



**the
garibaldi
company**

property management services

GUIDELINES AND QUALIFICATIONS ACKNOWLEDGMENT

Welcome to Lincoln Village West Apartments, proudly managed by The Garibaldi Company.

The following criteria must be met for rental approval:

FAIR HOUSING

The Garibaldi Company complies with the Federal and State Fair Housing Acts. The Garibaldi Company does not discriminate on the basis of race, color, religion, national origin, sex, familial status, disability, age, sexual orientation, ancestry, marital status or any other basis protected by applicable Federal, state or local fair housing laws.

APPLICATION

Each person 18 years of age or older or emancipated minors will be required to complete an individual rental application. Each application must be completely filled out and signed in order to be processed. Applicant understands and agrees that an investigative report including employment history, rental history, credit history, an eviction search, and criminal background check may be completed in conjunction with the application process.

The following items **MUST** be included with each application:

- Government Issued Photo ID, Driver's License, or Identification Card with photo for file – after approval. (ID to be verified during application process – a copy is to be provided for the file at move-in.)
- Must provide verification of Social Security Number.
- Three (3) most recent consecutive paycheck stubs. Leave and Earnings Statement or a signed offer letter on company letterhead from a perspective employer (copies to be retained in resident file).
- If self employed, copy of most recent year's tax return.
- Documentation to support other income, such as alimony, child support, or financial aid if you wish to have this income considered.

DEPOSIT / APPLICATION FEES and OCCUPANCY LIMITS

All applications must be submitted with the security deposit and application fee(s). **The non-refundable application fee is \$30.00 per application.**

Floor Plan	Standard Deposit	Occupancy Limit
Studio	\$400.00	2 Occupants
1 Bedroom	\$400.00	3 Occupants
2 Bedroom	\$500.00	5 Occupants

INCOME

- Gross Monthly Income must meet or exceed three (3) times the amount of the monthly rent.
- Applicants may qualify jointly for income.
- If unemployed or retired, proof of income / assets must be provided and must meet or exceed three (3) times the annual rental amount.

EMPLOYMENT HISTORY

- Applicant must have at least six (6) months verifiable employment history. Income that cannot be verified will not be considered.
- New employment – Applicant must submit a signed offer letter on company letterhead stating projected income and employment must begin within 30 days of the lease start day. (Offer letter will be verified.)

RENTAL HISTORY

- Applicant must have a minimum of one-year verifiable rental history with no documented complaints from current or previous landlord.
- Evictions will result in automatic denial.
- Outstanding balances due or collections placed by former landlords, will also result in automatic denial, unless satisfied.

CREDIT HISTORY

- Applicant must have one year of established favorable credit history.
- Bankruptcy, if any, must be discharged and Applicant must have reestablished positive credit.
- **Outstanding collections placed by utility providers, or returned checks will also result in automatic denial, unless satisfied.**
- **Tax Liens or judgments will result in automatic denial, unless satisfied.**

CREDIT REPORT DISCREPANCY NOTICES

- If a Notice of Address Discrepancy is reported on the consumer credit report, additional information will be necessary to verify the address. Additional information may include a current utility bill, mortgage statement, bank statement, or paycheck stub in the Applicant's name reflecting the current address.
- If the consumer credit report reflects a discrepancy with the Social Security number provided, verification of the Social Security card may be required by providing the original card. (View and Document only)

GUARANTORS / CO-SIGNER

- Guarantor's gross annual income or savings must meet or exceed five (5) times the annual rental rate in order to support their current housing payment and that of the Applicants'.
- Guarantor guarantees the entire rental payment for all Applicants.
- The Guarantor must meet all other qualification standards listed.
- Guarantors that reside in a country other than the United States will not be accepted.
- All lease associated paperwork signed by the Guarantor must be notarized if not signed in the presence of a Garibaldi Company team member.
- A guarantor or co-signer will not be allowed in the event the income requirement is not met by the applicant with an exception for full-time students.

