



Offices:
Minneapolis // Los Angeles
New Orleans // New York
Seattle // Washington, D.C.

250 Third Avenue North
Suite 400
Minneapolis, MN 55401

P // 612 / 333 / 9012
F // 612 / 333 / 9089

artspace.org

Please Read Carefully!

Return your Application to:
Artspace Leasing Office
c/o Artspace Hamilton Lofts
236 High Street
Hamilton, Ohio 45011

Dear Applicant:

Thank you for your interest in Artspace Hamilton Lofts. The following information provides instructions for completing the application process. Applications are now available online or by pick up at the leasing office located in the CD Alliance Office building, 236 High Street, Hamilton, Ohio. A **\$25 application fee** is required for ***EACH* adult applicant, age 18 and over (\$40 for married couples)**. This fee must be paid in the form of a money order or cashiers checks made payable to **Hamilton Artspace Lofts Limited Partnership**. *Personal checks will not be accepted and will only delay your application process.* If the fee is not included, your application will not be reviewed or processed.

PLEASE READ THIS LETTER AND ALL THE INSTRUCTIONS CAREFULLY TO ENSURE YOUR APPLICATION WILL BE REVIEWED.

- INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
- APPLICATIONS WILL BE REVIEWED IN THE ORDER OF TIME & DATE RECEIVED
- APPLICATIONS MUST BE SUBMITTED IN PERSON or BY CERTIFIED US MAIL. **(E-MAILED APPLICATIONS WILL NOT BE ACCEPTED)**

HOW TO APPLY:

1. **Get the Application** // Checklist of documents required// and the Information Session Packet
Online at <http://www.artspace.org/hamilton>
By mail: Contact Sherelle McCrary// smccrary@wallickcommunities.com //513-795-5770
Or Artspace Projects // Kimberly Moore // kim.moore@artspace.org
2. **Read the Packets** (Read the complete set of information provided and that you provide all of the supporting documentation requested including the \$25 screening fee/applicant 18 years of age and older (\$40/married couples)
3. **The Application Process** involves the initial submission of the following items:
 - Rental Application/ and Housing Request Questionnaire (if applicable)
 - Sworn Income/Asset Verification Statement (each household member age 18 and over will be required to complete and submit a Sworn Income/Asset Verification Statement form). If you are self-employed, copies of your current income tax returns are required.

- Resident Selection Criteria Acknowledgement - Section 42 form
- Full-time Student Worksheet (If applicable)
 - ***Full-time student(s)** Due to federal guidelines, specific restrictions apply to full-time students and therefore full-time students *may* not qualify for Artspace Hamilton Lofts - exceptions may apply (See Student Worksheet in the application packet or call to assess eligibility).
- Fair Credit Reporting Act Document

4. **Complete and submit the Application** along with any additional documents required. Applications will be accepted on a first come - first served basis beginning at the Leasing Kick-off on February 5th from 3 p.m. to 7 p.m. at the Fitton Center for Creative Arts, 101 South Monument Avenue, Vista Conference Room, Hamilton, OH.

Leasing Kick-off Hours

Fitton Center, 2nd floor - Vista Conference Room

Thursday, February 5th from 3 p.m. – 7 p.m.

Friday, February 6th from 10 a.m. – 4 p.m.

Saturday, February 7th from 9 a.m. – Noon

General Leasing/Application Acceptance Hours

Beginning February 9, 2015 applications will be accepted in person at 236 High Street within the current office space of CDA Community Design Alliance, Hamilton, Ohio. Leasing office hours are Monday, Wednesday and Friday from 10 a.m. – 4 p.m. Appointments outside of these hours can be arranged by contacting the property manager, Sherelle McCrary, at 513-795-5770.

For Applications submitted via **Certified US MAIL**: Send to Leasing Office, ATTN: Artspace Hamilton Lofts, 236 High Street, Hamilton, Ohio 45011.

Submitting an application does not guarantee acceptance of housing at Artspace Hamilton Lofts.

It is **HIGHLY RECOMMENDED** that you submit your application *in person* during the Leasing Kick-Off or at our leasing office during General leasing office hours.

