

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.

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

- $\checkmark$  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
- ✓ Qualifying deposit determined by floorplan.

Renters Insurance: For your benefit, renters insurance is a mandatory component to our application process

- ✓ Required for application process & residency
- ✓ Complete included Renters Insurance Addendum at lease signing
- ✓ Must provide proof of renters insurance at move-in

Thank you,

RPM Management



Floor Plans		Sq. Ft.	Deposit	Price (per room)
		•	•	
Suite 1	4 Bed / 4 Bath (4)	1348	\$500	\$775
Suite 2	4 Bed / 3 Bath (4)	1321	\$500	\$725-\$775
Suite 3	2 Bed / 2 Bath (2)	964	\$500	\$875-925
Suite 4	2 Bed / 1 Bath (2)	906	\$500	\$855
Suite 5	Studio (1)	472	\$500	\$1425
Suite 6	4 Bed / 4 Bath (4-6)	1435	\$500	\$745- $$525$ (Shared Bed/Bath)
Suite 7	4 Bed / 4 Bath (4)	1395	\$500	\$775-\$845
Suite 8	4 Bed / 4 Bath (4)	1395	\$500	\$775-\$845

<sup>\*\*10</sup> Month Lease Available - Additional \$125/Month \*\*

#### **Deposits and Fees**

APPLICATION FEE	\$50.00
SECURITY DEPOSIT	\$500.00 (on approved credit)
Optional Add On	
COVERED PARKING	\$65.00 / per mo.
UNCOVERED PARKING	\$50.00 / per mo.
2 1.6	

### 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 12/8/2023

<sup>\*</sup>Included: Water, Sewer, Trash, & Hi-Speed Internet



## **Rental Application**



APPLICANT INFORMATION		(Page	1 of 3)					
FIRST NAME MIDDLE NA						LAST NAME		
DATE OF BIRTH OTHER NAMES USED IN LAST 10 Y			ARS EMAIL ADDRESS			SS		
SOCIAL SECURITY NUMBER or TIN	DRIVER'S LICENSE and	ISSUING GOV	ERNMENT	EXP DA	TE	CELLULAR TEI	LEPHONE #	
ADDRESS OF PRESENT LANDLORD / APARTME	NT COMMUNITY / MORTGAGE COMPA	ANY				WORK TELEPH	ONE #	HOME TELEPHONE #
CITY, STATE, ZIP						LANDLORD TE	LEPHONE #	
MONTHLY PAYMENT HOW LONG? TO	/ FROM DATES	1	REASON FOI	R MOVING	ì			
PRESENT ADDRESS IS (CHE					~ 1			
Own Home Parents Hor		Rented GAGE COMPAN		nt LS	Studer	nt Housing	Other_	
ADDRESS OF PREVIOUS LANDLORD / APARTM	ENT COMMUNITY / MORTGAGE COM	PANY						
CITY	STATE	:	ZIP				TELEPHONE #	
MONTHLY PAYMENT	HOW LONG? TO / FROM DATES	1	REASON FOI	R MOVING	i			
FLOOR PLAN PREFERENC	E (CHECK ONE)							
Studio 2 BR 1 BTH		4 BTH	☐ 4 BR	3 BTH	(Privat	te) or (Shared)	☐ 4 BR 4	4 BTH (Shared/Shared)
LEASE INSTALLMENT PRE  ☐ May Lease End (10 Installments  *STP-Short Term Premium applied	) \$125 STP  July Lease E	End (12 Inst			options	are May, & Ju	ly (limited avail	ability STP)
* Lease Terms- End dates are based  APARTMENT NEEDED BY	on an August term start and leas							
WILL YOU NEED A PARKING PERMIT?*  YES NO	☐ Cover	red 🗌	Uncovered *Parking is lim		ting is limited and	d is available on	a first come, first serve basis.	
VEHICLE INFORMATION MAKE AND MO	DEL	YEAR		COLOR	LICEN	ISE PLATE #		STATE REGISTERED
REQUESTED ROOMMATES	: PLEASE INDICATE THEIR N	JAME BELO	OW.		ļ			
NAME			NAME					
NAME				NAME				
NAME			*ALL ROOMMATE CHOICES MUST BE MUTUAL, ARE BASED ON AVAILABILITY & CANNOT BE GUARANTEED.					
EMPLOYMENT INFORMATION - APPLICANT								
EMPLOYER				MONTHLY GROSS INCOME			OSS INCOME	
EMPLOYER ADDRESS								
CITY STATE			ZIP		TELEPHONE #			
POSITION TYPE OF WORK					HOW LONG?			
SUPERVISOR'S NAME AND POSITION							SUPERVISOR'S	S TELEPHONE #
OTHER SOURCE OF INCOME		WHEN RE	RECEIVED AMOUNT					
TOTAL MONTHLY INCOME								