ADDITIONAL SECURITY DEPOSIT

- An additional security deposit may be required in addition to the standard deposit for conditional approval due to a lack of rental history or a poor credit rating. (Deposit amount not to exceed amount permissible by law.)
- An additional security deposit will not be allowed in the event the income requirement is not met by the applicant with an exception for full-time students.

ROOMMATES

- Each Lease Signer and Guarantor is jointly and severally responsible for the entire rental payment as well as following community policies and rules.
- The security deposit will not be refunded in part, or in full until the apartment is vacated by all leaseholders.

APPROVAL PROCESS

- Only after reviewing each qualification standard, Income, Employment History, Rental History, and Credit History can a decision be made for an approval with the standard deposit, an approval with an additional security deposit, or a denial of the application.
- Please ensure that your application is completed in full including telephone numbers and that all required documentation has been provided so that the application process can be expedited.

RENTERS INSURANCE

Verification of Renter's Insurance is required on or before the move-in date with a minimum liability of \$100,000 per occurrence.

UTILITIES

Residents are responsible for the payment of all utilities: gas, electric, water, sewer, and trash.

All Payments at Move-in must be in the form of a Cashiers Check or Money Order. Thank you for understanding we do not accept cash.

I have read and understand the listed qualifications for leasing an apartment at Lincoln Village West Apartments.

X _____
Applicant Signature

X _____
Date



the garibaldi company

property management services

Leasing Specialist

RENTAL APPLICATION

OFFICE USE ONLY:

Community Name: _____	Apt #: _____	Date: _____	Time: _____
Anticipated Move-in Date _____	Quoted Monthly Rent \$ _____	Quoted Special \$ _____	

Notice: All occupants 18 years of age or older or emancipated minors must complete a separate application for rental.

Application is for: Head of Household Co-Head of Household Co-Signer Other

APPLICANT INFORMATION OFFICE USE ONLY: ID Verified SSN Verified

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	IDENTIFICATION #	STATE OR COUNTRY OF ISSUE
BIRTH DATE	HOME TELEPHONE () ()	MOBILE TELEPHONE () ()	WORK TELEPHONE () ()	E-MAIL ADDRESS	

CURRENT ADDRESS

STREET ADDRESS		CITY	STATE	ZIP
MOVE-IN DATE	MOVE-OUT DATE	LANDLORD NAME/LENDER INFORMATION	LANDLORD TELEPHONE NUMBER () ()	
MONTHLY RENT/MORTGAGE \$	REASON FOR LEAVING			

PREVIOUS ADDRESS

STREET ADDRESS		CITY	STATE	ZIP
MOVE-IN DATE	MOVE-OUT DATE	LANDLORD NAME/LENDER INFORMATION	LANDLORD TELEPHONE NUMBER () ()	
MONTHLY RENT/MORTGAGE \$	REASON FOR LEAVING			

OTHER OCCUPANTS/HOUSEHOLD MEMBERS List Names and Birth Dates of All Occupants

Name	Birth Date	Relationship
Name	Birth Date	Relationship
Name	Birth Date	Relationship
Name	Birth Date	Relationship
Name	Birth Date	Relationship

LIABILITY - PETS or LIQUID-FILLED FURNITURE or SATELLITE DISH

Pets Name	Pets Breed	Pets Color	Pets Weight *	Dep Required <input type="checkbox"/>	Ins. Required Yes <input type="checkbox"/>
Pets Name	Pets Breed	Pets Color	Pets Weight *	Dep Required <input type="checkbox"/>	Ins. Required Yes <input type="checkbox"/>
Liquid-Filled Furniture Type	Description		Weight	Dep Required <input type="checkbox"/>	Ins. Required Yes <input type="checkbox"/>
Satellite Dish	Description		Size	Dep Required <input type="checkbox"/>	Ins. Required Yes <input type="checkbox"/>

* Weight and Breed restrictions apply. A Deposit may be required as a condition to keep pet on premises.

