



ACHS RENTAL APPLICATION

Aurora Colony Historical Society (ACHS & Owner)

OWNER TO COMPLETE

Property Address: _____

Date received: _____ Time received: _____ a.m. p.m.

Examined picture identification? Yes No Type of identification? _____

RENT, DEPOSIT, AND FEE DISCLOSURE (Amounts listed below may be subject to change before the rental agreement is executed)

Monthly Rent: \$ _____ Security Deposit: \$ _____ Other Deposit: \$ _____

DEPOSITS MAY INCREASE IF APPLICANT IS UNABLE TO MEET ONE OR MORE OF OWNER/AGENT'S SCREENING CRITERIA.

Renter's Insurance is required: Tenant is required to maintain minimum of \$100,000 liability coverage and list Owner as Interested Party. If Tenant(s) combined household income falls at or below 50% of the median for the area, Renter's Insurance may not be required. Owner is also responsible to maintain its own insurance policy.

Owner/Agent may charge the following:

- Late payment of rent charge of \$ 25
- Smoke alarm and carbon monoxide alarm tampering fee of \$250.
- Dishonored check fee of \$35 plus amount charged by bank.
- Early termination of lease fee not to exceed 1-1/2 times the monthly rent, or actual damages at the option of Owner.
- Owner may charge the following non-compliance fees after first giving a written warning notice of initial violation if noncompliance occurs within one year: \$50 fee for 2nd violation, and \$50 plus 5% of current rent for each subsequent violation. 1. Failure to clean up animal waste, garbage, rubbish or other waste. 2. Parking violation or other improper use of vehicle.
- No pets are allowed. Owner may charge a fee for keeping on the premises an unauthorized pet. Fee may be assessed for repeat violations that occur as early as 48 hours after the effective date of a written warning notice, and for each subsequent violation within one year of issuance of written warning. Fee not to exceed \$250 per violation.
- This is a non-smoking property. There is no smoking allowed in the house or anywhere on the property. Owner may charge a fee for smoking/vaping on the premises. Fee may be assessed for repeat violations that occur as early as 24 hours after the effective date of a written warning notice, and for each subsequent violation within one year of issuance of written warning. Fee not to exceed \$250 per violation.

APPLICANT TO COMPLETE

Applicant Name: _____ Telephone: () _____ - _____
First Middle Last

Email Address: _____ Cell Phone: () _____ - _____

Birth Date: _____ Driver's License, State and #: _____

1) **Current Address:** _____ City: _____ State: _____ Zip: _____

Since: _____ Why are you moving? _____

Current Landlord: _____ Rent Amount? _____ Telephone: () _____ - _____

2) **Previous Address:** _____ City: _____ State: _____ Zip: _____

From _____ to _____ Why did you move? _____

Previous Landlord: _____ Telephone: () _____ - _____

3) **Previous Address:** _____ City: _____ State: _____ Zip: _____

From _____ to _____ Why did you move? _____

Previous Landlord: _____ Telephone: () _____ - _____

Have you ever: Been Evicted? Yes No Been sued by Landlord? Yes No Filed Bankruptcy? Yes No Been convicted, or plead guilty or no contest, to a crime? Yes No If yes to any of these, please explain: _____

If your service or companion animal requires a reasonable accommodation please inquire with Owner.

Animal #1 - Type: _____ Size: _____ Weight: _____ Ever injured anyone or damaged anything? Yes No

Animal #2 - Type: _____ Size: _____ Weight: _____ Ever injured anyone or damaged anything? Yes No

OUTSTANDING DEBTS – Please list below all outstanding past due payment obligations and/or collections accounts.

BANK INFORMATION

1) Bank: _____ Branch: _____ Checking Account #: _____
2) Bank: _____ Branch: _____ Savings Account #: _____
3) Bank: _____ Branch: _____ Type/Account #: _____

EMPLOYMENT/INCOME

1) Current Employer: _____ How Long? _____
Supervisor: _____ Telephone: () ____ - _____
Job Title: _____ Take home pay (per month): \$ _____ Full-time Part-time
2) Previous Employer: _____ How Long? _____
Supervisor: _____ Telephone: () ____ - _____
Job Title: _____ Take home pay (per month): \$ _____ Full-time Part-time
Other Income (per month): \$ _____ Source: _____ Telephone: () ____ - _____
Other Income (per month): \$ _____ Source: _____ Telephone: () ____ - _____

REFERENCES

1) Relative: _____ Telephone: () ____ - _____
2) Emergency Contact: _____ Telephone: () ____ - _____
3) Personal Reference: _____ Telephone: () ____ - _____

PERSONAL PROPERTY

1) Automobile: Make _____ Model _____ Year _____ License # _____ State _____
2) Automobile: Make _____ Model _____ Year _____ License # _____ State _____
3) Other: Vehicles/Boats _____ Model _____ Year _____ License # _____ State _____

Do you own the following: Trampoline? Yes No Water-filled furniture? Yes No Fish Tank or Aquarium? Yes No

MEMBERS OF HOUSEHOLD

For purposes of identification only, please list names and either ages or dates of birth of other persons to occupy unit:

APPLICANT SCREENING CHARGE DISCLOSURES

- 1) Owner may obtain a credit report, or a tenant screening report which generally consists of:
 - a) Credit history including credit report;
 - b) Public records, including but not limited to judgments, liens, evictions and status of collection accounts;
 - c) Current obligations and credit ratings; and/or
 - d) Criminal records or other information verification.
- 2) Owner requires payment of an Applicant Screening Charge of \$50. None of which is refundable unless the Owner does not screen the applicant. This application is valid for up to 60 days from date of receipt by Owner.
- 3) If the mail receptacle associated with the dwelling unit is a locking type, Tenant(s) are solely responsible for the fees charged by the Postmaster for the re-keying of the box should a key not be provided by the Owner or if the mail box has not been re-keyed between tenancies.

Incomplete applications will not be accepted. Inability to verify information may result in denial of application. Presentation of false information may result in denial of application or termination of tenancy if discovered within one year of submission of application.

I certify my above information is correct and complete and hereby authorize the Owner to make any inquiries the Owner feels necessary to evaluate my tenancy and credit standing (including, but not limited to credit reports). If Owner is requiring payment of an applicant screening charge, I acknowledge receiving a copy of and/or reading Owner's Screening Guidelines. I understand that I have the right to dispute the accuracy of any information provided to the Owner by a screening service or credit reporting agency.

No marijuana, medical or otherwise, may be grown, stored or consumed on the premises without the prior written consent of Owner.

Applicant _____

Date _____

