

Phone: _____

TDD: _____

Fax: _____

RENTAL APPLICATION

For Office Use Only

Name: _____

Date: ____ / ____ / ____ Time: ____ :

Phone: _____

Application No: _____

INSTRUCTIONS TO APPLICANT

- Each household member over 18 must complete a separate application
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Acceptance Criteria, your application will be declined.
- We will process your application according to our standard procedures which are summarized in the Tenant Selection Plan, posted in the Management Office.

HOUSEHOLD INFORMATION

Full Name of Household Members as they appear on SS Card	Relation-ship	Sex	Age	Full-Time Student Y/N	Date of Birth	Birth-place City	Birth-place State	Social Security No. or Alien Registration No.	Drivers License	
									Number	St.
1.	Head									
2.										
3.										
4.										
5.										
6.										
7.										
8.										

- Will any of the household members live anywhere except in your apartment? _____
- Are there any other persons who will live in your apartment on a less than full-time basis? _____
- Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? _____
- If you answered "YES" to any question above, please explain: _____

RESIDENCE HISTORY

You must report ALL places you have lived for the past five (5) years. Use an additional sheet if necessary.

Present Address	Street Address:			From: _____/_____/_____	Landlord Name:
	City: _____	County: _____	State: _____ Zip: _____	To: _____/_____/_____	Landlord Phone: _____
	Reason for Moving: _____				Street Address: _____
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Rent: \$ _____	City: _____ State: _____ Zip: _____	
Previous Address	Street Address:			From: _____/_____/_____	Landlord Name:
	City: _____	County: _____	State: _____ Zip: _____	To: _____/_____/_____	Landlord Phone: _____
	Reason for Moving: _____				Street Address: _____
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Rent: \$ _____	City: _____ State: _____ Zip: _____	
Previous Address	Street Address:			From: _____/_____/_____	Landlord Name:
	City: _____	County: _____	State: _____ Zip: _____	To: _____/_____/_____	Landlord Phone: _____
	Reason for Moving: _____				Street Address: _____
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Rent: \$ _____	City: _____ State: _____ Zip: _____	
Previous Address	Street Address:			From: _____/_____/_____	Landlord Name:
	City: _____	County: _____	State: _____ Zip: _____	To: _____/_____/_____	Landlord Phone: _____
	Reason for Moving: _____				Street Address: _____
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Rent: \$ _____	City: _____ State: _____ Zip: _____	
Previous Address	Street Address:			From: _____/_____/_____	Landlord Name:
	City: _____	County: _____	State: _____ Zip: _____	To: _____/_____/_____	Landlord Phone: _____
	Reason for Moving: _____				Street Address: _____
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Rent: \$ _____	City: _____ State: _____ Zip: _____	

You must report ALL states you have resided in since the age of 18, and the last address in each state, up to the above addresses in which you resided during the past five years. All applicants over 18 are required to report this information.

State:	From: _____/_____/_____	To: _____/_____/_____	Last Street Address in that State: _____	City: _____	County: _____
State:	From: _____/_____/_____	To: _____/_____/_____	Last Street Address in that State: _____	City: _____	County: _____
State:	From: _____/_____/_____	To: _____/_____/_____	Last Street Address in that State: _____	City: _____	County: _____
State:	From: _____/_____/_____	To: _____/_____/_____	Last Street Address in that State: _____	City: _____	County: _____
State:	From: _____/_____/_____	To: _____/_____/_____	Last Street Address in that State: _____	City: _____	County: _____

	No	Yes	If 'Yes' you must answer the following:
• Have you or any member of your household ever been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____ Why? _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____
• Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?	<input type="checkbox"/>	<input type="checkbox"/>	To Whom? _____ How Much? \$ _____
• Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?	<input type="checkbox"/>	<input type="checkbox"/>	Explain: _____ _____ _____

ASSET INFORMATION

You **must** report ALL Assets below. Use an additional sheet if necessary.

