

TENANT SELECTION POLICY

APPLICATION

Applications will be accepted from anyone who wishes to apply for residency. Application forms are available at the CLUB, Inc. office, the website or will be mailed to you upon request. Based on the information submitted on the application, the applicant will be notified they appear eligible and will be placed on the waiting list, or they will be notified they are not eligible, the reason why, and the steps necessary to appeal the decision.

Applicants will be selected for residency on a first-come, first-serve basis. An applicant will be offered an available unit or rejected before the unit is offered to the next applicant on the waiting list. Applicants may reject two (2) units, before their name is removed from the waiting list.

Applicants must disclose Social Security numbers (SSNs) for all family members. Documentation must be provided, such as the original Social Security card. If no SSN has been assigned, the applicant must complete a certification that no SSN has been assigned

MINIMUM AND MAXIMUM INCOME LIMITS FOR OCCUPANCY

Minimum Requirement:

Applicants must show total household income equal to 2 times the monthly rent. This requirement will be waived for applicants who currently have a Section 8 voucher or other form of tenant-based assistance.

Maximum Requirement:

The maximum household income (gross income before taxes) is based on household size as follows:

1 Person	\$19,950
2 Person	\$22,800
3 Person	\$25,650
4 Person	\$28,500
5 Person	\$30,800
6 Person	\$33,100
7 Person	\$35,350
8 Person	\$45,180

To obtain a figure for more than 8 persons, 8% of the 4-person base should be added to the 8-person income limit.

SCREENING CRITERIA

- Positive identification with a picture will be required.

A complete and accurate application listing a current and at least one previous rental reference with phone numbers will be required. We will mail reference forms to each landlord.

The form(s) must be completed and mailed or hand-delivered to the office by the landlord.

This requirement will be waived **ONLY** if the applicant can document that he or she has been a Homeowner residing in his/her home for five (5) years or more prior to the date of the interview. Negative responses to landlord reference questions are cause for rejection. Personal references and/or a co-signer will be required if no rental history has been established.

- **Credit history will be reviewed.** Negative credit is defined as:
 1. Bankruptcy reported within 1 year of date of application
 2. Bankruptcy reported prior to 1 year from the date of the application and negative information reported following the bankruptcy within the last 3 years
 3. Involuntarily repossession within the last three (3) years
 4. More than three (3) non-medical collection accounts in the last three (3) years
- **Criminal history will be reviewed.** Negative criminal history is defined as:
 1. Any applicant currently using illegal drugs, possessing illegal drugs or reporting a conviction by any court of competent jurisdiction for the illegal manufacture or distribution of a controlled substance shall be denied.
 2. Any individual who may constitute a direct threat to the health and safety of an individual, including themselves, or whose tenancy may pose a threat to the complex, or the property of other, shall be denied. Examples include, but are not limited to: conviction for rape, arson, child molestation, felony assault or a felony that involved harm to another person or to property, or convicted of repeated misdemeanors.
 3. Note: Live-in aides are subject to the same screening criteria as the applicant.

INCOME AND ASSET VERIFICATION

- Income determinations and calculations for the HOME Program are the same as for the Section 8 program.
- All income from all sources received by the household head (even if the household head is temporarily absent) and all income received by each additional member of the household who is not a dependent shall be included in annual income. Specific income sources are excluded by HUD regulations and/or federal statute. The household's income sources will be examined for these exclusions. In addition, all net income derived from assets for the 12-month period following the effective date of any determination of income is included.
 - *All sources of income will be verified prior to placement in the unit.*

Ability to Meet the Requirements of Tenancy

- The applicant must demonstrate the capacity and willingness:
- To understand and comply with the lease.
- To understand and comply with the community's rules, regulations, and policies.
- To appropriately maintain the rental unit in a safe & sanitary manner.
- To follow instructions and respond appropriately in emergency situations.
- To pay rent and other fair charges in a timely manner including the appropriate security deposit.
- To care for and avoid damaging the unit and common areas.
- To use facilities and equipment in a reasonable manner.
- To create no health, safety or sanitation hazards that threaten self or rights of others including any drug related activity.
- To support in actions and behaviors the quiet enjoyment of premises by self and other residents.
- To avoid criminal activity that threatens the health, safety or rights of others including any drug-related criminal activity.
- To comply with necessary and reasonable rules and program requirements of the IRS Low Income Housing Tax Credit Code and the housing provider.
- To comply with health and safety codes.
- To report maintenance needs.
- To comply with CLUB, Inc. properties' "Handbook of Policies."
- To comply with CLUB, Inc. properties' "Pet Policy".

REJECTION POLICY

- Applicants may be rejected if:
 1. They are ineligible as defined in HUD Manual 4350.3 paragraph 2.7, or as defined by the HOME program requirements, or do not meet the criteria specified in the screening criteria.
 2. Household characteristics are not appropriate for the type of units available. (special needs projects)
 3. Household size is not appropriate for the size of units available
 4. Applicant does not meet the screening criteria
 5. Applicant is unable or unwilling to disclose information necessary to establish eligibility
- If an application is rejected due to negative and adverse information being reported you may:
 - 1) Contact the company that supplied the information to discuss your application.
 - 2) Contact the credit reporting agency to identify who is reporting unfavorable information.
 - 3) Correct any incorrect information through the credit reporting agent as per their policy.
 - 4) Request the credit reporting agency to submit a corrected credit check to the appropriate screening company.
 - 5) Upon receipt of the correct information, your application will be re-evaluated for the next available unit.
 - 6) If your application has been denied and you feel that you qualify as a resident despite the steps above ***you may appeal by letter to management.***
 - 7) ***In the letter you should explain the reasons you believe your application should be approved and request a review of your file.*** Within 7 working days of receipt of your letter, your application file will be reviewed and you will be notified of the outcome.

