



**STATEMENT OF RENTAL POLICY
FOR
RESIDENTIAL MANAGEMENT**
View us online @ www.fairwayslauderhill.com

Welcome to Fairways of Inverrary! Thank you for choosing our community. We require that each Applicant and adult occupant meet certain rental criteria. Before you fill out our Rental Application, we suggest that you determine whether you meet our requirements. Please note that the term "Applicant" provided below applies to all Residents to be identified on the Lease Contract and the person or persons to be responsible for paying the rent. Please note that these represent our current rental criteria; nothing contained in these requirements shall constitute a guarantee or representation by Owner prior to these requirements going into effect. Additionally, our liability to verify whether these requirements have been met is limited to the information we receive from the various credit reporting services used.

APPLICATION SCREENING CRITERIA

All applicants must have a Social Security Number and will be approved on the following basis:

1. Applicant or applicants must be a minimum of eighteen (18) years of age or older. All applicant(s) must be able to provide a copy of their Social Security card. Minors under the age of eighteen (18) are not required to apply but **MUST** be listed under Occupants.
2. Occupancy Guidelines:

TYPE OF APARTMENT

MAXIMUM # OF OCCUPANTS

STUDIO	2
ONE BEDROOM	2
TWO BEDROOM	3
THREE BEDROOM	5*

*Please speak with a Leasing Agent

3. A **non-refundable** application fee of **\$75.00 (Money Order Only – Made payable to Fairways of Inverrary)** is required per person for processing. *If the application is approved, a minimum security deposit of \$500.00 based on good credit, (Security Deposit amount is subject to increase based on a completed background check. An administrative fee of \$250.00 plus the 1st month's rent is due upon signing a Lease Contract within seven (7) days after approval.* These deposits are payable by a certified check or money order only. This will hold the apartment for up to thirty (30) days. Additionally, this **deposit is non-refundable** if Applicant(s) does not take the apartment.

4200 Inverrary Boulevard, Lauderhill, Florida 33319
Ph. 954.731.0220 Fax. 954.486.9266
thefairways@resimgt.com



1. Employment Requirement

Employment will be verified. Verifiable income shall include income as confirmed by employer, trust officer, two (2) recent computerized pay stubs or two (2) years tax returns if self-employed.

2. Income Requirements

25% of Gross Verifiable Income must cover the monthly rent plus any monthly fixed obligations. If Applicants do not meet this guideline, Owner may look at other compensating factors (i.e. Credit History, Length of Employment or Rental History) in the approval process.

3. Credit History

Your credit report must reflect a Scoreplus of 391 or above for approval. **(This score is not the common 100-900 score given on credit reports.)** A Scoreplus of 345 to 390 will be approved only with a qualified cosigner which meets all the same criteria of the application conditions. In addition, all outstanding public records or claims must be cleared. Credit must not reflect any bankruptcies. The Landlord reserves the right to deny your application if the above criteria is not met.

4. Verifiable Rental History

It is your responsibility to provide the necessary information that allows us to contact your past Landlords. You must have a history of paying your rent on time, no prior convictions, no history of default in lease obligations and have given proper notice and must not owe any money to your Landlord. If we are unable to verify your previous Landlords and/or references we reserve the right to deny your application.

5. Cosigners

If Applicant(s) is denied due to lack of income or credit history, Owner may allow applicant(s) to obtain a Cosigner. Cosigner must meet all the same criteria as stated in this application. No Cosigner will be accepted for an applicant(s) with bad credit history. Only one Cosigner allowed per application.

You will be denied if:

If you misrepresent any information on the application you will be denied. In general, if misrepresentations are found after the rental agreement is signed, your rental agreement will be terminated.

Rental Agreement

If you are accepted, you will be required to sign a Lease Contract in which you will agree to abide by the policies of this rental property. A copy of this contract is available for your review. Please read the Lease Contract carefully, as we take each and every part very seriously. It has been written to protect the rights of both our residents and the Owners of the community.

