

(Property Management)
1024 Iron Point Road, Suite 1009, Folsom, CA 95630
Phone: 916-990-0770 / Fax: 916-218-6305
www.haven-properties.com

Screening Criteria Point System

INCOME	POINTS	
Income is 2.00 – 2.49x rent	1	
Income is $2.50 - 2.99x$ rent	2	
Income is 3.00x rent or greater	3	
**If amount is net, not taxes taken out, multiply by 1.5 to get		
Equivalent gross income**		
Income less than 2.00x rent is automatic disqualification		
Length of source of income is 6 months or less	0	
Numerous lapses in employment	0	
Employment or source of income is 6 months – 1 year, or is		
Temporary or subject to change (disability, unemployment, AFDC,		
Food stamps, SSI for minor child)	1	
Employment or source of income is 1 year or greater		
(Wages, retirement, SSI, SSDI or other permanent income)	2	
Savings account is \$2000 or less	0	
Savings account is \$2001 - \$5000	1	
Savings account is \$5001 or greater	2	
 Verify with current copy of bank statement 		
TOTAL INCOME POINTS (min.2)		

RENTAL HISTORY	POINTS	
Bad	0	
None (living with family or friends)	1	
Good or most recent living situation was home ownership	2	
TOTAL RENTAL HISTORY POINTS (min.1)		

CREDIT	POINTS
Contains an R-5 or worse, or has unpaid collection(s) or judgment	0
No credit, closed bankruptcy over 1 year old, paid collection	
or judgment or written proof from credit agency of payment	1
All R-4 or better	2
TOTAL CREDIT POINTS (min.1)	

TOTAL POINTS (min. 4)

Tenant must meet minimum points in each category to qualify. (Applicant with 0 in credit may qualify, with property manager approval.)

** If trying to qualify for RENT SPECIAL, you must meet a requirement of a 6 point minimum**

Automatic Disqualifications:

- * Previous eviction (in the last 2 years)
- * Poor Rental History
- * Income less than 2.00x rent

- * Open bankruptcy
- * Bankruptcy closed 6 mos or less (period to which it can be reopened)

APPLICATION TO RENT

□Tenant □Guarantor

_(/	All sections m	ust be o	complet	ed)	Individ	ual applicat	tions re	quired	l from ea	ch occi	upai	nt 18 ye	ars of a	ige or olde	r.
La	st Name			First Name			Middle					rity Numb			
Otl	her names use	d in the I	last 10 ye	ears	Wo	ork phone nun)	nber	ber Home phone number ()							
Date of birth E-mail address							Mobile/0	Cell _i	phone nu	mber					
Ph	oto ID/Type		Number	r		Issuing gove	rnment		Exp. date			Other ID			
1.	Present address					City			State Zip						
	Date in		Date out		Owner/Ag	gent Name					Owr	ner/Agent	Phone i	number	
	Reason for mo	oving out	t							Current \$	rent		onth		
2.	Previous addr	ess					City			Sta	ate		Zip		
	Date in		Date out		Owner/Ag	jent Name					Owr	ner/Agent	Phone r	number	
	Reason for mo	oving out	t												
3.	Next previous	address	i					Cit	ty			State		Zip	
Date in Date out Owner/A			Owner/Ag	jent Name	me				Owner/Agent Phone number						
	Reason for mo	oving out	t												
Ос	Proposed Nan Occupants:							Name							
in a	t all addition	Name						Name							
	yourself	Name						Name							
pet	is?	Describ					Do you h waterbed		Desci	ribe					
Ho	w did you hear	about th	nis rental	!?											
A.	Current Emplo	yer Nan	ne				Job Title or Position Dates of Employment						ıt		
	Employer add						Employer/Human Resources phone number (
	City, State, Zip						Name of your supervisor/human resources manager								
	rrent gross inco	ome		Check											
\$ B.	Prior Employe	r Name		Per □ We	ek □ Mo	onth 🗆 Year		tle or P	osition				Dates of	Employmer	nt
Employer address					Employer/Human Resources phone number										
City, State, Zip					() Name of your supervisor/human resources manager										
															\dashv
	ner income sou										-	/ 			
Otr	ner income sou	II CE				Amoun	t \$			_ Frequ	iency	/			



