



# Schott Management

1 Moore Ave  
207-725-9132

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## **Resident Criteria Information**

Thank you for taking the time to read our application criteria. Each resident who will live in the home must qualify on his/her ability. As a part of your application, a credit report will be obtained through a local agency, a criminal check will be processed, your employment will be verified, and your previous residential history will be verified. Details regarding our verification process are as follows:

**Rental/Home Ownership History:** All rental history will be reviewed. Cannot contain any negative references and compliance with all terms of the previous property owner's lease/contract and community policies is necessary. NO more than two (2) late payments and / or returned checks per year of residency to any prior landlord/lender and/or creditor are acceptable.

**Income:** Gross monthly income per apartment must be at least (3) times the amount of the rent for applicants. Or at least four (4) time the monthly amount of the rent for co-signers. If not verifiable, we require a copy of the previous years tax return/W2 or previous (2) month's paycheck stubs and/or bank statements.

**Employment:** A prospective resident must have verifiable current employment of verifiable source of income.

**Credit History:** A credit report will be processed on each applicant. All applicants will be evaluated on the following criteria:

1. Negative/positive credit accounts.
2. No credit history will be interpreted as good credit.
3. If an applicant takes exception with credit findings he or she is responsible for contacting the credit bureau, the name, phone number, and address of which can be provided by the property manager.
4. Pending bankruptcy.

## **An Applicant will automatically be denied for the following:**

1. Eviction
2. Convictions of a felonious crime (note: This does not constitute a guarantee of representations that residents or occupants residing at the apartments have not been convicted of a felony or are not subject to deferred adjudications for a felony).
3. Falsification of any information on the rental application.
4. Any unresolved debts to a landlord/mortgagor/creditor.
5. Pending bankruptcy.

**Occupancy:** Three bedroom 6 persons, two bedroom 4 persons. If for any reason the numbers of occupants exceed the maximum number of this floor plan, residents will have a maximum of sixty (60) days to comply with our occupancy limits, or vacate the apartment.



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**Application Fee/Security Deposit:** If the applicant is not approved, the check for the Deposit will be returned to the applicant. A rental application must be processed on all prospective residents 18 years of age or older, and a non-refundable application fee of \$45.00 per applicant. The total security deposit starts at the equivalent of one-month rent.

**Pet Policy:** A maximum of 2 indoor pets will be allowed. The total deposit is \$200.00, of which \$200.00 is refundable at the time of move-out.

**Rent:** Due on or before the first of every month and legally late as of the 6<sup>th</sup>. A \$25.00 late fee is charged and must be paid with the rent to avoid eviction preceding any additional legal fees. All payments are to be made by bank check, money order or credit card. Personal checks will not be accepted.

**Co-Signers:** If prospective resident fails to meet all of the criteria listed above the following options are available to the property owner:

A co-signer may be used. The co-signer must complete an application, pay a co-signer fee of \$45.00, and meet all criteria and must sign all required lease paperwork before the resident move-in.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOTT MANAGEMENT  
APPLICATION FOR RESIDENCY**

**Section A. General Information**

Last Name		First Name	Middle Initial	
Current Street Address		City	State	Zip-code
Home Telephone #	Cellular Telephone	Business Telephone	E-Mail Address	
Social Security # or Other ID # /Type	Birth Date	License # and State of Issue	Country of Citizenship	

**Section B. Residency**

Current Landlord Name		Current Landlord Full Address	Telephone # To Contact
Current Monthly Rent/Mortgage	How Long in Residency	Reason for Moving	
Previous Landlord Name		Previous Landlord Full Address	Telephone # To Contact
Previous Monthly Rent/Mortgage	How Long in Residency	Reason for Moving	
Have you broken a lease or been evicted ?( If Yes Explain)			

