Commonwealth Real Estate Services

18150 SW Boones Ferry Road Portland, OR 97224 (503) 244-2300 (503) 768-4660 Fax

SCREENING POLICY/CRITERIA

FORM

To Prospective Residents:

Thank you for your interest in becoming a resident in a Commonwealth managed Community. This Community complies with all applicable Fair Housing laws, rules, and regulations. We strive to enforce strict resident acceptance policies consistent with the requirements of each community. Please note we provide equal housing opportunity to all persons and comply with all Federal, State and local laws regarding Fair Housing requirements. Reasonable Accommodations are provided, upon request, to applicants with disabilities. In order for you to become a resident of a Community, you must provide certain information and meet the following criteria:

- 1. Prospective occupants who are at least 18 years of age or emancipated minors must completely fill out and sign a rental application/authorization for a consumer report and criminal background check. All information on the application must be correct and legible. All applicants must qualify individually for residency. If one co-applicant does not qualify and the other does, we will have to deny approval for residency. If you refuse to fill out any part of the application or authorize us to run the necessary reports or provide any incomplete, inaccurate, or fraudulent information or references, we will deny your application for residency.
- 2. Applicants must provide two (2) pieces of identification, one with each applicant's photo from a government office (e.g., Driver's License, State ID Card, Passport) and each applicant's Social Security Card or proof of a Tax ID number.
- 3. Applicants must have a history of acceptable credit; five (5) years verifiable occupancy history (the most recent 5 years); and demonstrate an acceptable debt to income ratio.
- 4. Having a criminal history will not result in an automatic disqualification for tenancy in violation of state or federal law. Management will carefully evaluate all reported criminal history of an Applicant, based upon several factors, including but not limited to, the date and nature of the crime, its severity, its recency, and what efforts at rehabilitation the Applicant has undertaken. Applicants are encouraged to provide contact information for one or more persons familiar with his/her personal history, who can verify the Applicant's good faith attempts at rehabilitation.
- 5. Applicants must be gainfully employed for (twelve) 12 months or longer with current employer or have verifiable and continuous periodic income from other sources, such as retirement, social security and/or disability. If the Community is either an "age 55 or older" or an "age 62 or older" Community, you must provide proof that you meet the age requirements. Applicants must provide documentation of all sources of income that are to be considered.
- 6. Any individual who is a current illegal substance abuser or has been convicted of the illegal manufacture or distribution of a controlled substance will be denied residency.
- 7. Any individual or pet/animal whose residency would constitute a direct threat to the health or safety of other individuals or whose residency would result in substantial physical damage to the property will be denied residency.
- 8. If pets are permitted, they must meet the requirements of state and local laws, ordinances, and the Community in regard to number, size, and breed (see Community rules and regulations). The definition of pets is domestic dogs and/or cats. The Community does not allow full or mixed breeds of exotic and/or wild animals, livestock, farm animals and certain breeds of dogs including, but not limited to: Akita, Blue Heeler, Chow, Doberman, German Shepherd, Pitbull, Staffordshire Bull Terrier, American Staffordshire Terrier, Rottweiler, Presa Canarios, and Wolf-hybrid.
- 9. Vehicles must meet community requirements regarding number, size, type and condition.
- 10. Occupancy may not exceed two (2) persons per bedroom, plus one (1) additional person per household.
- 11. Homes must be resident occupied no sub-leasing (this includes renting bedrooms in home) or rentals.
- 12. Current laws permit the landlord to deny residency on the basis of, but not limited to: pets; vehicles; number of occupants; credit history; character references; criminal records; tenant history of eviction or property damage; rental history; unverifiable or insufficient income (excessive debt); or incorrect, incomplete, or unverifiable application information. Our policy complies with these laws.
- 13. If purchasing a home, all unpaid monies due for the home which applicant desires to purchase, must be paid in full (whether by seller, buyer or other) before any application may be approved.

We do not accept Comprehensive Reusable Tenant Screening Reports, commonly referred to as portable screening. A minimum non-refundable fee of \$60.00 must be paid by check or money order to begin processing each applicant. You will be notified as soon as possible regarding your application approval or denial. Rental Applications, once approved, are open for a period of sixty (60) days; a Rental/ Lease Agreement must be executed within that time, or approval will be withdrawn. If you choose to submit a new application, new application fees will also be due. If you have any questions on policies regarding qualifying as a resident in a Community, please address them with the Community Manager.

