


LEWIS APARTMENT COMMUNITIES RENTAL APPLICATION

| ALL APPLICANTS, AGE 18 AND OLDER, MUST COMPLETE THIS FORM & ALL FIELDS ARE REQUIRED. PLEASE PRINT OR WRITE N/A FOR NOT APPLICABLE/AVAILABLE. | | | | | | | | | |
|--|-------|---------------------------------|---|----------------------------------|--|--|------------------------------|-----------------------------------|----------------------|
| FULL NAME (FIRST NAME, MI, LAST NAME) | | | | SOCIAL SECURITY NUMBER (or ITIN) | | | BIRTH DATE MONTH/DAY/YEAR | | |
| DRIVERS LICENSE/STATE ID # | | ISSUED BY (State or Government) | | EXPIRATION DATE | | IS THIS A CO-SIGNER APPLICATION YES NO | | | |
| EMAIL ADDRESS | | | | | | | | | |
| <u>ALL OCCUPANTS – FIRST, MIDDLE, LAST NAME</u> | | | BIRTH DATE MONTH/DAY/YEAR | | <u>ALL OCCUPANTS – FIRST, MIDDLE, LAST NAME</u> | | | BIRTH DATE MONTH/DAY/YEAR | |
| | | | | | | | | | |
| | | | | | | | | | |
| PLEASE ANSWER THE FOLLOWING QUESTIONS: | | | | | | | | | |
| 1. Have you ever lived at a Lewis Community prior to today's application? | | | | | | If so, where? | | | |
| 2. Do you have any liquid-filled furniture or do you intend to get furniture of this type? | | | | | | Explain: | | | |
| 3. Do you have any Recreational Vehicles (Boat, Motorhome, Trailer, etc.)? | | | | | | Explain: | | | |
| 4. Do you know anyone who lives at this or any other Lewis Community? | | | | | | If so, who? | | | |
| 5. Do you wish to receive a copy of the Rental Agreement at the time of application? | | | | | | | | | |
| 6. Would you like to review and sign your Rental Agreement electronically via email? | | | | | | Email: | | | |
| 7. Has a judgment or eviction been entered against you within the last four (4) years or do you have any open balances (e.g. "collection account") with prior landlord(s), including Lewis Operating Corp.? | | | | | | Explain (include dates): | | | |
| 8. Have you ever been asked to move by a prior landlord? | | | | | | Explain (include dates): | | | |
| 9. GATED COMMUNITIES ONLY: Do you give us permission to list your name in the directory listing? | | | | | | If so, preferred name? Preferred phone #? | | | |
| 10. WILL YOU BE BRINGING <u>ANY</u> PETS WITH YOU? | | | | | | IF YES, COMPLETE THE "PET INFORMATION" PAGE. | | | |
| 11. Have you ever been convicted of a felony that involved an offense against property, persons, government officials, or that involved firearms, the selling, distributing, or manufacturing of illegal drugs, or sex or sex crimes, in the previous ten (10) years? | | | | | | Explain: | | | |
| CURRENT EMPLOYER (COMPANY NAME) <u>OR</u> VERIFIABLE INCOME SOURCE | | | | | COMPANY PHONE NUMBER | | | TOTAL GROSS <u>MONTHLY</u> INCOME | |
| COMPANY STREET ADDRESS | | | | CITY | | STATE | | ZIP CODE | |
| CURRENT OCCUPATION | | | SUPERVISOR NAME | | | EMPLOYMENT DATES | | | |
| OTHER CURRENT EMPLOYER (COMPANY NAME) <u>OR</u> OTHER VERIFIABLE INCOME SOURCE | | | | | COMPANY PHONE NUMBER | | | TOTAL GROSS <u>MONTHLY</u> INCOME | |
| COMPANY STREET ADDRESS | | | | CITY | | STATE | | ZIP CODE | |
| CURRENT OCCUPATION | | | SUPERVISOR NAME | | | EMPLOYMENT DATES | | | |
| CURRENT ADDRESS | | | CITY | | STATE | ZIP CODE | OCCUPANCY DATES | | MONTHLY RENT/PAYMENT |
| PREVIOUS ADDRESS | | | CITY | | STATE | ZIP CODE | OCCUPANCY DATES | | MONTHLY RENT/PAYMENT |
| VEHICLES: MAKE | MODEL | YEAR | COLOR | LICENSE NO. | STATE | LEGAL OWNER | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <i>PLEASE NOTE: A maximum of 2 vehicles per apartment are allowed on the property. Additional garage/spaces may be available, for a maximum of 3 vehicles.</i> | | | | | | | | | |
| MILITARY DECLARATION | | | | | DATE | | SIGNATURE | | |
| I AM IN THE MILITARY SERVICE AS DEFINED IN SECTION 101 OF THE SERVICE MEMBERS CIVIL RELIEF ACT OF 1940 AS AMENDED, AND I AM ENTITLED TO THE BENEFITS OF THE ACT. | | | | | | | | | |
| I AM NOT IN THE MILITARY SERVICE AS DEFINED IN SECTION 101 OF THE SERVICE MEMBERS CIVIL RELIEF ACT OF 1940 AS AMENDED, AND I AM NOT ENTITLED TO THE BENEFITS OF THE ACT. | | | | | | | | | |
| NEAREST RELATIVE NOT LIVING WITH YOU | | | | | | | | | |
| FULL NAME (FIRST NAME, MI, LAST NAME) | | | ADDRESS | | CITY | | STATE | ZIP | PHONE NO. |
| IN CASE OF EMERGENCY WE SHOULD NOTIFY | | | | | | | | | |
| FULL NAME (FIRST NAME, MI, LAST NAME) | | | ADDRESS | | CITY | | STATE | ZIP | PHONE NO. |
| <p>The applicant hereby represents that the above statements are true, and are made to induce the Owner/Manager to rent him/her an apartment, and the Owner/Manager is authorized to investigate and confirm said statement. Any materially false statements made within this application shall be sufficient cause for Owner/Manager to decline to rent to or to cancel or terminate any Rental Agreement made with Applicant. No representations, promises, or agreements as to decorations, alterations, occupancy, or date of possession have been made except as contained herein. Owner/Manager has the right to reject this Application and return the deposit, less the applicable non-refundable Application Processing Fee, at any time prior to signing a Rental Agreement. Applicant shall not acquire any right in or to any premises by reason hereof. I further authorize Lewis Operating Corp. or its authorized agent to obtain credit reports, character reports, criminal reports, consumer reports, verification of rental history and employment history as necessary to verify all information set forth in this Application for Rental.</p> | | | | | | | | | |
| Applicant's signature | | |  | | Date | | Daytime number or cell phone | | |
| Proposed address | | | | | Proposed date of move-in | | Evening phone number | | |
| Application & Deposit Received by (agent's signature) | | | | | Application approved by (agent's signature) and date | | | | |
| Date & Time App. & Dep. Recvd.: | | | Date & Time App. Approved: | | | Collection Account Report Reviewed: | | | |



