#### RENTAL APPLICATION COVER SHEET Imperial Property Management Services 500 West Fourth Street, Ground Floor Winston-Salem, NC 27101 336-748-3199

Dear Applicant,

Thank you for considering one of our apartment communities for your new home. The following information details the application process for renting an apartment from Imperial Property Management Services Inc. (IPMS). Please read all information thoroughly and ask a management representative if there's something that's unclear:

- 1. Find an apartment you're interested in—A listing of available apartments is located at our management office.
- 2. Fill out an application—Fill in ALL blanks including the signature line. Applicant must be at least 18 years old or legally emancipated, or married to a person who is at least 18 years old or legally emancipated. All adults must fill out a separate application and all proposed adult occupants must meet our management rental qualifications, but only one application fee is required per household in the amount of \$25.00. Applications with incomplete information will not be processed.
- 3. Leave your application, along with the required \$25.00 non-refundable application fee (payable only by money order or certified check) with the management office. You will be notified by phone, e-mail or mail for a formal interview and to see the unit(s) that you are interested in.
- 4. Approval—If your application is approved you will be notified and you can schedule your move in date for your new home. If your application is denied, you will be notified by mail with a denial letter stating the reason for your denied application. Applications are usually processed within 72 hours.

## Qualifications:

**RENTAL HISTORY:** IPMS gives preference to applicants with three years of current stable, positive, rental history. Less rental history may be allowed if combined with strong qualifications in other categories, such as stable income equal to three times the rent, plus good credit. Rental history generally does not include living with, or renting from, friends or relatives. Unexplained gaps in rental history, conflicting rental history information, eviction or negative landlord reference for lease violations in the past three (3) years (unless a longer time period is required based on other screening criteria contained herein) will disqualify you from renting with IPMS.

**INCOME:** IPMS gives preference to applicants who have income of at least three-times the monthly rent of the chosen apartment. Applicants must be able to show stability in the receipt of this income (i.e. long-term receipt of income from employment or other verifiable source). Two-times the monthly rent may be allowed if other rental qualifications are strong.

**<u>CREDIT</u>: IPMS** gives preference to applicants who have current credit accounts with a history of ontime payments. If current accounts are lacking, closed credit accounts with a positive history may still be considered with strong qualifications in other categories. Lack of credit or negative credit history (bankruptcy, late payments, and unpaid accounts) will not automatically disqualify you from renting if you have extremely strong qualifications in other areas (i.e. long-term positive rental history, several years of stable income, etc.), however past due balances owed to utility companies and previous landlords must be paid in full.

**<u>CRIMINAL</u>:** IPMS will conduct a public records search on each adult occupant. For approval, an applicant must not have a recent record of violent criminal activity or criminal activity involving drugs or drug-related activity. "Recent record" is defined as within five (5) years from the date of application for a felony charge and three (3) years for a misdemeanor charge. An exception may be made for residents who have successfully completed a rehabilitation program approved by management and who have not received new charges since the completion.

**SEX OFFENDER:** Individuals subject to a lifetime registration requirement under a State sex offender registration program are prohibited from admission to IPMS properties.

**OCCUPANCY STANDARDS**: Occupancy limits, determined by the community, may not be exceeded.

**<u>UTILITIES:</u>** IPMS requires you to contact the local utility companies to have the utilities turned on in your name prior to signing your lease and receiving keys to your apartment. The utility companies will ask for a deposit based on your credit and previous payment history.

**FAIR HOUSING STATEMENT:** IPMS is committed to compliance with all federal, state and local fair housing laws. It is our policy to comply with all laws prohibiting discrimination based on race, color, religion, national origin, sex, familial status, disability, and any other local laws protecting specific classes.

**ADA STATEMENT**: IPMS is committed to compliance with the Americans with Disabilities Act by allowing the modification of existing premises for reasonable accommodations at the expense of the disabled person, if the person agrees to restore the premises at their own expense to the pre-modified condition provided the modification would not affect the use and enjoyment of the premises.

## PLEASE INCLUDE WITH ALL APPLICATIONS, Photo Copies of:

- 1. Four concurrent, recent Pay Stubs for proof of income
- 2. Picture I.D.
- 3. Social Security Card

<u>First Month's Rent & Deposit</u> – Are required to be in the form of cashier's check or money order. The deposit amount is based on the community selected.



