Commonwealth Real Estate Services

18150 SW Boones Ferry Road Portland, OR 97224 (503) 244-2300 (503) 768-4660 Fax

SCREENING POLICY/CRITERIA

FORM

5

To Prospective Residents:

Thank you for your interest in becoming a resident in a Commonwealth managed Community. This Community complies with all applicable Fair Housing laws, rules, and regulations. We strive to enforce strict resident acceptance policies consistent with the requirements of each community. Please note we provide equal housing opportunity to all persons and comply with all Federal, State, and local laws regarding Fair Housing requirements. Reasonable Accommodations are provided, upon request, to applicants with disabilities. In order for you to become a resident of a Community, you must provide certain information and meet the following criteria:

- Prospective occupants who are at least 18 years of age or emancipated minors must completely fill out and sign a rental application/authorization for a consumer report and criminal background check. All information on the application must be correct and legible. All applicants must qualify individually for residency. If one co-applicant does not qualify and the other does, we will have to deny approval for residency. If you refuse to fill out any part of the application or authorize us to run the necessary reports or provide any incomplete, inaccurate, or fraudulent information or references, we will deny your application for residency.
- Applicants must provide two (2) pieces of identification, one with each applicant's photo from a government office (e.g., Driver's License, State ID Card, Passport) and each applicant's Social Security Card or proof of a Tax ID number.
- Applicants must have a history of acceptable credit; five (5) years verifiable occupancy history (the most recent 5 years); and demonstrate an acceptable debt to income ratio.
- Having a criminal history will not result in an automatic disqualification for tenancy in violation of state or federal law. Management will carefully evaluate all reported criminal history of an Applicant, based upon several factors, including but not limited to, the date and nature of the crime, its severity, its recency, and what efforts at rehabilitation the Applicant has undertaken. Applicants are encouraged to provide contact information for one or more persons familiar with his/her personal history, who can verify the Applicant's good faith attempts at rehabilitation.
- Applicants must provide (twenty-four) 24 months of continuous employment or have verifiable and continuous periodic income from other sources, such as retirement, social security and/or disability. If applicant is or has been unemployed during the past two years, you may put unemployed, but it will not count as income.
 - Applicants must provide documentation of all sources of income that are to be considered.
- If the Community is either an "age 55 or older" or an "age 62 or older" Community, you must provide proof that you meet the age requirements. 7.
- Any individual who is a current illegal substance abuser or has been convicted of the illegal manufacture or distribution of a controlled substance will be denied residency.
- Any individual or pet/animal whose residency would constitute a direct threat to the health or safety of other individuals or whose residency would result in substantial physical damage to the property will be denied residency.
- If pets are permitted, they must meet the requirements of state and local laws, ordinances, and the Community in regard to number, size, and breed (see Community rules and regulations). The definition of pets is domestic dogs and/or cats. The Community does not allow full or mixed breeds of exotic and/or wild animals, livestock, farm animals and certain breeds of dogs including, but not limited to: Akita, Blue Heeler, Chow, Doberman, German Shepherd, Pitbull, Staffordshire Bull Terrier, American Staffordshire Terrier, Rottweiler, Presa Canarios, and Wolf-hybrid.
- 10. Vehicles must meet community requirements regarding number, size, type and condition.
- 11. Occupancy may not exceed two (2) persons per bedroom, plus one (1) additional person per household.
- 12. Homes must be resident occupied no sub-leasing (this includes renting bedrooms in home) or rentals.
- 13. Current laws permit the landlord to deny residency on the basis of, but not limited to: pets; vehicles; number of occupants; credit history; character references; criminal records; tenant history of eviction or property damage; rental history; unverifiable or insufficient income (excessive debt); or incorrect, incomplete, or unverifiable application information. Our policy complies with these laws.
- 14. If purchasing a home, all unpaid monies due for the home which applicant desires to purchase, must be paid in full (whether by seller, buyer or other) before any application may be approved.

