



Welcome Future Residents,

Thank you for your interest to live at Palazzo at Campus Pointe, Fresno's premiere student living community!

You must be 18 years or older to apply on your own and have the lease in your name, if you are under the age of 18, your parent(s)/legal guardian will have to put the lease in their name until you turn 18 years old.

Please be sure to complete entire application, sign and date all forms that apply. Also bring back the following information at time of signing to complete your application packet:

Incomplete applications will NOT be accepted. Please have all additional qualifying documents needed to apply.

Lease Holding Resident: If you are applying as a Lease Holding Resident without a Guarantor:

- ✓ Your income must be 3x's the monthly rent.
 - a. Provide 3 most current check stubs.
 - b. Supplemental Income accepted: financial aid statement and awarded grants or scholarships (if applicable)
- ✓ Pass the credit check, criminal background check, and Rental Verification (if applicable).
- ✓ Provide valid ID or Drivers License.
- ✓ Application fee and security deposit at time of signing to process your application and reserve your space.

Students: If you are a student or do not meet the minimum requirements, you will need a guarantor that does.

Guarantor: If you are the Guarantor for the applicant the following information must be provided:

- ✓ Your income must be 5x's the monthly rent, please provide 3 most current check stubs.
- ✓ Pass the credit check.
- ✓ Complete the attached Guarantor Form.
- ✓ Provide a copy of a valid ID or Drivers License.

International: If you are applying as a Non-U.S. citizen the following must be provided:

- ✓ DS-2019 / I-20 or any other documentation that entitles applicant to be in U.S. through expiration of Housing Contract
- ✓ Provide valid Passport
- ✓ *All international applicants are qualified with deposit equal to (1) month's rent*

Thank you,

RPM Management

APPLICANT INFORMATION

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FIRST NAME		MIDDLE NAME		LAST NAME	
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		EMAIL ADDRESS	
SOCIAL SECURITY NUMBER or TIN		DRIVER'S LICENSE and ISSUING GOVERNMENT	EXP DATE	CELLULAR TELEPHONE #	
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY				WORK TELEPHONE #	HOME TELEPHONE #
CITY, STATE, ZIP				LANDLORD TELEPHONE #	
MONTHLY PAYMENT	HOW LONG? TO / FROM DATES		REASON FOR MOVING		

PRESENT ADDRESS IS (CHECK ONE)

Own Home Parents Home Rented Home Rented Apartment Student Housing Other

PREVIOUS LANDLORD OR APARTMENT COMMUNITY: / IF OWNED: NAME OF MORTGAGE COMPANY					
ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY					
CITY		STATE		ZIP	
MONTHLY PAYMENT		HOW LONG? TO / FROM DATES		REASON FOR MOVING	
TELEPHONE #					

FLOOR PLAN PREFERENCE (CHECK ONE)

Studio 2 BR 1 BTH 2 BR 2 BTH 4 BR 4 BTH 4 BR 3 BTH (Private) or (Shared) 4 BR 4 BTH (Shared/Shared)

LEASE TERM PREFERENCE (CHECK ONE)

10 Month Lease/ \$125 STP* 12 Month Lease

*STP-Short Term Premium applied per month, based on August term start date & move out month options are May & July (limited availability STP)

APARTMENT NEEDED BY DATE:	
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WILL YOU NEED A PARKING PERMIT?*		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Covered <input type="checkbox"/> Uncovered		*Parking is limited and is available on a first come, first serve basis.	
VEHICLE INFORMATION	MAKE AND MODEL	YEAR	COLOR	LICENSE PLATE #	STATE REGISTERED		

REQUESTED ROOMMATES: PLEASE INDICATE THEIR NAME BELOW.

