

# QUALITY PROPERTY MANAGEMENT (QPM)

## APPLICATION TO RENT

**(All sections must be completed.)** Individual applications required from each occupant 18 years of age or older.

|                                       |                      |             |                                   |
|---------------------------------------|----------------------|-------------|-----------------------------------|
| LAST NAME                             | FIRST NAME           | MIDDLE NAME | SOCIAL SECURITY NUMBER            |
| OTHER NAMES USED IN THE LAST 10 YEARS |                      | OTHER I.D.  | WORK PHONE NUMBER<br>( )          |
| DATE OF BIRTH                         | DRIVER'S LICENSE NO. | EXPIRATION  | STATE<br>HOME PHONE NUMBER<br>( ) |

**Please give at least 2 full consecutive years of living history.  
We verify ALL living history so gaps in time will result in longer approval time.  
Applicant MUST provide previous landlords phone numbers to verify rental history.**

|          |                       |          |                |                            |       |          |
|----------|-----------------------|----------|----------------|----------------------------|-------|----------|
| <b>1</b> | PRESENT ADDRESS       |          |                | CITY                       | STATE | ZIP CODE |
|          | DATE IN               | DATE OUT | OWNER/MGR NAME | OWNER/MGR PHONE NO.<br>( ) |       |          |
|          | REASON FOR MOVING     |          |                |                            |       |          |
| <b>2</b> | PREVIOUS ADDRESS      |          |                | CITY                       | STATE | ZIP CODE |
|          | DATE IN               | DATE OUT | OWNER/MGR NAME | OWNER/MGR PHONE NO.        |       |          |
|          | REASON FOR MOVING     |          |                |                            |       |          |
| <b>3</b> | NEXT PREVIOUS ADDRESS |          |                | CITY                       | STATE | ZIP CODE |
|          | DATE IN               | DATE OUT | OWNER/MGR NAME | OWNER/MGR PHONE NO.        |       |          |
|          | REASON FOR MOVING     |          |                |                            |       |          |

|  |      |                     |      |                     |
|--|------|---------------------|------|---------------------|
| PROPOSED OCCUPANTS<br><br>LIST ALL IN ADDITION TO YOURSELF | NAME | DOB if under 18 yrs | NAME | DOB if under 18 yrs |
|  | NAME | DOB if under 18 yrs | NAME | DOB if under 18 yrs |
|  | NAME | DOB if under 18 yrs | NAME | DOB if under 18 yrs |

|                     |          |  |          |
|---------------------|----------|--|----------|
| WILL YOU HAVE PETS? | DESCRIBE | WILL YOU HAVE LIQUID-FILLED FURNITURE? | DESCRIBE |
|---------------------|----------|--|----------|

|          |  |  |
|----------|--|--|
| <b>A</b> | PRESENT OCCUPATION OR SOURCE OF INCOME | EMPLOYER NAME                                |
|          | HOW LONG WITH THIS EMPLOYER?           | SUPERVISOR'S PHONE # ( )<br>EMPLOYER ADDRESS |
|          | NAME OF YOUR SUPERVISOR                | CITY, STATE ZIP                              |
| <b>B</b> | PRIOR OCCUPATION                       | EMPLOYER NAME                                |
|          | HOW LONG WITH THIS EMPLOYER?           | SUPERVISOR'S PHONE # ( )<br>EMPLOYER ADDRESS |
|          | NAME OF YOUR SUPERVISOR                | CITY, STATE ZIP                              |

|                      |  |  |
|----------------------|--|--|
| CURRENT GROSS INCOME | CHECK ONE  | <b>Please attach 2 CURRENT pay stubs or income statements for verification.<br/>This includes SSI, Cash Aid, Disability ect...</b> |
| \$ PER               | <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH |  |

**(All sections must be completed.)**

| IN CASE OF EMERGENCY, NOTIFY: | ADDRESS | PHONE | CITY | RELATIONSHIP |
|-------------------------------|---------|-------|------|--------------|
| 1.                            |         | ( )   |      |              |
| 2.                            |         | ( )   |      |              |

Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Other motor vehicles: \_\_\_\_\_

**If you answer yes to any of these questions, please write year of occurrence and give a brief explanation.**

**Have you ever filed for bankruptcy?** \_\_\_\_\_

**Have you ever been evicted or asked to move out?** \_\_\_\_\_

**Have you ever been convicted for selling, distributing or manufacturing illegal drugs?** \_\_\_\_\_

**Have you ever been convicted of a felony?** \_\_\_\_\_

|   |                                |
|---|--------------------------------|
| <p>Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but no limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant consents to allow owner/manager to disclose tenancy information to previous or subsequent owners/managers.</p> |                                |
| <p>Owner will require a payment of \$ _____, which is to be used to screen Applicant with regards to credit history and other background information. The amount charged is itemized as follows:</p>  |                                |
| 1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports  | \$ <u>20.00</u>                |
| 2. Cost to obtain, process and verify screening information (may include staff time and other soft costs)   | \$ <u>10.00</u>                |
| 3. Total fee charged (cannot exceed \$30 per applicant, which may be adjusted annually with the CPI as of 1-1-98)   | \$ _____                       |
| <p>The undersigned makes application to rent housing accommodations designated as:</p>  |                                |
| <p>Apt. No. _____ Located at _____</p>  |                                |
| <p>The rent for which is \$ _____ per month and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including required security deposit of \$ _____, before occupancy.</p>  |                                |
| _____   | _____                          |
| Date  | Applicant (signature required) |

**QPM CODE FOR EQUAL HOUSING OPPORTUNITY**

QPM supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

QPM reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.

QPM agrees to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering."
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.