



The Waters House

APARTMENTS, L.L.C.

500 E. Fulton, Grand Rapids, MI 49503 (616) 454-5501 • Fax (616) 356-2022

ELIGIBILITY CRITERIA FOR TENANCY AT THE WATERS HOUSE APARTMENTS

Applicants must meet the following criteria in order to lease from The Waters House Apartments (WHA):

1. Leaseholders must be at least 18 years of age.
2. Leaseholder, or Leaseholders combined, must have a verifiable monthly net income, for the past year, (3) three times the base monthly rental rate charged for the apartment applicant seeks to lease; "base" rental rate does not include utilities, parking charges, etc.
3. Leaseholders must not have any felony conviction occurring within the last ten years, or any misdemeanor or felony conviction, regardless of age of conviction, based on an offense involving sexual misconduct or violence. Minor *occupants* must meet same criteria.
4. Leaseholders must have a credit score of 650 or higher, verified by a credit report from a major credit reporting agency.
5. Leaseholders must not have unpaid collections, excluding medical and educational collections, greater than \$10,000.00 within the past 12 months, or bankruptcy filing – excluding dismissed and discharged – within the past 36 months.
6. Leaseholders must not have a history or late payments to any previous landlord.
7. Leaseholders must produce a favorable reference from applicant's most recent landlord and must not present with an unfavorable reference from a previous landlord. If Leaseholders cannot provide any prior tenant history and/or have not been listed on any prior lease(s) WHA will determine an acceptable form of favorable reference such as but not limited to character reference letters from other reputable sources.
8. Leaseholders must not have any history of a) damage to a rental premises b) incidents or disturbances resulting in calls to police or c) eviction for misconduct, absent an explanation satisfactory to, and verifiable by, The Waters House Apartments management.

The WHA will begin and complete its review of an application only after:

- 1) an apartment selected by applicant has become available**
- 2) applicant has completed, furnished, and signed an application**
- 3) applicant has paid the \$75.00 non-refundable application fee and**
- 4) applicant has provided WHA with a copy of applicant's photo ID.**

Apartment # _____

APPLICATION FOR TENANCY

Applicant Name _____ Birthdate _____

Social Security Number _____ Driver's License # _____

Phone # _____ E-mail address _____

Present Residence Address _____

_____ Current Rent _____ Years there _____

Present Landlord Name, Phone , & email _____

Former Residence Address _____

_____ Former Rent _____ Years There _____

Former Landlord Name, Phone , & email _____

Employed By _____ Phone _____

Salary _____ Years There _____

Employer Supervisor contact info _____

Other Income, Source and Amount _____

Checking Account - Bank & Balance _____

Savings Account - Bank & Balance _____

Credit Reference (Credit Cards, Loans, etc.) _____

Have you been convicted of a felony or misdemeanor within the last 15 years? _____

Do you or any persons that intend to reside in the apartment with you smoke? _____

Have you ever been summoned to landlord-tenant court and if so when, where, and why?

AUTHORIZATION TO VERIFY INFORMATION AND CREDIT: I hereby authorize The Waters House Apartments (WHA) or its designee to verify any and all information on this application, on a criminal conviction report and/or a credit report or decision report. I, the undersigned, authorize the WHA, its manager, or its designee to obtain resident screening information from Merchants Service Bureau/CBC Companies, www.tenanthistorywebsite.org, or other credit bureaus or online sources, which MAY include credit history, rental history, employment history, criminal history, sexual offender history and terrorist information. This information may also be used for collection and garnishment purposes. The undersigned makes this application to rent a property and certifies that the information and answers provided on this application are truthful and correct, agrees to pay the non-refundable Application fee of \$75.00 and agrees to a (12) twelve month contract.

