

# Hamilton Properties

IMPORTANT- ALL APPLICANTS MUST READ

Dear Future Resident:

We have employed a credit bureau service agency to track and maintain the records of applicants and residents credit history, past conduct and performance as a resident and any criminal background.

A \$25.00 Processing fee is required for EACH ADULT on the application. This must be in the form of MONEY ORDER ONLY made out to Greenbriar Apartments. Failure to do this will result in your application not being processed.

We hope to be able to consider you a resident of Hamilton Properties when we have completed the application process.

Regards,

Hamilton Properties

## GREENBRIAR APARTMENTS PROPERTY INFORMATION SHEET

1240 20<sup>th</sup> Street Northeast

Paris, TX 75460

Phone: 903-401-5266

Email: [greenbriaraptsofparis@gmail.com](mailto:greenbriaraptsofparis@gmail.com)

Property Manager: Laurie Marshall (903) 401-5266

Maintenance: Esquibel Martinez (903) 401-9105

Corporate Office Phone: 417-883-7887

Greenbriar Apartments offers 2 bedrooms, 2 bath units at 950 sq ft. Amenities - such as washer/dryer hookups in the unit, refrigerator with ice-maker, stove and dishwasher, laundry facility on-site, on-site gym, a reservable community center, playground. We also have 24/7 emergency maintenance and a resident portal to pay rent online, make service requests and much more! **We are a smoke free facility/property so no smoking is allowed anywhere on the premises.**

Rental amount - \$1,000.00 per month

- If you move in after the 1<sup>st</sup> of the month, your move in rent will be prorated.
- You must pay your 1<sup>st</sup> month of rent before keys are handed to you.

Security Deposit - \$1,000.00

- To reserve a unit, you can pay the security deposit in full or you can make 3 payments 1<sup>st</sup> payment of \$333.33 to reserve, 2<sup>nd</sup> payment at move in, and 3<sup>rd</sup> payment with your rental payment. We will hold a unit for 30 days to allow time to provide current landlord's 30 day notice to vacate.
- Your security deposit will be used to pay for any damages, liquidated rent or money owed to the property, and attorney fees at move out if applicable. A 30 day notice to vacate must be provided. All keys returned, and a walk-through inspection with management must be completed. **All leases are a 12-month lease, if you have to break your lease before term there will be a \$600 break lease fee assessed.**

**Renters insurance is required, you must present a copy of your policy at move in.**

Utilities: Water, trash and sewage are paid by the property, you will only be responsible for electric. **You must have the electric in your name at move in.**

**Pet Policy: We allow one cat or dog under 25lbs at full maturity. No puppies allowed! There is a non-refundable pet deposit of \$200.00 required with a pet. Service/Assistance Animals are not considered pets so specific animal, breed, number, weight restrictions, pet rules and pet deposits do not apply. You must provide certification and documentation for emotional support or service animals at move in.**

**Application Fee: \$25.00 per person over 18 years of age, must be paid via money order or cashier's check and made out to Greenbriar Apartments. CASH IS NOT ACCEPTED**