ALL ITEMS LISTED ON APPLICATION SUBJECT TO CHANGE WITHOUT WRITTEN NOTICE



RENTAL APPLICATION FORM

OCCUPANCY DATE: _____ APARTMENT TYPE: _____ # OF APPLICANTS: _____

APPLICANT #1

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____ YES _____ NO _____

PRESENT ADDRESS

STREET ADDRESS: _____ APARTMENT # _____

CITY: _____ STATE: _____ ZIP CODE: _____

NUMBER OF YEARS LIVED AT PRESENT ADDRESS: _____

PHONE NUMBERS

WORK: _____ HOME: _____ CELL: _____

EMERGENCY CONTACT PERSON

FIRST NAME: _____ LAST NAME: _____ PHONE #: _____

PRESENT EMPLOYER

EMPLOYER NAME: _____ TITLE/POSITION: _____

EMPLOYER ADDRESS: _____ SUITE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SALARY

WK \$ _____ MO \$ _____ YR\$ _____ ADDT'L INCOME: \$ _____

LENGTH OF EMPLOYMENT: _____

PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS)

EMPLOYER NAME: _____ TITLE/POSITION: _____

EMPLOYER ADDRESS: _____ SUITE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____



APPLICANT #1 – CONT'D

CURRENT LANDLORD (IF YOU CURRENTLY RENT YOUR HOME)

LANDLORD NAME: _____ PHONE: _____ CURRENT RENT PAID: _____

PLEASE INDICATE HOW YOU HEARD ABOUT RARITAN CROSSING APARTMENTS (CIRCLE ONE)

APARTMENT GUIDE	FORRENT.COM	RESIDENT REFERRAL	DRIVE-BY	APARTMENT TRANSFER
APARTMENT FINDER	APARTMENTS.COM	FAIRWAYS WEBSITE	STREET SIGNAGE	OTHER

MONTHLY PAYMENTS

CREDIT CARDS MONTHLY PAYMENTS BALANCE: \$ \$ \$ \$

CAR PAYMENT: \$ **NUMBER OF CARS (INCLUDING COMPANY VEHICLES):** _____

MAKE: _____ YEAR: _____ PLATE: _____

MAKE: _____ YEAR: _____ PLATE: _____

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

TOTAL NUMBER OF OCCUPANTS IN THE APARTMENT: _____

PLEASE ENTER ALL OCCUPANTS UNDER THE AGE OF 18 BELOW. ANY OCCUPANTS 18 YEARS OR OLDER MUST FILL OUT AN APPLICATION.

NAME	RELATIONSHIP	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENTIAL MANAGEMENT, AS OWNER, RESERVES THE RIGHT TO REJECT THIS APPLICATION AND TO REFUSE POSSESSION OF THE ABOVE MENTIONED ACCOMODATIONS. I HAVE READ THE FOREGOING AND CERTIFY THAT THE INFORMATION SUBMITTED BY ME IS TRUE AND CORRECT AND THAT THIS APPLICATION IS ON MY BEHALF. SUBJECT TO THE ABOVE, APPLICANT AUTHORIZES RESIDENTIAL MANAGEMENT, OR ITS AGENT, TO PROCESS THIS APPLICATION AND MAKE THE NECESSARY SEARCHES AND INVESTIGATIONS. THE APPLICATION FEE IS NON-REFUNDABLE.

APPLICANT

DATE

I hereby confirm that I have none of the following:

Please Initial:

Criminal Record _____ Bankruptcy _____ Court/Tenant-Landlord Filings _____
Civil Judgments _____ Sex Offender Record _____



RENTAL APPLICATION FORM

OCCUPANCY DATE: _____ APARTMENT TYPE: _____ # OF APPLICANTS: _____

APPLICANT #2

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____ YES _____ NO

PRESENT ADDRESS

STREET ADDRESS: _____ APARTMENT # _____

CITY: _____ STATE: _____ ZIP CODE: _____

NUMBER OF YEARS LIVED AT PRESENT ADDRESS: _____

PHONE NUMBERS

WORK: _____ HOME: _____ CELL: _____

EMERGENCY CONTACT PERSON

FIRST NAME: _____ LAST NAME: _____ PHONE #: _____

PRESENT EMPLOYER

EMPLOYER NAME: _____ TITLE/POSITION: _____

EMPLOYER ADDRESS: _____ SUITE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SALARY

