

HOW TO RESERVE YOUR APARTMENT AT ICON PLAZA

You will need to submit the following items in order to successfully apply for a unit at Icon Plaza:

- Holding Deposit (\$400.00 per room)
- Application Fee (please contact the office for any current specials regarding application fees)
- Application to Rent (detailed instructions below)
- Signed Qualifying Criteria
- Proof of Income

Each resident should submit the following components:

1. Application
2. Signed Qualifying Criteria
3. Application fee of \$45
4. Proof of income OR a guarantor (see below)
 - a. Self-qualifying residents must show no less than 2.7 times the monthly rent amount.
 - b. Accepted forms of proof of income include: most current tax return, 1099, W2, 2 current and consecutive paystubs, proof of government payments, etc. Just one of the listed forms of income will be sufficient.

Each guarantor should submit the following components:

1. Application
2. Signed Qualifying Criteria
3. Application fee of \$45
4. Proof of income
 - a. As stated in the Qualification Criteria, guarantors must show at least 4 times the monthly rent in their gross monthly income. If guarantors will be provided to qualify, only guarantor income will be used to qualify, no resident income may be used. Guarantors will be screened together & will be jointly liable for guaranteeing all residents in the unit. We recommend there are as many guarantors as there are residents.
 - b. Accepted forms of proof of income include: most current tax return, 1099, W2, 2 current and consecutive paystubs, proof of government payments, etc. Just one of the listed forms of income will be sufficient.

FAQ

PAYMENTS: A Holding Deposit is required to reserve a unit and a \$45 application fee is due for each resident and guarantor. Application fees & deposits must be provided in separate checks. You may pay the Holding Deposit via check, money order or by credit card online at IVR. Please be aware that there is a transaction fee charged if you pay using IVR. To submit your Holding Deposit, you may either visit the office in person or send to 3584 S. Figueroa St., Los Angeles, California 90007. Please be sure to include both your name and unit number (if applicable) on the payment.

APPLICATION: Please fill out the application fully. On the back of the application you will find a section that requires the specific unit number, installment amount, and deposit amount. If you have not chosen a unit yet, please contact the office during business hours for further assistance. Unit availability can change at any time depending on demand. Each person who will be living in the apartment must complete an Application to Rent.

TIMELINE: All Applications to Rent and supporting documentation should be submitted to our office immediately, at the time of applying, no later than 7 days after reserving your unit. Icon Plaza reserves the right to cancel applications that are not completely submitted within 7 days. Once all Applications to Rent (including guarantor applications, if necessary), the signed Qualifying Criteria, and Proof of Income, are received we will screen the applications for approval. If approved, you will be notified in writing and your Lease Packet will be sent to you electronically.

Student Living Resident Qualification Acknowledgment

In order to assist you with your decision on your new home, we are providing this list of requirements we use to qualify applicants for residency at this community. Nothing contained in these requirements shall constitute a representation that all residents and occupants currently residing in our community have met or currently meet these guidelines. Each person age 18 or older who will live in the apartment home must submit an application and satisfy these requirements. Subject to applicable laws, our requirements include, but are not limited to, the following criteria:

IDENTIFICATION. Applicants must present a valid government issued photo identification card for each person age 18 or older.

INCOME. All applicants must have a combined verifiable monthly source of income in an amount no less than 3 times the rental rate. If this criterion is not met, the applicant will be required to obtain a qualified guarantor.
Scholarships, study subsidies and/or inconsistent income (commissions or tips) will require written verification.