CHECKING		Name of Bank:		Avg. 6 Month Balance:	Current Interest Rate:
Account No:	Address:		Bank Phone Number:		
	City:	State			
SAVINGS		Name of Bank:		Current Balance:	Current Interest Rate:
Account No:	Address:		Bank Phone Number:		
	City:	State			
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.		Name of Institution:		Current Value	Annual Income:
Type of Asset:	Address:		Institution Phone Number:		
Account No:	City:	State			
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.		Name of Institution:		Current Value	Annual Income:
Type of Asset:	Address:		Institution Phone Number:		
Account No:	City:	State			

	No	Yes	If 'Yes' you must answer the following:
• Has any household member disposed of any assets for Less than Fair Market Value during the past two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>	Date Disposed of: ____/____/____ Description of Asset: _____
• Has any household member sold any Real Estate in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	Date Disposed of: ____/____/____ Description of Asset: _____ Sales Price: \$ _____
• Does any household member have an interest in any Real Estate, Boat or Mobile Home?	<input type="checkbox"/>	<input type="checkbox"/>	Description of Asset: _____ Value: \$ _____ Annual Income from Asset: \$ _____

SOURCES OF INCOME

You **must** report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. **If anyone outside your household gives you money or pays your bills, you must report it as a source of income.** Use additional sheets if necessary.

Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number:		
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number:		
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number:		
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		

CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below.

Name of Provider:	Street Address:		Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State:	Amount you pay: \$ _____ per _____
		Zip:	
Name of Provider:	Street Address:		Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State:	Amount you pay: \$ _____ per _____
		Zip:	

HANDICAP CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below.

Name of Provider:	Street Address:		Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State:	Amount you pay: \$ _____ per _____
		Zip:	
Name of Provider:	Street Address:		Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State:	Amount you pay: \$ _____ per _____
		Zip:	

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles owned by or registered to household members. Use additional sheets if necessary.

Make and Model Number:	License Plate Number:	State:	Insurance Agent:	Phone:
Color:	Year:	License Expiration Date:	Street Address:	Policy No:
Name on Registration:	VIN #:	City:	State:	Zip:
				Expiration Date:
Make and Model Number:	License Plate Number:	State:	Insurance Agent:	Phone:
Color:	Year:	License Expiration Date:	Street Address:	Policy No:
Name on Registration:	VIN #:	City:	State:	Zip:
				Expiration Date:

RENTERS INSURANCE

We recommend that you carry Renters Insurance. **Your personal belongings are not covered by our insurance.** If you have coverage, please provide information below.

Insurance Agent:	Phone:
Street Address:	Policy No:
City:	State:
	Zip:
	Expiration Date:

PERSONAL REFERENCES

List three (3) references (Not related to you).

Name:	Address:
Phone No:	City:
	State:
	Zip:
Name:	Address:
Phone No:	City:
	State:
	Zip:
Name:	Address:
Phone No:	City:
	State:
	Zip:

EMERGENCY CONTACT

Provide the name of the person and an alternate; we should contact in case of an emergency.

Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:
Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:

ELDERLY/HANDICAPPED/DISABLED STATUS

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program and/or to give special considerations with regard to allowances in determining rent. Please check any box that applies to you:

Head of Household and/or Spouse is: 62 years of age or older Handicapped Disabled

If you checked one of the boxes above, complete this section. List payments made on outstanding medical bills; medical insurance premiums; medical and dental costs that are NOT covered by insurance. Use a separate sheet if necessary.

Name of Provider:		Street Address:		Description of Expense: _____	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense: _____	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense: _____	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense: _____	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay: \$ _____ per _____

CRIMINAL HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You **must** answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may be evicted.

	<u>No</u>	<u>Yes</u>	<u>If 'Yes' you must answer the following:</u>
• Have you or any member of your household ever been convicted of drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
• Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____
• Have you or any member of your household ever been on parole or are now on parole?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household currently or in the past used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____

- Are you or any member of your household subject to registration under a State sex offender registration program?