WK \$ _____ MO \$ _____ YR\$ _____ ADDT'L INCOME: \$ _____

LENGTH OF EMPLOYMENT: _____

PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS)

EMPLOYER NAME: _____ TITLE/POSITION: _____

EMPLOYER ADDRESS: _____ SUITE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____



APPLICANT #2 – CONT'D

CURRENT LANDLORD (IF YOU CURRENTLY RENT YOUR HOME)

LANDLORD NAME: _____ PHONE: _____ CURRENT RENT PAID: _____

PLEASE INDICATE HOW YOU HEARD ABOUT RARITAN CROSSING APARTMENTS (CIRCLE ONE)

APARTMENT GUIDE	FORRENT.COM	RESIDENT REFERRAL	DRIVE-BY	APARTMENT TRANSFER
APARTMENT FINDER	APARTMENTS.COM	FAIRWAYS WEBSITE	STREET SIGNAGE	OTHER

MONTHLY PAYMENTS

CREDIT CARDS MONTHLY PAYMENTS BALANCE: \$ _____ \$ _____ \$ _____ \$ _____

CAR PAYMENT: \$ _____ **NUMBER OF CARS (INCLUDING COMPANY VEHICLES):** _____

MAKE: _____ YEAR: _____ PLATE: _____

MAKE: _____ YEAR: _____ PLATE: _____

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

TOTAL NUMBER OF OCCUPANTS IN THE APARTMENT: _____

PLEASE ENTER ALL OCCUPANTS UNDER THE AGE OF 18 BELOW. ANY OCCUPANTS 18 YEARS OR OLDER MUST FILL OUT AN APPLICATION.

NAME	RELATIONSHIP	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENTIAL MANAGEMENT, AS OWNER, RESERVES THE RIGHT TO REJECT THIS APPLICATION AND TO REFUSE POSSESSION OF THE ABOVE MENTIONED ACCOMODATIONS. I HAVE READ THE FOREGOING AND CERTIFY THAT THE INFORMATION SUBMITTED BY ME IS TRUE AND CORRECT AND THAT THIS APPLICATION IS ON MY BEHALF. SUBJECT TO THE ABOVE, APPLICANT AUTHORIZES RESIDENTIAL MANAGEMENT, OR IT'S AGENT, TO PROCESS THIS APPLICATION AND MAKE THE NECESSARY SEARCHES AND INVESTIGATIONS. THE APPLICATION FEE IS NON-REFUNDABLE.

APPLICANT

DATE

I hereby confirm that I have none of the following:

Please Initial:

Criminal Record _____

Bankruptcy _____

Court/Tenant-Landlord Filings _____

Civil Judgments _____

Sex Offender Record _____



FAIR HOUSING STATEMENT

IT IS THE POLICY OF FAIRWAYS OF INVERRARY AND THIS RENTAL COMMUNITY TO TREAT ALL CURENT AND PROSPECTIVE RESIDENTS IN A FAIR, PROFESSIONAL MANNER, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, HANDICAP OR NATIONAL ORIGIN.

“THIS IS AN EQUAL HOUSING OPPORTUNITY COMMUNITY”

I HAVE READ AND UNDERSTAND THE RENTAL POLICY OF THIS COMMUNITY.

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE



LANDLORD VERIFICATION

I hereby authorize the landlord indicated below to release all information regarding my tenancy.

Applicant Signature: _____

Applicant Name: _____

Apartment #: _____

Landlord Name: _____

Landlord Address: _____

Phone#: _____

Fax#: _____

TO WHOM IT MAY CONCERN:

The above named applicant/resident is applying for an apartment within our community. We ask your cooperation in providing the following information and any other information concerning the applicant/resident which you feel may be of interest to a landlord. Your reply will be treated confidentially.

Thank you in advance for your response to our request.

Management Representative

1. What was the applicant's rent? _____ Did the applicant pay rent on time? _____
2. Did the applicant break their lease? _____ If yes, why? _____
3. Did the applicant leave the apartment in good condition? _____
4. Would you consider applicant's relationship with the landlord:
 Excellent Good Fair Poor
5. Any additional comments? _____

Signature of Landlord: _____ Date: _____

Print Name: _____

Telephone #: _____