocopy

I hereby certify that my legal given name is: \_\_\_\_\_.

I further certify that my CURRENT residence is located at: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Sworn Statement of Federal Income Tax Return

### COMPLETE ONE FORM PER ADULT HOUSEHOLD MEMBER 18+ YEARS OF AGE!

I have submitted my \_\_\_\_\_ (year) U.S. Federal Income Tax Return, including all attachments and schedules.

I hereby swear and attest that this is my FULL FEDERAL INCOME TAX RETURN including ALL ATTACHMENTS SCHEDULES for \_\_\_\_\_ (year). There are \_\_\_\_\_ total pages that make up this FULL COPY of my Federal Return.

\_\_\_\_\_  
Resident (Tenant/Co-Tenant)

\_\_\_\_\_  
Date

Received by:

\_\_\_\_\_  
Apartment Manager

\_\_\_\_\_  
Date

**-OR-**

### EXEMPT FROM FEDERAL INCOME TAX RETURN

I hereby certify that I am EXEMPT from filing a U.S. Federal Income Tax return. (Check appropriate box below).

1. My income is exempt from Federal Taxes (Circle One)
- A Social Security
  - B SSI
  - C Other (specify) \_\_\_\_\_

-OR-

2. I am not exempt from filing Federal Taxes, however I have not filed a Federal Tax Return since \_\_\_\_\_ (year), a copy of which is attached. (This full copy includes \_\_\_\_\_ pages.)

\_\_\_\_\_  
Adult Household Member

\_\_\_\_\_  
Date

Received by:

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date