## LAKESHORE RENTAL APPLICATION APPROVAL CRITERIA

We are working with our community to maintain quality in the neighborhood. Therefore, we have a very thorough screening process. If you meet the application standards and are accepted, you will have the peace of mind of knowing that other residents are being screened with equal care. Please review the following list of criteria. If you feel you meet these standards, please apply.

Equal Housing:
national origin.

This community does not discriminate on the basis of race, color, sex, religion, handicap, familial status, sexual orientation or

Identification: All visitors must present a current photo ID issued by a state or government authority (i.e. State Issued Driver's License, State Issued Dr

Occupancy: A maximum of two persons per bedroom. (Example: 1/1 = 2 persons; 2/2 = 4 persons; 3/2 = 6 persons; 4/2 = 8 persons)

Application for Residency: An Application for Residency must be completed and maintained for each applicant 18 years or older who will be living in the community and/or contributing to the payment of rent.

## Qualifying Standards

Rental History: Up to 24 months of rental history <u>may be</u> verified on present and previous residence. A positive record of prompt monthly payment, sufficient notice, with no damages is expected. Eviction, Skip, or Money Left Owing to a Landlord within seven (7) years of application date or falsification of this application may result in an autor natic decline.

<u>Credit History:</u> An unsatisfactory credit report can disqualify an applicant from renting at this community. An unsatisfactory credit report is one which reflects past or current bad debts, late payments or unpaid bills, liens, judgments or bankruptcies. Persons declined for no credit history may qualify with

Income: Applicants must have a verifiable income source equal to or higher than two and a half (2.5) times the monthly rent. Acceptable income verification required may include two weeks of consecutive pay stubs within the last 30 days with year-to-date information. If there is no year-to-date information on the pay stubs, then six consecutive weeks of pay stubs will be required within a period of the last 60 days (or) a bank statement showing recurring pay deposits for six weeks (or) the most recent W2, (or) proof of assets equal to one (1) times the lease term. Self-employed applicants may be required to supply the most recent IRS tax return or certified verification from their company accountant or bank. Applicants that are retired and/or on disability must provide one of the following, proof of Social Security, Retirement or Disability Income.

Non US or US Citizens without a SSN or I`TIN: Applicants must provide a valid Social Security Number (SSN) or Individual Tax Identification Number (ITIN). If they do not have either of these two (2) documents they may not apply.

Criminal Background Check: A criminal background check will be run on all Applicants. An applicant may be automatically declined in the event the applicant(s) have ever been convicted of a felony or misdemeanor for a crime against a person, another person's property or against society. The applicant(s) may also be declined if they have received adjudication withheld or has been charged with a felony or misdemeanor offense(s) within the past seven (7) years for a crime against a person, another person's property or against society. An automatic decline will also occur should an applicant appear on the list of known terrorists and wanted fugitives as provided by the Office of Foreign asset Control (OFAC), federal agencies to include the FBI or other state and local law enforcement agencies.

The applicant agrees that the lease shall be terminated in the event the applicant, after moving onto the property, is convicted of a felony or misdemeanor for a crime against a person, another person's property or against society, and/or appears on the list of known terrorists and wanted fugitives.

Note: This requirement does not constitute a guarantee or representation that residents or occupants residing at this community have not been convicted of a felony or are not subject to deferred adjudication for a felony.

Occupant Only Screening: (An "Occupant" screening is needed for anyone that is planning to live in the community but is not responsible for any payments to the community.) An Application for Residency must be completed and maintained for each occupant 18 years or older who will be living in the community. Each occupant must present a valid photo ID issued by a state or government authority (i.e. State Issued Driver's License, State Issued Photo Id antification Card, current Passport, current United States Military ID card, or VISA issued by US Immigration and Naturalization Services.) A copy of all applicants photo IDs will be made and retained at time of application. On each occupant only application a current address must be riven. A prospective occupant(s) in the community. Management will not approve a prospective occupant who provides false or misleading statements, whether oral or written, in any statement or document offered in support of a request for approval as an occup ant. No one other than those specifically approved as occupants shall be allowed to occupy a home in the community.

Notification: Applicants will be informed of the status of their application by telephone within five (5) business days (Mon – Fri) from submitting the application and the required processing fee. If the application is declined, the applicant will be given an adverse action letter with information to contact CoreLogic SafeRent to request copies of the information used to determine eligibility for occupancy. Management cannot be held responsible for inaccuracies contained in any information obtained, and is not allowed to provide details to the applicant regarding said information.

