

BERKSHIRE SQUARE APARTMENTS

Rental Criteria

Application Fee

\$35.00 Per Apartment

Deposit Required

\$200.00 Security Deposit *

\$200.00 Non-Refundable Pet Deposit

Occupancy Standards

1 Bedroom – 3 People

3 Bedroom – 5 People

2 Bedroom – 4 People

4 Bedroom – 5 People

For each additional person, there is a \$30 charge.

General Application Requirements & Information

- Applicants must show a current photo ID.
- Applicant must be 18 yrs of age or older or a co-signer is required. Co-signer will be considered an occupant.
- Applicants must have a minimum of one year of verified rental history in good standing or pay a double security deposit.
- Applicants must have NO evictions or unlawful detainer actions within the last three years or pay a double security deposit.
- Applicant's household income must comply with the following formula or pay a double security deposit.
Formula: Gross income must be equal or greater than 3 times the rent.
- Applicants must have verifiable employment and income of at least one year.
- Any bankruptcies must be discharged.
- Applicants must have NO prior felony convictions.
- Our apartment community accepts co-signers as long as the applicant meets all of the above requirements except income.
- Applicant must notify landlord of any pets and an additional pet fee may be required.
- A copy of the lease will be provided to the tenant after the completion of the lease and all applicable deposits have been paid.
- **Applicants who falsify information on the application or verbally falsify information will be automatically denied rental.**
- On occasion, our apartment community will offer concessions. In order to qualify for the concessions, the applicant must meet all of the above criteria. Concessions may not be offered to applicants required to pay an additional security deposit.

* Security Deposits are at the desecration of the management company.

11415 KNOLLRIDGE LANE ~ INDIANAPOLIS, IN 46229

PHONE 317-891-1100 ~ FAX 317-891-1133

Application for Occupancy

5. TRANSPORTATION				VERIFICATIONS (For office use only)	
A. Make of Auto		Year		CREDIT REPORT	
License Tag #	Expiration	Color			
County		State			
B. Make of Auto		Year			
License Tag #	Expiration	Color			
County		State		# Positive	
List all recreation vehicles (boat, motorcycle, etc.)				# Negative	
				# Public Records	
				Criminal Record	
				Other Information:	
6. OTHER OCCUPANTS				RENTAL REFERENCE	
Name				See Attached	
Sex	Date of Birth	Relationship		Spoke to	
Name				Results:	
Sex	Date of Birth	Relationship			
Name					
Sex	Date of Birth	Relationship			
Name					
Sex	Date of Birth	Relationship		Other Information:	
Total # of persons occupying this apartment:					
Referred by:					
IN CASE OF EMERGENCY NOTIFY (other than another occupant):					
Address		Phone #			
Relationship to you					
				EMPLOYMENT VERIFICATION	
For office use only				Pay Stub Attached	
Apartment Shown		Date		Spoke to	
Rental Rate Quoted				Results:	
Application Received by		Date			
Leasing Consultant		Date			
General Manager		Date			
Approved <input type="radio"/> Declined <input type="radio"/>					
Manager's Notes				Other Information:	

General Release Form

I hereby authorize Lakeshore Management or any qualified agent of Lakeshore Management bearing this document, or a copy thereof, to obtain information from all present or former employee, school, police department, financial institution, motor vehicle department, credit agency or person having personal knowledge about me to furnish bearer with any and all information in their possession regarding me in connection with an application for employment.

I hereby release those individuals or companies from any liability or damage in providing such information. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby further release any individual of Lakeshore Management from any and all liability for damages or whatever kind of nature which may accrue to me on account of reliance by such persons on the information obtained, and termination of my employment based on information obtained after commencement of my employment.

Date _____

Print Full Name (First, Middle, Last) _____

Phone Number _____

Date of Birth _____

Social Security Number _____

Driver's License Number _____

State where Driver's License Issued _____

List Other Names used in the Last Seven Years

Any address outside of IN in the past 5 years

County _____

Signature _____

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Application for Occupancy

Have you ever been convicted of or plead guilty or "no contest" to a felony whether or not resulting in a conviction?

____ YES ____ NO

Have you ever been convicted of or plead guilty or "no contest" to a misdemeanor involving sexual misconduct whether or not resulting in a conviction?

____ YES ____ NO

Applicant has submitted the sum of \$35.00 which is nonrefundable payment for a credit check and processing charge. Such sum is not considered part of the rental payment or security deposit in the event the application is denied by Management or cancelled by applicant; this sum will be retained by management to cover the cost of processing this application. I certify that information given herein is true, complete, and correct. I/we authorize Management to verify all information on my rental application, including consumer credit reporting agency, public records, current and previous rental property owners and manager, employers, and personal references.

