

ScoBro, Inc.

2313 Crestmont, Suite 100, Norman, OK 73069

Rental Qualifications

We would like lease to everyone but, unfortunately we are not always able to do so. We have guidelines that must be followed in order to assure the best possible residents at our complexes. So, when you lease from us you know that your neighbor has met the same high standards that you have. They are as follows:

- 1. 12 months verifiable rental history**
- 2. 12 months verifiable employment history**
- 3. Must be at least 18 years of age**
- 4. Income must be at least 3 times the rental rate**
- 5. Credit rating checked at the Credit Bureau**
- 6. Criminal background check**
- 7. Must show identification such as current drivers license**

Reason for Denial of Housing

The initial interview with our leasing agent is important in determining whether you would fit in well with our existing tenant base. If, after the initial interview, there is doubt in the mind of the leasing agent about whether you would fit in or not, your application will be discussed with higher management. Any determination to reject your application will be final. The following is a list, although not complete, of some of the things that may cause your application to be rejected:

- 1. An incomplete application**
- 2. Does not meet Minimum Income requirements.**
- 3. A history of violence to person(s), or property.**
- 4. A history of nonpayment of rent or Eviction(s).**
- 5. A history of nonpayment or unpaid financial obligations.**
- 6. A history of disturbances of neighbors, destruction to property or living or housekeeping habits which adversely affect the health, safety, or welfare of the other residents.**
- 7. A history of criminal activity involving crimes of physical violence to persons or property or other criminal acts which adversely affect the health, safety or welfare of themselves, other residents or the vitality of the apartment community including the abuse of drugs or alcohol. This includes, but is not limited to, the possession, sale, or use of any illegal substances.**
- 8. Convicted of a felony.**

Rental Application

For Office Use

Desired Date of Occupancy: _____ Property _____ Apartment #: _____

Rent: \$ _____ Security Deposit: _____ Move-in Special: _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE TELL US ABOUT YOURSELF:

Name

Date of Birth

Social Security #

PLEASE LIST OTHER OCCUPANTS AND THEIR RELATIONSHIP TO YOU:

Name

Relationship

Date of Birth

Social Security #

Are you a United States Citizen? Yes No

If no, please explain: _____

Do you or any other household member have any pets? Yes No

If yes, please describe: Type _____ Weight _____ Color _____

Have you or any other household member ever broken a lease or been evicted from an apartment?

Yes No If yes, explain: _____

Have you or any other household member ever been convicted of drug related crime?

Yes No If yes, explain: _____

Have you or any member of your household ever been convicted of a felony?

Yes No

Do you or any other household member smoke cigarettes?

Yes No

PLEASE TELL US ABOUT YOUR PAST 2 YEARS RENTAL HISTORY, BEGINNING WITH MOST CURRENT

Current Address:

Street: _____ City: _____ State: _____ Zip Code: _____

Name of Management: _____ Phone #: _____

Month and year moved in? _____ Monthly Rent?: _____ Reason for moving? _____

Previous Address

Street: _____ City: _____ State: _____ Zip Code: _____

Name of Management: _____ Phone #: _____

Month and year moved in? _____ Monthly Rent? _____ Reason for moving? _____

PLEASE LIST ALL EMPLOYMENT INCOME OF EVERY HOUSEHOLD MEMBER:

<u>Household Member</u>	<u>Employer</u>	<u>Supervisor/Phone</u>	<u>How Long/Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE LIST ALL OTHER INCOME OF EVERY HOUSEHOLD MEMBER:

This includes, but is not limited to, public assistance, social security, pension, SSI, military pay, unemployment compensation, disability compensation, child support, educational loans, scholarships and grants.

<u>Household Member</u>	<u>Source</u>	<u>Address</u>	<u>Amount</u>	<u>Per</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE TELL US ABOUT YOUR AUTOMOBILE:

<u>Year of Automobile</u>	<u>Make/Model</u>	<u>Color</u>	<u>License Plate Number</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMERGENCY INFORMATION: In case of Emergency, Please Notify:

Name: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip Code: _____

In case of a serious illness, accident or death is this person authorized to enter and remove all of resident property? Yes No

If Management has any questions about this application, please give phone numbers where you can be reached.

Phone: Day _____ Night _____ Cell _____

E-Mail Address: _____

I HEREBY AUTHORIZE LANDLORD /AGENT TO VERIFY THE VALIDITY OF ALL OF THE ABOVE INFORMATION, AND TO INQUIRE WITH MY EMPLOYERS, FINANCIAL INSTITUTIONS, AND CREDIT AND CRIMINAL ACTIVITY. I AGREE TO SUPPLY ANY ADDITIONAL INFORMATION NEEDED BY AGENT TO PROCESS THIS APPLICATION AND I ACKNOWLEDGE THAT MY DEPOSIT WILL FORFEIT IF I DO NOT COMPLY WITH ANY SUCH REQUEST.

I AGREE THAT LANDLORD MAY TERMINATE ANY AGREEMENT ENTERED INTO IN RELIANCE ON ANY MISSTATEMENT MADE ABOVE. I DECLARE, UNDER PENALTY OF PERJURY, ALL OF THE ABOVE INFORMATION TO BE TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE.

IF TENANT FAILS TO TAKE POSSESSION OF THE PREMISES ON MOVE-IN DATE ABOVE DESCRIBED, TENANT SHALL AUTOMATICALLY FORFEIT THE SECURITY DEPOSIT AS LIQUIDATED DAMAGES FOR LOST RENT TO LANDLORD.

Applicant's Signature

Date

Co-Applicant's Signature

Date