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Name of your bank		Branch or address	А	Account Number				
Please list ALL of your financial obligations below. Name of Creditor Address Phone Number Monthly Pymt. Am								
Name of Oreditor		Address		FIIOTIEN	my Pymt. Amt.			
				()				
				()				
				()				
				, ,				
				()				
				()				
				()				
In case of emergency, no	otify:	Address: Street, City, S	State, Zip		Relationsh	ip	Phone	
1.								
2.								
			Len	gth of				
Personal References	i:	Address: Street, City, State, Zip	i	aintance	Occupatio	n	Phone	
1.								
2.								
				ļ.,				
Automobile: Make:		Model:	Ye	ear:	_ License #:			
automobile: Make:		Model:	Ye	ear:	License #			
				Jui				
lave you ever filed for bankruptcy	y?	Have you ever bee	en evicted o	or asked to mo	ve?			
lave you ever been convicted of	selling, dist	ributing or manufacturing illegal drugs	?					
Applicant represents that all t	he above s	statements are true and correct, aut	horizes ve	rification of t	he ahove its		d agrees to	
furnish additional credit refere	ences upor	n request. Applicant authorizes the	Owner/Ag	gent to obtain	reports tha	at may i	include credit	
reports, unlawful detainer (evi	iction) repo nt history.	orts, bad check searches, social se Applicant consents to allow Owne	curity num er/ Agent to	iber verification o disclose ten	on, fraud wa ancy inforn	arnings nation 1	s, previous to previous or	
subsequent Owners/Agents.		4,	., .		,		p	
Owner/Agent will require a paym	nent of \$35	.00 , which is to be u	sed to scre	en Applicant.				
The amount charged is itemized				••				
		letainer (eviction) search, and/or other	screening	reports \$12.0	0			
 Cost to obtain, process and Total fee charged \$35.00 	d verify scre	eening information (may include staff	time and ot	her soft costs)	\$ <u>23.00</u>			
The undersigned is applying t	to rent the	premises designated as:						
Apt. No Located at								
The rent for which is \$	per	Upon approval of this ap	onlication a	and execution	of a rental/le	ase an	reement the	
applicant shall pay all sums due	, including r	required security deposit of \$,	before occupa	incy.	acc agi	comoni, aro	
Date Applicant (signature required)								



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CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY

The California Apartment Association 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.

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

Therefore, as members of the California Apartment Association, we agree 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. RECEIPT FOR TENANT SCREENING AND/OR CREDIT CHECKING FEES , Owner/Agent received \$_____ from the undersigned, hereinafter called "Applicant," who offers to rent from Owner/Agent the premises located at: _____ , Unit # (if applicable) ____ (Street Address) (City) Applicant represents that all the above statements are true and correct and authorizes verification of the above items and agrees to furnish additional credit references upon request. Applicant authorizes the Owner/Agent to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Payment is to be used to screen "Applicant". The amount charged is itemized as follows: 1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports 12.00 2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) 23.00 3. Total fee charged (cannot exceed the amount fixed by law) 35.00 Date Applicant For Owner/Agent Use Only Screening fees paid by:

 Cash



Date

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Owner/Agent

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☐ Money Order

☐ Personal Check ☐ Cashier's Check

☐ Credit Card # (Last 4 digits only) __ MC/VISA/AMEX Expiration Date:



EMPLOYMENT VERIFICATION FORM

- This form is used to obtain information regarding the employment history of Applicants for rental housing. The information provided by the current or former Employer may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 2. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)

