

STATEMENT OF RENTAL POLICY FOR THE SOLOMON ORGANIZATION

Welcome to BERKSHIRE HILLS. Thank you for choosing our community, we require that each Applicant and adult occupant meet certain rental criteria. Before you fill out our Rental Application, we suggest that you determine whether you meet our requirements. Please note that the term "Applicant" provided below applies to all Residents to be identified on the Lease Contract and the person or persons to be responsible for paying the rent. Please note that these represent our current rental criteria; nothing contained in these requirements shall constitute a guarantee or representation by Owner prior to these requirements going into effect. Additionally, our liability to verify whether these requirements have been met is limited to the information we receive from the various credit reporting services used.

APPLICATION SCREENING CRITERIA

All applicants must have a Social Security Number and will be approved on the following basis:

1. Application or applicants must be a minimum of eighteen (18) years of age or older.
All applicant(s) must be able to provide a copy of their Social Security card.
2. Occupancy Guidelines:

<u>TYPE OF APARTMENT</u>	<u>MAXIMUM # OF OCCUPANTS</u>
ONE BEDROOM	2
TWO BEDROOM TOWNHOME	4
THREE BEDROOM TOWNHOME	6
FOUR BEDROOM TOWNHOME	8

3. A **Non-refundable** application fee of **\$35.00 per person, adults age 18 and older** is required, and a separate \$100.00 holding deposit (**check or money order made payable to Berkshire Hills Associates, L.P.**) which will be applied towards the security deposit ****If the application is approved, a deposit of one (1) month's security deposit is due upon signing Lease Contract within seven (7) days after approval.** - Payable in a certified check or money order only.** This will hold the apartment for up to thirty (30) days. Additionally, this deposit is non-refundable if applicant (s) does not take the apartment.
4. Employment Requirement:
Employment will be verified. Verifiable income shall include income as confirmed by employer, trust officer, two (2) recent computerized pay stubs, or two (2) years tax returns, if self-employed.
5. Income Requirements
45% of Gross Verifiable Income must cover the monthly rent plus any monthly fixed obligations. If Applicants do not meet this guideline, Owner may look at other compensating factors (I.I Credit History, Length of Employment, or Rental History) in the approval process
6. Credit History
Your Credit report must reflect a Scorex Rating of 170 or above. In addition, any non-current accounts must have explanation clearing account. In addition, all outstanding public records or judgments must be cleared. Credit must not reflect any bankruptcies in the past two years. The Landlord reserves the right to deny your application if the above criteria is not met.
7. Verifiable Rental History
It is your responsibility to provide necessary information that allows us to contact your past Landlords. You must have a history of paying your rent on time, no prior convictions, no history of default in lease obligations, and have given proper notice and must not owe any money to your Landlord. If we are unable to verify your previous Landlords and/or references, we reserve the right to deny your application.
8. Pets
Pets are allowed with restrictions. 2 pet max. Dogs must be under 50 lbs. each and not on our dangerous breed list. Please ask for further details.

YOU WILL BE DENIED IF:

You misrepresent any information on the application. In general, if misrepresentations are found after the rental agreement is signed, your rental agreement will be terminated.

RENTAL AGREEMENT

If you are accepted, you will be required to sign a Lease Contract in which you will agree to abide by the policies of this rental property. A copy of this contract is available for your review. Please read the Lease Contract carefully, as we take each and every part seriously. It has been written to protect the rights of both our Residents and the Owners of the community.

BERKSHIRE HILLS
SCOREX RATING SYSTEM

170+: Unconditional Approval: requires standard one month security.

169-150: Conditional Approval: requires a 2 month sec. dep. **OR** Guarantor w/Scorex score above 170.

149-130: Conditional Approval: requires Guarantor w/Scorex score above 170 **AND** 2 month's sec. dep.