We do not accept Comprehensive Reusable Tenant Screening Reports, commonly referred to as portable screening. A minimum non-refundable fee of \$60.00 must be paid by check or money order to begin processing each applicant. You will be notified as soon as possible regarding your application approval or denial. Rental Applications, once approved, are open for a period of sixty (60) days; a Rental/ Lease Agreement must be executed within that time, or approval will be withdrawn. If you choose to submit a new application, new application fees will also be due. If you have any questions on policies regarding qualifying as a resident in a Community, please address them with the Community Manager.

	Consumer Report				
EachApplicant	\$60.00				

Application Fee Must be a many order or lashiers check. No personal check or rach accorded a

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RENTAL APPLICATION

FORM 3

ON-	SITE MANAGER USE ONLY:				***************************************						
COMI	MUNITY NAME:					Consu	RECEIVE mer Repo -State Rep	ED \$ rt = \$45 per Applican port = \$15 per Applica	t int per Out-o	f-State	CHECK ONE: Primary Resident Additional Occupant
nfo	DATE RECEIVED: MAN				ER'S NAME:				COMMUNIT	TY PHONE NUMBER:	
lty l	REQUESTED MOVE-IN DATE: REQUEST				TED SPACE NUMBER:				RENT AMOUNT:		
l mu											
ပိ					MBER OF OCCUPANTS IN HOME:				NUMBER OF VEHICLES:		
	RUCTIONS: Please print clearly and legibly – All APPLICATIONS MUST BE COI L NAME AS IT APPEARS ON GOVERNMEN	VIPLETED	WE ARE A	AN EQUAL	OPPO	RTUNIT	Y HOUSI	NG PROVIDER			
SOCI	AL SECURITY# / TIN:		***************************************	DAT				/ERNMENT ISSUED ID: ATE ☐ STATE ID ☐ PASSPORT			
TELEI	PHONE:					EMAIL:		License #: Exp. Date: Authorization to receive information via email			
											ia citiali
		E MOST RE	CENT FIVE ATTA	(5) YEAR R ACH AN ADI	RESIDE DITION	NTIAL HI	STORY O	N ALL APPLICATION ESSARY	S AND APP	LICANTS.	
CURR	ENT ADDRESS:					CITY:			STATE: ZIP:		ZIP:
□ ow	/N ☐ RENT ☐ RESIDE WITH FA	AMILY	CURRENT	RENT MONTHLY PAYMENT:			LENGTH Yrs:	OF OCCUPANCY Mths:	REASON FOR LEAVING:		3:
CURR	ENT LANDLORD NAME:		ADDRESS	S:				TELEPHONE:			
PREV	OUS ADDRESS:			4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		CITY: STATE:		:	ZIP:		
□ow	OWN RENT RESIDE WITH FAMILY PREVIOUS MONTHLY PAYMENT:			Y		LENGTI Yrs:	OF OCCUPANCY Mths:	REASON FOR LEAVING:			
PREVIOUS LANDLORD NAME: ADDRESS:						TELEPHONE:					
PREVI	OUS ADDRESS:					CITY:			STATE	:	ZIP:
□ow	N □ RENT □ RESIDE WITH FA	AMILY	PREVIOUS	S MONTHLY T:	Υ	LENGTH OF OCCUPANCY Yrs: Mths:			REASON FOR LEAVING:		
PREVI	OUS LANDLORD NAME:		ADDRESS	3:		TEL				ELEPHONE:	
HAVE YES	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? IF SO, WHE				RE & WHEN?			OFFENSE?			
HAVE	HAVE YOU EVER BEEN EVICTED? IF SO, WHI				RE & WHEN?				RE	REASONING?	
	PETS: DOG(S)# DOTHER# DOTHER# BREED/WEIGHT AT MATURITY (IN POUNDS):										
IF OTHER, PLEASE SPECIFY: INCOME INFORMATION											
GROS	GROSS MONTHLY INCOME: SOURCE OF INCOME										
FREQU	FREQUENCY OF INCOME: SELF EMPLOYED ** tax return & bank statements (2 most recent report periods) INVESTMENT/RETIREMENT/PERIODIC ** Savings, retirement or other investment statements (2 most recent										
☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ SOCIAL SECURI ☐ DISABILITY				RITY							
DATE OF HIRE: HOW LONG RETIRED: EMPLOYED ** Two (2) months pay stubs OTHER (Please explain)											
	IF EMPLOYED, PLEASE PROVIDE: NAME OF EMPLOYER:				PO	POSITION:			TELE	TELEPHONE:	
SUPERVISOR: ADDRESS:							entide utilização no pulha proprie	00-0000 to 000 to 0000		· · · · · · · · · · · · · · · · · · ·	
			***************************************	FOR 1941-1941-1941-1941-1941-1941-1941-1941							