CREDIT HISTORY. We obtain a credit report on each applicant. Our credit reporting agency evaluates credit (which may include rent payment history) as an indicator of future rent payment performance. An unsatisfactory or insufficient finding will result in the requirement of a qualified guarantor or in denial. For applicants who do not have credit history or a qualified guarantor, **this community may accept an additional deposit and/or advance rent payment made with a credit card, money order, or cashier's check.**

GUARANTORS. If a guarantor is needed, he/she must meet the entire qualifying criteria as presented above. All guarantors must have a verifiable source of income in an amount not less than 3 times the rental rate. The guarantor must meet the criteria presented above throughout the entire duration of the applicable lease period. **Guarantors will be held fully responsible for the lease should the occupying resident default.**

OCCUPANCY. The maximum number of residents permitted to dwell in an apartment shall not exceed two (2) occupants per bedroom. Please see your leasing representative for any exceptions allowed under this community's rules.

PETS. The following breeds, as well as any other breeds considered "aggressive", are restricted from this community:

Pit Bull Terriers/Staffordshire Terriers	Rottweilers
Doberman Pinschers	Chows
Presa Canarios	Akitas
Alaskan Malamutes	Wolf-hybrids

Additional pet and breed restrictions may apply at this community, and it is at management's discretion to prohibit an animal for any suitable business reason. If you have pets, please see your leasing representative for more information. These restrictions and deposit requirements do not apply to qualified service or assistance animals.

RENTER'S INSURANCE REQUIREMENT. You may be required to carry a minimum of \$100,000 Personal Liability Insurance coverage. To satisfy this requirement, you must provide evidence of insurance coverage at move-in and maintain this coverage throughout the entire term of your residency. In addition, we may require that you add our community as an "Interested Party," "Party of Interest," or similar language. Your lease will have additional details about the insurance requirements.

FAIR HOUSING STATEMENT. We are committed to compliance with all federal, state, and local fair housing laws. We do not discriminate against applicants based on race, color, religion, national origin, sex, familial status, disability, or any other legally protected classification or status. All persons involved with the leasing and operation of our communities receive training on fair housing laws. We will consider requests for reasonable accommodations based upon a disability. We will consider reasonable modification of existing premises, which may be at the expense of the person requesting the modification.

FALSIFICATION OF APPLICATION: Any false statements or false information included in an application may result in denial of the application.

APPLICANT APPROVAL ACKNOWLEDGEMENT. Applicant acknowledges and agrees that the criteria referenced above will be considered in the qualification process. Applicants who do not meet the requirements referenced above may be declined or be subject to additional requirements, including, but not limited to, additional fees, deposits, rent or providing a guarantor.

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date

Leasing Representative/Agent for Owner

Date



APPLICANT INFORMATION

Full Legal Name: First Middle Last Suffix

Current Street Address

City, ST Zip

If you have not lived at your current address for 12 months, indicate additional information. Prior address:

City, ST Zip

Did you use a locator service? Yes No

If yes, which locator? _____

APPLICANT IDENTIFICATION

Social Security Number: _____

 Drivers License or State issued ID card

_____ State _____

Date of Birth (mm/dd/yyyy) _____

Cell Number: _____

Home Number: _____

Email Address: _____

Gender: Male Female

Student ID#: _____ (If applicable)

Classification when lease term begins (select one below):

 Freshman Sophomore Junior Senior Graduate

Floorplan Type (select one below):

 2x1 3x2 4x3 5x3**NON-REFUNDABLE PROCESSING FEES**

In order to process your application and prepare your lease document, you agree to pay the following fees when you submit the application for review:

Application Fee: \$45.00 per applicant and guarantorAdministrative Processing Fee: \$0.00**AUTHORIZATION**

I authorize the Owner to verify the above information by all available means. The Owner is not required to reverify or investigate preliminary findings. Our privacy policy has been made available to you.