129-100: Conditional Approval: requires Guarantor w/Scorex score above 170, 2 month's sec. dep. **AND NO SPECIAL.**

99 – 0: WILL NOT BE APPROVED

LEASING AGENT: _____
LEASE TERM: _____
CURRENT SPECIAL: _____
DATE: _____

RENTAL: \$ _____
DESIRED M/I DATE: _____
UNIT TYPE: _____
PET FEE: _____

BERKSHIRE HILLS RENTAL APPLICATION

ARE ALL APPLICANTS AND/OR OCCUPANTS CITIZENS OR LEGAL RESIDENTS OF THE UNITED STATES?
YES _____ NO _____

APPLICANT # 1

NAME : _____
DATE OF BIRTH : _____

SOCIAL SECURITY #: _____

PRESENT ADDRESS: _____

OF YEARS THERE: _____

PHONE NUMBERS:

MAIN: _____
EMERGENCY: _____

EMAIL ADDRESS: _____

PRESENT EMPLOYER: _____

TITLE/POSITION: _____

LENGTH OF EMPLOYMENT: _____

EMPLOYER ADDRESS: _____

SALARY: _____ YR _____ /MO
ADDITIONAL INCOME \$ _____

PETS? YES NO **
TYPE _____

CURRENT LANDLORD: _____
PHONE #: _____
CURRENT RENT PAID: _____
BANK: _____

SAVINGS CHECKING

HOW DID YOU HEAR ABOUT BERKSHIRE HILLS?: _____

APPLICANT #2 (CO-SIGNER IF STUDENT)

NAME: _____
DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

PRESENT ADDRESS: _____

OF YEARS THERE: _____

PHONE NUMBERS:

MAIN: _____
EMERGENCY : _____

EMAIL ADDRESS: _____

PRESENT EMPLOYER: _____

TITLE/POSITION: _____

LENGTH OF EMPLOYMENT: _____

EMPLOYER ADDRESS: _____

SALARY: _____ YR _____ /MO
ADDITIONAL INCOME \$ _____

PETS? YES NO **
TYPE _____

CURRENT LANDLORD: _____
PHONE #: _____
CURRENT RENT PAID: _____
BANK: _____

SAVINGS CHECKING

APPLICANT # 1

CREDIT CARDS:

Card Type	Monthly Payment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

CAR PAYMENT:

NUMBER OF CARS *(including company vehicles)*

MAKE _____
 YEAR _____
 PLATE _____

MAKE _____
 YEAR _____
 PLATE _____

DRIVER'S LICENSE NUMBER _____
 STATE _____

APPLICANT #2 (CO-SIGNER IF STUDENT)

CREDIT CARDS:

Card Type	Monthly Payment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

CAR PAYMENT:

NUMBER OF CARS *(including company vehicles)*

MAKE _____
 YEAR _____
 PLATE _____

MAKE _____
 YEAR _____
 PLATE _____

DRIVER'S LICENSE NUMBER _____
 STATE _____

ALL OCCUPANTS RESIDING IN THE APARTMENT:

NAMES	RELATIONSHIP	SOCIAL SECURITY NUMBER	BIRTHDATE

BERKSHIRE HILLS ASSOCIATES, LP, AS OWNER RESERVES THE RIGHT TO REJECT THIS APPLICATION AND TO REFUSE POSSESSION OF THE ABOVE MENTIONED ACCOMODATIONS. I/WE HAVE READ THE FOREGOING AND CERTIFY THAT THE INFORMATION HEREIN SUBMITTED BY ME/US IS TRUE AND CORRECT, THAT THIS APPLICATION IN MY/OUR BEHALF, SUBJECT TO THE ABOVE, APPLICANT (S) AUTHORIZE BERKSHIRE HILLS ASSOCIATES, LP, OR ITS AGENTS TO PROCESS THIS APPLICATION AND MAKE THE NECESSARY SEARCHES AND INVESTIGATIONS. THE APPLICATION FEE I S NON-REFUNDABLE.