Who? _____

State? _____

Details: _____

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

- _____
(Initial) I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.
- _____
(Initial) I have read and understand the Tenant Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.
- _____
(Initial) I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
- _____
(Initial) I understand that **ALL CHANGES in the income** of any member of the household, as well as any **changes in the household members** must be reported to Management ***in writing immediately***.
- _____
(Initial) If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.
- _____
(Initial) If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.
- _____
(Initial) I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.
- _____
(Initial) I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purposes of securing a lower rent in a subsidized housing development.
- _____
(Initial) I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

APPLICANT SIGNATURE

DATE

It is the policy of this company to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.

If you feel you have been discriminated against by this company, please call _____

Revised: 2/4/03

PHONE:

Fax: 864-241-0464

CONSENT FORM
DISCLOSURE OF INFORMATION

A separate form must be completed for each household member over the age of 18.

Applicant Name: _____ Home Phone #: (____) _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Present Address: _____ Previous Address: _____

I hereby give consent to Management of the above-named apartment community to obtain an investigative consumer report and to access any records pertaining to me, which may be on file at any:

- Credit Agency
- Law Enforcement Agency
- City, State or Federal Court
- Information Service Bureau
- Local or State Agency
- State or Local Repository
- State or Local Sexual Offender Registry

I do understand the investigation will include information from law enforcement agencies, credit reporting agencies, and other documents of public records, and these reports will be used in making decisions about my potential tenancy. I hereby authorize any agency contacted to furnish any and all information required. This releases the aforesaid parties from any liability and responsibility for providing the above information at any time.

I further understand that this report will not be used in violation of any Federal or State Equal Opportunity Law or Regulation, and that, if any adverse action is to be taken based on the Consumer Report, a summary of my rights under the Fair Credit Reporting Act will be provided to me.

Signature of Applicant

Date



PHONE:

Fax: 864-241-0464

VERIFICATION OF SOCIAL SECURITY NUMBERS

PART I List all members of the household age six (6) or older.

If there is not a social security number for a household member(s): Also complete Part II (for adult) and/or Part III (for a child).

If you cannot supply proof of a social security number (copy of card): Also complete Part IV (for adult) and/or Part V (for a child).

Name	Age	Social Security Number	Proof attached? (Copy of SS Card)

PART II To be signed by **adult** household members *that have not been assigned a Social Security number.* (Use additional forms if needed).

I, _____, do certify that no Social Security number has been assigned to me.

Signature

Date

PART III To be signed by **a parent/guardian** for all children age 17 and under *that have not been assigned a Social Security number.* (Use additional forms if needed).

I, _____, do certify that no Social Security number has been assigned to the following children: _____

Signature

Date

PART IV To be signed by **adult** household members *who do not have documentation of their Social Security number.* (Use additional forms if needed).

I, _____, do certify that a Social Security Number has been assigned to me and I will provide the required documentation within 60 days.

Signature

Date

PART V To be signed by **a parent/guardian** for all children age 17 and under *who do not have documentation of their Social Security Number.* (Use additional forms if needed).

I, _____, do certify that a Social Security number has been assigned to the following children and I will provide the required documentation within 60 days.: _____

Signature

Date



PHONE:

Fax:

THINGS YOU SHOULD KNOW

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

Purpose

This is to inform you that there is certain information you must provide when applying for Assisted Housing. **There are penalties that apply if you knowingly omit information or give false information.**

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to five (5) years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you sit down with the person who fills out your application, you should know what is expected of you. **If you do not understand something, say so.** That person can answer your question or find out what the answer is.

Completing the Application

Income:

When you give answers to application questions, you must include the following information:

- All sources of money you and any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.)
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income from assets (interest from savings account, credit union, or certificate of deposit; dividends from stocks, etc.)
- Earnings from a second job or part time job
- Any anticipated income (such as bonus or pay raise) you expect to receive

Assets:

- All bank accounts, savings bonds, certificates of deposits, stocks, real estate, etc. that are owned by you and any adult member of your household who will be living with you
- Any business or asset you sold in the last two (2) years for less than its full value, such as your home to your children

Household Members

- The names of all of the people (adult and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by the Housing Agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertifications forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult household members.
- Any family/household member who has moved in or out.
- All assets that you or your household members own and any asset that was sold in the last two (2) years for less than its full value.

