

# **Housing Application**

1. Please submit your housing application to TWELVE at U District along with the following fees:

Non-refundable application fee: \$12 Refundable security deposit/holding fee: \$500 \$175

The security deposit/holding fee is refundable before your lease is signed and will then be held by management for the term of the lease.

- Accommodations are limited and will be leased on a first-come, first-served basis. The acceptance of this application does not ensure an accommodation.
   An accommodation is reserved only upon execution of the lease agreement by all parties. Rates/installments and fees are subject to change. Rates/installments do not represent a monthly rental amount (and are not prorated), but rather the total base rent due for the lease term divided by the number of installments.
- 3. For information or assistance in completing this application, please contact our office at 206.729.7777.

# **Applicant Information**

Name:				
(LAST NAME)	(LEGAL FIRST NAME)	(MIDDLE	(MIDDLE NAME)	
Current Local Address:(STREET)	(CITY)	(STATE)	(ZIP)	
Permanent Address:(STREET)	(CITY)	(STATE)	(ZIP)	
Cell Phone: ()			,	
Email Address:				
☐ Male ☐ Female Date of Birth:/				
Complete one of the following: Drivers License/S	tate ID #: State:	Passport #: _		
Complete one of the following: Social Security #:				
Are you a student? ☐ Yes ☐ No ☐ If yes, wha	t university:			
Fall 2020 Classification:  Freshman  Sopho Please choose which option currently best described on-Campus Resident On-Campus Resident Apt Community Off-Campus Resident House Are you employed by the University of Washington Have you ever been evicted from any residence? Have you ever filed bankruptcy?  Yes  No  Guarantor Information	bes you:  Off-Campus Resident Commuter/Live at Home Incoming Freshman Incoming Transfer Student or Seattle Children's Hospital?	e Co lo ity of Washington C	ommunity College Student  3 Seattle Children's Hospital	
Name:(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)		
Address:(STREET)	(CITY)	(STATE)	(ZIP)	
Cell Phone: ()	Other Phone: ()			
Email Address:	Drivers License/State ID #:		State:	
Date of Birth:/ Social Security #:	Passport #:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Has the guarantor ever filed bankruptcy? ☐ Yes	□ No If yes, when:		<del></del>	
Gross Annual Income: \$				
Emergency contact other than quarantor:	Cell	Phone: ( )		

# **Parking/Vehicle Information**

Will you need parking?	☐ Garage Parking (reserved): \$150 per installment ☐ Garage Parking (non-reserved) \$125 per installment ☐ No Parking			
Vehicle Make:		Model:		
License Plate Number: _		Year:		
Floor Plan Sele	ection			
☐ Studio A ☐ Standard	□ Deluxe	☐ 2 Bed — 1 Bath ☐ Standard Bedroom ☐ Large Bedroom		
□ Studio B □ Standard	□ Deluxe □ Premium	☐ 2 Bed – 2 Bath A Deluxe ☐ Standard Bedroom ☐ Large Bedroom		
☐ 1 Bed – 1 Bath A		☐ 2 Bed – 2 Bath B☐ Standard☐ Deluxe☐ Premium☐ Deluxe☐ Deluxe		
☐ Standard ☐ 1 Bed – 1 Bath C	□ Deluxe □ Premium	☐ 2 Bed – 2 Bath C ☐ Standard Bedroom ☐ Large Bedroom		
☐ 1 Bed – 1 Bath D☐ 1 Bed – 1 Bath E		☐ 2 Bed – 2 Bath C Deluxe ☐ Standard Bedroom ☐ Large Bedroom		
☐ 1 Bed — 1 Bath F ☐ 1 Bed — 1 Bath G		☐ 2 Bed – 2 Bath D ☐ Standard ☐ Deluxe		
☐ 1 Bed – 1.5 Bath ☐ 1 Bed – 1.5 Bath		☐ 2 Bed – 2 Bath E		

## **Furniture Selection**

- $\square$  Furnished (\$45 per person)
- □ Unfurnished

## **Bedroom Selection**

- ☐ Private Bedroom
- ☐ Shared Bedroom



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## **Roommate Request**

If you have already chosen your roommate(s), please list their information below. All roommate choices must be mutual in order to be placed together. If you do not have a full apartment group, you will be matched with roommates based on your roommate matching profile. Unfortunately, roommate requests cannot be guaranteed.