Deposit restrictions do not apply to any qualified service or support animals.



EMPLOYMENT & INCOME INFORMATION				
1. Primary Employer/Company		Occupation	Gross Monthly Salary \$	
Supervisor Name		Telephone ()	Start Date	End Date
2. Secondary Employer/Company (or Previous if Current Less than 6 Mos.)		Occupation	Gross Monthly Salary \$	
Supervisor Name		Telephone ()	Start Date	End Date
1. Other Income If You Wish It to be Considered / Description			Monthly Income \$	
2. Other Income If You Wish It to be Considered / Description			Monthly Income \$	
FINANCIAL INFORMATION				
Name of Bank/Financial Institution	Address		Account Number	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
EMERGENCY CONTACT				
1. Name	Address		Telephone ()	Relationship Access Allowed <input type="checkbox"/>
2. Name	Address		Telephone ()	Relationship Access Allowed <input type="checkbox"/>
PERSONAL REFERENCES				
1. Name	Address		Telephone ()	Relationship
2. Name	Address		Telephone ()	Relationship
VEHICLE INFORMATION				
1. Make & Model		Color	Year	License Plate Number State
2. Make & Model		Color	Year	License Plate Number State
Other Vehicles				
BACKGROUND INFORMATION				
Have you Ever: Filed a Petition for Bankruptcy?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Willfully or Intentionally refused to pay rent when due?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Been Evicted from a Tenancy?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Left a Property Owing Money?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I DECLARE THE FOREGOING TO BE TRUE UNDER PENALTY OF PERJURY				

- Initial _____
1. I warrant that all information set forth above in this application is true and correct to the best of my knowledge.
2. I acknowledge and agree that the rental agreement contemplated may not be executed or that the owner, manager, or agent of the apartment community may terminate such agreement without further notice if such agreement is executed based upon reliance of any false or misleading statement made herein.
3. I hereby give permission to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former residency, as well as the other information listed above.
4. I also give my permission to communicate with my current employer(s) and/or supervisor(s) for the purpose of verifying the employment information listed above. I understand there are no limitations or restrictions regarding what may be discussed or revealed.
5. I am aware that an investigative report including employment, rental history, credit history, an eviction search, and criminal background may be completed in conjunction with my application.
6. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Applicant _____

Date _____



BED BUG NOTIFICATION FOR APPLICANTS

Apartment Number: _____

Effective July 1, 2017, California civil code section 1954.603 requires that we provide the following information. Bed bug infestations have dramatically increased in the United States over the past decade. This is primarily due to inadequate treatment techniques, increased international travel, and the general lack of awareness of bedbug identification, eradication, and prevention.

It is our goal to maintain the highest quality living environment for our Resident(s). For that reason, the Owner/Agent has inspected the rental unit prior to leasing the above apartment and knows of no bed bug infestation. Resident(s) have an important role in preventing and controlling bed bugs. While the presence of bed bugs is not always related to personal cleanliness or housekeeping, good housekeeping can assist with early detection and make bed bug control easier if it is necessary.

1. Previous Infestations

- A resident shall not bring onto the property personal furnishings or belongings that the resident knows or should reasonable know are infested with bed bugs, including the personal property of the Resident(s) guests.

(Resident Initials)

(Resident Initials)

(Resident Initials)

(Resident Initials)

2. Prompt Reporting

- **If you find or suspect a bed bug infestation, please notify Owner/Agent as soon as possible** and describe any signs of infestation, so that the problem can be addressed promptly. Please do not wait. Even a few bugs can rapidly multiply to create a major infestation that can spread from unit to unit.
- **Report any maintenance needs immediately.** Bed bugs like cracks, crevices, holes, and other openings. Request that all openings be sealed to prevent the movement of bed bugs from room to room.
- **If you suspect a bed bug infestation, or have other maintenance needs, please provide your notice to:**
 -
 -
 -