# **Rental Application**



(Page 2 of 3)

ADDRESS  CITY  STATE  ZIP  TELEPHONE A  GUARANTOR INFORMATION  PREST MANGE  MEDITAL NAME  MEDITAL NAME  MEDITAL NAME  MEDITAL NAME  MANGE THE PROCESS  CITY STATE ZIP  MANGE THE PROCESS  CITY STATE ZIP  MANGE THE PROCESS  CITY STATE ZIP  MANGE THE PROCESS NOVAME  PRESENT ADDRESS  CITY STATE ZIP  MANGE THE PROCESS NOVAME  PRESENT ADDRESS  CITY STATE ZIP  MANGE THE PROCESS NOVAME  STATE  ZIP  TELEPHONE B  TE	EMERGENCY CONTACT			Law				
GUARANTOR INFORMATION  JUNE STANE   JUNE STANE   LAST NAME   LAST	NAME			REI	LATIONSHIP			
GUARANTOR INFORMATION  FRESENT ADDRESS  CITY, STATE, ZEP  DISORTED STATE  STATE	ADDRESS							
GUARANTOR INFORMATION  FRESENT ADDRESS  CITY, STATE, ZEP  DISORTED STATE  STATE	CITY		CTATE	ZID		1	TELEDITONE #	
FIRST NAME DATE OF BIRTH OTHER NAMES USED IN LAST 19 YEARS  SOCIAL SECURITY NUMBER OF THY DEVER'S EXCENSE and RISKING GOVERNARINT CFILLLAR PREPRIORS  WORK TELEPHONE #  FRESENT ADDRESS  CITY, STATE, ZIP  EMPLOYMENT INFORMATION - GUARANTOR  EMPLOYMENT INFORMATION - GUARANTOR  EMPLOYMENT INFORMATION - GUARANTOR  EMPLOYMENT INFORMATION - GUARANTOR  EMPLOYER ADDRESS  CITY STATE ZIP TELEPHONE #  FOSTION TYPE OF WORK H9W LONG?  SUPERVISOR'S NAME AND POSITION  SUPERVISOR'S NAME AND POSITION  OTHER SOURCE OF DOLORIE WHEN RECEIVED  AMOUNT  OTHER NOTHING NAME OF PRESENCE OF DOLORIE  OTHER NAME OF PRESENCE OF	CITT		SIAIE	ZIP			TELEPHONE #	
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POSITION TYPE OF WORK	EMPLOYER ADDRESS							
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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  Have you been a party to any litigation, such as; evictions, suits, judgments, bankruptcies, foreclosures, etc.?  Applicant Yes No  Guarantor Yes No			(-)9				l., C.,	0 1 1 1 1 1
OR had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?  Applicant					Applicant L	J 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	Have you ever been convicted of, or pleaded guilty or no contest to, any criminal offence(s) <i>OR</i> 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 been a party to any litigation, such as; evictions, suits, judgments, bankruptcies, foreclosures, etc.? Applicant 🗆 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; ev	victions, suits,	judgments, ba	nkruptcies, forec	losures, etc.?	Applicant	] Yes 🗌 No	Guarantor ☐ Yes ☐ No
			-	-				







### **Rental Application**



(Page 3 of 3)

#### PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information — Applicant and/or Guarantor represents that all of the above statements are true and correct. Applicant and/or Guarantor hereby authorize verification of all of the above information, references and credit records, and release from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, incomplete, or misleading information herein may constitute grounds for rejection of the application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of the State. Applicant agrees to the "Application Fees/Deposit Agreement" below.

I DECLARE THE FOREGOING TO BE TRUE UNDER PENALTY OF PERJURY. I acknowledge and agree that the Lease 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 upon any false or misleading statement made herein. Because damages would be difficult or impossible to ascertain, the reservation deposit in the amount shown below will be retained as liquidated damages upon confirmation of false information or if applicant fails to cancel or complete the Lease agreement on or before Lease Start Date. If applicant completes the rental agreement on or before this date the reservation deposit shall be held by RPM Company as part of their escrow deposit. If the applicant is not approved by RPM Company, the reservation deposit shall be returned within 21 days from the date of cancellation or non-approval.