Applicant's signature: _____ **Date:** _____**CANCELLATION POLICY**You may, in writing, cancel the lease until 24 hours after the date of the Application (the "Lease Cancellation Date") unless you have taken possession of the Premises). If you give us **written** notice of your cancellation on or before the Lease Cancellation Date, we will refund to you the security deposit but not the administrative processing fee or the application fee. If you cancel after the Lease Cancellation Date, you will be in violation of the lease and responsible for the entire lease term. **We may retain your deposit and apply it to any amounts you owe under the lease.** After the Lease Cancellation Date, we have the right to terminate the lease if, for any reasons, we later reject this Application or any guaranty (although in such a case we will refund the security deposit but not the administrative processing or the application fee).**Applicant's Initials:** _____**Owner's Representative Initials:** _____**ACKNOWLEDGMENT**

You declare that all your statements on this Application are true and complete. By signing this application, you represent that you have never: 1) been arrested for a felony, sex-related crime, or criminal violation involving the sale or manufacture of illegal drugs that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision or pretrial diversion; 2) been arrested for a felony, sex-related crime, or criminal violation involving the sale or manufacture of illegal drugs that has not been resolved by any method. You authorize us to verify this information through all available means, including credit reports, consumer reports and rental history reports, but we're not required to verify or investigate any preliminary findings. If you've failed to answer any question or if you have given any false information, (1) we're entitled to reject this Application, (2) retain all processing fees and deposits as liquidated damages for our time and expense, and (3) terminate any right you have to lease the bedroom, or (4) if you have signed the Lease, it will be a violation of the Lease. In any lawsuit relating to this Application, the prevailing party is entitled to recover attorney's fees and all other costs of litigation from the losing party. We reserve the right to furnish information to consumer reporting agencies and other rental housing owners about the performance of our residents on their Lease obligations. This information may be reported at any time and include both favorable and unfavorable information regarding your compliance with the Lease, the rules, and your financial obligations.

Applicant's signature: _____ **Date:** _____

Applicant Name: _____

GUARANTOR INFORMATION

Name: First Middle Last Suffix

Current Street Address

City, ST Zip

Email

Phone Number

WORK INFORMATION

Present Employer

Address

City, State Zip

Phone Number

Gross Monthly Income

Other Additional Monthly Income

VEHICLE INFORMATION (List all vehicles to be parked by you (including cars, trucks, motorcycles, etc.))

Color, make and model: _____ Year: _____ License #: _____ State: _____

Color, make and model: _____ Year: _____ License #: _____ State: _____

EMERGENCY CONTACT INFORMATION

First Middle Last

Relationship: _____ Home Phone: _____

Current Street Address

Work Phone: _____ Cell Phone: _____

City, ST Zip

E-mail Address: _____

Important medical information in case of emergency:

Local doctor name and phone number:

If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of the above person: we may allow the above person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We are not obligated to do so.

FOR OFFICE USE ONLY

1. Date application received: _____

Screening Result: Approved Not Approved

2. Person accepting application: _____

Phone: (____) _____

3. Person processing application: _____

Phone: (____) _____

4. Date applicant or co-applicant was notified: _____ by telephone, letter, in person, or in person.

5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): _____

6. Name of owner's representative who notified above person(s): _____

RESIDENT PREFERENCE FORM

In the event the unit or exclusive bedspace is not assigned to resident as of the date resident executes the lease, resident acknowledges that the blanks next to these terms will be filled in at a later date in accordance with this provision. Resident acknowledges that resident will sign a new or modified lease upon owner's request, upon the same terms stated in the lease, which identifies the unit and exclusive bedspace. In the event resident fails to sign a new or modified lease as provided herein, resident agrees that owner shall have the right to identify such unit and exclusive bedspace in the lease and that such designation shall be incorporated in the lease as if resident has signed the lease identifying such unit and exclusive bedspace.

