

## **APPLICATION SCREENING COVER NOTICE**

An application fee of \$25.00 is charged per adult. **NO CASH PLEASE** (check or money order only). The application fee covers the cost of checking landlord, credit, employment and criminal history. It is not refunded if the application is denied and does not apply toward the security deposit or rent if approved.

All applications will be screened using the criteria listed below. Applications not meeting the required criteria will be denied and the applicant will be notified in writing of the reason for denial. All applications are screened on the criteria stated without regard to race, color, religion, national origin, sex, marital status, familial status, sexual orientation, gender identity, disability or age, (provided that the applicant has the capacity to enter into a binding contract).

To be approved applicants must meet the following criteria:

### **CREDIT CRITERIA:**

The applicant or co-applicant must have a credit score of 550 on the Empirica scoring system of Trans Union Credit Screening Company. If the Empirica screening indicates an insufficient amount of information to provide a score the applicant or co-applicant must provide proof of one of the following: A) Steady income for at least one (1) year. B) Checking and/or Savings Account for at least one (1) year. C) Payment history of at least one (1) year with no late payments on an account such as; Utility Payments, Insurance Payments, In-House Financing (buy-here, pay-here car dealership for example) or D) Excellent rental history for at least one (1) year.

If you have previously filed for Bankruptcy protection, you must show proof the bankruptcy has been dismissed, finalized, or discharged.

### **RESIDENTIAL CRITERIA:**

Must not have a residential history of repeated late rent payments, non-payment of rent, noise complaints, cleanliness problems, damages to the dwelling, history of unauthorized occupants, unauthorized pets, failure to comply with required certification procedures, a history of eviction; skip out, or of breaking a lease without just cause. Applicant must provide sufficient residential history for the previous two years to the present without gaps. Applicant must certify that the unit will serve as the household's primary residence.

### **INCOME CRITERIA:**

Must provide all income and asset information as requested. Must meet the income guidelines for all federal programs pertaining to the apartment community for which you are applying. If rental assistance is not available; the gross monthly income must be equal to or more than two and a half (2 1/2) times the rental amount. For example; if the rent is \$500.00 per month, the household must have documented sources of income of \$1250.00 per month, before taxes in order to income qualify for the apartment.

### **ADDITIONAL CRITERIA:**

All information provided must be factual. Any materially false or misleading information will be grounds for immediate denial of the application or termination of the lease. Should the applicant have any pending offenses; the applicant agrees that the application will be put on hold until the charges are no longer pending and additional information is available. When the application is put on hold for this reason an apartment or waiting list position will not be held.

Must not have any household members currently engaged in illegal use of drugs or any household members that have a pattern of illegal drug or alcohol use which may interfere with the health, safety and right to peaceful enjoyment of the community by other residents.

Within the previous 3 years; applicant must not have any convictions for misdemeanor battery, unless there is proof that an anger management program was successfully completed since the conviction. Applicants currently involved in an anger management program agree to place the application on hold until participation in the program is completed.

Within the previous 5 years; applicant must not have any felony convictions or a pattern of arrests (considered felony or misdemeanor) with convictions; for drug related offences, unless there is proof that a substance abuse recovery program was successfully completed since the arrest or conviction. Applicants currently involved in the substance abuse recovery program agree to place the application on hold until participation in the recovery program is completed.

Within the previous 10 years, applicant must not have any convictions related to Felony Battery with Bodily Injury, Breaking & Entering, Burglary, Property Damage, Theft, or Auto Theft.



During the applicant's lifetime; the applicant must not have any convictions related to Violent Crimes or Sexual Crimes, or Stalking. Applicants and prospective household members must not be currently required to register on a sex offender registry, or were previously required to register on a sex offender registry. Violent Crimes are defined as: Child Abuse, Sexual Abuse, Child Sexual Abuse, All forms of Assault, Cruelty to Animals, Domestic Violence, Harassment, Sexual Harassment, Homicide, Arson, All forms of Murder, All forms of Manslaughter, All forms of Rape and Robbery.

Must not have any history of fraud related to any government assistance program.

Must not have a history of presenting checks for payment that are returned unpaid from the bank for any reason. If such circumstances present themselves; personal checks will not be accepted for any type of payment: Rent, Late Fees, Security Deposit etc.

Must provide proof that applicant is at least 18 years old or be legally emancipated and able to sign a binding contract. Proof of emancipation must be provided before application is approved or denied.

Must provide verification of the social security number for all household members over the age of 18 when applying. Verification of the social security number can be from the following sources:

1. Original Social Security Card
2. Driver's License with Social Security Number
3. ID Issued By a State
4. Local or Federal Agency or Medical Insurance Provider, Employer or Trade Union.
5. IRS Form 1099

Must not have any false social security numbers listed on the credit report.