APPLICAT	ON FEE / CANCELLATION POLICY FOR LEASE AGREEMENT:
	cant has signed the lease and been approved, the cancellation policy is equal to (1) one months rent. All cancellations must be given in writing a minimum of 45 days prior to the of the lease term. All cancellations NOT made 45 days prior to the commencement of the lease term are responsible for the full lease term per the lease agreement.
Non-Refunda	ble Admin Processing Fee (per applicant) \$ 50.00 Reservation Deposit (per bed/on approved credit) \$ 500.00
Amount Paid	\$
CANCELLAT	TON POLICY FOR LEASE AGREEMENT:
	can that signed the lease and been approved, the cancellation policy is equal to (1) one months rent. All cancellations must be given in writing a minimum of 45 days prior to the of the lease term. All cancellations NOT made 45 days prior to the commencement of the lease term are responsible for the full lease term per the lease agreement.
	<b>GUIDELINES, STANDARDS AND QUALIFICATIONS</b>
1	ny and its representatives will NOT discriminate against any person based on race, color, religion, sex, national origin, familial status or disability.  **Ccupancy Standard:* One (1) person per bed, no exceptions.  **Elines:*
1.	AGE REQUIREMENTS: Applicants must be 18 years or older, if not the Applicant must have a Guarantor co-sign on the Lease Agreement.
2.	EMPLOYMENT HISTORY/VERIFICATION: Lease holder(s) and/or Guarantor must be currently employed or have some source of verifiable income. Either 3consecutive most recent paystubs OR written verification of employment from the employer is required to verify income.
3.	<b>SELF-EMPLOYMENT:</b> Lease holder(s) and/or Guarantor must provide copy of previous year's personal tax returns and copies of personal bank statements for the last 3 months.
4.	<b>INCOME:</b> Lease Holder: Income must be at least $3x$ the amount of the rental rate for the purposed apartment to occupy. Guarantor: Income must be at least $5x$ the amount of the rental rate for the purposed apartment to occupy.
5.	RESIDENCY: Applicants must have positive rental history with NO Evictions or Collections from a previous apartment community.
6.	<b>IDENTIFICATION:</b> All applicants must provide proof of identification with a current/unexpired government issued photo identification and Social Security Card. <i>Non-U.S. Citizens must provide an ICE document that entitles the Applicant to be in the U.S. through the Expiration date of their Housing Contract.</i>
7.	<b>CREDIT REQUIREMENTS:</b> Credit should be in good standing, with no outstanding judgments or tax-liens. If an Applicant has no credit a Guarantor will be required.
8.	<b>CRIMINAL BACKGROUND:</b> It is understood any negative findings on the applicants' criminal background check, including any one felony conviction, except driving under the influence which is two D.U.I convictions, or any two misdemeanors convictions, will not be acceptable for approval of my rental application.
By signing bel	ow I represent that I have read and agree to all provisions of this application and authorize Owner's agent to obtain my credit report and criminal background report.
Signature of A	Applicant Date Accepted By Date

Date





Signature of Guarantor (If applicant is under 18)



## **VERIFICATION OF RENTAL HISTORY**

Date	e:/	
Com	nmunity:	
Attn	ı:	
Fax :	#: ( )	
Ph.	#: ( )	
Fron	n:(Agent for Palazzo at Campus	s Pointe)
Tele	ephone #: (559) 291 - 6400 Fax #: (559) 291-4040	
Subj	ject: Verification of Present/Former Resident	
Nam	ne:	
Add	lress:	
I her	reby authorize the release of my rental history/information:	
Sign	nature of Applicant Date	
~~~		
<u>INF</u>	ORMATION 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:	
Com	npleted by:	
Title	Data:	



#### 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:			
affected by amendme	bligation will continue through the Lease term and any renewants, changes, assignments or subleases of the Lease. The resident in the lease term and any renewal in the lease in the leas	ent and guarantor are		
J	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 Guaranto	or Date:			
	l information submitted by you on this Guarantee is true and of			

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.)







Signature and Date



#### **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 :			
Address:	P	hone: ()				
City/State:	Email:					
Intended field of study:		Year	:			
Do you smoke?:	_ Do you mind others	s smoking?:	Do y	you drink?		
Roommate gender preference	e: Same Gender / Co	o-Ed				
Personal Characteristics:						
1. Sleeping habits on weeke	<b>nds?:</b> 8-10 pm	10-12 pm	12-2 am	2-4 am		
2. Sleeping habits on weekd	ays?: 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 habit	s?: 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	litl prefe	ər it		
8. Sports involvement (if any	y)?:					
9. Extracurricular activities	sorority/fraternity, cl	ubs, etc)?:				
10.Room Specifications?: _						
More about you: This section the questions above.	is for you to provide ar	ny other informatio	on you would like	to provide that is not listed in		
I hereby give permission to the	management office of	the Palazzo to us	se this information	n in the roommate matching		
process. I understand roomma for the purpose of scheduling t	te satisfaction is not gu	uaranteed, based	on availability an			