



APPLICATION PACKAGE INSTRUCTIONS AND LIST OF DOCUMENTS TAX CREDIT/HOME/MARKET

Thank you for your interest in our apartment community. By scheduling an appointment when returning the application package, the application process can often be expedited. If you are unable to deliver the application in person, you may return the application by mail. We will be happy to place you on the waiting list once we receive a completed application and the application fee*, if applicable, at the time of application submission. Potential residents must meet certain, verifiable income, and student requirements. It is important that you answer each question on the application and sign the application, as well as any other forms contained within the application package. Placement on the waiting list does not guarantee approval of a unit within the apartment community. All applicants must meet all program eligibility requirements.

Property Name: _____

Property Phone Number: _____

Property Email: _____

Property Address: _____

- Application fee (if applicable) is charged on a per person basis for all adults.
- Income eligibility requirements may apply. Please see the property's Resident Selection Policy for additional information and specific criteria.
- Before submitting the application, please make sure that all items are completed.
- Additional pages are available upon request for any section where there is not enough room.
- If a question does not apply, please write or check "N/A." Do not use white out. If an error is made, draw a single line through the mistake and initial the correction.
- Do not use gel pen when completing the application and complete the application using one color of ink.
- In the event the application is typed, please ensure there is a verified electronic signature.
- All adults must sign and date the application. "Adult" is defined by any person 18 years or older or emancipated person.



The following documentation will be required upon submitting your application for waiting list placement:

1. Valid, Government Issued photo identification for all household members, 18 years of age or older; and
2. Social Security cards for all household members; and
3. Application Fee* (see last page).

The following documentation is encouraged for expedited processing of your application upon submission:

- Submit the required supporting documentation at the time of application.
- Please note that placement on the waiting list is determined solely by the date and time a completed application and application fee* are received, unless qualifying for a specific preference – submission of additional documents does not affect position.
- All verification documents must be current and dated within the last 120 days.
- If there are no current or anticipated vacancies at the property, applicants should wait until contacted by the Resident Manager before submitting supporting documents to ensure information remains valid and does not expire prior to processing.

I. Income

Employment Income – For every member of the household that is employed, or offered employment, please provide the following documents with the application:

1. 2 current, consecutive paycheck stubs (please note, that some of our available units will require 2 full months of paycheck stubs. Please contact the Resident Manager to confirm.) If 2 paycheck stubs have not been received, please provide current contact information for the employer.
2. For new employment, or upcoming employment, please provide an offer letter. The offer letter must contain hourly and wage data. If a letter of offer has not been received, please provide contact information for the new employer.

Social Security/SSI/SSDI

1. If any household member, including those under 18, is receiving Social Security, please provide the current year benefit award letter. If a household member receives SSI, or SSDI, please provide a copy of the current award letter dated within the last 120 days. If you are unable to provide these documents, please request a copy of the award letter from the Social Security Administration.



Self-Employment

1. For those self-employed who have an established business with filed tax returns, please provide 2 IRS Tax Returns including all applicable schedules and evidence of filing. If the anticipated income is less than the average Tax Return, please provide a written explanation.
2. For those self-employed who have a newly formed business with no Tax Returns, please provide an accountant's business quarterly report, business licenses, bank statements to support the anticipated income.
3. For those self-employed in gig work (including but not limited to DoorDash, Instacart, or Uber) please provide bank statement, official app earning summaries, or recent Tax Return Filings.

Unemployment benefits

1. For those currently receiving unemployment benefits, please provide a printout for the last 12 months. Screenshots will not be accepted. Print out must be dated within 120 days.

Other Income

1. For all other income sources including, but not limited to alimony, VA pensions, pensions, and annuities, please provide documentation or benefit letter stating the monthly amount received. Documentation must be dated within 120 days.

II. **Assets**

In the event the household's assets exceed the current threshold of \$_____, please provide the following:

1. Bank Statements – Current bank statements for all accounts for all household members (i.e., checking, savings, CDs, etc.)
2. Direct Express and all pre-paid debit cards – ATM balance print out.
3. Stocks/Bonds – Current statement indicating value of the stock and dividend amounts.
4. Life Insurance – Cash surrender value
5. Real Estate – Value of the home/land, most current mortgage statement if applicable, and/or closing documents for homes sold within the past 2 years.