NAME	NAME
NAME	NAME
NAME	<i>*ALL ROOMMATE CHOICES MUST BE MUTUAL, ARE BASED ON AVAILABILITY & CANNOT BE GUARANTEED.</i>

EMPLOYMENT INFORMATION - APPLICANT

EMPLOYER			MONTHLY GROSS INCOME		
EMPLOYER ADDRESS					
CITY		STATE		ZIP	
POSITION		TYPE OF WORK		HOW LONG?	
SUPERVISOR'S NAME AND POSITION				SUPERVISOR'S TELEPHONE #	

OTHER SOURCE OF INCOME	WHEN RECEIVED	AMOUNT
TOTAL MONTHLY INCOME		



EMERGENCY CONTACT

NAME		RELATIONSHIP	
ADDRESS			
CITY	STATE	ZIP	TELEPHONE #

GUARANTOR INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	OTHER NAMES USED IN LAST 10 YEARS	EMAIL ADDRESS
SOCIAL SECURITY NUMBER or TIN	DRIVER'S LICENSE and ISSUING GOVERNMENT	CELLULAR TELEPHONE #
PRESENT ADDRESS		WORK TELEPHONE #
CITY, STATE, ZIP		HOME TELEPHONE #

EMPLOYMENT INFORMATION - GUARANTOR

EMPLOYER			MONTHLY GROSS INCOME
EMPLOYER ADDRESS			
CITY	STATE	ZIP	TELEPHONE #
POSITION	TYPE OF WORK		HOW LONG?
SUPERVISOR'S NAME AND POSITION			SUPERVISOR'S TELEPHONE #

OTHER SOURCE OF INCOME	WHEN RECEIVED	AMOUNT
TOTAL MONTHLY INCOME		

OTHER INFORMATION

Do you have charges pending against you for any criminal offense(s)? Applicant Yes No Guarantor Yes No

Have you ever been convicted of, or pleaded guilty or no contest to, any criminal offence(s) OR had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"? Applicant Yes No Guarantor Yes No

Have you ever been asked or ordered by a representative of any government to leave the U.S. or any other country? Applicant Yes No Guarantor Yes No

If "Yes" to the above questions, please give details and dates: _____

Have you been a party to any litigation, such as; evictions, suits, judgments, bankruptcies, foreclosures, etc.? Applicant Yes No Guarantor Yes No

If "Yes", please give details and dates: _____





VERIFICATION OF RENTAL HISTORY

Date: ____/____/____

Community: _____

Attn: _____

Fax #: () _____ - _____

Ph. #: () _____ - _____

From: _____ (Agent for Palazzo at Campus Pointe)

Telephone #: (559) 291 - 6400 Fax #: (559) 291-6440

Subject: Verification of Present/Former Resident

Name: _____

Address: _____

I hereby authorize the release of my rental history/information:

Signature of Applicant Date

INFORMATION BEING REQUESTED:

1. Move-In Date: ____/____/____ Move-Out Date: ____/____/____
2. Was a 30-Day Notice to Vacate submitted: YES / NO
3. Rental Rate: \$_____
4. Number of persons on the lease: _____
5. # of late payments: _____ # of returned checks (NSF): _____
6. Any Complaints: YES / NO _____ Pets: YES / NO _____
7. Would you re-rent to this person: YES / NO _____
8. Damages to Unit: YES / NO _____
9. Comments: _____

Completed by: _____

Title: _____ Date: ____/____/____

Apartment Lease Guarantee Form

Each guarantor must submit a separate guarantor form. It must be notarized or the guarantor must attach a copy of his/her driver's license or other government-issued identification.

You, as guarantor signing this Apartment Lease Guarantee form, agree to guarantee all obligations of the Resident under the Residential Lease and/or Lease Renewal entered into with Palazzo at Campus Pointe.

Residents Name: _____ Lease Start Date: _____

You agree that your obligation will continue through the Lease term and any renewals and will not be affected by amendments, changes, assignments or subleases of the Lease. The resident and guarantor are jointly and severally liable. It is not necessary for us to sue or exhaust remedies against the resident in order for you to be liable.

Guarantor's Name: _____

Relationship to Resident: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____

Monthly income: _____

Date First Employed: _____

Employer Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____

Signature of Guarantor _____ Date: _____

(You represent that all information submitted by you on this Guarantee is true and complete. You authorize us to request and obtain consumer reports, verification of income, employment, and credit reports on you: A facsimile signature by you on this Guarantee will be just as binding as an original signature. It is not necessary for you as the guarantor to sign the lease, renewal lease itself or to be named in the lease agreement executed by the Resident. If we seek to enforce this Guarantee, you agree that it can be in the county where the Apartment Community is located.)