*Once an application is completed and submitted, a 3rd party verification process by Wallick Communities will be initiated for each household member age 18 and over. All applicants will be screened for credit, criminal and rental background history. Lack of or bad rental reports do not necessarily disqualify your application from approval. In order to expedite the process, please include copies of all income and assets for **everyone** in your household.

5. Those applicants meeting income and background qualifications will be notified via phone call to set up an appointment for the remainder of the application process, including the Artist Selection Interview. Please see the Information Session Packet about the Artist Selection Interview Process.
6. **Ask Questions.** If you have any questions about the application process or the documents, contact Wallick Communities //513-795-5770 // Sherelle McCrary // smccrary@wallickcommunities.com. Or contact Artspace Projects //Kimberly Moore //Kim.Moore@artspace.org.

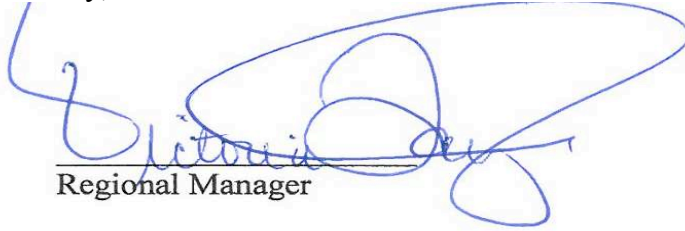
DO NOT SUBMIT A NOTICE TO VACATE your current residence until you have received written notification from Wallick Communities that your application has been approved. If your application is not approved you will be given notice and a 14 day opportunity to contest the decision.

Artspace is committed to attracting individuals and families from diverse backgrounds. We encourage all persons to apply regardless of race, color, creed, sex, age, religion, national origin, ethnicity, gender, gender identity, occupation, marital status, familial status, veteran/military status, sexual orientation, political ideology, retaliation, use of a trained guide dog, and status with regard to public assistance (Section 8/Housing Choice voucher) or physical disability.

Artspace Hamilton Lofts is a Tax Credit funded property and not Section 8 housing. Rental rates are set according to Federal Income Guidelines (see <http://www.huduser.org/portal/datasets/il.html>). Other housing subsidies including Section 8 Vouchers may be accepted.

Thank you again for your interest in Artspace Hamilton Lofts.

Sincerely,



Regional Manager

APPLICANT CHECKLIST

ONLY documents in SECTIONS I and II are required with the *initial* application submission. All questions must be answered, even if the answer is “No” or “N/A”. Questions or areas left blank may require us to contact you in order to clarify information before we can continue to process your application.

For ALL occupants age 18 and over please ***provide copies*** of the following when you bring in your application:

- I. BIRTH CERTIFICATE (For all household members regardless of age)
- SOCIAL SECURITY CARD
- PHOTO ID FOR ALL OCCUPANTS 18 YEARS OF AGE OR OLDER
- DRIVER’S LICENSE/STATE PHOTO ID FOR ALL OCCUPANTS 18 YEARS OF AGE OR OLDER

(If you are submitting an application via **US Certified Mail** copies of items marked with an ****asterisk must be notarized***):

- II. COVER SHEET - APPLICATION INSTRUCTIONS
- RENTAL APPLICATION*
- HOUSING QUESTIONNAIRE (IF APPLICABLE)
- SWORN INCOME AND ASSET STATEMENT*
- RESIDENT SELECTION CRITERIA SECTION 42
- STUDENT CERTIFICATION WORKSHEET
- FAIR CREDIT REPORTING ACT DOCUMENT

AFTER it has been determined that an applicant has met all Income and Background Check Criteria, copies of the following documents will be required (if applicable):

- III. RACE / ETHNICITY FORM
- RENTAL VERIFICATION – SIGNATURE ONLY
- EMPLOYMENT VERIFICATION – SIGNATURE ONLY
If, Employed, copies of the most recent 4-6 consecutive pay check stubs including military pay
If Self-Employed, we will need a signed copy of last year’s federal income tax return, including all attachments, such as Schedules C, E and F (if applicable). If you have been self-employed for less than one-year, you will need to sign ”Self-Employment Verification” form provided by management and we will require a Profit and Loss statement
- UNEMPLOYMENT BENEFITS
- ASSET VERIFICATION – SIGNATURE ONLY
- POWER OF ATTORNEY if someone else is signing documents for you
- Any other documentation that verifies other sources of income/assets