Applicant Signature	Management Re	anagement Representative Signature	
Date:	:	Rev. Date: January 28, 2011	EQUAL HOUSING OPPORTUNITY



Community			Oate o	of Applica	tion			
PLEASE PRINT AND ANSWER ALL (	QUESTIONS 1. APPLICANT		Annual Marie Control		8			
Print Name:			Home Phone:					
Social Security # or ITIN #.		Date of B	Date of Birth		E-Mail Address:			
Current Address:		City:		State: Zip: State: Zip:				
Previous Address:			City:					
	9				2			
2. OTHER OCCUPANTS - LIST BELO REGULARLY. OCCUPANCY IS REST	OW THE NAMES OF ALL OTI RICTED TO INDIVIDUALS I	HER PERSON LISTED. USE	S ( IN ADDITIO A SEPARATE	ON TO APPL	ICANT LISTED ABOVE) TO ON FOR EACH APPLICANT	O OCCUPY PREMISES		
FULLN	AME	1	ATIONSHIP	AGE	DATE OF BIRTH	REMARKS		
				<u> </u>	<u> </u>			
3. CURRENT LANDLORD/MORTGA	CEE INFORMATION							
PRINT NAME:	GEE INFORMATION (	Own Re	PHONE #:	pt. Res	dential Home Manufacti	ured Home		
ADDRESS:		11-	1000 90			The second secon		
DENITAL DATES			FAX#:					
TROW.	TO:	***	MONTHLY	RENT AN	MOUNT:			
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4. PREVIOUS LANDLORD/ MORTGA PRINT NAME:	AGEE INFORMATION		- SUGNE III					
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ADDRESS.  DATES: FROM: TO:			FAX #:					
DATES: FROM:	TO:		MONTHLY	AMOUN'!	:			
S. OCCUPATION OF APPLICANT								
NAME & ADDRESS OF FIRM	SUPERVISOR: POSITION:		E	BUSINESS/EMPLOYER PH. #:				
			E	BUSINESS/EMPLOYER FAX #:				
ANNUAL INCOME:			Е	EMPLOYMENT DATES:				
REVIOUS EMPLOYMENT IF LESS THAN 4 YEARS ON PRESEN	T JOB	¥	8	,				
NAME & ADDRESS OF FIRM	SUPERVISOR	SUPERVISOR		BUSINESS/EMPLOYER PH.#:				
	POSITION	POSITION		BUSINESS EMPLOYER FAX#:				
	ANNUAL INCOME	NNUAL INCOME		EMPLOYMENT DATES:				

	DRIVE	R'S LIC. #		VERIFIED
MAKE	MODEL YEAR	COLOR	LIC. PLATE#	T
			LAC. FLATE#	STATE
OTHER INCOME				
SOURCE	AMOUNT	PHONE #	REFERENCE	VERIFIED
REFERENCES (FINANCIAL REF	ERENCES)			
NAME	ERENCES)	ADDRESS		
BANK:		ADDKE22	ACCC	OUNT NUMBER
BANK:				
CHARGE ACCOUNT:				
4.60				
CHARGE ACCOUNT:				
PETS	with you? (if permitted)	Yes No If yes	s, how mary?	
PETS	with you? (if permitted) BREED	Yes No If yes WEIGHT	s, how mary? HEIGHT	AGE
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SUPERIOR SCREENING SYSTEMS. Inc. 2002 %

11. Emergency Infor	mation					
Member of your imp	mediate family				_ Relationship	
-					4	
Street Address		City & State		-	Zip Code	Telephone Number
Another emergency	contact				Relationship	
Street Address	-	City & State of	or Province	-	Zip Code	Talanhan N. 1
12. General Informat	ion	only as state (	or i formee		Zip Code	Telephone Number
Have you ever lived	in a manufactured housing com	nmunity before?		Do you	now?	9
	ity?					
How did you learn o			Name of publication			
Magazine_	Name of publication					
	? Driving by?					
	ase specifynd home or a partial residence, v					
uno mii de a secoi	nd nome of a partial residence, v	what is the address of yo	our primary residence?			
Street Add	dress	City & State or I	Province		Zip Code Tele	phone Number
How many months o	each year do you plan to live at the	1.1				
Last Name,	First Name	Telephone Nui	mber			
Last Name,	First Name	Telephone Nun	nher			
90000 1 100 F11-F 7 7	24	1		,		
	Please provide any of	ner information	that will help us o	evalua	ate your applic	cation.
recessary, for the policial and criminal in necessary informatifurnisher of such inderstand that movithout limitation. As an applicant, I read subsidiaries related to occur and subsidiaries are no right to occur.	Lakeshore Communities, Incorpose of evaluating my app nformation, records of arrest ion. I hereby expressly releinformation, from any liability application information, various law enforcement are present that the above stater by on these representations in cupy a home or homesite in that payments. I understand that application.	ilication. I understand rental history, employerse Lakeshore Commility whatsoever in the may be provided to agencies.  ments are correct and determining whether the community until a	d that such information by ment/salary details, nunities, Inc., its affili- he use, procurement, various local, state an complete and that I in to lease to me a home and unless this applicat	n may in wehicle ates and or fur nd/or fur tend the and/or is a	nclude, but is not records, licensing d subsidiaries, and nishing of such in ederal governme at Lakeshore Cor r homesite in the comproyed, a lease in	limited to, credit history grecords, and/or any oth dany procurer or aformation, and nt agencies, including, mmunities, Inc. its affiliationmunity. I agree that I is signed and I have made
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170	oplicant # 1 Print Name		Signature			Date
SUPERIOR SCREE	ENING SYSTEMS, Inc. 2002	¥3			5 Lakeshore An	nlication (2) 111402