

INSTRUCTIONS FOR COMPLETING SCREENING APPLICATION

This application meets the screening requirements for the following areas:

Brookfield HOA - Morrison Creek Estates HOA - Phoenix Park Apartments - Wildwood HOA

Indicate all areas you would like to be given consideration for residence.

Fill in all the blanks on the application, If an area does not apply to you, enter 'N/A' in the space.

Each adult must complete a separate application.

Each applicant must complete and submit the following;

1. The application and the required signatures
2. Background release form
3. Exhibit "B" 'Crime and Drug Free Addendum'
4. Social Security Card and government issued photo (mandatory)
5. The screening fee is \$37.50 per adult. The fee must be in the form of a money order (**no checks, no cash accepted**)

SIGN TO INDICATE THE ABOVE HAVE BEEN COMPLETED. RETURN THIS SHEET WITH THE APPLICATION.

Applicant Signature: _____ Date: _____

How did you hear about our community?

____newspaper ____flier ____word of mouth ____other

(Please state)_____

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION FOR MORRISON CREEK AND PHOENIX PARK ONLY:

Do you require special unit design features for mobility impairment? Yes_____ No_____

Do you require special unit design features for visual impairment? Yes_____ No_____

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

Do you require special unit design features for hearing impairment? Yes_____ No_____

YOUR APPLICATION WILL NOT BE ACCEPTED IF THE ABOVE REQUIREMENTS ARE NOT MET



Morrison Creek



Universal Screening/Credit Application

Check those areas that you want to be given consideration for residence

Brookfield HOA Phoenix Park Apartments Morrison Creek Estates Wildwood HOA

IF APPLYING IN BROOKFIELD, WILDWOOD, OR MORRISON HOA'S COMPLETE THE FOLLOWING:

UNIT APPLIED FOR: _____ **OWNER NAME/NUMBER:** _____ () _____

Brookfield HOA, Morrison Creek Estates HOA, Phoenix Park Apartments, and Wildwood HOA, will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or an AIDS related condition.

TDD Telephone device for the deaf only (415) 345-4470 or California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

Applicant Name _____ Soc Sec. No _____ - - _____

Birth Place _____ Date of Birth _____

Current Employer _____

Position _____

City _____ State _____ MM DD YYYY _____

Driver's License No. _____ State _____

Current Address _____
ADDRESS CITY STATE ZIP CODE

How long have you lived at the current address? _____

LANDLINE _____ CELL PHONE _____

Have you ever been served an eviction notice OR asked to vacate a property located in any of the following:

	Please Circle	
Morrison Creek (Franklin Blvd , LaFresa Court, LaPera Court, Shining Star,Dr.)	Y	N
Phoenix Park	Y	N
Wildwood (Creeks Edge, Brookfield, Burgoyne, Savannah Ln, Weymouth Ln)	Y	N
Brookfield (Brookfield Dr, Creeks Edge, Savannah Ln, Weymouth Ln)	Y	N



CURRENT HOUSING STATUS



HOW MANY PEOPLE LIVE IN YOUR HOME NOW? _____ HOW MANY BEDROOMS DO YOU HAVE? _____

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE?

_____ YES _____ NO. IF YES, PLEASE EXPLAIN:

IF YOU HAVE LISTED ANY MINOR HOUSEHOLD MEMBERS, WHAT IS THE CURRENT GUARDIAN/CUSTODY AGREEMENT:

HAVE YOU OR ANYONE YOU PLAN TO HAVE LIVING WITH YOU BEEN CONVICTED OF A FELONY?

_____ YES _____ NO. IF YES, PLEASE LIST THE DISPOSITION BEHIND EACH INCIDENT INVOLVING ALL MEMBERS OF THE PROPOSED HOUSEHOLD:

DO YOU HAVE A SECTION 8 VOUCHER OR CERTIFICATE? _Yes No Expiration Date:

LIST BELOW THE NAMES/AGES/RELATIONSHIP OF EACH INDIVIDUAL LIVING WITH YOU

NAME	AGE	RELATIONSHIP

RENTAL HISTORY

CURRENT LANDLORD:

PHONE #: _____

WHAT IS YOUR CURRENT RENT? _____

LANDLORD'S ADDRESS: _____

DATE OF MOVE-IN: _____

YOUR ADDRESS/APT. #: _____

PREVIOUS LANDLORD:

PHONE #: _____

RENT AMOUNT: \$ _____

LANDLORD'S ADDRESS: _____

DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____

YOUR ADDRESS/APT. #: _____

IF LESS THAN 2 YEARS AT ABOVE ADDRESSES, ATTACH SHEET PROVIDING ADDITIONAL ADDRESSES

VEHICLE INFORMATION

Number of vehicles (including company cars) _____

(1) Make/Model _____ Year _____ Color _____

License Plate # _____ State _____

(2) Make/Model _____ Year _____ Color _____

License Plate # _____ State _____

APPLICANT CERTIFICATIONS

1. I certify that if selected to move into this community, the unit I occupy will be my primary residence.
2. I certify that the statements made in this application are true and complete to the best of my knowledge and belief.
3. I understand that false statements or information are cause for immediate denial of housing.
4. I understand I must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I understand that the above information is being collected to determine my eligibility for the community. I authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. I agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. I agree to pay a credit check and criminal background fee of \$37.50 per adult household member at the initial screening interview. (I may request copies of these documents.) This will be required prior to an application being processed.
7. Housing is subject to availability.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

TENANT SCREENING INQUIRY RELEASE FORM

I declare under penalty of perjury under relevant state and federal law that the information contained in my rental application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate retraction of any offer and denial notice will be issued.