NOTE: In order to expedite the final approval process, additional information *may* be needed to verify information on your application. Please be sure to enclose copies of any of the applicable items listed below:

- If you receive Social Security/SSI, unemployment, disability or any government assistance, a copy of the most recent award letter from the agency. This letter informs the applicant what their benefits will be for the next year.
- Any pension/annuity/VA award letters. In the absence of an award letter, you will need to bring us the address of the agency, which we will need to complete the verification form. The applicant who receives this benefit must sign the corresponding verification form for any pensions/annuities.
- A **copy** of your most recent bank statement(s) that includes account number(s) and address of the bank.
- A **copy** of you most recent statement of investments, such as stocks, bonds, IRA's, CD's, 401(k), Money Market funds, etc. that includes the account number and address of the bank. The applicant who owns the asset must sign the corresponding verification form for any assets.
- A **copy** of any real estate contracts for sale or rental the applicant may be holding that identifies the term, the amount and the interest rate. An amortization schedule, if available, would also be helpful.
- Child Support documentation. **This form will need to be notarized.**
- On-going monetary gifts. **This form will need to be notarized.**
- Records of a divorce decree if alimony is received.
- A copy of the closing statement if any real estate has been bought or sold within the past 2 years.
- Verification of any assets that have been disposed of in the past two years for less than market value.

Management *may* need to request additional documentation.

RENTAL APPLICATION



Date _____
 Time _____
 Initials _____
 B/R Size _____

Artspace Hamilton Lofts

Are you an Artist? Yes No

GENERAL INFORMATION

Applicant _____ S.S.# _____ Date of Birth _____ Sex _____

Present Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____ Business Phone () _____

Marital Status: Married _____ Separated _____ Divorced _____ Single _____ Widow _____

List all states that you have resided in _____

No. of Children to reside in Household _____ E-mail address _____

Names of Additional Household Members	Date of Birth	Relationship	Sex	S.S.#	If this is a dependent child, are they a student between K & 12)	List all states that member has resided in

How did you hear about our property? _____

No. of Cars _____ License # _____ Make & Color _____

License # _____ Make & Color _____

Notify in Emergency _____ Address _____

Relationship _____ Home Phone _____ Business Phone _____ Cell Phone _____

Pet Information: Breed _____ Weight _____ Height _____ Color _____

***Has any member of the household you ever been convicted of a criminal offense (other than a traffic offense with a penalty less than \$100)?**

Yes No If Yes, explain _____

Is any member of the household subject to Lifetime Sexual Offender Registration? _____

Applicant certifies that the unit applied for will serve as the Applicant's primary residence.

I certify that the above information is accurate and complete.

Initials of Applicant _____ Initials of Applicant _____ Initials of Manager /Rental Agent _____

Date _____ Date _____ Date _____



RENTAL APPLICATION

Artspace Hamilton Lofts

Name of Applicant

RENTAL HISTORY (Beginning with present, list last two (2) residences - if less than two (2) years, list additional residences)

*Have you ever: Been evicted? _____ Broken a lease? _____ Been asked to leave? _____

*Have you ever lived in a Subsidized housing unit? _____ Yes _____ No

*If Yes, where and when _____

1 Name of Applicant _____
 Your current address: _____ Owned? _____ Yes _____ No
 Your current landlord: _____ Phone _____ From _____ To _____
 Landlord Address: _____ Rental Amount \$ _____
Street City State Zip

2 Name of Applicant _____
 Your previous address: _____ Owned? _____ Yes _____ No
 Your previous landlord: _____ Phone _____ From _____ To _____
 Landlord Address: _____ Rental Amount \$ _____
Street City State Zip