# IMPERIAL PROPERTY MANAGEMENT SERVICES PLAZA APARTMENTS Studio, 1 and 2 Bedroom Garden Apartments

**PRELIMINARY APPLICATION - \$25 Application Fee** 

| 1.            | NAME   | (Middle)  | (Loot)  | _                   |                        |                          |                        |                                     |   |
|---------------|--|---|---|---------------------|------------------------|--------------------------|------------------------|-------------------------------------|---|
|               | PRESENT ADDRESS  |   |   |                     |                        |                          | _                      |                                     |   |
|               | How long at this address:  |   | (   | City)               |                        |                          | (State)                | (Zip)                               |   |
|               | PREVIOUS ADDRESS   |   |   | (City)              |                        |                          | (State)                | (Zip)                               |   |
|               | HOME #   |   | •   |                     | WORK                   | ζ #                      |                        | (Zip)                               |   |
| 2.            | List <b>ALL</b> persons who will be 1  |   |   |                     |                        |                          |                        |                                     | _                                       |
|               | ALL MEMBER INFORM  |   |   | 1                   |                        | 1                        |                        |                                     |   |
|               | NAME   |   | ELATIONSHIP<br>HEAD OF HOUSEHOLD  | SEX                 | RACE                   | BIRTH<br>DATE            | AGE                    | SOC. SEC. NO                        | D. BIRTH<br>CITY,STATE                  |
|               |  | (S  | AME NAME AS ABOVE)  |                     |                        |                          |                        |                                     |   |
|               |  |   |   |                     |                        |                          |                        |                                     |   |
|               |  |   |   |                     |                        |                          |                        |                                     |   |
|               |  |   |   |                     |                        |                          |                        |                                     |   |
|               |  |   |   |                     |                        |                          |                        |                                     |   |
|               | List ALL income in the home (i   | r   |   | _                   |                        |                          |                        | 1                                   |   |
| NA            | ME OF HOUSEHOLD MEMBER   | EMPLOY  | ER/SOURCE OF I  | NCOME               | MON                    | THLY                     | WEEKLY                 | HOURLY                              | # OF HOURS                              |
|               |  |   |   |                     |                        |                          |                        |                                     |   |
|               |  |   |   |                     |                        |                          |                        |                                     |   |
| 4.            | Present Address  |   |   |                     |                        |                          |                        |                                     |   |
|               | Name of Landlord:  |   |   | ·                   | Address:               |                          |                        |                                     |   |
|               | Phone:   |   | Monthly Dayma   | nt                  |                        |                          | Datas                  |                                     |   |
| 5 1           | Previous Address (complete if r  |   |   |                     |                        |                          | Dates                  |                                     |   |
| 5.1           | Tevious Address (complete if r   | esided in p   | resent address le   | ss than             | Syears)                |                          |                        |                                     |   |
|               | Name of Landlord:  |   |   | A                   | ddress:                |                          |                        |                                     |   |
|               | Phone:Monthly Payment  |   |   |                     | Dates:                 |                          |                        |                                     |   |
| 6. I          | Employment   |   |   |                     |                        |                          |                        |                                     |   |
|               | Nama of amployan   |   | F A   | Idaaaa              |                        |                          |                        | Dhoma                               |   |
|               | Name of employer:  |   |   |                     |                        |                          |                        |                                     |   |
|               |  |   | Position:Salary:<br>ng Authority or related to anyone employed by the Housing Authority or any of its |                     |                        |                          |                        |                                     |   |
|               | instrumentalities? Related is d<br>and niece and/or nephew, step<br>and sisters-in-law and "related<br>and children, etc. )Yes<br>Section 8/HCV Participant            | efined as (<br>brothers and an arrived brothers) and a second | Parent and child<br>nd stepsisters, hu<br>anyone with a s   | l, brothe<br>usband | ers and si<br>and wife | sters, gra<br>, parents- | ndparents<br>in-law an | s and grandchil<br>d children-in-la | d, aunt and/or uncleaw, brothers-in-law |
|               | Do you have a Section 8 Certific   |   |   |                     |                        |                          |                        |                                     |   |
| 9.            | PET INFORMATION: TYPE  |   | BREE  | D:                  |                        | HEIG                     | GHT:                   | WEIGHT:                             |   |
|               | <b>TE:</b> Keeping of pet requires condicapped assistance animals use  |   |   |                     |                        | es/ deposit              | s, and exe             | cution of Pet Ad                    | dendum.                                 |
| 10            |  |   | nto at? Nama  |                     |                        |                          |                        | tionship:                           |   |
|               | n case of an emergency, whom   | may we co   | Telephone   |                     |                        |                          |                        |                                     |   |
|               |  |   | relephone   |                     |                        |                          | _                      |                                     |   |
|               | ive read the above statement and t<br>pose of verifying the facts herein s   |   | ormation is correc  | t to the b          | best of my             | knowledge                | . I have no            | objection to inqu                   | iiries for the                          |
| crin<br>thire | horize Imperial Property Management S<br>inal record search. I understand that the<br>l party background checking company wi<br>it history and criminal record search. | nformation ob   | tained is to be used on   | nly in the p        | rocessing of           | my rental a              | pplication. Il         | hereby release and h                | old harmless any                        |

SIGNATURE OF APPLICANT\_\_\_\_\_

| <b>REVIEWED BY</b> | <i>'</i> : |  |
|--------------------|------------|--|
| 10,10,10,00        | •          |  |

NOTES:

revised: kd 01/13

#### FAIR CREDIT REPORTING ACT (15 U.S.C. 1681 m)

Pursuant to the Fair Credit Reporting Act (15 U.S.C. 1681 m), this written notice is hereby given to inform you that adverse action regarding your application may be taken based in whole or in part on information contained in a consumer report. The name, address and telephone number (toll free, if available) of the consumer reporting agency is as follows:

RentFacts-Consumer Disputes P.O. Box 26140 Greensboro, NC 27402 (800) 288-7408

If the consumer report includes a credit bureau report, you may directly contact the credit bureau that furnished the report. Your credit report was provided by Equifax.

Equifax P.O. Box 740241 Atlanta, GA 30374 (800) 685-1111

Thank you for your interest in our company.

Sincerely,

Imperial Property Management Services Inc.