



# The Glendale Qualifying Criteria



## CONDITIONS

- At the minimum, one Applicant, per household must be a minimum of 55 years of age or older.
- Applicants must have a verifiable social security number, current visa or other federally issued paperwork stating status in the United States.
- Applicants will be required to sign a Crime Free and Medical Marijuana Addendum, and will be held to all conditions stated.
- Occupancy standards are 2 occupants per bedroom plus 1 additional occupant.

## PROOF OF INCOME

- Applicants must provide verifiable proof of current income for up to 2 consecutive months.
- Applicants combined income must equal up to 1.5 times the monthly rent.
- Applicants that do not meet the income requirement may be approved on a conditional basis.

## PROOF OF RESIDENCY

- Applicants must provide verifiable proof of rental history for up to 2 year(s).
- Applicants with no previous rental history or rental history less than the required period of time may be required to provide a copy of Electric, Gas, or Water Utility bill from current residence and/or an additional security deposit.
- Applicants with paid judgments or collection accounts from rental properties or utility companies within the past 3 years may be approved on a conditional basis.

## CREDIT AND BACKGROUND CHECK

- A Credit Report and Background Check will be completed for every applicant and occupant 18 years of age and older.
- All credit and background information is supplied through a third party credit reporting agency.
- Credit scores will be based on overall credit worthiness; including acceptable account ratios, rent to income ratios and the Fair Isaacs score provided by the credit bureaus.
- Felony or Misdemeanor arrests or convictions for any crime against a person or property may result in denial.
- Falsification of the rental application or failure to answer completely will result in a denial.
- Bankruptcies must be discharged for at least 1 year(s).

## CONDITIONAL APPROVAL

- Applicants that are approved on a conditional basis may be asked to fulfill 1 or all of the following conditions in order to have an approved application.
- Satisfy one or all of some outstanding debt.
- Pay an additional security deposit based on credit result verification.
- Have a qualified Guarantor sign the lease to guarantee the rent.
- Provide additional identification or address information.
- Make all payments in guaranteed funds. Cash and money orders will not be accepted.

MEB Management Services is fully committed to equal housing opportunities. We do not discriminate against anyone based on race, religion, color, sex, handicap, familial status, and national origin, as stated in the Federal Fair Housing Law (Title VIII of the Civil Right Act of 1968 as amended by the Housing and Community Development Act of 1974 and the Fair Housing Amendment of 1988).

I have read and understand the Qualifying criteria of this community. I understand that I am paying a non-refundable application fee that will not be returned to me for any reason

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Management Signature Date

Dear applicant:

The information on this form is needed to determine if your household is eligible under (Apartment Community) leasing criteria. Please complete this entire form and leave no blanks. Please do not use whiteout or different colored ink on this form. If there are any questions that you do not understand, please call the apartment manager. We thank you in advance for your cooperation.

HOUSEHOLD COMPOSITION

	Full Name  Drivers License No.	Relationship	Date of Birth	F/T=Full Time P/T=Part Time	Social Security Number	Receiving any source of income?
					Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	
1		Head of Household		Student Status o F/T o P/T oN/A		o Yes o No
2				Student Status o F/T o P/T oN/A		o Yes o No
3				Student Status o F/T o P/T oN/A		o Yes o No
4				Student Status o F/T o P/T oN/A		o Yes o No
5				Student Status o F/T o P/T oN/A		o Yes o No
6				Student Status o F/T o P/T oN/A		o Yes o No
7				Student Status o F/T o P/T oN/A		o Yes o No

HOUSEHOLD COMPOSITION

1. Do you expect any additions to the household within the next twelve months? oYes oNo If Yes, explain \_\_\_\_\_
2. Are any of the household members listed above foster children? oYes o No If yes, who? \_\_\_\_\_
3. Are any of the household members listed above a live-in attendant? oYes o No If yes, who? \_\_\_\_\_
4. Are any of the household members planning to attend school full time or has attended school full time more than 5 months out of the calendar year? o Yes o No If yes, who? \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

Current Residence of Applicant:

Address \_\_\_\_\_, Apt. No. \_\_\_\_\_, City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long \_\_\_\_\_ Years \_\_\_\_\_ Mos. Name of Landlord \_\_\_\_\_ Landlord Phone (\_\_\_\_) \_\_\_\_\_

Amount of rent paid? \_\_\_\_\_ Home Owner Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Address of Applicant (if Current Address is less than 2 years):

Address \_\_\_\_\_, Apt. No. \_\_\_\_\_, City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long \_\_\_\_\_ Years \_\_\_\_\_ Mos. Name of Landlord \_\_\_\_\_ Landlord Phone (\_\_\_\_) \_\_\_\_\_

Amount of rent paid? \_\_\_\_\_ Home Owner Yes \_\_\_\_\_ No \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION**

Applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Gross Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

Applicants name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Gross Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