3 Name of Applicant _____
 Your previous address: _____ Owned? _____ Yes _____ No
 Your previous landlord: _____ Phone _____ From _____ To _____
 Landlord Address: _____ Rental Amount \$ _____
Street City State Zip

4 Name of Applicant _____
 Your previous address: _____ Owned? _____ Yes _____ No
 Your previous landlord: _____ Phone _____ From _____ To _____
 Landlord Address: _____ Rental Amount \$ _____
Street City State Zip

5 Name of Applicant _____
 Your previous address: _____ Owned? _____ Yes _____ No
 Your previous landlord: _____ Phone _____ From _____ To _____
 Landlord Address: _____ Rental Amount \$ _____
Street City State Zip

I certify that the above information is accurate and complete.

Initials of Applicant

Initials of Applicant

Initials of Manager / Rental Agent

Date

Date

Date



RENTAL APPLICATION

Artspace Hamilton Lofts

Name of Applicant

EMPLOYMENT INCOME

1 Name of Applicant _____
 Employer _____ Position _____ Income _____ per _____
 Supervisor's Name _____ Supervisor's Phone # (____) _____
 Length of Service _____ Employer's Address _____
Amount and Source of any other income _____

2 Name of Applicant _____
 Employer _____ Position _____ Income _____ per _____
 Supervisor's Name _____ Supervisor's Phone # (____) _____
 Length of Service _____ Employer's Address _____
Amount and Source of any other income _____

3 Name of Applicant _____
 Employer _____ Position _____ Income _____ per _____
 Supervisor's Name _____ Supervisor's Phone # (____) _____
 Length of Service _____ Employer's Address _____
Amount and Source of any other income _____

4 Name of Applicant _____
 Employer _____ Position _____ Income _____ per _____
 Supervisor's Name _____ Supervisor's Phone # (____) _____
 Length of Service _____ Employer's Address _____
Amount and Source of any other income _____

I hereby authorize the Landlord, and its agents, to obtain background information from such sources as it chooses including, without limitation, credit bureaus, employers, current and previous landlords and law enforcement agencies. I agree that if any information herein contained is false, the lease made on the strength of this application may, at the option of the Landlord, be terminated at any time.

This application is taken subject to approval of Owner or Agent. I agree that upon notification of approval of my application and assignment of an available unit, I shall be responsible for any vacancy loss incurred by the Owner up to my scheduled move-in dates should I choose not to lease said apartment. Acceptance of this application, including approval hereof, is not acceptance of me / us as tenant(s) or an agreement to make a lease, which is made only upon signing of a formal lease by all parties.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a)(6), (7) and (8).

I certify that the above information is accurate and complete.

Signature of Applicant

Signature of Applicant

Signature of Manager / Rental Agent

Date

Date

Date



**Ohio Housing Finance Agency
Office of Program Compliance**



Applicant / Tenant Sworn Income and Asset Statement

NOTE: All household members 18 years of age or older are required to complete a separate income statement. All applicable questions must be completed in their entirety.

Name _____

S.S. # _____

Telephone _____

Date _____

Document Yes answers with third party verification.

<u>Income Source</u>	I have or I receive the following: (Check YES or NO)		Monthly Amount	Notes
Job 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Job 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Self Employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
TANF / AFDC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Unemployment Compensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Educational Financial Assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____

Do you currently receive Assistance with your housing payment? Yes No
If yes; Agency Name: _____

Do you **HAVE** court-ordered or an agreement for child support or alimony?
(This means there is an order for you to receive child support or alimony, not pay support to someone else.) Yes No ORDERED AMOUNT \$ _____

Are you currently receiving child support or alimony? Yes No AMOUNT RECEIVED \$ _____

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? Yes No
List State _____ and County _____ where granted.