I hereby deposit \$100.00 with Management as a good faith deposit in connection with this rental application. If Management accepts my application, I agree to execute Management's usual rental agreement on or before the occupancy date set out in this application. If for any reason Management decides to decline this application, then Management will refund this good faith deposit. I have the right to cancel this application within 72 hours of making application and will receive a full refund of my good faith deposit. If I cancel this application after 72 hours of making application and fail to execute Management's usual rental agreement, I understand that I forfeit the total good faith deposit to Management. I further understand that signing this application does not constitute an obligation on the part of Management to provide an apartment until the lease agreement is signed by both parties. I, the undersigned, hereby acknowledge that I have read, fully understand and agree to the above terms and conditions.

By signing this application, I declare that all of my responses are true and complete and I authorize Management to verify this information. Any false statements made on this application can lead to rejection of my application or immediate termination of my lease.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

Management Representative _____

Date _____

Reasons	Monies Delivered with this Application	
<input type="checkbox"/> Unfavorable credit report	Deposit \$ _____	Ck # _____
<input type="checkbox"/> Unfavorable report from previous landlord		
<input type="checkbox"/> Incorrect information	Non-refundable Application Fee	
<input type="checkbox"/> Number of occupants	\$ _____	Ck # _____
<input type="checkbox"/> Public eviction record		
<input type="checkbox"/> Public Criminal Record	Other \$ _____	Ck # _____
<input type="checkbox"/> Information received from third party other than credit reporting agency		
<input type="checkbox"/> Insufficient information contained on credit report	TOTAL RECEIVED \$ _____	
<input type="checkbox"/> Unable to verify/document income		

Criminal History Verification and Release

Please print legibly and complete entire form.
All occupants over the age of 18 must complete a separate form.

Full Name _____

Social Security Number _____ Date of Birth _____

Full Address _____
Street; Apartment Number City, State, and Zip Code

Have you ever been convicted of a crime? _____ If Yes, when, where, and nature of offense:

Are there any felony charges or warrants pending against you? _____

By signing this application, the undersigned hereby authorizes Lakeshore Management/Berkshire Square Apartments to investigate and confirm the information stated by the person signing this form.

The undersigned understands and agrees that said investigation may include, but is not limited to, obtaining a standard credit report and criminal background investigation.

To the best of my knowledge the above information is true and correct.

Applicant's Signature Date



Berkshire Square Apartments

Verification of Rental History

Date _____

To _____

Resident Information _____

Resident's signature for release of information _____

The above identified person(s) has applied for residency at our property, and has indicated to us that you had this person/family as a resident at your property.

As indicated by the signature above, the resident consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in the completing the applicable areas below:

1. How long has/did the above resident(s) reside at this address? _____
2. How many bedrooms? _____
3. What is/was the monthly rental amount? _____
4. Has the resident ever been behind in monthly rent? _____
If yes, how many times? _____ Was legal action taken? _____
5. Does/did the resident get along with neighbors in the community? _____
6. Is/was the resident destructive to the apartment or property? _____
7. Does/did the resident maintain desirable living conditions? _____
8. The residents overall conduct while residing on the property would be best described as:
_____ Excellent _____ Good _____ Fair _____ Poor
9. If this resident moved and re-applied for housing from you in the future, would you rent to him/her again? _____

Additional Comments

Signature of person completing form

Title

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Berkshire Square Apartments

Employment Verification Request

Date _____

Toll Free (888) 932-1984

To Whom It May Concern:

We are performing a background investigation on the person listed below and request your assistance in confirming the following record of employment. At your convenience and to expedite the process you may call the toll free number to respond to this request. Thank you.

Requested from _____

Name _____ AKA _____

SS# _____

Date of Birth _____

Has this person ever been your employee? Yes No

If no, could this person have been a temporary or contract employee? Yes No

If yes, please provide the name of the temporary agency/contract company.

Dates of employment _____ Yes No

If no, or not listed, please list correct employment dates.

Title _____ Yes No

If no or not listed, please list correct title.

Please list earnings as hourly rate of pay or annual salary. _____

Please indicate bonuses and commissions if they apply. _____

Reason for leaving _____ Yes No

If no or not listed, please enter

Voluntary Discharge Laid Off Other

Is this person eligible for rehire based on job performance? Yes No

If no, please explain. _____

Overall would you consider this person's job performance:

Below Average Average Above Average Outstanding

Please comment on job performance and list applicant's strengths and weaknesses;

If you have any questions regarding this form or need additional information, please contact us.

Verified by _____ Title _____ Phone # _____

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Thank you for taking the opportunity to complete an application. Please provide accurate and truthful information on your application in order for Berkshire to provide you with a quick response and avoid delay.

Any person who knowingly provides false or misleading information on a rental application or intentionally conceals or omits information for the purpose of obtaining residential lease approval is guilty of a Federal and State offense; punishable by up to 10 years imprisonment and a \$100,000.00 fine.

Applicant

Date

Applicant

Date