	q										
,	OCCUPAN	Accorational Sheet if necessary)									
OTHER INFORMATION	NAME	DOB	DRV. LIC. &	STATE, OR PASSPORT #	SOCIAL SECURITY # / TIN	RELATIONSHIP					
Z	VEHICLE INFORMATION										
2	VEHICLE MAKE	YEAR	MODEL		LICENSE PLATE #	OTHER (DV POAT ETC)					
E					ZIOZNOZ I ZATE II	OTHER (RV, BOAT, ETC)					
0											
agre	e certify that Community management has the risame or in the same condition represented by the sement and all other required documents prior to the new application, a new application fee will	O Occupancy and within for	any manufa ation. Upon a	ctured home if	upon arrival at the Commi	unity, the home is not ute a written rental					
subr	TI THE THE THE PRODUCTION WILL	be required.				drawn. If I choose to					
	APPLICA	ANT AUTHORIZATION AND CON	SENT FOR REL	EASE OF INFORM	ATION						
and infor	I/We certify by signing below that, to the best of my/our knowledge, all statements are true and correct. We further authorize COMMONWEALTH REAL ESTATE SERVICES and its subsidiaries to obtain credit reports, character verification, rental history, employment history, public records, criminal history and personal references as necessary to verify all information put forth in the above referenced application for tenancy. False, fraudulent or misleading information or references as well as any returned check(s) for application fee(s) may be grounds for denial of tenancy or subsequent eviction.										
	hereby hold COMMONWEALTH REAL ESTATE erbal information concerning my tenancy with pr	ior ianaloras.									
By signing below, I authorize the preparation of an investigative report. For this purpose, I authorize and understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, tenancy and other experiences. I release all of the above, including The Screening Pros, Manage America, CoreLogic, SafeRent, FAR, NCR, Origin and their agents to the full extent permitted by law from any claims, damages, losses, liabilities, and expenses arising from the retrieving and reporting of information. All reports will be kept confidential. Further, Landlord has my/our authorization to use said reports in working with any future collection actions). According to the Federal Fair Credit Reporting Act, I am entitled to know if I was denied based on the information obtained and to receive, upon written request to the appropriate credit reporting agency, a disclosure of the public record information and of the nature and scope of the investigative report.											
We a	cknowledge receipt of community's Screening I ional fees and costs associated with obtaining i	Policy/Critoria In addition	4			nvestigative report. provider any and all					
This a	application is not complete without payment of a community's screening criteria and/or to provid der this application.	all required application for	s by shook a		T1.	enied upon failure to er obligation to					
This a	application shall be automatically extended for a ded to community within the time permitted by la	an additional seven (7) day aw.	ys in the ever	nt all informatio	n necessary to complete t	his application is not					
, the of this	undersigned applicant, do hereby certify that th s document is as valid as the original.	e information provided by	me is true, a	ccurate and co	mplete to the best of my k	nowledge. Any copy					
'RINT	RINT FULL NAME:										
OCIA	L SECURITY NUMBER / TAX IDENTIFICATION NUMBE	R:	r	ATE OF BIRTH:							
DATE OF BIKTH:											
URRI	URRENT ADDRESS:										
ITY/C	OUNTY/STATE/ZIP:] DRV. LIC. & ST	ATE STATE ID PASSPO	ORT					
					EXP DATE						
PPLIC	CANT'S SIGNATURE:			ATE:							