Beware of Fraud:

You should be aware of the following fraud schemes:

- Do not pay any money to file an application
- Do not pay any money to move up on the waiting list
- Do not pay for anything not covered by your lease
- Get a receipt for any money you pay
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your property or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline at (202) 708-4200. This is not a toll free number. You can also write to the HUD Hotline at Room 8254, 451 Seventh Street SW, Washington, DC 20410.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

TENANT SELECTION PLAN

IT IS THE POLICY OF THIS COMPANY TO PROVIDE HOUSING ON EQUAL OPPORTUNITY BASIS. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, FAMILIAL STATUS, NATIONAL ORIGIN OR HANDICAP.

WAITING LIST SELECTION PRIORITIES

It is likely that there will be more applicants for housing than can be assisted. In order to select those families most in need of housing HUD has established the following priority and statutory categories that will be the basis of selecting residents from among all applicants:

1. Handicapped or disabled eligible families **when units are designated for their use.**
2. Forty percent (40%) of all available (moved-out) units will be set aside for families whose total gross family income does not exceed 30% of the area median income as established by HUD.
3. Statutory preferences required by law for HUD programs Section 221d(4), 221d(3) and 221d(3) BMIR projects given to applicants who've been displaced by government action or the president declaring a disaster.

Within each of the above listed groups, approved applicants will be housed based solely on the date and time of application.

ELIGIBILITY (PROGRAM) CRITERIA

In the selection of applicants for admission, Eligibility Criteria have been established in accordance with **HUD guidelines**. All applicants will be screened carefully and the following eligibility standards will be applied:

1. **Provide Information:** All applicants must cooperate in completing the rental application and providing information necessary to determine their eligibility for HUD housing assistance.
2. **Income Limits:** Applicants must qualify under the income guidelines established by the Department of Housing and Urban Development. The current, applicable income limits will be posted in the management office.
3. **Occupancy Standards:** Applicants must meet the established occupancy standards. As a general policy there should be a minimum of one person per bedroom and no more than two persons per bedroom. Management shall take into consideration mitigating circumstances in cases where applicants or residents have a verifiable need for a larger unit.

Any family placed in a unit size different than that defined in these Occupancy Standards shall agree to transfer to an appropriate size unit when one becomes available (in accordance with the Transfer Policy and Lease Addendum).

Dwelling units will be assigned in accordance with the following standards:

Bedroom Size	Persons Per Household	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

4. **Social Security Numbers:** All applicants must disclose and provide documentation of social security numbers for all household members age 6 or older.
5. **Birth Certificates:** Birth certificates must be provided for all household members.
6. **U.S. Citizenship:** Applicants must declare U.S. Citizenship, or submit evidence of eligible immigration status for each family member in accordance with Section 214 of the Housing and Community Development Act of 1980, as amended. Households that have no members with citizenship or eligible immigration status do not qualify for assistance. Pro-rated assistance is available to families whose households include at least one member with citizenship or eligible immigration status that has been verified through the INS.
7. **Criminal Activity:** Management has established a policy to reject all applications where the applicant or any household member has engaged in certain criminal activity. The activities that will be grounds for rejection of an application are as follows:



- a. **Eviction for Drug Related Criminal Activity:** If the applicant or any household member has been evicted from federally assisted housing for drug related criminal activity, the application will be rejected.
- b. **Illegal Drug Use:** If the applicant or any household member is currently engaged in illegal use of a drug OR shows a pattern of illegal use that may interfere with the health, safety, or right to peaceful enjoyment by other residents, the application will be rejected.
- c. **Alcohol Abuse:** If a determination is made that the applicant or any household member's abuse, or pattern of abuse of alcohol interferes with the health, safety or right to peaceful enjoyment of the premises by other residents, the application will be rejected.
- d. **Sex Offenders:** If the applicant or any household member has a conviction or adjudication other than acquittal, for any sexual offense, the application will be rejected.