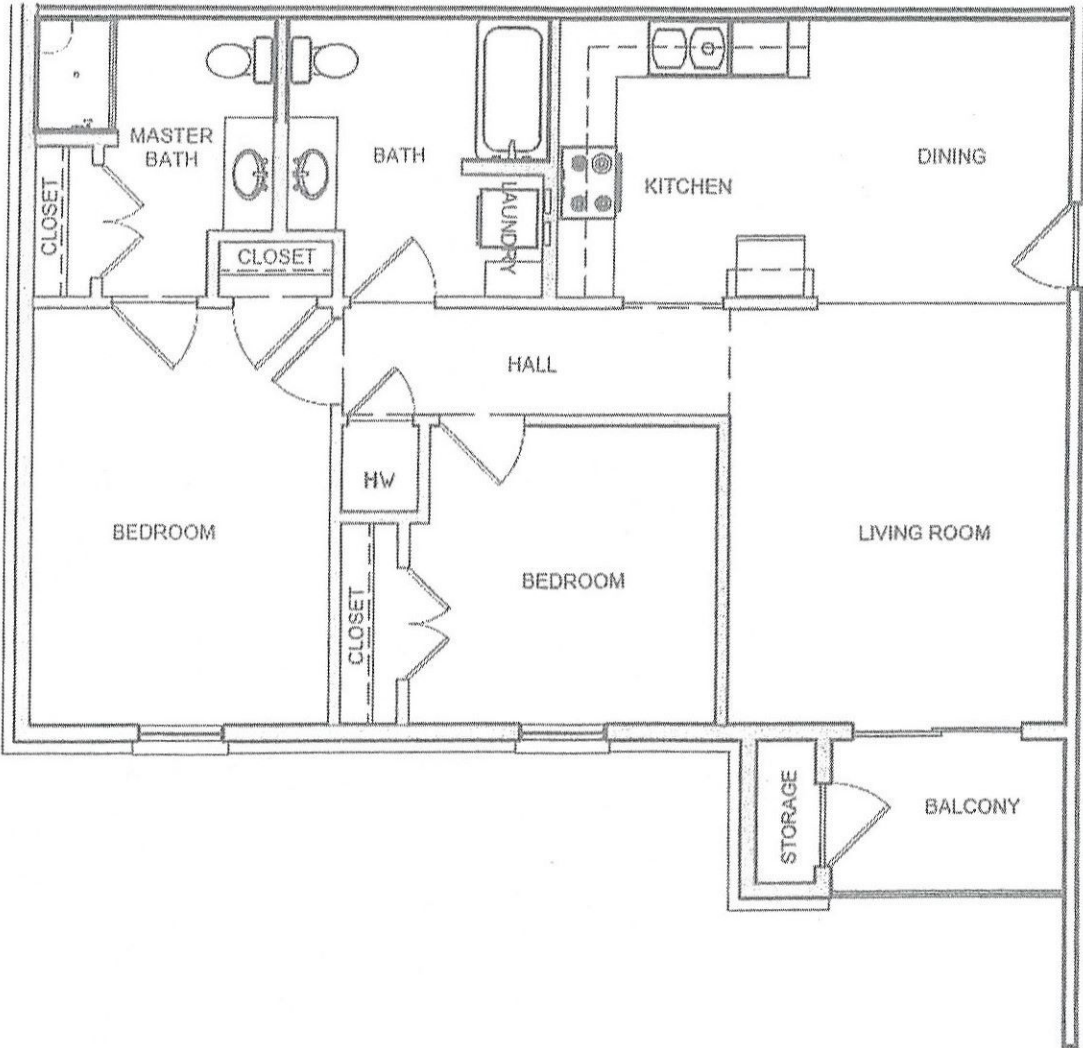
Please submit a **complete** written application which a) discloses names, ages, social security numbers and relationships of all household members; b) amount and sources of all household income and assets; c) provides landlord references; d) authorizes obtaining credit and criminal history background checks.

To qualify for an apartment, you must meet the following criteria:

1. **Employment and Income:** Rental amount can be found on the Property Information Sheet which is page 3 of the application packet. **You must make 2 times the monthly rent in gross income per month**, please provide your 2 most recent paystubs, or 2 most recent bank statements to help expedite the approval process. If you receive social security benefits, or scholarships please provide a copy of your award letters. We will also reach out to your employer to verify income.
2. **Proof of Identity:** All household members must provide proof of identity everyone **must** have a social security number issued to run a credit and criminal background check. We will need your social security number, driver's license or non-driver ID card. You can also use a valid passport if you do not have a driver's license or non-driver ID. Birth certificates will be required for minor children.
3. **Tenant and Rental History:** Applications will be denied if there is a history of 1) failure to make timely rental payments; 2) history of lease violations; 3) eviction history.
4. **Credit Score:** Credit score needs to be **550** or higher (medical collections will not be counted against score), unpaid utility bills, money owed to property management companies or lenders will result in denial. No score will be accepted as long as the other criteria (income, rental history, employment and criminal background) meets.
5. **Criminal History** – Applicant and all household members must not have a prior felony conviction or pending felony suit against them related to drugs, assault, burglary, fraud, robbery, terrorist threats, theft, violence, or sexually related crimes.

**Failure to accurately, fully, and completely provide information on the application will result in a denial. If you have a criminal background, or eviction no matter how long ago, please answer yes.**

**You will be notified in writing via email or the address you specify of the approval or denial of your application. If it is determined you are approved, but there is not an apartment immediately available, you will be placed on a waiting list.**



Return to : \_\_\_\_\_

\_\_\_\_\_

Fee Paid \_\_\_\_\_

For Office Use Only  
Application Received

\_\_\_\_\_

# of Bedrooms Needed

\_\_\_\_\_

**\$25.00 Processing Fee**

**Hamilton Properties Corporation**

**Application for Occupancy**

Apartment Complex Name \_\_\_\_\_

**APPLICANT DETAILS**

Full Name (Last, Middle, First): \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Other Occupants?  Yes  No

If Yes, Describe: \_\_\_\_\_

Pets?  Yes  No

If Yes, Describe: \_\_\_\_\_

Vehicles?  Yes  No

If Yes, Describe (type, color, make, model, and license number)

\_\_\_\_\_

Have you or any member of your family been convicted of a misdemeanor or felony?