In connection with my application with _____, (herein referred to as "Landlord") I understand that investigative inquiries into my background may be made including but not limited to previous employer verifications, education verifications, consumer credit reports, history of criminal convictions, motor vehicle records, Social Security traces, and others. These reports may include reasons for termination of past employment from previous employers. Further, I understand that **NTN and**/or its authorized agents may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil, and other experiences, and may include information involving me in the files of insurance companies. I authorize all persons and organizations that may have information relevant to this research to disclose such information to Landlord or its authorized agents. I hereby authorize, without reservation, any party or agency contracted by **National Tenant Network** and their employees or assigns from any and all claims, actions, suits, agreements, or liabilities arising from the release of said information to **National Tenant Network** or any authorized agent thereof.

I understand that I have specific prescribed rights under the Fair Credit Reporting Act (FCRA), and may have additional rights under relevant state law. I hereby certify that I will be presented with a summary of my rights as a consumer under the Fair Credit Reporting Act. I hereby:

_____ **I requested and have received** a copy of my credit report

_____ **I waive** my right to a copy of my credit report

I understand that the information collected from the credit/criminal background could be shared with the other areas listed in this application. This helps if you are interested in moving into one of the other areas.

Note: Before signing this document, I have thoroughly read the release form and completed all requested information as evidenced by my signature.

Applicant Signature: _____ Date: _____

Print Name: _____ a.k.a. _____

Date of Birth: _____ Social Security Number: _____

Drivers License: _____ (State) _____

CALIFORNIA APPLICATION ADDENDUM FOR CRIME/DRUG-FREE HOUSING AND/OR GOVERNING DOCUMENT COMPLIANCE

(Applies to Brookfield HOA, Morrison Creek Estates HOA, Phoenix Park Apartments, and Wildwood HOA)

In consideration of the execution or renewal of a lease or other rental agreement for, and/or occupancy privileges with respect to, the dwelling unit located at, Sacramento, California (the "Premises"), which is subject to the provisions of the lease agreement between OWNER or OWNER AGENT and RESIDENT/LESSEE agree as follows:

1. RESIDENT/LESSEE, any member of RESIDENT/LESSEE'S household and any guest or other person under RESIDENT/LESSEE'S control (collectively, the "Resident/Lessee Group") shall not engage in criminal activity, on or near the Premises, or within the area subject to the provisions of the Declaration ("The 3 HOA's or Phoenix Park"), including without limitation "drug-related criminal activity". "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use or possession with the intent to manufacture, sell, distribute, or use a controlled substance (as defined in Section 102 of the Controlled Substance Act (21 U.S.C. 802)).
2. The Resident/Lessee Group shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near the Premises and/or within The 3 HOA's or Phoenix Park.
3. The Resident/Lessee Group will not permit the Premises to be used for, or to facilitate, criminal activity, including prostitution and/or drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest.
4. The Resident/Lessee Group will not engage in the manufacture, sale, or distribution of illegal drugs at any location, whether on or near the Premises, or within The 3 HOA's or Phoenix Park.
5. The Resident/Lessee Group shall not engage in acts of violence, including, but not limited to, the unlawful discharge and/or brandishing of firearms, on or near the Premises, or within The 3 HOA's or Phoenix Park.
6. ANY VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF ANY LEASE, RENTAL AGREEMENT OR OTHER OCCUPANCY AGREEMENT FOR THE PREMISES (THE "AGREEMENT") AND GOOD CAUSE FOR TERMINATION OF TENANCY OR OTHER OCCUPANCY OF THE PREMISES. A single violation of any of the provisions of this Addendum shall be deemed a serious violation, and a material noncompliance with the Agreement. It is understood and agreed that a single violation shall be good cause for termination of the Agreement and/or any occupancy of the Premises.
7. Failure to comply with this Addendum is considered a material non-curable breach of the Agreement and will result in a Three Day Notice to Quit being serviced upon RESIDENT/LESSEE requiring that RESIDENT/LESSEE and every member of the Resident/Lessee Group shall vacate the Premises within three (3) days, all in accordance with California law. California law provides for extraordinary remedies to regain possession when illegal activity is being carried out on or in the vicinity of the Premises which constitutes a public or private nuisance.
8. In case of conflict between the provisions of this Addendum and any other provisions of the Agreement, the provisions of this Addendum shall govern.
9. This Addendum is incorporated into the Agreement by this reference.
10. RESIDENT/LESSEE and Owner: (i) acknowledge that Owner is responsible to The 3 HOA's or Phoenix Park for compliance by the Resident/Lessee.
11. This Addendum is executed as part of the consideration by RESIDENT/LESSEE for occupancy of the Premises, and is executed for the benefit of both Owner and the residents.

OWNER/OWNER'S AGENT DATE

RESIDENT/LESSEE DATE