

THE VIEW

CO-SIGNER APPLICATION PACKET

WE WILL NEED THE FOLLOWING ITEMS FROM YOU IN ORDER TO BEGIN PROCESSING YOUR APPLICATION

- COMPLETED GUARANTEE APPLICATION FORM
- SIGNED RENTAL HISTORY VERIFICATION
- COPY OF DRIVERS LICENSE OR ID
- \$35 APPLICATION FEE – CASHIER’S CHECK OR MONEY ORDER
- \$100 HOLDING DEPOSIT TO RESERVE AN APARTMENT – SEPARATE CASHIER’S CHECK OR MONEY ORDER

INCOME VERIFICATION (MINIMUM 5 x THE RENT)

- IF YOU ARE EMPLOYED:
 - SIGNED EMPLOYMENT VERIFICATION
 - LAST 4 CONSECUTIVE PAYSTUBS
- IF YOU ARE STARTING A NEW JOB:
 - COPY OF YOUR OFFER LETTER STATING YOUR START DATE AND SALARY
- IF YOU RECEIVE ALTERNATE INCOME:
 - LAST 6 MONTHS OF BANK STATEMENTS SHOWING A BALANCE AND/OR DEPOSITS AT LEAST 5 x THE RENT
- IF YOU ARE SELF EMPLOYED:
 - COPY OF YOUR MOST RECENT TAX RETURN



THE VIEW

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 The View Luxury Apartment Homes.

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.)





VERIFICATION OF EMPLOYMENT

Date: ____/____/____

Company: _____

Attn: _____

Fax: () _____ - _____

From: _____ (Agent for THE VIEW)

Telephone #: (775) 323-2787 Fax #: (775) 323-4278

Subject: Verification of Present/Former employment information supplied by an applicant

Name: _____ SSN: XXX- XX- _____

Address: _____

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**INFORMATION BEING REQUESTED:**

1. Employed since: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Current: [ ] YES [ ] NO

Occupation: \_\_\_\_\_

2. Base Pay Rate: \$ \_\_\_\_\_

Salary: \$ \_\_\_\_\_ (per month) Hourly rate: \$ \_\_\_\_\_

Average hours worked per week: \_\_\_\_\_ Average weeks worked per year: \_\_\_\_\_

Date present rate effective: \_\_\_\_/\_\_\_\_/\_\_\_\_ Next increase due: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Overtime Pay Rate: \$ \_\_\_\_\_

Expected average number of overtime hours to be worked per week during the next 12 months: \_\_\_\_\_

4. Other Compensation (specify for commissions, bonuses, tips, etc.)

For \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

For \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

5. Total base pay earnings past 12 months \$ \_\_\_\_\_

Total overtime earnings past 12 months \$ \_\_\_\_\_

Total other compensation past 12 months \$ \_\_\_\_\_

**RELEASE:** I hereby authorize the release of requested information. Information obtained under the consent is limited to information that is no older than 12 months. If there are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**VERIFICATION OF RENTAL HISTORY**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Community: \_\_\_\_\_

Attn: \_\_\_\_\_

Phone #: ( ) \_\_\_\_ - \_\_\_\_

Fax #: ( ) \_\_\_\_ - \_\_\_\_

From: \_\_\_\_\_ (Agent for THE VIEW)

Telephone #: (775) 323-2787 Fax #: (775) 323-4278

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Certification of Self-Employment Income

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone/Contact # \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Business Opened: \_\_\_\_\_

This statement of income is based on business from \_\_\_\_\_ to \_\_\_\_\_.  
(Enter dates, typically past 12 months.)

1. Gross Income: \_\_\_\_\_ \$ \_\_\_\_\_

2. Expenses:

|                               |    |  |
|-------------------------------|----|--|
| a. interest on loan(s)        | \$ |  |
| b. cost of goods/materials    | \$ |  |
| c. rent                       | \$ |  |
| d. utilities                  | \$ |  |
| e. wages & salaries           | \$ |  |
| f. employee contributions     | \$ |  |
| g. federal withholding tax    | \$ |  |
| h. state withholding tax      | \$ |  |
| i. FICA                       | \$ |  |
| j. sales tax                  | \$ |  |
| k. other (itemize on back)    | \$ |  |
| l. straight line depreciation | \$ |  |
| Total Expenses                | \$ |  |

3. Net Income \_\_\_\_\_ \$ \_\_\_\_\_

Do you expect the income to be the same in the coming year?  
 Yes       No      if no, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

This information is supported by attached copies of my federal and state individual income tax returns.

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date

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**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. The TCAC, and any owner ( or any employee of TCAC or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of TCAC or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g and h.

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**The View APARTMENTS** does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.