OCCUPANCY STANDARDS

The following table shows the minimum and maximum household size for unit occupancy. Applicants can choose the unit size within these guidelines. Exceptions can be made if necessary to meet the special circumstances or special needs of a particular household, or, *if the unit size permits a larger occupancy than the standard.*

Occupancy Standards Table

UNIT SIZE	MINIMUM	MAXIMUM
studio apartment	1	1
one bedroom	1	3
two bedroom	2	5
three bedroom	3	7
four bedroom	4	9
five bedroom	5	11
six bedroom	6	13

Reasonable Accommodation:

Applicants requiring a unit larger than the occupancy standards due to a reasonable accommodation due to disability may request to apply for the accommodation upon application.

PLACEMENTS FROM THE WAITING LIST

Households will be placed on a first-come first-serve basis. Households will be placed into the first available vacancy when their name comes to the top of the waiting list for that unit size. The exception would be units that are designed to be accessible to handicapped applicants. An applicant who requires the accessibility features would receive preference, regardless of application date.

There may be occasions where an accessible unit becomes vacant and there is no household on the waiting list who requires the features. Any household may then be placed into the unit. However, applicants who occupy a unit with handicap accessibility features who do not have a household member requiring the features of the unit will be required to sign a lease addendum upon move-in. The addendum states they agree to relocate to another unit if the design features of the unit are needed in the future by another tenant or applicant.

NONDISCRIMINATION AGAINST RENTAL ASSISTANCE SUBSIDY HOLDERS

CLUB, Inc. will not refuse to lease HOME-assisted units to a Section 8 voucher holder, or to the holder of a comparable document evidencing participation in a HOME tenant-based rental assistance program because of the status of the prospective tenant as a holder of such voucher, or comparable HOME tenant-based assistance document.

MISREPRESENTATION

Willful or serious misrepresentation in the application procedures will be cause for rejection of application or termination of any rental agreement.

FAIR HOUSING

No person shall be discriminated against based on race, color, creed, religion, sex, national origin, age, familial status or handicap. This applies to accepting and processing applications, selecting tenants from among eligible applicants, assigning units and certifying and recertifying eligibility for assistance.



CLUB, INC.
RENTAL HOUSING
PRIME, 4th Street Apts, NSP
Tenant Application Form



Property/Address: _____ **Date:** _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Current Address: _____

Primary Phone: () _____ **Alternate Phone:** () _____

Are you claiming a "Preference"? *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

Displaced by Government Action or Presidentially Declared Disaster.
 Victim of Domestic Violence.
 Working, Elderly, or Disabled.
 Other or Local Preference: _____

Type:

1st Choice: 2 BR 3 BR 4 BR 5 BR Other _____

2nd Choice: 2 BR 3 BR 4 BR 5 BR Other _____

Would you or anyone in your household benefit from a special needs unit?
 (Mobility, vision, or hearing impairment) Yes No

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____

Relationship (if any): _____

Housing References:

List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
2.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
3.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

Household Information (continued)

- Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? **Yes** **No**
If YES, explain _____
- Do you expect the number of household members to change in the future? **Yes** **No**
If YES, explain how many members will be added or reduced, and when that change will take place.

- Have any of the household members used names or a social security number other than the names and numbers used above? **Yes** **No**
If YES, explain _____
- Are any or ALL members of the household full-time students? **Yes** **No**
If YES, explain _____
- Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? **Yes** **No**
If YES, provide the nature of the crime(s): _____
Date: _____ State: _____ City: _____
County: _____
Are any of the above convictions a felony? **Yes** **No** If YES, Please explain _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? **Yes** **No** If YES, Please explain _____

Are there any criminal charges pending now? **Yes** **No** If YES, please explain _____

6. Do you live in subsidized housing now or have you in the past? Yes No
 If YES, where? _____ From _____ To _____
 Were you evicted? _____ If YES, why? _____
7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No
 If YES, explain _____

8. Have you ever filed or are you currently filing for bankruptcy? Yes No
 If YES, give reason _____
 Date of filing: _____
9. Have you ever lived at any other property managed by CLUB, Inc. ? Yes No
 If YES, where? _____
10. Why do you want to move from your current residence? _____
11. How did you hear about us? _____
12. Do you know or are you related to any of our residents or staff? _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No

(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)? Yes No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? Yes No

Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration? Yes No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Regular payments from a severance package? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Regular payments from any type of settlement? (For example, insurance settlements) Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Disability, death benefits or life insurance dividends? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Regular gifts or payments from anyone outside of the household? Yes No
 (This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Educational grants, scholarships, or other student benefits? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

12. Regular payments from lottery winnings or inheritances? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

13. Regular payments from rental property or other types of real estate transactions? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

14. Any other income sources or types not listed above? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months? Yes No
 If YES, explain: _____

Zero Income Verification:
 Are YOU or is ANY OTHER ADULT member of your household claiming zero income?
 Yes No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CDs, money market accounts or treasury bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Stocks, bonds or securities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Trust funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable? Yes No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Cash on hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.) Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Do you have a safe deposit box containing contents with a monetary value? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Yes No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
_____	_____	_____
Explanation: _____		

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1.	License #: _____	State Issued: _____	Make/Model/Year: _____
2.	License #: _____	State Issued: _____	Make/Model/Year: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and applicable HUD standards.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner CLUB, Inc. and all housing management staff the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date

For Office Use Only	
Check here if Pre-Application is on file. <input type="checkbox"/>	Application Date: _____ Time: _____ Desired Move-In Date: _____ Application Received By: _____ As Agent for Owner