- * APPLICANTS ACKNOWLEDGE THAT WINDOW AIR CONDITIONING UNITS ARE ALLOWED
- * DOGS ARE PERMITTED WITH WEIGHT AND BREED RESTRICTIONS

APPLICANT #1

DATE

APPLICANT #2

DATE

FAIR HOUSING STATEMENT

It is the policy of the Solomon Organization and this rental community to treat all Current and Prospective residents in a fair, professional manner, without regard to race, color, religion, sex, familial status, handicap or national origin.

“THIS IS AN EQUAL HOUSING OPPORTUNITY COMMUNITY”

I HAVE READ AND UNDERSTAND THE RENTAL POLICIES OF THIS COMMUNITY.

APPLICANT

DATE

APPLICANT

DATE

MANAGER/LEASING AGENT

DATE

AUTHORIZATION TO RUN CREDIT

I hereby authorize Solomon Management to obtain a consumer report of my credit /background check for application purposes, and any other information it deems necessary, for the purpose of evaluating my application for approval. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Solomon Management, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies, including without limitation, various law enforcement agencies.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

REQUEST FOR VERIFICATION OF EMPLOYMENT

APPLICANT #1

<p>Name & Address of Applicant's Employer:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone # _____</p> <p>To Employer:</p> <p>An application has been made by the above named applicant for residency in our apartments. The applicant has indicated that she/he is employed by you, and would appreciate it if you would confirm this employment in the space provided below.</p>	<p>Name of Applicant: _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Social Security Number</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Work Division or I.D. Number</p> <p style="text-align: center; margin-top: 20px;">I hereby give my approval for verification of my employment and salary status.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Applicant's Signature Date</p>
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EMPLOYER'S VERIFICATION

↔ (TO BE FILLED OUT BY EMPLOYER) ↔

Present Position	Date Hired	Present Rate of Pay Hourly \$ _____ x _____ hrs./wk -or- Monthly Salary \$ _____
Additional Compensation: (Actual amounts received Over past 12 months)		Overtime \$ _____ Commissions \$ _____ Bonus \$ _____
Probability of continued employment:	Anticipated <u>Total</u> Income for the Next 12 Months:	
Military Service: If Applicant is in military service please report income on a monthly basis as follows: Base Pay \$ _____ ; Quarters & Subsistence \$ _____ Flight or hazard duty allowances \$ _____		

Please return this form to:

Berkshire Hills
 2901 A Wyoming Dr.
 Sinking Spring, PA
 19608

Ph. # 610-670-0600
 Fax # 610-678-6301

 Employer's Signature Date

 Title Phone Number

Thank you for your assistance.

 Management Representative

REQUEST FOR VERIFICATION OF EMPLOYMENT APPLICANT #2

<p>Name & Address of Applicant's Employer:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone # _____</p> <p>To Employer:</p> <p>An application has been made by the above named applicant for residency in our apartments. The applicant has indicated that she/he is employed by you, and would appreciate it if you would confirm this employment in the space provided below.</p>	<p>Name of Applicant: _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Social Security Number</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Work Division or I.D. Number</p> <p style="text-align: center; margin-top: 20px;">I hereby give my approval for verification of my employment and salary status.</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">Applicant's Signature Date</p>
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EMPLOYER'S VERIFICATION ↔ (TO BE FILLED OUT BY EMPLOYER) ↔

Present Position	Date Hired	Present Rate of Pay
		Hourly \$ _____ x _____ hrs./wk
		-or-
		Monthly Salary \$ _____
Additional Compensation: (Actual amounts received Over past 12 months)	Overtime \$ _____	
	Commissions \$ _____	
	Bonus \$ _____	
Probability of continued employment:	Anticipated <u>Total</u> Income for the Next 12 Months:	
Military Service: If Applicant is in military service please report income on a monthly basis as follows:		
Base Pay \$ _____ ; Quarters & Subsistence \$ _____		
Flight or hazard duty allowances \$ _____		

Please return this form to:

Berkshire Hills
2901 A Wyoming Dr.
Sinking Spring, PA
19608

Ph. # 610-670-0600
Fax # 610-678-6301

Employer's Signature Date

Title Phone Number

Thank you for your assistance.