	Consumer Report
EachApplicant	\$60.00

Thank you – Community Management



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RENTAL APPLICATION

FORM

3

ON-SITE MANAGER USE ONLY:													
COMMUNITY NAME:				FEE(S) RECEIVED \$				CHECK ONE:					
			Consumer Report = \$60 per Applicant			nt	☐ Primary Resident☐ Additional Occupant						
DATE RECEIVED:			MANAGER'S NAME:				COMMUN		<u> </u>				
o DATE RECEIVED:				MANAGER S NAME:					COMMUNITY PHONE NUMBER:		ONE NOMBEN.		
ity	REQUESTED MOVE-I	N DATE:			REQ	UESTED SP	ACE NUM	IBER:			RENT AM	OUNT:	
Community Info													
μ	TOTAL NUMBER OF	APPLICANTS:			TOT	AL NUMBER	OF OCC	UPANTS I	N HOME:		NUMBER	OF VEI	HICLES:
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INST	RUCTIONS: Please print of	clearly and legibly - All	information	MUST be 1	filled ou	ıt - DO NOT	LEAVE AN	IY SECTION	NS BLANK – IF NOT C	OMPLETED,	APPLICATION	MAY N	IOT BE CONSIDERED
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TELE	PHONE:					EMAIL:			Authorization to receive information via email			nail	
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HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? IF SO, WHERE & WHEN? OFFENSE? OFFENSE?													
HAVE YOU EVER BEEN EVICTED?			IF SO, WHERE & WHEN?						REASONING?				
□YES □NO													
PETS: ☐ DOG(S) # ☐ CAT(S) # ☐ OTHER #			□ □ NONE BREED/WEIGHT AT MATURITY (IN PO			OUNDS):							
IF OTHER, PLEASE SPECIFY:													
INCOME INFORMATION													
GROSS MONTHLY INCOME: SOURCE OF INCOME													
	SELF EMPLOYED ** tax return & bank statements (2 most recent report periods)												
FREQUENCY OF INCOME: INVESTMENT/RETIREMENT/PERIODIC ** Savings, retirement or other investment statements (2 most recent reporting periods)													
☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ SOCIAL SI☐ DISABILIT				IAL SECURITY									
DATE OF HIRE: HOW LONG RETIRED:				MPLOYED ** Two (2) months pay stubs THER (Please explain)_									
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IF EMPLOYED, PLEASE PROVIDE: NAME OF EMPLOYER:					POSITION:			TEL	TELEPHONE:				
SUPE	ERVISOR:		ADDRES	SS:		I				ı			