NAME:	CELL PHONE:	EMAIL:
1		
2		
3		
Text Message Alerts		
text messages regarding community event wireless number(s) that Applicant has pr	cant provides his/her express consent authorizints, rent payments, property operations and leasing, rovided above. Applicant understands that his/he de offered services without providing consent, pleas	delivered via automated technology, to the r consent is not required to rent from
Terms of Use and Privacy Policy available	nt represents that he/she is 18+ years of age and at www.AmericanCampus.com. Message and data th. Reply HELP for help. Reply <b>STOP</b> to cancel.	
Acknowledgment		
	e given false information: (1) we are entitled to reages for time spent and expenses; (3) we will ten on of the lease.	
	ntained herein is correct. The management is autof evaluating this lease application. This applicat	
arrest record, conviction record, criminal history	eure, asking about, rejecting an applicant, or taking, except for registry information as described in subject to the exclusions and legal requirements	subsection 14.09.025.A.3, subsection
Applicant Signature:		Date:

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# **Rental Requirements and Qualifications**

A Housing Application must be submitted by each person 18 years of age or older who will be occupying the rental unit. To obtain residency in the community, each Applicant must meet the following Rental Requirements and Qualifications. "Applicant" is defined as the person who will be signing the Lease Agreement as the "Resident." "Guarantor" in these criteria is defined as the person who will sign the Guaranty Agreement.

The following constitute current Rental Requirements and Qualifications. Nothing contained in these requirements shall constitute a guarantee or representation that all Residents currently residing in the community, including the roommates that will occupy the rental unit with any Resident, have met these requirements. There may be Residents or occupants who have applied to reside in the community prior to the stated requirements taking effect. We are not responsible and assume no duty for obtaining history checks on any Residents, occupants, guests, or contractors in the community.

To reserve your rental unit, you must also sign a Lease Agreement. The Lease Agreement is a binding contract between you and Landlord. Your Lease Agreement will not be executed by Landlord until all qualifications are met, the Sex Offender Registry is verified and your Housing Application is approved. If your Housing Application is denied, the Lease Agreement will not be executed by Management and you will forfeit all non-refundable fees paid at the time of application. **Only deposits will be refunded on denied applications.** 

You acknowledge that you have full understanding that the Lease Agreement is only binding once your Housing Application has been approved. There is no stated or implied guarantee of housing until your Lease Agreement has been executed by Landlord.

#### **Identification Requirements**

Applicants and Guarantors must present a valid government issued photo identification card and a valid Social Security number. Applicants and Guarantors who are citizens of another country must provide the following: (1) a passport, (2) the document that entitles the Applicant to be in the United States through the term of the lease, such as a visa, work authorization, or an I-20 verifying student status and proof of enrollment.

### **Income Requirements**

Applicant must earn an annual gross income equal to three (3) times the total rent installments as outlined on the first page of the Lease Agreement and must have qualifying credit history. Applicant must have held that employment for at least one (1) year prior to the Housing Application date. Proof of income must be supplied via two (2) recent pay stubs, four (4) if paid weekly, two (2) most recent bank statements, financial aid award, I-20, tax records or court documents. If the Applicant cannot prove income and does not meet the qualifying credit history, the Applicant must have a Guarantor sign a Guaranty Agreement, guaranteeing Resident's obligations under the Lease Agreement. The Guarantor must meet the stated income and credit history requirements. Any Applicant who cannot prove income and qualifying credit history, and cannot provide a Guarantor, must pay the sum of first and last rental installment on the first installment due date as listed on the first page of the Lease Agreement.

### **Sex Offender Registry**

Applicants are screened through the National Sex Offender Registry. Applicants may provide any supplemental information related to their rehabilitation, good conduct, or facts/explanations regarding the registry information, if applicable. Additional screening criteria for applicants listed on the National Sex Offender Registry will be evaluated, including:

- The nature and severity of the conviction
- · Number and types of conviction
- The time that has elapsed since the date of conviction

- · The age of the individual at the time of conviction
- Evidence of good tenant history before and/or after the conviction
- Any supplemental information related to the individual's rehabilitation

### **Portable Tenant Screening**

Management does not accept any portable tenant screening results.

### **Occupancy Guidelines**

Maximum occupancy is established at one (1) person per bedroom for all persons not of a familial status. Familial occupancy is not to exceed two (2) persons per bedroom.

For bedrooms designated as "double occupancy" bedrooms, maximum occupancy is established at two (2) persons per bedroom for all persons not of familial status. Familial occupancy for persons with an infant under twenty-four (24) months of age or a pregnant person shall not exceed two (2) persons per "bed space" within the "double occupancy" bedroom.

American Campus Communities adheres to the Fair Housing Law (Title VIII) of the Civil Rights Act of 1968 as amended by the Housing and Community Development Act of 1974 and the Fair Housing Amendment of 1988 which stipulate that it is illegal to discriminate against any person in housing practices because of race, color, religion, sex, national origin, disability, familial status or any other class protected by law.

I have read and understand the Rental Requirements and Qualifications above and agree to all terms. Management is authorized to verify all information submitted for the purpose of the Housing Application.

Signature of Applicant:	Date:	
Printed Applicant Name:		

Screening Services provided by: Resident Check 28925 Fountain Parkway Solon, OH 44139 1-800-321-8770