Yes  No

If Yes, Describe: \_\_\_\_\_

Ever Filed for Bankruptcy?  Yes  No

If Yes, Describe: \_\_\_\_\_

Ever Been Evicted?  Yes  No

If Yes, Describe: \_\_\_\_\_

**CURRENT EMPLOYMENT**

Company: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

How Long? \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_ (From Prior Year Tax Filing)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone number \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

How Long? \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_ )

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone Number \_\_\_\_\_

**CURRENT RESIDENCE**

Type (Apt, Home, Condo): \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_ /Month

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this Address? \_\_\_\_\_ Current Lease Expiration Date: \_\_\_\_\_

Desire for Moving? \_\_\_\_\_

**CURRENT LANDLORD**

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Rental History: Have you ever lived on a Hamilton Properties complex in the past? \_\_\_\_\_ How did you hear about us ? \_\_\_\_\_

**Previous Residence – 1**

Type (Apt, Home, Condo): \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_ /Month

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**PREVIOUS LANDLORD - 1**

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PREVIOUS RESIDENCE - 2**

Type (Apt, Home, Condo): \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_ /Month

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**PREVIOUS LANDLORD - 2**

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PERSONAL REFERENCES**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact:**

Name & Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

**CONSENT AND ACKNOWLEDGMENT**

I hereby certify that I am at least 18 years of age. Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords, employers, and personal references. Applicant hereby authorizes owner/agent to obtain any and all Unlawful Detainer, Credit Reports, Tele checks, and/or Criminal Background Reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_





**HAMILTON PROPERTIES**  
**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to \_\_\_\_\_, for purposes of verifying information on my/our apartment rental application.  
(owner or agent)

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
	Medical and Child Care Providers	

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

**SIGNATURES**

\_\_\_\_\_  
Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Co-Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

November, 1997

Appendix D

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) Date:

Three horizontal lines for address information.

RE: Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

Empty rectangular box for return address.

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: Job Title:

Presently Employed: Yes No Date First Employed Last Day of Employment

Current Wages/Salary: \$ Circle one hourly weekly bi-weekly semi-monthly monthly yearly other

Average # of regular hours per week: Year-to-date earnings: \$ through / /

Overtime Rate: \$ per hour Average # of overtime hours per week:

Shift Differential Rate: \$ per hour Average # of shift differential hours per week:

Commissions, bonuses, tips, other: \$ Circle one hourly weekly bi-weekly semi-monthly monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months: ; Effective date:

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

Additional remarks:

Employer's Signature Employer's Printed Name Date

Employer's Title Employer [Company] Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

# HAMILTON PROPERTIES CORP



3556 S. Culpepper • Suite Seven • Springfield, Missouri 65804  
Phone (417) 883-7887 • FAX (417) 883-5203

## REQUEST FOR RENTAL HISTORY OF FORMER/CURRENT RESIDENT(S)

DATE: \_\_\_\_\_ Apartment Community: \_\_\_\_\_

TO: \_\_\_\_\_ FROM: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ FAX: \_\_\_\_\_

**Request:** Please provide us with the rental history of the below named individual who has given us a rental application. These questions relate to the time during which the individual leased from you or from a former owner, a dwelling for which you have records. Please answer the following questions and return form to our office as soon as possible. We will be happy to share information about our residents if they submit a rental application with you. Thank you for your help with this matter.

APPLICANT'S NAME: \_\_\_\_\_ SS #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ DRIVERS LICENSE # AND STATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Dates of applicant's residency: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Applied but turned down? \_\_\_\_\_ Why? \_\_\_\_\_

Address of Residence: \_\_\_\_\_

Was rent paid on time? \_\_\_\_\_ Delinquent? How often? \_\_\_\_\_

Did you ever begin an eviction proceeding for nonpayment of rent? \_\_\_\_\_

Did applicant ever give an NSF check(s) for payment of rent/security deposit? \_\_\_\_\_

If applicant has already moved out is there rent/other fees owed? \_\_\_\_\_

Did applicant move out early / holdover in violation of lease? \_\_\_\_\_

Was applicant asked to move out by management? \_\_\_\_\_

Was an eviction lawsuit filed against applicant? \_\_\_\_\_

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This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).



# HAMILTON PROPERTIES CORP



3556 S. Culpepper • Suite Seven • Springfield, Missouri 65804  
Phone (417) 883-7887 • FAX (417) 883-5203

- Was a criminal trespass filed against the tenant after they moved out? \_\_\_\_\_
- Did the applicant permit person other than those on the lease to live in the unit? \_\_\_\_\_
- Was the applicant given any lease violation notices in writing? \_\_\_\_\_
- Did the applicant keep the residence clean? \_\_\_\_\_
- Did the applicant/family damage the residence? \_\_\_\_\_
- Did the applicant leave items in the unit when the applicant moved out? \_\_\_\_\_
- Were the keys returned to management? \_\_\_\_\_
- Would you rent to applicant again? \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Manager of the \_\_\_\_\_ Apartments

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