	OCCUPANTS UNDER AGE 18 (Attach additional sheet if necessary)					
z	NAME	DOB	DRV. LIC. & STATE, STATE ID, OR PASSPORT #	SOCIAL SECURITY # / TIN	RELATIONSHIP	
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the agre	e certify that Community management has the r same or in the same condition represented by the eement and all other required documents prior to mit a new application, a new application fee will	he applicant in this applica o occupancy and within fo	ation. Upon approval of th	s application, I/We will exec	cute a written rental	
	APPLIC	ANT AUTHORIZATION AND CON	ISENT FOR RELEASE OF INFO	RMATION		
EST and info	I/We certify by signing below that, to the best of my/our knowledge, all statements are true and correct. We further authorize COMMONWEALTH REAL ESTATE SERVICES and its subsidiaries to obtain credit reports, character verification, rental history, employment history, public records, criminal history and personal references as necessary to verify all information put forth in the above referenced application for tenancy. False, fraudulent or misleading information or references as well as any returned check(s) for application fee(s) may be grounds for denial of tenancy or subsequent eviction.					
	e hereby hold COMMONWEALTH REAL ESTA erbal information concerning my tenancy with p		s, agents and subsidiaries	harmless from any liability t	or exchanging written	
By signing below, I authorize the preparation of an investigative report. For this purpose, I authorize and understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, tenancy and other experiences. I release all of the above, including The Screening Pros, Manage America, CoreLogic, SafeRent, FAR, NCR, Origin and their agents to the full extent permitted by law from any claims, damages, losses, liabilities, and expenses arising from the retrieving and reporting of information. All reports will be kept confidential. Further, Landlord has my/our authorization to use said reports in working with any future collection actions). According to the Federal Fair Credit Reporting Act, I am entitled to know if I was denied based on the information obtained and to receive, upon written						
We	request to the appropriate credit reporting agency, a disclosure of the public record information and of the nature and scope of the investigative report. We acknowledge receipt of community's Screening Policy/Criteria. In addition to base application fees, I/we agree to pay directly to provider any and all additional fees and costs associated with obtaining information necessary to complete the application process.					
me	This application is not complete without payment of all required application fees by check or money order. This application will be denied upon failure to meet community's screening criteria and/or to provide required documentation, pursuant to law. Upon denial, landlord has no further obligation to consider this application.					
	This application shall be automatically extended for an additional seven (7) days in the event all information necessary to complete this application is not provided to community within the time permitted by law.					
I, the undersigned applicant, do hereby certify that the information provided by me is true, accurate and complete to the best of my knowledge. Any copy of this document is as valid as the original.						
PRINT FULL NAME:						
SOC	SOCIAL SECURITY NUMBER / TAX IDENTIFICATION NUMBER: DATE OF BIRTH:					
CUR	RENT ADDRESS:		<u>_</u>			
CITY	//COUNTY/STATE/ZIP:		DRV. LIC.	STATE STATE ID PASS	SPORT	
	#:EXP DATE:					
APP	PPLICANT'S SIGNATURE: DATE:					



Employment History Verification Request

I have been	retired for 2 years or longer
community. Pleas	an application from the person(s) named below to rent a space in our manufactured home se fill out your response to the following questions and email (preferred) to: Prospective Tenant:
at	(print name) have applied for residency and stated that I am now or was formerly My signature below authorizes verification of the following information.
Signature	Date
Current Employer	:
Address:	
Telephone:	
Occupation	
Supervisor	Employment Dates:/
Gross Monthly Salary:	\$ Full Time Part Time Temporary Self Employed
Do you anticipate t	that the applicant's employment will continue? Yes No
Previous Employe	er:
Address:	
Telephone:	
Occupation	
Supervisor	Employment Dates:/ From To
Gross Monthly Salary:	\$ Full Time Part Time Temporary Self Employed
Under penalty of per	rjury, I certify that the information provided is true and correct:
Employer Signature:	Date:
	Title:
Telephone Number:	Fax:
Address:	
City	State:Zip:



Rental History Verification Request

I have been residing with family	y for 5 years or longe	er 💹 I have ov	wned my home for 5 years o	r longe
We have received an application from community. Please fill out your respor or fax to: ()	nse to the following qu	estions and ema	aiİ <i>(preferred)</i> to:	
Iathousing from you. My signature below		and stated th	iat i am now or formeny rented	l
Signature			Da	īte
Current or previous address:				
Apartment or community name:				
Address:			Space or Apt. #:	
City:		State:	Zip:	
Manager/Landlord Name:				
Move-in and Move-out date(s):				
Monthly rent: \$Did the tena	ant pay on time?	Any	Returned Checks?	
Was proper notice given?	Any complaints?			
Roommates, pets, etc. not on lease?_		Damage to unit o	or space?	
Any notices issued?		Any notices filed	?	
Would you rent to the tenant(s) again	?			
Under penalty of perjury, I certify that the	information provided is t	rue and correct:		
Landlord Signature:			Date:	
Printed Name:			Title:	
Telephone Number:	F	ax Number:		
Address:				
City:	s	State:	Zip:	



Do you own or rent a Manufactured Home?

What are you going to do in the event of a fire, theft or weather-related loss to your home or the personal items in the home?

Dwelling Coverage

Package policy provides replacement coverage for damage to the dwelling as a result of most perils including theft, fire, tornado, flood and earthquake.

Personal Property Coverage

Provides replacement cost protection for your property in the home in the event of a covered loss

Loss of Use Coverage

Helps pay for expenses, such as, a place to stay and normal costs of meals should your home become temporarily unlivable due to a covered loss.