TO BE COMPLETED BY APPLICANT

1. Authorization by rental Applicant for the re									
I hereby authorize the release of the information I hereby acknowledge that the Owner/Agent requested.	n requested on this Em can make copies of t	ployment his exec	Verification I uted page in	Request to the O	wner/Agent the inform	listed above. ation			
Name	Name Phone number ()								
Signature	Date								
To 2. Person requesting the employment referen	O BE COMPLETED BY	Y OWNE	R/AGENT						
Name of Owner/Agent	Haven Properties	- Line	da Kelly, Lea	asing Assistant					
Address	1024 Iron Point Road	l			Unit #	1009			
CityFolsom	1		State _	CA Zip	95	630			
Phone number (916) 990-0770 or 91	16-729-4709 F	ax numbe	er (<u>916</u>) 218-6305 o	r havenleas	se@live.com			
3. Applicant's employment information: ☐ Present OR ☐ Prior Occupation (check	one)								
Employer Name									
Employer Address									
City			State	Zip					
Supervisor's/HR Manager's Name		E	mployer/HR l	Phone number ()				
Beginning and Ending Dates of Employment		Ei	mployer Fax Number () -						
Current Gross Income (if applicable) \$									
TO BE VE	RIFIED BY CURRENT	OR FOR	MER EMPLO	OYER					
4. Employment information verification			Verification	on provided by:					
Is the information provided in Section 3 above	correct?		Name:						
Employer Name Employer Address Supervisor's/HR Manager's Name Employer/HR Phone Number Beginning and Ending Dates of Emplo	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes ☐ Yes☐ Yes ☐ Yes ☐ Yes		Title:						
Current Gross Income (if applicable)	☐ Yes	☐ No	Phone: (_)					
If No, please explain:	Verification obtained by:								
			☐ Phone	□Mail	□Fax				
California Apartment Association	on Approved Form	U	nauthorize	ed Reproduct	ion				



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RENTAL APPLICANT REFERENCE FORM

- This form is used to obtain information regarding the rental history of Applicants for rental housing. The information provided by the current or former Owner/Agent may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 2. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)

TO BE COMPLETED BY APPLICANT

1. Authorization by rental A	Applicant for the release of information						
I hereby authorize the releas below. I hereby acknowled requested.	e of the information requested on this Renta ge that the OwnerlAgent can make copies	l Applican s of this e	nt Referen executed	ce Requ page ir	uest to the order to	e Owner/Ag o obtain the	ent listed e information
Name		Phor	ne numbe	r ()		
Signature		Date)				
	TO BE COMPLETED BY C						
2. Person requesting the re	ental reference						
Name of Owner/Agent	Haven Properties -	Linda	Kelly, Lea	asing A	ssistant		
Address	1024 Iron Point Road					_ Unit #	1009
City	Folsom		State _	CA	Zip	95	630
Phone number (<u>916</u>) <u>9</u>	990-0770 or 916-729-4709 Fax number	(916_)	218-63	05 or hav	venlease@	live.com
3. Applicant's rental inforn Name of rental community (if a	nation any)						
Address of rental unit						_ Unit #	
City			State _		Zip		
	Fax number						
	Year Move-out date: Month						
If no, what were the dates How many times during the pa Was any check from Applicant Did you ever file for an unlawfu	TO BE COMPLETED BY FORMER OR ation erty during the period indicated above? of occupancy? From (month/year): ust 12 months did Applicant pay the rent late' returned due to non-sufficient funds (NSF)? ul detainer against Applicant for unpaid rent? ?	?	To (mo	onth/yea	ar):	<u>/</u> 1-2 □3-5 [□6 or more □Yes □No
Did Applicant provide notice fo Did you ever serve a Three Da	int for delinquent rent, utilities or damage to or ending tenancy according to the terms of the sy Notice to Applicant	he rental a	agreemen t applicab	t? le becar	use Applio	oant still res	□Yes □No sides at unit □Yes □No
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