ACCEPTANCE CRITERIA

All applicants must cooperate in completing the rental application and providing information necessary to determine an acceptable credit, rental and criminal history. For acceptance the applicant and all members of the household must demonstrate:

1. **Good Rental History:** A willingness and ability to:
 - conform to rules and regulations and a respect for the rights of others;
 - abide by the lease and house rules;
 - pay rent and utilities on time
2. **Good Housekeeping:** Housekeeping habits at prior residences which did not adversely affect the health, safety, or welfare of other residents or cause damage to the apartment or community.
3. **Good Credit History:** A satisfactory history in meeting financial obligations on a timely basis; including rent, utility payments loans and credit.
4. **Good Criminal Record:** A history of the applicant, or any household member, which does not include any criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; any criminal activity that threatens the health, safety, or right to peaceful enjoyment of their residences by persons residing in the immediate vicinity of the premises; any criminal activity that would threaten the health or safety of any property management staff responsible for managing the premises.

REJECTION CRITERIA

Management reserves the right to reject applicants for admission if it is determined that the applicant or any member of the household falls within any one or more of the following categories:

1. **Misrepresentation:** Willful or serious misrepresentation in the application procedure for the apartment or certification process for any government assisted dwelling unit.
2. **Records of Disturbance of Neighbors, Destruction of Property or Other Disruptive or Dangerous Behavior:** Includes behavior or conduct which adversely affects the safety or welfare of other persons by physical violence, gross negligence or irresponsibility, which damages the equipment or premises in which the family resides, or which is disturbing or dangerous to neighbors or disrupts the quiet and peaceful enjoyment of their home and community life.
3. **Violent Behavior:** Includes evidence of acts of violence or of any other conduct, which would constitute a danger or disruption to the peaceful occupancy of neighbors.
4. **Non-compliance with Rental Agreement:** Includes evidence of any failure to comply with the terms of rental agreements at prior residences, such as failure to recertify as required, providing shelter to unauthorized persons, keeping pets, or other acts in violation of rules and regulations.
5. **Owing Prior Landlords:** Applicants who owe a balance to present or prior landlords will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for nonpayment of rent or damages have changed sufficiently to enable the family to pay rent and other charges when due.
6. **Owing Utility Providers:** Applicants who owe a balance to the local utility provider for present or prior residences will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for failure to pay the utility bill have changed sufficiently to enable the family to pay and maintain utilities in the name of the head of household.



- 7. **Unsanitary or Hazardous Housekeeping:** Includes generally creating any health or safety hazard through acts of neglect and causing or permitting any damage to or misuse of premises and equipment, if the family is responsible for such hazard damage or misuse, including but limited to, causing or permitting infestation, foul odors or other problems injurious to other persons' health, welfare or enjoyment of the premises; depositing garbage improperly; failing to use in a reasonable and proper manner all utilities, facilities, services, appliances and equipment within the dwelling unit or failing to maintain them in a clean condition; or any other conduct or neglect which could result in health or safety problems or in damage to the premises.
- 8. **Credit History:** A consistent, severe or recent history of deficiencies in overall credit or rent payment which indicate the family will be unable or would otherwise fail to pay when due rent for the apartment and other expenses relating to occupancy of the apartment.
- i. **Criminal Activity:** Management has established a policy to reject all applications where the applicant or any household member has engaged in certain criminal activity. The activities that will be grounds for rejection of an application are as follows:
 - a. Any conviction or adjudication other than acquittal within the last ___ years which involved injury to a person or property.
 - b. Any conviction or adjudication other than acquittal for the sale, distribution or manufacture of any controlled or illegal substance.
 - c. Any conviction or adjudication other than acquittal within the last ___ years involving illegal use or possession of any controlled or illegal substance.
 - d. Any current illegal user or addict of a controlled or illegal substance.
 - e. Any act which results in the person's tenancy constituting a threat to the health or safety of other individuals, result in substantial physical damage to the property of others, or interfere with the peaceful and quiet enjoyment of the premises.
 - f. Any conviction or adjudication other than acquittal, for any sexual offense.
 - g. Any conviction or adjudication other than acquittal, which involved bodily harm to a child.
 - h. Eviction for Drug Related Criminal Activity: If the applicant or any household member has been evicted from federally assisted housing for drug related criminal activity, the application will be rejected.
 - i. Alcohol Abuse: If a determination is made that the applicant or any household member's abuse, or pattern of abuse, of alcohol interferes with the health, safety or right to peaceful enjoyment of the premises by other residents, the application will be rejected.
 - j. **Management reserves the right to require criminal background checks at each recertification. Management will do criminal background checks at recertifications if in receipt of credible and verifiable information.**
- 9. **Grievance Procedure:** Management will follow the grievance process in compliance with requirements set forth in the HUD Handbook 4350.3 when rejecting an application, management will:
 - 1) provide notification in writing of reasons for rejection;
 - 2) inform the applicant they have 14 days to request in writing a meeting to discuss the rejection;
 - 3) participate through a representative in an informal meeting;
 - 4) provide a written determination to the applicant within 5 days of meeting.
- 10. **Reasonable Accommodation:** If the applicant requests an additional interview to determine whether mitigating circumstances or reasonable accommodations would make it possible to accept his/her application, Management will do so based on Section 504 of the Rehabilitation Act of 1973.