Rental Scoring & Your Rental Application

Many landlords rely upon "Rental Scores" to estimate the relative financial risk of leasing an apartment to you. In addition to estimating risk, rental scores are an objective and consistent way of reviewing relevant applicant information, and help speed the application approval process.

How is my rental score determined?

Rental scoring systems assign points to certain factors identified as having a statistical correlation to future financial lease performance. Your rental score results from a mathematical analysis of information found in your credit report, application, and previous rental history. Such information may include your bill-paying history, the number and type of accounts you have, collection actions, outstanding debt, income, and the number of inquiries in your consumer report. The final number, or rental score, represents an estimated level of risk as compared to the performance of other consumers in a range of scores.

Because your rental score is based upon real data and statistics, it is more reliable than subjective methods of evaluating your information. Rental scoring treats all applicants consistently and impartially. Additionally, your rental score never uses certain characteristics like-- race, color, sex, familial status, handicap, national origin, or religion-- as factors.

How is my rental score used?

Rental decisions are based upon how much risk a landlord is prepared to accept. Each landlord, therefore, sets the minimum score required for approval of an application. It is possible for your rental score to yield different results depending upon where you apply. Your rental score might mean a denial at one property, while the same score might be approved at another. It all depends upon the risk a landlord is prepared to accept.

What can I do to improve my rental score?

Your rental score may change if the underlying information it is based upon changes. The total improvement, however, generally depends on how that factor relates to other factors considered by the scoring system. Nevertheless, to improve your rental score, concentrate on paying your bills on time, paying down outstanding balances, and not taking on new debt. Your chances of approval should also improve if you apply for an apartment with lower monthly rent.

Where can I have my score explained?

Should your application be denied based upon your rental score, you can learn which factors most negatively influenced your score by contacting the consumer reporting agency listed below. Additionally, you can obtain a free copy of your consumer report, if you make the request to the consumer reporting agency within 60 days of the denial.

CoreLogic SafeRent

www.fadvsafere.com

ATTN: Consumer Relations Department

7300 Westmore Rd Ste 3

Rockville, MD 20852

Ph. (888) 333-2413

Applicant Signature

RENTER'S INSURANCE REQUIREMENTS

All residents of this community must provide evidence of insurance coverage that has, at a minimum, personal liability coverage with limits of liability in an amount not less than \$100,000 per occurrence.

PLEASE NOTE: ALL OCCUPANTS 18 AND OVER MUST BE LISTED ON THE POLICY.