3. Information about Bed bugs

- **Bed bug Appearance:** Bed bugs have six legs. Adult bed bugs have flat bodies about 1/4 of an inch in length. Their color can vary from red and brown to copper colored. Young bed bugs are about 1/16 of an inch in length. They have almost no color. When a bed bug feeds, its body swells, may lengthen, and becomes bright red, sometimes making it appear to be a different insect. Bed bugs do not fly. They can either crawl or be carried from place to place on objects, people, or animals. Bed bugs can be hard to find and identify because they are tiny and try to stay hidden.
- **Life Cycle and Reproduction:** an average bed bug lives for about 10 months. Female bed bugs lay one to five eggs per day. Bed bugs grow to full adulthood in about 21 days.
- **Bed bugs can survive for months without feeding.**
- **Bed bug Bites:** Because bed bugs usually feed at night, most people are bitten in their sleep and do not realize they were bitten. A person's reaction to insect bites is an immune response and so it varies from person to person. Sometimes the red welts caused by the bites will not be noticed until many days after a person was bitten, if at all.
- **Common signs and symptoms** of a possible bed bug infestation:
 - Small red to reddish brown fecal spots on mattresses, box springs, bed frames, linens, upholstery, or walls.
 - Molted bed bug skins, white, sticky eggs, or empty eggshells.
 - Very heavily infested areas may have a characteristically sweet odor.
 - Red, itchy bite marks, especially on the legs, arms, and other body parts exposed while sleeping. However, some people do not show bed bug lesions on their bodies even though bed bugs may have fed on them.
- **For more information,** see the Internet Websites of the United States Environmental Protection Agency and the National Pest Management Association.
 - <http://www.epa.gov/bedbugs>
 - <http://www.pestworld.org/all-things-bed-bugs/>

4. Cooperation with Pest Control

- Residents shall cooperate with the inspection including allowing entry to inspect any unit selected by the pest control operator until bed bugs have been eliminated and providing to the pest control operator information that is necessary to facilitate the detection and treatment of bed bugs.
- Prior to treatment, affected Resident(s) will receive a written notice including the date(s) and time(s) of treatment, whether and when the Resident(s) is required to be absent from the unit, the deadline for Resident(s) preparation for the unit and a pretreatment checklist with information provided by the pest control operator.
- The Resident(s) shall fulfill his or her responsibilities for unit preparation before the scheduled treatment, as described in the pest control operator’s pretreatment checklist.
- Resident(s) shall be responsible for the management of their belongings, including, but not limited to, clothing and personal furnishings.
- If the pest control operator determines that it is necessary for an Owner/Agent or Resident(s) to dispose of items infested with bed bugs, the items shall be securely sealed in a bag that is of a size as to readily contain the disposed material. Bags shall be furnished as needed to the Resident(s) by the property owner or pest control operator. All bags shall be clearly labeled as being infested with bed bugs prior to disposal.
- Resident(s) who are not able to fulfill their unit preparation responsibilities shall notify the Owner/Agent at least one business day prior to the scheduled pest control operator visit for inspection or treatment.
- A Resident(s) must vacate his or her unit if required by the pest control operator for treatment purposed and shall not reenter the unit until directed by the pest control operator to do so.

