

The Villas at Londontown Apartments
820 Londontown Way
Knoxville, TN 37909
PH: (865)-584-0771
Fax@(865)-588-0369

SELECTION CRITERIA

We want to thank you for considering The Villas at Londontown Apartments as your next home. We are very proud of our community and believe you will be too. Our required standards for qualifying are listed below. You will be pleased to know that all residents/applicants have been screened with the same quality care. There is a non-refundable credit history/application fee in the amount of ~~\$40~~/**\$45** per adult applicant. This form and each application must be filled in completely and signed in order to complete this process.

The objectives of this tenant criteria:

- outline the areas used to determine eligibility to occupy housing owned or managed by Baco Realty Corporation
- set forth guidelines for applying the criteria in a nondiscriminatory way so as to comply with all applicable fair housing laws, and to ensure decisions affecting admission to and continued occupancy of residence in the community are made without regard to race, color, religion, sex, national origin, familial or handicap status and any legislation protecting the individual rights of residents, applicants or staff which may subsequently be enacted.
- lawfully deny admission to anyone whose presence threatens the health, safety or welfare of persons or community property or that threatens to disrupt the peaceful enjoyment of the property by other members of the community;
- ensure the financial stability of the community and the owners;
- promote safe and sanitary housing.

An applicant may be rejected if they fail to meet any of the following criteria:

1. Gross Income must be at least 3 times the monthly rent.
2. Negative rental history or mortgage history.
3. Lack of verifiable employment history with current employer.
4. Negative Credit history.
5. Evictions from prior housing.
6. Occupancy guidelines- 2 persons per bedroom plus 1.
7. Negative criminal history. Criminal convictions or arrests that result in an adjudication against the applicant other than a finding of not guilty that involve: fire, firearms, illegal drugs, theft, destruction of property, sex offense, violence to another person, any crime involving a minor, or any criminal offense that may threaten the health, safety or right to peaceful enjoyment of the premises by other residents.
8. Misrepresentation on the applicant's applications, including failure to disclose previous rental evictions or complete criminal history.
9. Lack of Renter's Insurance at move-in.
10. Residents shall pay all utility charges.

We look forward to serving you!

Applicant's Signature _____ Date _____

_____ Date _____





Unity Pay

Phone: 801-308-0005 Fax: 801-308-0015

Toll-free phn: 800-466-1996 Toll-free fax: 800-351-4558

PERSONAL RELEASE FORM COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING BACKGROUND CONSUMER REPORTS – TENANT

Account Name with Unity Pay: _____

Requestor's Name: _____ Phone #: _____

IMPORTANT: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, rental history, personal characteristics, police record, credit and indebtedness may be obtained in connection with your rental application. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process.** If adverse action is taken, based in whole or in part on the information contained in the consumer report, you are entitled to receive a denial letter. The name, address and telephone number of Western Reporting, and a summary of your rights under the Fair Credit Reporting Act will be included. You may contact Western Reporting for a copy of the consumer report.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, landlord, police department, financial institution, consumer reporting agencies, credit bureaus or other persons or agencies having knowledge about you to furnish Western Reporting with any and all background information in their possession regarding you, in order that your suitability as a potential tenant may be determined.

By signing below, you hereby authorize without reservation, any party or agency contacted by Western Reporting to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Please print legibly to speed up processing time

| |
|----------------------------------|
| APPLICANT'S FULL NAME: |
| APPLICANT'S SSN: |
| APPLICANT'S DOB: |
| APPLICANT'S FULL ADDRESS: |

READ, ACKNOWLEDGED AND AUTHORIZED

Signature of Applicant

Date

For California applicants only, if you would like to receive a copy of the report, if one is obtained, please check this box.
For Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