Liability Coverage

Helps protect you if your legally responsible for accidents which cause bodily injury or property damage.





Have other items that need to be insured?
SafeHaven can provide insurance for your auto, boat,
RV and motorcycle too!

For home insurance quote call 800-536-8999 Auto quote 844-273-4194 Savings Code JD2A RV quote 844-269-0533 Savings Code JC2A visit us at www.safehaveninsurance.com

Insuring mobile homes has been at the heart of American Modern's insurance business for more than 45 years.

We provide comprehen accepts any home that 2-story modular. Unlike	We provide comprehensive coverage designed for single-family, owner-occupied homes. Our program accepts any home that is factory-built, whether it is a single-wide, double-wide, triple-wide, or 2-story modular. Unlike other insurers, we place no age restriction on your home.
Overview	
Coverage	Comprehensive protection – Your policy covers any cause of loss (fire, lighting, wind, hail, explosion, burst water pipes, and so on) unless that cause is specifically excluded in the policy documents. This kind of coverage is sometimes referred to as "special form" coverage.
Loss settlement	Stated value – For a total loss, we settle at the stated value of your home which is listed on your policy. There is no depreciation deduction. For a partial loss, we pay the actual cash value of the loss, but you can upgrade that to a replacement cost valuation.
Included coverage	Liability – You are covered if an injury occurs to someone while on the premises, or if you accidentally injure someone or damage property away from your home. Personal property – Your personal belongings are protected on an actual cash value basis if the home suffers a covered loss. Other structures – Your shed, detached garage or fence are protected. Additional living expenses – If a covered peril causes sufficient damage that you need to move out, we cover the extra living expenses until repairs are complete or you find a new home. Reasonable expenses – We cover the cost for emergency repairs that prevent additional damage, such as covering a roof after a storm. Vandalism – Physical damage or defacement of the home is included. Theft – Personal items, or permanently attached items such as a heat pump or even copper piping, are covered for loss if stolen from the home. Certain items have specific dollar limits.
Optional coverage	Enhanced coverage – Increase the limits for additional living expenses, collapse, emergency removal, fire department surcharge, antenna/satellite dish, and more. Builder's risk – Essential for homes just bought from a dealer, and required by some lenders, this endorsement protects your home during the time between loan closing and occupancy. Breakdown protection – Widen the policy's scope to include the repair or replacement of major appliances, HVAC and electronics due to mechanical or electrical failure. Earthquake – This hard-to-find coverage is available in many states. Identity theft recovery – Identity theft can result in real harm being done to a person's credit report. This special option provides professional assistance and up to \$15,000 in expense reimbursement.



We adjust our program to cover these circumstances

The rental program accepts residential and commercial-use units.

Our seasonal program covers mobile homes that are used just part of the year.

A vacant mobile home can be insured through our DP-1 Vacant program.

Renters insurance (HO-4) is an option for renters of a mobile home.

Payment options

Pay through automated monthly installments.

Pay a quarter up-front with an installment due every 60 days.

Full Pay

Pay when coverage begins or on renewal



SAFE HAVEN NATIONAL INSURANCE AGENCY 27777 FRANKLIN RD., STE 1710 Southfield, MI 48034

800-206-2753

Fax: 888-721-8992 or email to lherron@origenservices.com

CWRES – NEW PURCHASE or EXISTING HOMEOWNER (Circle One)

<u>FOR A MANUFACTURED HOME INSURANCE QUOTE</u> - The following information is needed – fax this completed form to 888-721-8992 or email it to lherron@origenservices.com and we will supply a quote.

Applicant Names:		(Primary)
		(Secondary)
Dwelling Value: \$		
Phone:	DOB: (primary):	
Status: Single Married Divorc	ed Widowed Separated	
Year of Home: N	Make:	
Size:(W)(L)		
Serial No		
Location: Community Name		
House Address:		
City:	State:	Zip:
If mailing address differs from home addres	ss:	
Address:		
City:	State:	Zip:
To whose attention shall we fax, e-mail or m	nail the quote?	
Name:		
Fax # or e-mail address:		
Mailing Address:		