Are you a student (either full or part-time) enrolled in an institution of higher learning? Yes No

If you answered yes to the above question, are you over the age of 23 AND have at least one dependent child? Yes No

Are you now or do you anticipate becoming a full-time or part-time student within the next 12 months? Yes No

If you answered Yes to being or anticipating becoming a full-time or part-time student, answer below as applicable:

- I. Receiving assistance under Title IV of the Social Security Act - (e.g. TANF) Yes No
- II. Previously under the care and placement responsibility of the local county children services agency (i.e. foster care) Yes No
- III. Enrolled in a government-sponsored job training program Yes No
- IV. Married and eligible to file a joint income tax return Yes No
- V. A single parent household with at least one dependent child. The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. Yes No

Unit # _____ Applicant / Tenant Initials _____



<u>Asset Source</u>	Yes	No		6 month Ave. Balance	\$ _____	Interest Rate	_____
Do you have a Checking Account?	<input type="checkbox"/>	<input type="checkbox"/>		Balance	\$ _____	Interest Rate	_____
Do you have a Savings / Holiday Account?	<input type="checkbox"/>	<input type="checkbox"/>		Balance	\$ _____	Interest Rate	_____
Do you have a Certificate of Deposit (CD)?	<input type="checkbox"/>	<input type="checkbox"/>		Cash Value	\$ _____	Interest Rate	_____

<input type="checkbox"/>	<input type="checkbox"/>	Do you have Cash on Hand?	Amount	\$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Stocks, Bonds, or Annuities?	Cash Value	\$ _____	Annual Earnings	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Safety Deposit Box?	What is held in the box?	_____	Cash Value	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any Personal Property held as Investment?*			Cash Value	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash Value)			Cash Value	\$ _____	
		Current Status / Intention:	<input type="checkbox"/> Keeping	<input type="checkbox"/> Selling	<input type="checkbox"/> Renting	<input type="checkbox"/> Being Foreclosed	<input type="checkbox"/> Giving Away
		Notes:	_____				
<input type="checkbox"/>	<input type="checkbox"/>	Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)	When	_____	Amount	_____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have life insurance policies? (Whole or Universal only)	Cash Value	\$ _____	Annual Earnings	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have regular or periodic payments from persons not living in the unit, trust, annuity, or other claims? (List any item not shown on page 1)	Holder / Provider	_____	Frequency	_____	
					Amount	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?					
		If yes, list items:	_____	Date	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bond(s), etc)?					
		If yes, please provide:					
		Type	_____	Value	\$ _____	Where Held	_____
		Type	_____	Value	\$ _____	Where Held	_____
		Type	_____	Value	\$ _____	Where Held	_____

Total Of Net Family Assets \$ _____ (Total Value of Assets Listed Above)

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

The information provided on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.


Signatures:

Signature Of Applicant / Lessee

Date

Owner / Management Agent Signature

Date

PC-E01
Revised 9/3/08
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APPLICANT / TENANT SWORN INCOME AND ASSET STATEMENT

INCOME AND ASSET SOURCES



Applicant / Tenant Name: _____

Type of Income or Asset*: _____

Company: _____

Street Address: _____

City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Account Number: _____

Type of Income or Asset*: _____
Company: _____
Street Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Account Number: _____

Type of Income or Asset*: _____
Company: _____
Street Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Account Number: _____

* Types of Income includes Employment, Social Security, SSI, Pension, Unemployment Benefits, Worker's Comp, Child Support, but are not limited to: Alimony and Other
Types of Assets includes Checking Accounts, Savings Accounts, Certificates of Deposit, Stocks, Bonds, Money Market / Mutual but are not limited to: Funds, IRA Accounts, Keogh Accounts, 401K Accounts



RESIDENT SELECTION CRITERIA SECTION 42

NON-DISCRIMINATION

This property adheres to the Fair Housing Act and will not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

APPLICATION AND SCREENING PROCEDURES

All applicants, including those wanting to be added to existing households, are required to complete an application package and consent to the release of information necessary to verify all income, expenses, assets, household characteristics and circumstances that affect eligibility or the calculation of rent. This information will be verified by management in compliance with regulations contained in the **HUD 4350.3 Handbook**.

All applicants will be required to furnish social security numbers, and documentation of those numbers for all household members over the age of six who have been assigned a social security number. Failure to do so will be grounds for denial of assistance. Applicants must supply birth certificates for all members of the family. In addition, head of household, co-head and spouse must supply picture ID.