As an added service to our residents, Lewis Apartment Communities is partnering with a leading insurance company to offer you, pre-approved, low cost insurance protection. The eRenterPlan insurance program is automatically available to you as a resident of this community. This insurance will protect your personal property from accidental loss or damage as well as provide liability coverage to third parties for your accidental acts. This affordable coverage option is designed specifically for residents of professionally managed apartment communities.

All eRenterPlan products satisfy the financial responsibility requirements of your lease agreement.

If you elect to obtain coverage from another insurance carrier you will be required to furnish the name of your insurance company, the policy number, the effective date and expiration date of your policy when you complete the lease transaction. As a resident of this community, is in violation of the lease agreement if coverage is not in place during the term of the lease agreement.

ENROLL ONLINE!

Written information about the insurance programs available to the residents of this community can be obtained at the leasing office or at www.eRenterPlan.com.

ENROLL BY PHONE!

If you prefer to speak to a Customer Service Representative, you may call 1-888-205-8118; Monday – Friday 6am – 6pm PST and Saturday 7am – 2pm PST.

As stated above, if you elect to obtain coverage from another insurance carrier you must provide a copy of the policy, including name of your insurance company, the policy number, the policy coverage liability limits, and the effective and expiration dates PRIOR to the day of move-in.

Applicant Signature

Date

AUTOMATIC PAYMENT OPTION FORM & AGREEMENT – NEW APPLICANT

DATE OF APPLICATION:

LEWIS OPERATING CORP. (LESSOR):

APPLICANT NAME:

EMAIL ADDRESS:

CURRENT ADDRESS:

CITY:

STATE:

ZIP:

PHONE #:

ALTERNATE PHONE #:

APPLICATION CHARGE (DEBIT AMOUNT):

\$35 Per applicant, age 18 or older.

HOLD DEPOSIT (DEBIT AMOUNT):

Hold Deposit amount will be debited by the close of business on the third day from the date of application.

STEP 2: PAYMENT INFORMATION

NAME OF BANK:

CHECKING ACCOUNT NUMBER:

ROUTING NUMBER:

STEP 3: TERMS AND CONDITIONS

I (Applicant) hereby authorize LEWIS OPERATING CORP. named above (Lessor) to debit the amount of the designated expense(s) from the checking account indicated above for the payment of Application Fee(s) and/or Hold Deposit for the apartment unit listed. I understand that the Application charges will be made on the date of application and the Hold Deposit will be made by the close of business on the third day from the date of the application.

In the event the checking account cannot cover the payment for any reason, I understand that I remain responsible for all monies/amounts due. Applicant will be charged \$25 for the first returned ACH item \$35 for each returned ACH item thereafter.

Applicant Signature: _____

Date: _____

STEP 4: OFFICE USE ONLY

| | |
|---------------------|--|
| Date Received: | Collection Cycle Date: |
| Community Name: | Resident ID: |
| Community Director: | Payment Code: "Check (ACH Non-Resident)" |

PET INFORMATION

Resident Name(s): _____ Phone Number: _____

Property: _____ Move-In Date: _____

Future Address and/or Apartment #: _____

This form must be completed and returned prior to the date Resident takes possession of the apartment/home. Write 'N/A' for 'Not Applicable' – all other information is required. Pet(s) must be brought to the office by or on the move-in date for final approval. At that time, we will take a sample of your dog's DNA by "swabbing" the inside of your pet's mouth – don't worry, it is quick and painless! The purpose of DNA testing is to help eliminate abandoned pet waste throughout the property. A photo of your pet(s) must be provided for our file.

Please complete the following information regarding your pets:

| | | | |
|---|-----------------------|---------------------------------|---------------------------------|
| PET #1 | | <input type="checkbox"/> Dog | <input type="checkbox"/> Cat |
| Name: | DNA Sample Collected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Breed/Type: <i>Breed restrictions apply – contact Leasing Consultant for more information.</i> | | | |
| Weight: <i>Limits apply – contact Leasing Consultant for more information.</i> | | | |
| Color: | | | |
| Distinguishing Marks/Characteristics: | | | |
| License Number: | | City/County: | |
| Copy of Vaccination Records Provided: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PET #2 | | <input type="checkbox"/> Dog | <input type="checkbox"/> Cat |
| Name: | DNA Sample Collected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Breed/Type: <i>Breed restrictions apply – contact Leasing Consultant for more information.</i> | | | |
| Weight: <i>Limits apply – contact Leasing Consultant for more information.</i> | | | |
| Color: | | | |
| Distinguishing Marks/Characteristics: | | | |
| License Number: | | City/County: | |
| Copy of Vaccination Records Provided: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have your pets ever attacked or caused injury to a person or exhibited dangerous propensities? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, list all attacks, injuries, and dangerous propensities: | | | |
| | | | |
| | | | |

Resident acknowledges that the information provided is true and correct. It is the resident's responsibility to notify the Leasing Office of any removal or addition of pets.

Print Name

Signature

Date