Management Representative

LANDLORD/TENANT
VERIFICATION REQUEST
APPLICANT #1

Date: _____

Renter's Name: _____

Apartment: _____

Address Vacated: _____

Approximate Date: _____

To: _____

Fax: _____

The above person(s) listed has listed you as a previous/current landlord. We are now processing an application for this person(s) to reside in our community. We would appreciate if you would please answer this questionnaire and fax it back promptly to Berkshire Hills.

Term of Current Lease: From _____ To _____

Rental Amount: _____

Did the tenant give you proper notice before vacating? _____

What reason did the tenant give you for leaving? _____

Was there any damage to the unit? _____

If so, what type of damage? _____

Did the tenant receive their security deposit back? _____

Would you re-rent to this tenant? _____

Did you have any complaints of noise, etc.? _____

Did the tenant have any returned checks? _____

Did the tenant have any pets? _____

Number of late payments: _____

Have they ever been placed under eviction? _____

Any additional comments you feel would be important to a new landlord regarding this tenant? _____

Name and title of person giving information: _____

I/We hereby give consent to the release of the above information:

Applicant Signature

Applicant Signature

LANDLORD/TENANT
VERIFICATION REQUEST
APPLICANT #2

Date: _____

Renter's Name: _____

Apartment: _____

Address Vacated: _____

Approximate Date: _____

To: _____

Fax: _____

The above person(s) listed has listed you as a previous/current landlord. We are now processing an application for this person(s) to reside in our community. We would appreciate if you would please answer this questionnaire and fax it back promptly to Berkshire Hills.

Term of Current Lease: From _____ To _____

Rental Amount: _____

Did the tenant give you proper notice before vacating? _____

What reason did the tenant give you for leaving? _____

Was there any damage to the unit? _____

If so, what type of damage? _____

Did the tenant receive their security deposit back? _____

Would you re-rent to this tenant? _____

Did you have any complaints of noise, etc.? _____

Did the tenant have any returned checks? _____

Did the tenant have any pets? _____

Number of late payments: _____

Have they ever been placed under eviction? _____

Any additional comments you feel would be important to a new landlord regarding this tenant? _____

Name and title of person giving information: _____

I/We hereby give consent to the release of the above information:

Applicant Signature

Applicant Signature

BERKSHIRE HILLS

I/We _____ hereby agree to pay a holding fee of **\$100.00** for Berkshire Hills to remove apartment # _____ from the apartment availability list.

I/We understand that the above will be converted to a Security Deposit upon my/our move to the above apartment. I/We understand that this holding fee can only be refunded if I/We are declined, and that the holding fee will be non-refundable upon withdrawal of application for any reason.

Applicant #1 Signature

Date

Applicant #1 Printed Name

Applicant #2 Signature

Date

Applicant #2 Printed Name

Agent for Berkshire Hills Signature

Date

Printed Name of Agent

BERKSHIRE HILLS

(to be completed once approval process is complete)

I/We _____ hereby agree to pay the security deposit of \$ _____ for Berkshire Hills to remove _____ from the apartment availability list. I/We understand that the above amount includes **\$100.00** previously paid on ____ / ____ / ____ when the application was submitted.

(total amount of security deposit)

(unit size or unit number if known)

I/We understand that the above will be converted to the unit held as a Security Deposit upon my/our taking possession of the above apartment. I/We understand that this deposit can only be refunded if I/We are declined, and that the security deposit will be non-refundable upon withdrawal of application for any reason.

Applicant #1 Signature

Date

Applicant #1 Printed Name

Applicant #2 Signature

Date

Applicant #2 Printed Name

Agent for Berkshire Hills Signature

Date

Printed Name of Agent