I have been given the opportunity to ask any questions that pertain to the Resident Selection Guidelines. By signing below certify that we have read and received a copy of these guidelines.

Signature of Head of Household

Date

Signature of Co-head of Household

Date



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2011)

Name of Property _____ Project No. _____ Address of Property _____

Name of Owner/Managing Agent _____ Type of Assistance or Program Title: _____

Name of Head of Household _____ Name of Household Member _____

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature _____

Date _____

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

PHONE: _____

TDD: _____

Fax: _____

APPLICANT DECLARATION FORMAT

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet.

Last Name: _____ First Name: _____

Relationship to Head of Household: _____ Date of Birth: _____

Social Security Number: _____ Sex: _____

Admission Number: _____ - if applicable. (This is an 11-digit number found on INS Form I-94, Departure Record.)

Nationality: _____ - Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.

Save Verification No: _____ - *Management Use Only.*

DECLARATION: I, _____, hereby declare, under penalty of perjury, that I am:

1. A citizen or national of the United States.

If you check this block, no further information is required.

Sign and date below. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below:

Signature of Applicant (Check here if adult signed for a child)

Date

2. A non-citizen with eligible immigration status.

If you check this block, you must complete the Non-Citizen Declaration (CTZ-03A).

Sign and date below. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature of Applicant (Check here if adult signed for a child)

Date

3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you check this block, no further information is required and the person named above is not eligible for assistance.

Sign and date below. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature of Applicant (Check here if adult signed for a child)

Date



**HOME Program
Eligibility Release Form**

Upstate Homeless Coalition
150 Executive Center Drive Box 211
Greenville, SC 29615

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: Inquiries may be made about items initialed by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled Family Member ____ Minor Children		

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date: Family Member HEAD

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #2

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #3

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #4

VERIFICATION OF: Employment

FAX TO: 864-862-5199

<p>(Name of HOME Participating Jurisdiction) County of Spartanburg Upstate Homeless Coalition of SC</p> <p>AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Employed since: _____ Occupation: _____</p> <p>Salary: _____</p> <p>Effective date of last increase: _____</p> <p>Base pay rate: \$_____/Hour; or \$_____/Week; or \$_____/Month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p>No. Weeks ____, or No. Weeks ____ worked per year</p> <p>Overtime pay rate: \$_____/Hour</p> <p>Expected weekly average number of hours overtime to be worked during next 12 months _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For: _____ \$_____ per _____</p> <p>Is pay received for vacation? ____ If yes, no. of days/yr. ____</p> <p>Total base pay earnings for past 12 mos. \$ _____</p> <p>Total overtime earnings for past 12 mos. \$ _____</p> <p>Probability and expected date of any pay increase: _____</p> <p>Does the employee have access to a retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what amount can they get access to: \$ _____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p>WARNING: 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.</p>	