All applications will be reviewed by management. The application will be placed on a waiting list in the order of the date received, according to unit size and program requirements. Applicants who qualify for a Federal Preference will be placed on a priority waiting list.

Applicants on the waiting list are responsible for reporting any change of address, phone number, household composition, or financial status to management. Applicants must contact management once every six months to reaffirm their interest in an apartment and retain their position on the waiting list. Shortly before an apartment becomes available, management will make two attempts to contact the applicant; if unsuccessful, management may move to the next applicant on the waiting list. The application will be rejected and it will be necessary to reapply and be placed at the bottom of the list.

Management reserves the right to close the waiting list in the event there is more than a six month supply of applicants currently on the list. Notice of closure and reopening of the waiting list will be posted in the Rental Office.

Applicants will be screened according to the following criteria:

1. Demonstrated ability to pay rent on time. At least two prior landlords (if available) will be contacted by management to verify rental payment history. Any applicant with a record of late payments will be rejected.
2. Comments from former landlords. At least two prior landlords (if available) will be contacted by management to verify rental habits and determine ability and willingness to abide by the terms of the lease. Documented lease violations or eviction may be considered grounds for rejection.
3. Credit references. All available credit references will be checked by management without charge to the applicant. Lack of credit history shall not be grounds for rejection, but a poor credit history may be. The following items may be considered as examples of unfavorable credit and may serve as the basis for rejection:
 - a. Information contrary to that given on the application.
 - b. Persons/Families with outstanding collections from utility companies or landlords.
 - c. Persons/Families showing civil judgements on civil suits regarding eviction or subsidy payments.

All credit shown on the report issued by the local credit bureau will reflect on both spouses in the absence of divorce and/or other legal documentation which clearly separates the parties= credit responsibilities. In the case of unfavorable credit references, the responsibility of management is limited to informing the applicant that the application has been rejected based on confidential information received from the credit bureau. Management is agreeable to reappraising a credit report forwarded to management by the credit bureau on behalf of the applicant which identifies corrections or additions made as a result of action taken by the applicant directly with the credit bureau. The application is, however, considered rejected until such updated information is received. The position on the waiting list will be suspended pending receipt of corrected information; however, the suspension will be allowed for a maximum of thirty days.

4. Other lines of trade will be evaluated in aggregate and with focus on whether or not a positive or negative trend (*ie more good lines than bad an vice versa*) exists with weight given to more recent lines and the re-establishment of good credit after a period of bad.
5. Any felony conviction within the last seven years will be grounds for rejection. Previous felons must have two years free of incarceration and must have established a rental history. Misdemeanor arrests will be assessed by their nature and by the likelihood that a pattern of behavior exists that would disrupt the quiet enjoyment of the complex. If in the sole discretion of management such a pattern of behavior exists, the application will be rejected.

Providing incorrect, falsifying any part of or knowingly withholding information during the application process will be grounds for rejection.

6. Management will take mitigating circumstances into consideration when reviewing derogatory information. The mitigating circumstances must be in writing and signed by the applicant.

REJECTION OF APPLICANTS

Applicants may be rejected for admission for any of the following reasons:

1. Household=s annual income is greater than or less than the appropriate income limits as established by HUD and the Owner. Income limits for the complex are on file in the office and subject to change.
2. Calculated rent equals or exceeds Gross Rent for the unit.
3. Applicant is not in the population mix that the complex is designed to serve, *i.e., a complex designed for the elderly and applicant is not 62 years of age or older*. A complete description of the population the project was designed to serve is available upon request.
4. Household characteristics are not appropriate for the type of units available (*e.g., units equipped for the handicapped*).
5. Family size is not appropriate for the size unit available.
6. Applicant does not meet management=s Resident Selection Criteria including screening.

If any applicant is rejected, management will notify the applicant in writing of the reason for the rejection and allow 14 days for response by the applicant to the reasons.

DEFINITIONS

In accordance with State law, a *Family*= or a *Household*= is considered to be *Any group of people who choose to live together and call themselves a family*=. Legal age of majority in this state is 18; therefore, anyone designated as the head of household must be 18 or older.