**OTHER SOURCES OF INCOME**

**Do you receive income from any of the following? Please mark "yes" or "no" for each source of income.**

Source Employment	Check one	Source Benefits/Pensions	Check one	Source Other	Check one
Second Job	<input type="radio"/> Yes <input type="radio"/> No	Workers Compensation	<input type="radio"/> Yes <input type="radio"/> No	Grants	<input type="radio"/> Yes <input type="radio"/> No
Bonuses	<input type="radio"/> Yes <input type="radio"/> No	Unemployment	<input type="radio"/> Yes <input type="radio"/> No	Scholarships	<input type="radio"/> Yes <input type="radio"/> No
Tips	<input type="radio"/> Yes <input type="radio"/> No	Alimony	<input type="radio"/> Yes <input type="radio"/> No	Recurring Gifts	<input type="radio"/> Yes <input type="radio"/> No
Commissions/fees	<input type="radio"/> Yes <input type="radio"/> No	Child Support	<input type="radio"/> Yes <input type="radio"/> No	AFDC/ TANF	<input type="radio"/> Yes <input type="radio"/> No
Overtime pay	<input type="radio"/> Yes <input type="radio"/> No	Social Security	<input type="radio"/> Yes <input type="radio"/> No	Other	<input type="radio"/> Yes <input type="radio"/> No

**For each "Yes" marked above, please complete the following:**

Household member name	Amount received	Source
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	

**HOUSEHOLD ASSETS**

**Does anyone in your household have any of the following types of assets? Please mark "yes" or "no" for each type of asset.**

Type of Asset	Check one	Type of Asset	Check one	Type of Asset	Check one
Checking Account	<input type="radio"/> Yes <input type="radio"/> No	IRA/Keogh Account*	<input type="radio"/> Yes <input type="radio"/> No	Revocable trust fund	<input type="radio"/> Yes <input type="radio"/> No
Savings Account	<input type="radio"/> Yes <input type="radio"/> No	Retirement/Pension Fund*	<input type="radio"/> Yes <input type="radio"/> No	Mortgage/Note Held	<input type="radio"/> Yes <input type="radio"/> No
Cash	<input type="radio"/> Yes <input type="radio"/> No	Mutual Funds/Stock*	<input type="radio"/> Yes <input type="radio"/> No	Life Insurance Policy*	<input type="radio"/> Yes <input type="radio"/> No
Debit Savings Card	<input type="radio"/> Yes <input type="radio"/> No	Real Estate/Land*	<input type="radio"/> Yes <input type="radio"/> No	Personal Property Held as an Investment	<input type="radio"/> Yes <input type="radio"/> No
		Certificate of Deposit*	<input type="radio"/> Yes <input type="radio"/> No		

**For each "Yes" marked above, please complete the following:**

Household member name	type of asset	cash value (see note)	\$ asset will earn in the next 12 months

**NOTE: \*When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor etc.? That's the amount you should list in the "cash value" column.**

**Have you disposed of any assets within the last 2 years?  Yes  No. if yes, please explain**

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Have you or your spouse/roommate ever been evicted? \_\_\_\_ Yes \_\_\_\_ No

Declared Bankruptcy? \_\_\_\_ Yes \_\_\_\_ No

Do you use illegal drugs? \_\_\_\_ Yes \_\_\_\_ No

Do you or have you engaged in the distribution or sale of illegal drugs? \_\_\_\_ Yes \_\_\_\_ No

Have you or any household member listed above ever been convicted of a felony or any crime related to harm caused to a person or property, including, but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity and related violations? \_\_\_\_ Yes \_\_\_\_ No

Do you have any outstanding warrants for arrest? \_\_\_\_ Yes \_\_\_\_ No

Person to contact in case of emergency:

Name: \_\_\_\_\_ Address/City/State \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Person to contact in case of emergency:

Name: \_\_\_\_\_ Address/City/State \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**Note: Management is not responsible for damage to resident's property unless caused by negligence on the part of management or an employee of management. Residents are strongly advised to obtain renters insurance to cover loss or damage to their property!**

**DEPOSIT TO HOLD AGREEMENT**

In consideration of management holding the apartment for me, I agree to pay a holding deposit of \$\_\_\_\_\_ and a non-refundable application fee of \$\_\_\_\_\_. The holding deposit is refundable if my Application is not approved (14 day delay for bank clearance of check). If my Application is approved, the holding deposit is credited to the required move-in costs. I may cancel this agreement and be refunded my holding deposit (14 day delay for bank clearance of check) by notifying you of my decision to cancel by 5 P.M. on \_\_\_\_\_, 20\_\_\_\_. Cancellation after this time will result in forfeiture of my holding deposit. I must pay rent on or before my rent start date or my holding deposit will be forfeited and my apartment rented.

Apt. # \_\_\_\_\_ Type \_\_\_\_\_ Lease Length \_\_\_\_\_ Rent Start Date \_\_\_\_\_ Lease Ending Date \_\_\_\_\_

Monthly Rent with sales tax \$ \_\_\_\_\_ Total Deposits Due: \$ \_\_\_\_\_

**VEHICLE AUTO INFORMATION: MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ YEAR \_\_\_\_\_ LIC # \_\_\_\_\_ STATE \_\_\_\_\_**

Please tell us how you heard about (Blank) Apartments \_\_\_\_\_

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit reports. Applicant acknowledges that false information herein constitutes grounds for rejection of this application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in. Management reserves the right to verify application information after move-in and may convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant agrees to the terms of the "Deposit to Hold Agreement". This application is preliminary only and does not obligate owner or owner's representative to execute a lease or deliver possession of the proposed premises.

**Application form must be read filled out completely and signed by all household members 18 and older.**

*All of the information provided above is true and complete to the best of my knowledge and belief.*

_____	Date _____
Applicant	
_____	Date _____
Co-applicant	
_____	Date _____
CO -applicant	
_____	Date _____
Co-applicant	
_____	Date _____
MANAGEMENT	

Before returning this form to the management office, be sure that you have marked "yes" or "no" for each source of income and each type of asset. Incomplete forms will delay processing and be returned.