Full Name (first, middle, last): _____ Cell Phone #: _____
 Email Address: _____ Permanent Home Phone #: _____
 Student? Yes No School: _____ Field or Major: _____
 Classification: Freshman Sophomore Junior Senior Graduate Anticipated Graduation Date: _____

PREFERENCES*

Requested Roommates: _____

Roommate gender:	<input type="checkbox"/> Male Only	<input type="checkbox"/> Female Only	<input type="checkbox"/> Co-ed	<input type="checkbox"/> Gender Neutral**
Smoke		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Bothers me if others do
Drink		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Bothers me if others do
Quiet		<input type="checkbox"/> Very	<input type="checkbox"/> Average	<input type="checkbox"/> Noisy
Neat		<input type="checkbox"/> Very	<input type="checkbox"/> Average	<input type="checkbox"/> Messy
Study		<input type="checkbox"/> Often	<input type="checkbox"/> Average	<input type="checkbox"/> Seldom
I entertain at my apartment:		<input type="checkbox"/> Often	<input type="checkbox"/> Average	<input type="checkbox"/> I prefer not to have guests
Pet:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> N/A	Breed: _____	Weight: _____
Are you comfortable living with a pet?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please number choices in order of importance:

Floor plan preference:	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 Bedroom	<input type="checkbox"/> 4 Bedroom
Floor preference:	<input type="checkbox"/> Bottom Floor	<input type="checkbox"/> Middle Floor	<input type="checkbox"/> Upper Floor	<input type="checkbox"/> Doesn't Matter
Bedroom preference:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Would you like reserved/covered parking if available?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If community provides unfurnished option which would you prefer?		<input type="checkbox"/> Furnished	<input type="checkbox"/> Unfurnished	

****I fully understand that I am not guaranteed an apartment with these specifications. I understand that these preferences will be considered when assigning my apartment.***
*****Gender Neutral housing is a housing option in which two or more residents share a multiple-occupancy apartment regardless of the residents' sex, gender, gender identity, or gender expression.***

We cannot ensure the validity of the information provided on this form. Furthermore, we cannot promise that the roommate(s) assigned to you will meet all of the criteria requested. We will attempt to match your preferences, but this will be based upon availability. We cannot guarantee your preference or the availability of an apartment. We are an equal housing opportunity provider and do not make roommate assignments based upon any class protected by law including race, color, religion, sex, handicap, familial status or national origin. **Failure to complete an executed Lease Contract Guaranty form within 14 days may result in your preference not being met.**

By signing below, you give us permission to release this information to roommates/potential roommates.
 Date: _____ Signature: _____

COMMENTS AND OTHER CONSIDERATIONS (member of sorority, fraternity, or other student organization, hobbies, special interests, allergies, etc.)

GUARANTOR APPLICATION

(All sections must be completed) **Individual applications required from each occupant 18 years of age or older.**

Last Name		First Name		Middle Name		Social Security Number or ITIN	
Other names used in the last 10 years			Work phone number			Home phone number	
Date of birth		E-mail address				Mobile/Cell phone number	
Photo ID/Type	Number		Issuing government		Exp. Date	Other ID	
1.	Present address			City		State	Zip
	Date in	Date out		Owner/Agent Name		Owner/Agent Phone number	
	Reason for moving out					Current rent \$ _____/Month	
2.	Previous address			City		State	Zip
	Date in	Date out		Owner/Agent Name		Owner/Agent Phone number	
	Reason for moving out						
3.	Previous address			City		State	Zip
	Date in	Date out		Owner/Agent Name		Owner/Agent Phone Number	
	Reason for moving out						
Proposed Occupants: List all in addition to yourself	Name			Name			
	Name			Name			
	Name			Name			
Do you have pets?	Describe			Do you have a waterbed?		Describe	
How did you hear about this rental?							
A.	Current Employer Name			Job Title or Position		Dates of Employment	
	Employer address			Employer/Human Resources phone number			
	City, State, Zip			Name of your supervisor/human resources manager			
	Current gross income		Check one				
	\$ _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year					
B.	Prior Employer Name			Job Title or Position		Dates of Employment	
	Employer address			Employer/Human Resources phone number			
	City, State, Zip			Name of your supervisor/human resources manager			
Other income sources _____ Amount \$ _____ Frequency _____							
Other income sources _____ Amount \$ _____ Frequency _____							