RENTAL APPLICATION

| | | | |
|--|-------------------------|---|-----------------------|
| COMMUNITY | APP FEE \$ | MONTHLY RENT \$ | APPLICATION TAKEN BY |
| APT. NUMBER | APT. TYPE | CONCESSION (IF ANY) | LENGTH OF LEASE TERM |
| NAME OF APPLICANT | | EMAIL | DATE OF BIRTH |
| | | | |
| SOCIAL SECURITY NUMBER | | DRIVER'S LICENSE NUMBER | STATE |
| | | | |
| HOME PHONE | MOBILE PHONE/PAGER | WORK PHONE | |
| | | | |
| PRESENT RESIDENCE/ADDRESS | | CITY, STATE, ZIP CODE | |
| | | | |
| PRESENT LANDLORD NAME/MORTGAGE CO. | LANDLORD PHONE NUMBER | LENGTH OF RESIDENCY | RENT/MORT. |
| | | | \$ |
| PREVIOUS RESIDENCE/ADDRESS | | CITY, STATE, ZIP CODE | |
| | | | |
| PREVIOUS LANDLORD NAME/ | PREVIOUS LANDLORD PHONE | LENGTH OF RESIDENCY | RENT/MORT. |
| | | | \$ |
| PREVIOUS RESIDENCE/ADDRESS | | PREVIOUS LANDLORD PHONE | CITY, STATE, ZIP CODE |
| | | | |
| PREVIOUS LANDLORD NAME/ | PREVIOUS LANDLORD PHONE | LENGTH OF RESIDENCY | RENT/MORT. |
| | | | \$ |
| REFERRED TO US BY | PETS OWNED | TOTAL NUMBER OF PERSONS TO OCCUPY APARTMENT | DATE APT. NEEDED |
| | TYPE _____ LBS _____ | | |
| DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE SPECIAL HOUSING NEEDS? _____ YES _____ NO | | | |
| IF YES, EXPLAIN _____ | | | |
| SPOUSE INFORMATION | | | |
| SPOUSE NAME | | DATE OF BIRTH | |
| | | | |
| SOCIAL SECURITY NUMBER | | DRIVER'S LICENSE NUMBER | STATE |
| | | | |
| PERSONS OTHER THAN APPLICANTS TO OCCUPY APARTMENT | | | |
| NAME | | RELATIONSHIP | |
| | | | |
| | | | |

RENTAL APPLICATION

| EMPLOYMENT INFORMATION | | | | | | | |
|---|----------------------|-----------------------|------|-------------------------|----------------------|-----------------------|--------------|
| APPLICANT | | | | SPOUSE | | | |
| EMPLOYER | | POSITION | | EMPLOYER | | POSITION | |
| ADDRESS | | PHONE NUMBER | | ADDRESS | | PHONE NUMBER | |
| MONTHLY INCOME | PERIOD OF EMPLOYMENT | SUPERVISOR | | MONTHLY INCOME | PERIOD OF EMPLOYMENT | SUPERVISOR | |
| \$ | | | | \$ | | | |
| OTHER SOURCES OF INCOME | | CURRENT ANNUAL INCOME | | OTHER SOURCES OF INCOME | | CURRENT ANNUAL INCOME | |
| | | | | | | | |
| PREVIOUS EMPLOYER | | POSITION | | PREVIOUS EMPLOYER | | POSITION | |
| | | | | | | | |
| ADDRESS | | PHONE NUMBER | | ADDRESS | | PHONE NUMBER | |
| | | | | | | | |
| PERIOD OF EMPLOYMENT | | SUPERVISOR | | PERIOD OF EMPLOYMENT | | SUPERVISOR | |
| | | | | | | | |
| FINANCIAL INFORMATION | | | | | | | |
| BANK REFERENCE | SAVINGS ACCOUNT(S) | | | ACCOUNT NUMBER | | | |
| | | | | | | | |
| AUTO LOANS | FINANCED WITH | | | ACCOUNT NUMBER | | | |
| | | | | | | | |
| CHARGE ACCOUNTS | NAME | | | ACCOUNT NUMBER | | | |
| | | | | | | | |
| AUTOS OWNED | MAKE & YEAR | | | LICENSE NUMBER | | | |
| | | | | | | | |
| | | | | | | | |
| EMERGENCY CONTACT INFORMATION | | | | | | | |
| EMERGENCY CONTACT (1) | | RELATIONSHIP | | COMPLETE ADDRESS | | | PHONE NUMBER |
| | | | | | | | |
| EMERGENCY CONTACT (2) | | RELATIONSHIP | | COMPLETE ADDRESS | | | PHONE NUMBER |
| | | | | | | | |
| <p>The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. It is understood that the amount received \$ _____ (the "Holding Deposit") will be returned in accordance with state law if applicant is not accepted as a resident. If accepted and subsequently the resident does not move in on the starting date (above), the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. BACO Realty Corporation/ISM Management Company may verify all the information provided by me for eligibility purposes and release from liability all persons or entities supplying or collecting such information. I understand that an investigation will be done by a credit reporting agency and may include but is not limited to a consumer credit report, verification of employment with salary, rental history, criminal history and I therefore consent to this investigation.</p> | | | | | | | |
| APPLICANTS SIGNATURE | | | DATE | SPOUSE'S SIGNATURE | | | DATE |
| | | | | | | | |



EQUAL HOUSING OPPORTUNITY