Roommate Preference Form



The function of this form is to assist our staff in assigning you a well-suited roommate. The more we know about your qualities and partiality, the easier it will be for us to place you; so please comment freely and honestly. Your communication with us is crucial in making the best possible roommate match. Although no guarantees are made in finding like-minded roommates we reassure that no one individual will be matched according to race, ethnicity, beliefs, sexual standing or disabilities as required by the Fair Housing Act.

Name: _____ Gender : M / F

Address: _____ Phone: (____) _____

City/State: _____ Email: _____

Intended field of study: _____ Year: _____

Do you smoke?: _____ Do you mind others smoking?: _____ Do you drink? _____

Roommate gender preference: Same Gender / Co-Ed

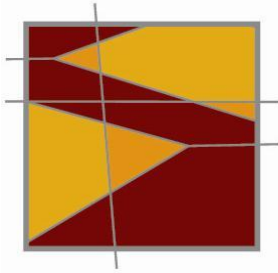
Personal Characteristics:

1. **Sleeping habits on weekends?:** 8-10 pm _____ 10-12 pm _____ 12-2 am _____ 2-4 am _____
2. **Sleeping habits on weekdays?:** 8-10 pm _____ 10-12 pm _____ 12-2 am _____ 2-4 am _____
3. **Describe your socializing level?:** not at all _____ somewhat _____ moderate _____ very _____
4. **Describe your cleanliness level?:** not at all _____ somewhat _____ moderate _____ very _____
5. **Describe your study habits?:** not at all _____ somewhat _____ moderate _____ very _____
6. **Describe your loud music tolerance?:** none _____ a little _____ I don't mind it _____ I prefer it _____
7. **Preference with sharing?:** none _____ a little _____ I don't mind it _____ I prefer it _____
8. **Sports involvement (if any)?:** _____
9. **Extracurricular activities (sorority/fraternity, clubs, etc)?:** _____
10. **Room Specifications?:** _____

More about you: This section is for you to provide any other information you would like to provide that is not listed in the questions above.

I hereby give permission to the management office of the Palazzo Student Housing to use this information in the roommate matching process. I understand roommate satisfaction is not guaranteed, based on availability and that this form may be used for the purpose of scheduling the move-in dates and optimizing move-in efficiency.

Signature and Date _____



PALAZZO

A T C A M P U S P O I N T E

Floor Plans	Sq. Ft.	Deposit	Price (per room)	
Suite 1	4 Bed / 4 Bath (4)	1348	\$450	\$625
Suite 2	4 Bed / 3 Bath (4)	1321	\$450	\$565-\$625
Suite 3	2 Bed / 2 Bath (2)	964	\$450	\$695-\$745
Suite 4	2 Bed / 1 Bath (2)	906	\$450	\$655
Suite 5	Studio (1)	472	\$450	\$1095
Suite 6	4 Bed / 4 Bath (4-6)	1435	\$450	\$575-\$410 _(Shared Bed/Bath)
Suite 7	4 Bed / 4 Bath (4)	1395	\$450	\$625-\$665

****10 Month Lease Available – Additional \$125/Month****

**Included: Water, Sewer, Trash, Cable w/ DVR, and Internet
Fresno State Meal Plans Available but NOT Required*

Deposits and Fees

APPLICATION FEE	\$35.00
SECURITY DEPOSIT	\$450.00 (on approved credit)

Optional Add On

COVERED PARKING	\$55.00 / per mo.
UNCOVERED PARKING	\$40.00 / per mo.

Qualifying Criteria

- ✓ All applicants must qualify individually or with a qualifying Guarantor.
- ✓ Credit: Applicant and/or Guarantor must have positive and established credit.
- ✓ Rental: Applicant must have positive rental history. Prior eviction disqualifies the Applicant.
- ✓ Criminal Background: 2 misdemeanors or 1 felony disqualifies the Applicant.
- ✓ Income: Gross monthly income must be equal to 3x's the rent for the Applicant and 5x's the rent for the Guarantor.

****All Prices Are Subject To Change Without Notice.***

Updated 12/13/2018