By my signature below, I certify that I have read and understand the above listed information regarding my application.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant signature

\_\_\_\_\_  
Date



**FOR OFFICE USE:**  
 DATE REC'D: \_\_\_\_\_  
 TIME REC'D: \_\_\_\_\_  
 References: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# RENTAL APPLICATION

Section 42 Tax Credit, HOME, CDBG, NSP, AHP, and Trust Fund Communities  
 Note: Applicants must be over 18 and/or have the legal capacity to sign a lease

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Landlord and is subject to verification by Landlord. In the event any information provided is later determined to be false, Landlord will have the right, in Landlord's discretion, to terminate any lease. The Landlord's gathering of information from and about prospective tenants is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community. Additionally, the information provided is subject to verification by the IRS as part of the Section 42 Tax Credit Program, HUD and or Rural Development.

**(Please Print)**

Applicant's Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Apt. Community Desired: \_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_  
 Type and Size of Apartment Desired: \_\_\_\_\_

**PRESENT RESIDENCE:** **2-YEAR HISTORY REQUIRED**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Landlord Telephone: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS RESIDENCE #1:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Landlord Telephone: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS RESIDENCE #2:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Landlord Telephone: \_\_\_\_\_ Comments: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

| NAMES OF HOUSEHOLD MEMBERS<br><small>(First, Middle Initial, Last)</small> | RELATIONSHIP TO<br>HEAD OF HOUSEHOLD | SOCIAL SECURITY<br>NUMBER | ESTIMATED<br>ANNUAL INCOME | DATE OF<br>BIRTH | Are You A<br>STUDENT? |
|--|--------------------------------------|---------------------------|----------------------------|------------------|-----------------------|
|  | <b>HEAD</b>                          |                           |                            |                  |                       |
|  |                                      |                           |                            |                  |                       |
|  |                                      |                           |                            |                  |                       |
|  |                                      |                           |                            |                  |                       |
|  |                                      |                           |                            |                  |                       |



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.



Does the head of household possess legal capacity to enter into a legal contract?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you expect any additions to the household within the next twelve months?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you currently live in a subsidized housing community?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**DISABILITY STATUS:**

1. Would you or anyone in your household benefit from the features of a handicap-accessible unit?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Would you like to be placed on a priority waiting list for a handicap-accessible unit?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. Do you require any accommodation for any disability?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. If you are disabled, do you require any modifications to the unit for any disability?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please list the specific modifications needed: \_\_\_\_\_

**STUDENT STATUS:**

1. Are you or anyone in your household currently a full-time or part-time student enrolled in a public or private elementary school, middle or junior high school, senior high school, college or university, technical, trade, or mechanical schools or planning to be one within the next 12 months? (Do not include on-the-job training)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

2. Were you or was anyone in your household enrolled as a full-time student in public or private elementary school, middle or junior high schools, senior high school, college universities, technical, trade, or mechanical schools during any 5 months of the calendar year? (Do not include on-the-job training)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**MARITAL STATUS:**

I understand that if I am currently single but have been previously married, I must provide copies of the divorce decree proving my current single status. I also understand that if I am currently court ordered to receive any income from any court settlement such as alimony or child support I must provide copies of the court order(s) showing the ordered amount I am to receive. This is true of all court ordered amounts whether I am actually receiving them or not. All court ordered amounts will be included in my income unless I provide documentation of legal action being taken as a result of the failure to receive the court ordered sum(s).

Applicant: I duly state that my current marital status is: (Check the one that applies)

Married\_\_\_\_ Separated\_\_\_\_ Divorced\_\_\_\_ Widowed\_\_\_\_ Single, Never Married\_\_\_\_

Co-Applicant: I duly state that my current marital status is: (Check the one that applies)

Married\_\_\_\_ Separated\_\_\_\_ Divorced\_\_\_\_ Widowed\_\_\_\_ Single, Never Married\_\_\_\_

**GENERAL INFORMATION:**

Have you, your spouse, or any other proposed occupant ever:

1. Filed for bankruptcy?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Been evicted from any residence?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. Been arrested and charged with any misdemeanor or felony?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

4. Been arrested for drug usage, sale or delivery of any illegal or controlled substance?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

5. Been required to register as a sex offender?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

6. Have you or any other proposed occupant ever, had tenancy or assistance terminated for fraud, nonpayment of rent, failure to comply with the lease or failure to cooperate with the recertification procedures?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

7. Do you have any pets?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe (include breed and weight): \_\_\_\_\_

8. How did you hear about our apartment community: \_\_\_\_\_



**VEHICLES:** List any cars, trucks, or other vehicles owned.

Type of Vehicle \_\_\_\_\_ Year/Make: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**EMERGENCY CONTACT:** Please provide information for one person not planning to occupy the Premises whom we may contact in the event of an emergency, or to locate you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**EMAIL ADDRESS:** List the email addresses of adult members of household

Head of Household: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

**NOTE:** In considering this application from you, Management will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any references that you have listed.

I do hereby certify that the information listed on this form and the questions answered are true and complete to the Best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. As part of the Housing Program, there is an established process to match resident wage and benefit date with federal and state records to assure that applicants/residents are fully disclosing income. I hereby consent to release wage matching data to Landlord and the Housing Finance Authority for the State in which I reside.

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

Date: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_

For Management Use Only:

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