5. Prevention Recommendations

- Resident(s) should check for **hitch-hiking bed bugs**. If you stay in a hotel or another home, inspect your clothing, luggage, shoes, and belongings for signs of bed bugs before you enter your apartment. Check backpacks, shoes, and clothing after visits to friends or family, theaters, or after using public transportation.
 - **Thoroughly clean after guests have departed.** Immediately after your guests leave, seal bed linens in plastic bags, until they can be washed and dried on high heat. After your guests have departed, inspect bedding, mattresses and box springs, behind headboards, carpet edges and the undersides of sofa cushions for signs of bed bugs.
 - Resident(s) should avoid using appliances, electronics and furnishings that have not been thoroughly inspected for the presence of bed bugs. Make sure that the electronics, appliance, or furniture company has established procedures for the inspection and identification of bed bugs or other pests. This process should include inspections of trucks used to transport appliances, electronics, or furniture. Never accept an item that shows signs of bed bugs. Inspect secondhand furniture, beds, and couches for any **signs of bed bug infestation** before bringing them home.
 - Never take discarded items from the curbside. These items are often infested with bed bugs.
 - Use a protective cover that encases mattresses and box springs and eliminates many hiding spots. The light color of the encasement makes bed bugs easier to see. Be sure to purchase a high quality bed bug encasement that will resist tearing and check the encasements regularly for holes.
 - Reduce clutter in your home to reduce hiding places for the bed bugs. Bed bugs like dark, concealed places, such as in and around piles of clothing, shoes, stuffed animals, laundry, under beds, and in closets.
 - Vacuum frequently to remove successful hitch-hikers. Be especially thorough around and under the beds, drapes, and furniture.
 - Resident(s) shall arrange furniture to minimize bed bug hiding places. If possible, place beds and upholstered furniture several inches away from the walls.
 - Be vigilant when using shared laundry facilities. Transport items to be washed in plastic bags (if you have an active infestation, use a new bag for the journey home.) Remove from dryer directly into bag and fold at home. (A dryer on high heat can kill bed bugs.)
6. Resident(s) agree(s) to indemnify and hold harmless the Owner from any actions, claims, losses, damages, and expenses, Including but not limited to, attorney’s fees that the Owner may sustain or incur as a result of the negligence of the Resident(s) or any guest(s) or other person(s) living in, occupying, or using the premises.

The undersigned Applicant(s) acknowledge(s) having read and understood the foregoing:

Date _____ Applicant _____

Owner/Agent _____ Applicant _____

Applicant _____

Applicant _____

CRIMINAL ACTIVITY ADDENDUM

Have you or any member of your household ever been convicted of a felony, or pled guilty, or “no contest” to a felony, whether resulting or not in a conviction? Yes _____ No _____

Have you or any member of your household ever been convicted of, or pled guilty, or “no contest” to engaging in the illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance, whether or not resulting in a conviction? Yes _____ No _____

Have you or any member of your household ever been convicted of, or pled guilty, or “no contest” to, a criminal complaint involving sexual misconduct, whether or not resulting in a conviction? Yes _____ No _____

Have you or any member of your household ever been convicted of, or pled guilty, or “no contest” to, engaging in acts of violence or threats of violence, including, but not limited to, unlawful activity involving weapons or ammunition, whether or not resulting in a conviction? Yes _____ No _____

All questions must be answered. If you have answered “yes” to any questions, please provide an explanation below. Include the date, circumstances, and nature of the incident.

CONSENT & VERIFICATION

I understand that my occupancy is contingent upon meeting management’s resident selection criteria, qualifications, and housing program requirements. All information supplied here or elsewhere will be used to determine my household’s eligibility for housing. I authorize the verification of all such information. I consent to allow owner/agent to disclose any information obtained to previous, current, or subsequent owners/agents, law enforcement, and any others owner/agent deems appropriate.

I further understand that providing any false, fraudulent, misleading, or incomplete information can cause a delay in processing and may be grounds for denial of tenancy; or in the event I become a tenant, or I am an existing tenant, would be considered a material breach of my rental agreement and can be used as grounds to immediately terminate my tenancy. I further understand that criminal and/or other background searches may be performed at any time, including, but not limited to, the time of lease renewal and/or recertification, and may be used to determine my household’s eligibility for continued housing.

Any “yes” response on the addendum may lead to rejection of my application or the immediate termination of my tenancy for cause if I am a current resident. I declare that all of the information and answers supplied during the process of applying, lease renewal, or recertification, by me, or on my behalf, including, but not limited to, the answers to the above-noted questions, are true and correct.

_____	_____	_____	_____
Date	Resident	Date	Resident
_____	_____	_____	_____
Date	Resident	Date	Resident