Employment History Verification Request

	retired for 2 years or longer
Tourney. I lou.	d an application from the person(s) named below to rent a space in our manufactured home se fill out your response to the following questions and email (preferred) to:
or rax to: ()	Prospective Tenant:
	(print name) have applied for regidency
at employed by you.	My signature below authorizes verification of the following information.
Signature	Date
Current Employer	
Address:	
Telephone:	
Occupation	
Supervisor	Employment Dates:/
Gross Monthly	From To
Salary:	\$ Full Time Part Time Temporary Self Employed
Do you anticipate t	hat the applicant's employment will continue? Yes No
Previous Employe	
Address:	
Telephone:	
Occupation	
Supervisor	Employment Dates:/
Gross Monthly	From To
Salary:	\$ Full Time Part Time Temporary Self Employed
Under penalty of perj	ury, I certify that the information provided is true and correct:
Employer Signature:_	Date:
Printed Name:	Title:
Telephone Number:_	Fax:
Address:	



Rental History Verification Request

☐ I have been residing with family for 5 years or lor	ıger 🔲 I have ow	ned my home for 5 years or longe
We have received an application from the person(s) nam community. Please fill out your response to the following or fax to: () Prospective Tena	dilections and ama	1 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 /
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al	and atatad the	
housing from you. My signature below authorizes verification	ition of the following	information.
Signature		Date
Current or previous address:		· · · · · · · · · · · · · · · · · · ·
Apartment or community name:		
Address:		
City:	State:	Zip:
Manager/Landlord Name:		
Move-in and Move-out date(s):		
Monthly rent: \$Did the tenant pay on time?		
Was proper notice given? Any complaints?	·	
Roommates, pets, etc. not on lease?		
Any notices issued?	_Any notices filed?	
Would you rent to the tenant(s) again?		
Under penalty of perjury, I certify that the information provided is		
Landlord Signature:	true and correct:	
Landlord Signature:Printed Name:		Date:
Telephone Number:	Fax Number:	tiue:
Address:	. «X (VOITIBO).	
City:	State:	Zip:

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APPLICANT SCREENING FEE NOTICE AND RECEIPT

FORM 38

NAME OF COMMUNIT	ΓΥ:			DATE:
NAME OF APPLICANT				
An applicant screening occupants 18 years of	fee [*] is charged to a age or older and ema	III prospective res ancipated or man	sidents; applications must be c ried minors. The charge is:	ompleted by all potential
		Consumer Report	Out-of-State Criminal Required for residents living outside of Oregon in the last 5 years	f
	Each Applicant	\$45.00	\$15.00	
If your application is de reporting agency, unde report from the consuitation provided to (In the case of denial(sagencies.)	enied because of informers the Fair Credit Remer reporting agent the Community Mark), you will be provide	ormation containg porting Act, you cy. You are enting agement by a collect the name, act	ich may provide information rest. ed in a consumer report furnishave the right to request a fitled to dispute the accuracy onsumer reporting agency or ddress, and toll-free phone not screening fee of \$	shed to us by a consume ree copy of the consume or completeness of any criminal reporting agency umbers of the appropriate
p	aymont by applicant	(s) of the applica	in screening lee of \$	•
*This fee may include the	e cost of services and	l reasonable time	spent obtaining information.	
This application will be documentation, as requi	denied upon failure red by law. Upon de	to meet community	unity's screening policy criteri Management has no further o	a and/or provide required bligation to consider it.
Signature of Community Manag	ger			

¹ The process that Community Management follows in screening the applicant includes the use of an applicant screening company, credit reports, public records or civil records and/or contacting employers, landlords or other references.