**Section C. Employment**

Current Employer Name		Employers Address	Employer Telephone #
Annual Salary	Occupation	How Long Employed?	Supervisor Name
Previous Employer Name		Previous Employers Address	Employer Telephone #
Annual Salary	Occupation	How Long Employed?	Supervisor Name

**Section D. Spouse**

Last Name		First Name	Middle Initial	
Social Security #	License #	Birth Date	Telephone #	
Current Employer Name		Employers Address	Current Employer Telephone #	
Annual Salary	Occupation	How Long Employed?	Supervisor Name	
Previous Employer Name		Previous Employers Address	Previous Employer Telephone #	
Annual Salary	Occupation	How Long Employed?	Supervisor Name	
Have you broken a lease or been evicted ?( If Yes Explain)				

**Section F. Other Occupant's**

Occupant Full Name	Relationship	Age	DOB	SS# of Other ID # (If "other" indicate Type of I.D.)

**Section G. Additional Income**

Additional Sources of Income (Describe)	Bank Name	Bank Address	Account Type	Account #
1)				
2)				
3)				

**Section H. Automobile**

Auto Make	Year	Color	License Plate (Tag) #
1)			
2)			

**Section I. Pet Information**

Pet Type	Breed	Weight
1)		
2)		

**Section J. Emergency Contact**

Person To Contact	Relationship	Address	Phone #
1)			
2)			

**Authorization**

I hereby authorize Schott Management to obtain consumer reports and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, housing court, social search, sex offender search, criminal background check, employment/income verification and prior residency verification. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect to or in connection with the rental or lease of a residence for which the application was made. I agree to hold the above named company and procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information.

Applicant Signature	Date
Applicant Signature	Date
Schott Management Representative	Date



# Schott Management

## REQUEST FOR RENTAL HISTORY INFORMATION

Resident(s) Name: \_\_\_\_\_

Signature to Release Information: \_\_\_\_\_

Resident Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Move-In Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

## TO BE COMPLETED BY LANDLORD OR SCHOTT MANAGEMENT OFFICE

NTV Date: \_\_\_\_\_ Lease Expiration Date: \_\_\_\_\_

Rental Amount: \$ \_\_\_\_\_ Additional Monthly Charges: YES NO

If YES: Amount: \$ \_\_\_\_\_ Reason: \_\_\_\_\_

Is the account current? YES NO      Was sufficient notice given? YES NO

**Does Resident Pay on Time?** YES NO

If NO, Please indicate number of late payments: \_\_\_\_\_

**Any NSF's?** YES No    Number of Returned Checks \_\_\_\_\_

**Dispo's Filed?** YES NO    Number of Dispo's Filed \_\_\_\_\_

**Pets?** YES NO      Number of Pets \_\_\_\_\_

**Would you rent again?** YES NO

Additional Comments: \_\_\_\_\_

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**PLEASE FAX TO: (207) 725-9129**



# Schott Management

1 Moore Ave  
Brunswick, Maine 04011  
207-725-9132

### VERIFICATION OF EMPLOYMENT

(Section one to be completed by Leasing Consultant)

To whom it may concern:

\_\_\_\_\_ has applied for residency with Schott Management. As a part of our application process, it is necessary that we obtain verification of employment and anticipated gross annual income. Please complete this form and return it at your earliest convenience.

Sincerely,

\_\_\_\_\_  
Resident Specialist

\_\_\_\_\_  
Date

(Section two to be completed by Applicant)

I hereby authorize \_\_\_\_\_ (Employer) to release the following information regarding my employment and compensation.

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

SS#: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Section three to be completed by Employer)

Start date: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Rate of pay: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Bonus (If any): \_\_\_\_\_

Gross Annual Income: \_\_\_\_\_

(Yearly Income)

Employer Signature \_\_\_\_\_

Position/Title \_\_\_\_\_

Please print name here \_\_\_\_\_

Telephone number/ext \_\_\_\_\_ / ext# \_\_\_\_\_

**Please Fax To 207-725-9129**