POLICY

The following guidelines are used universally in assigning each and every application for rental to a specific size apartment:

1. Two persons per bedroom.
2. Children shall not be required to share a bedroom with an adult.
3. Children of opposite sex shall not be required to share a bedroom.
4. Each application will be assigned the largest unit that they qualify for without under utilizing that unit. An applicant may request a smaller sized unit in writing so long as they don=t exceed the two persons per bedroom.
5. An applicant who requests and moves into a smaller unit than they would otherwise qualify for may not be transferred to another larger unit unless there is a change upward in the family composition.

I certify that I have read and fully understand the above information.

APPLICANTS

Signature: _____

Date: _____

Housing Requirements Questionnaire

Please read the following regarding this questionnaire:

This questionnaire is administered to every applicant/resident at _____. It is used to determine whether your family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Completing this questionnaire is optional on your part. If you choose not to complete this form, please check the box that indicates that choice, sign and date the form, and return it to the manager. The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment.

If you choose to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the manager.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Resident election to provide special needs information:

Name of Head of Household _____ Social Security # _____
 I choose to complete this form. I choose NOT to complete this form.

Applicant/Resident Signature _____ Date _____

Manager Signature _____ Date _____

Information relative to the housing requirements of applicant's/resident's family:

1. Do you, or does any member of your family, have a condition that requires:

- | | |
|--|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for vision-impaired |
| <input type="checkbox"/> One-level apartment | <input type="checkbox"/> Physical modifications to a typical apartment |
| <input type="checkbox"/> Unit for hearing-impaired | <input type="checkbox"/> Special parking space |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Bedroom / Bath on 1 st floor |
| <input type="checkbox"/> Other _____ | |

2. If you checked any of the above-listed categories of units, please explain what you need to accommodate your situation.

3. What is the name of the family member who needs the special features identified above?

4. Do you or any of your family members need special features to go up and down stairs other than traditional railings? Yes No

If "Yes", please indicate how we may accommodate your family.

5. Will you or any of your family member require a live-in aide to assist you? Yes No

6. Who should be contacted to verify your need for the features you have identified above (e.g., a doctor or social service agency).

Name _____

Address _____

City, State, Zip _____

Telephone Number _____

Notice to all Applicants: Options for Applicants/Residents with Disabilities or Handicaps

_____ provides assisted housing to the general public under a federal program. We are not permitted to discriminate against applicants/residents on the basis of their race, color, religion, sex, national origin, familial status, disability or handicap. In addition, we have an obligation to provide “reasonable accommodations” to applicants/residents if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant/resident with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations include, but are not limited to:

- Making reasonable alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family member to have a seeing-eye dog or companion animal to assist a vision-impaired family member where existing pet rules would not allow the dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property’s applicant screening criteria.

An applicant/resident family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc. but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management that is your right.

The next page of this application is a Housing Requirements Questionnaire. If you wish to complete the document and provide management with information regarding any family member with a handicap or disability, please do so. If no family member has a handicap or disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to the manager.

Student Worksheet Tax Credits Properties Only *Head of Household*

Head of Household Name: _____

Address: _____

The Head of Household **must** complete this form. Children from the age of 5 to 17 will be assumed to be a Full-Time or Part-Time student unless otherwise specified.

Children from the age of 5 to 17 will be assumed to be a Full-Time or Part-Time student unless otherwise specified below.

Name of Child _____	Age _____	Reason _____
Name of Child _____	Age _____	Reason _____
Name of Child _____	Age _____	Reason _____
Name of Child _____	Age _____	Reason _____

Attach additional sheets if necessary.

Mark A, B or C, as applicable (note that students include those attending public or private elementary schools or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools, but does not include those attending on-the-job courses or those pursuing a GED):

- A. Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and / or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B. Household contains all students, but is qualified because the following occupant(s) _____ is / are a Part-Time student(s).
Required documentation: Documentation of a Part-Time student status is required for at least one member of the household.
- C. Household contains all Full-Time or Part-Time students for five or more months during the current and / or upcoming calendar year (months need not be consecutive). If this item is checked, complete items 1 - 5 below as applicable to any member of the household.

continued on page 2



Only complete the criteria section below if C above is marked.