Applicant Signature

(Print Name)

Date



Building A Better Relationship With Your Applicant Starts Here

Grand Rapids
 Ph: 616.419.2209 Fax: 866.941.9045
 PO Box 24 Grandville, MI 49468

Kalamazoo
 Ph: 269.359.0814 Fax: 866.941.9045
 241 N Rose St, Suite 200 Kalamazoo, MI 49007

PLEASE READ CAREFULLY: Applicant Authorization and Consent for Release of Information

This release and authorization acknowledges that Innovative Principal Strategies LLC dba **Preferred Screening Profiles** may now, or at any time while employed or a tenant conduct an inquiry. This inquiry may include the following:

- Documents regarding your Education
- Previous Employment and Work History
- Credit History
- Motor Vehicle Record
- Criminal History
- Social Security Verification
- Professional License Verification
- Citizenship Status
- Department of Homeland Security Watchlist Status
- Inclusion on any Sex Offender Registries

I hereby authorize Innovative Principal Strategies LLC and any of its agents or attorneys to conduct an inquiry authorized by this release.

I have read and understand this release and consent form, and I authorize the background inquiry and verification. I specifically authorize present and former employers, landlords, and other organizations and/or agencies to provide all information requested and I hereby release all of the persons or entities providing such information from any and all claims and damages connected with their release of the requested information. I agree that any photocopy of this document is as valid as the original. I understand that Innovative Principal Strategies LLC, without further authorization, may verify or update this information at any time during my employment or tenancy.

I swear under penalty of perjury that the information given here is true to the best of my knowledge.

I do hereby to forever release and discharge Innovative Principal Strategies LLC, its employees and agents from any claims, damages, losses or liabilities created by the retrieval and reporting of the information authorized by this release.

Please print clearly:

Applicant Name: _____ Date: _____
First Mi. Last

Street Address: _____ Apt Number _____

City: _____ State: _____ Zip: _____

Phone: _____ Drivers License State/Number: _____

Social Security Number: _____ Date of Birth: _____ Gender (M or F) _____

Race (optional) (circle one): White Black Asian or Pacific Islander American Indian or Alaskan Native Hispanic or Other

Signature: _____

This area for client use only:	
Today's Date: _____	
<input type="checkbox"/> Employer	<input checked="" type="checkbox"/> Landlord
Client: <u>The Waters House Apartments</u>	
Contact: <u>Michael Triant / Agent - Manager</u>	
Phone: <u>616-454-5501</u>	
Fax: <u>616-356-2022</u>	
Email: <u>michael@watershouse.com</u>	
Reports Being Requested (check all needed):	
<input type="checkbox"/> Employer Custom (per Agreement)	
<input type="checkbox"/> Landlord Custom (per Agreement)	

<input checked="" type="checkbox"/> Michigan Criminal History w/ Sex Offender and SSN Verification	
<input checked="" type="checkbox"/> Credit History	
<input checked="" type="checkbox"/> Motor Vehicle Report (Driving Record)	
<input type="checkbox"/> Professional Reference Check	
<input checked="" type="checkbox"/> Employment Verification	
<input type="checkbox"/> Education Verification	
<input type="checkbox"/> Professional License Verification	
<input checked="" type="checkbox"/> Address History Verification	
Other: _____	

LANDLORD REFERENCE CHECK

The Waters House Apartments, LLC.

500 East Fulton St. Grand Rapids, Mi 49503 ph: 616.454.5501 fx: 616.356.2022

DATE:

APPLICANT:

I authorize The Waters House Apartments, LLC., its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

Signature

Date

Signature

Date

TO BE COMPLETED BY LANDLORD:

Dates of residency: From _____ to _____. Total # of months _____

1. Did the resident pay their rent on time? _____
If rent was late, how late? _____
How often? _____ Comments _____
2. How much rent was paid each month by this resident? _____
3. Did you receive a security deposit? _____ Amount: _____
4. Did the resident, their guests or their family damage the apartment or the property in any way? _____
5. Were the police ever called as a result of a disturbance? _____
6. Were there problems with neighbors? _____
7. Does the resident have pets or other potential problems that may be important to know? _____
8. Did the resident violate the lease agreement in any way? _____
9. Did the resident give you proper notice for vacating? _____
10. Would you re-rent to this resident? _____
11. What previous address do your records indicate? _____

Signature: _____ Date: _____

Title: _____ Company: _____