The household **MUST** meet **one** of the following criteria and the required supporting documentation **MUST** be attached. Please answer Yes or No to **each** of the following.

	Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Married and eligible to file a joint Federal Income Tax Return with their spouse. <i>Required documentation: Federal Income Tax Return</i>
2.	<input type="checkbox"/>	<input type="checkbox"/>	Receives assistance under Title IV of the Social Security Act, which includes but is not limited to AFDC. <i>Required documentation: Public Assistance Verification</i>
3.	<input type="checkbox"/>	<input type="checkbox"/>	Enrolled in a job training program receiving assistance under the Job Training Partnership Act or under similar Federal, State, or local laws? <i>Required documentation: Federal, State or Local Verification</i>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Single parents and their children and such parents are not dependents of another individual and such children are not dependents of another individual other than a parent of such children. <i>Required documentation: Federal Income Tax Return or Divorce Decree or Child Support Agreement (Child Support Agency Verification acceptable)</i>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Previously under the care and placement responsibility of the local county children services agency (i.e., foster care). <i>Required documentation: Documentation from the county Children's Service Agency indicating that they were previously in foster care.</i>

Households composed entirely of Full-Time or Part-Time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If none of the above questions are marked Yes or verification does not support the exception indicated, the household is considered an ineligible student household.

*Definition of Parent - the biological or adoptive parents or guardians, such as grandparents, aunt or uncle, godparents, etc.

Signature

Date

Penalties for misusing this Content:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a)(6), (7) and (8) Violation of these provisions are cited as violations of 42 U.S.C. 408(a)(6), (7) and (8).



Student Worksheet
Tax Credits Properties Only
Other Adult Household Member

Household Member Name: _____

Address: _____

ALL household members 18 years of age and older must complete this form.

Mark A, B or C, as applicable (note that students include those attending public or private elementary schools or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools, but does not include those attending on-the-job courses or those pursuing a GED):

- | | | |
|----|--------------------------|--|
| A. | <input type="checkbox"/> | Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and / or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. |
| B. | <input type="checkbox"/> | Household contains all students, but is qualified because the following occupant(s) _____ is / are a Part-Time student(s).
<i>Required documentation: Documentation of a Part-Time student status is required for at least one member of the household.</i> |
| C. | <input type="checkbox"/> | Household contains all Full-Time or Part-Time students for five or more months during the current and / or upcoming calendar year (months need not be consecutive). If this item is checked, complete items 1 - 5 below as applicable to any member of the household. |

Only complete the criteria section below if C above is marked.

The household **MUST** meet **one** of the following criteria and the required supporting documentation **MUST** be attached. Please answer Yes or No to **each** of the following.

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Married and eligible to file a joint Federal Income Tax Return with their spouse.
<i>Required documentation: Federal Income Tax Return</i> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Receives assistance under Title IV of the Social Security Act, which includes but is not limited to AFDC.
<i>Required documentation: Public Assistance Verification</i> |
- continued on page 2



3. Enrolled in a job training program receiving assistance under the Job Training Partnership Act or under similar Federal, State, or local laws?
Required documentation: Federal, State or Local Verification
4. Single parents and their children and such parents are not dependents of another individual and such children are not dependents of another individual other than a parent of such children.

Required documentation: Federal Income Tax Return or Divorce Decree or Child Support Agreement (Child Support Agency Verification acceptable)
5. Previously under the care and placement responsibility of the local county children services agency (i.e., foster care).
Required documentation: Documentation from the county Children's Service Agency indicating that they were previously in foster care.

Households composed entirely of Full-Time or Part-Time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If none of the above questions are marked Yes or verification does not support the exception indicated, the household is considered an ineligible student household.

*Definition of Parent - the biological or adoptive parents or guardians, such as grandparents, aunt or uncle, godparents, etc.

Signature

Date

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Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a)(6), (7) and (8) Violation of these provisions are cited as violations of 42 U.S.C. 408(a)(6), (7) and (8).