III. Student Status

For household members who are full-time or part-time students, which are 18 years of age or older, please provide the following:

1. Letter from the school's Registrar office indicating current student status (full-time or part-time). Letters of acceptance bills or schedules will not be accepted.
2. If enrolled in college or university, please also provide a printout of Financial Aid award letters.

Eligibility will be determined based upon these factors. Applicant(s) will be notified in writing within 10 days of receipt of application as to the status of their application. If no unit is available at the time of acceptance, your application will be placed on the waiting list. For additional information about eligibility or screening, please refer to our Resident Selection Policy attached to the application. The Housing Company is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act (ADA). If you require assistance in the form of reader, interpreters, large print, or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible.

1.The Housing Company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

2.The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988)

Shannon Vick
565 W Myrtle Street
Boise, Idaho 83702
208-331-4890 EXT:4365
208-331-4890 EXT: 4635

***Application Fee and Waiting List Placement**

- Applicants will be placed on the waiting list once a completed application is submitted with the applicable documentation listed above.
- If a unit is currently available or expected to become available within the next sixty (60) days, an application fee will be required at the time of application submission, in accordance with applicable state and local requirements, to establish waitlist placement.
- If a unit is not currently available or not expected to become available within the next sixty (60) days, applicants will still be placed on the waiting list; however, the application fee will not be collected at that time.
- Once an applicant is notified of an available unit, the application fee must be collected to maintain waiting list placement.

FOR OFFICE USE ONLY

Apartment Community: _____
 Date: _____ Time: _____ Requested Bedroom Size: _____
 Special Needs: _____ Preference: _____ Annual Income: _____
 Unit Add On: _____ Application Fee Paid (circle one): Yes No N/A
 Resident Manager Signature: _____

APPLICANT DATA

Applicant Name: _____

Phone Number: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

What size apartment are you interested in? (Check all that apply.)

Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

How did you hear about this apartment community?

Website Newspaper Flyer Drive By Housing Agency

Resident Referral (Name: _____) Other: _____

The following information is requested to comply with Equal Opportunity requirements and will not affect your housing:

Primary Language: _____ Translation Need? Yes No

Does anyone in the household have special needs? Yes No

NOTE: Additional pages are available upon request for any section where there is not enough room

HOUSEHOLD COMPOSITION

Please list yourself and all persons who will be living in your household

| Household Member Name | Relationship | Birthdate | Social Security Number | Gender |
|-----------------------|-------------------|-----------|------------------------|--|
| | Head of Household | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline |

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HOUSEHOLD COMPOSITION(Continued)

Please list yourself and all persons who will be living in your household

| Household Member Name | Relationship | Birthdate | Social Security Number | Gender |
|-----------------------|--------------|-----------|------------------------|--|
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline |

Additional Household Contacts

Please provide contact information for household members 18 years of age and older. Emails must be unique to each household member.

| Household Member Name | Phone | Email |
|-----------------------|-------|-------|
| | | |
| | | |
| | | |
| | | |

HOUSEHOLD COMPOSITION QUESTIONNAIRE

| | | |
|--|--|--------------|
| Are you and all members of the household a United States citizen? If no, please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Explanation: |
| Do you anticipate any changes in the household composition within the next 12 months? If yes, please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Explanation: |
| Does anyone live with you who is not listed above? If yes, please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Explanation: |
| Is there anyone in your household temporarily absent? If yes, please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Explanation: |
| Are there any members of the household legally married, but currently separated and/or not yet divorced? If yes, please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Explanation: |
| Do you anticipate changes in the number of students or student status within the next 12 months? If yes, please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Explanation: |
| Is any member of the household 18 years of age, a full-time student and employed? If yes, please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Explanation: |
| Will all members of the household, including minor children, occupy the unit at least 51% of the time? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Explanation: |



STUDENT INFORMATION

Please list **ALL** household members 18 years of age and older - If not applicable, check N/A or complete the box – Full time student is defined as any individual enrolled for at least 5 months in a calendar year (need not be consecutive) at an education institution or who will be a student for 5 months out of the current or upcoming calendar year.

| Household Member Name | Student Status | Name of School |
|-----------------------|--|------------------------------|
| | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a student | <input type="checkbox"/> N/A |
| | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a student | <input type="checkbox"/> N/A |
| | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a student | <input type="checkbox"/> N/A |
| | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a student | <input type="checkbox"/> N/A |
| | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a student | <input type="checkbox"/> N/A |
| | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a student | <input type="checkbox"/> N/A |

STUDENT QUESTIONNAIRE

| | |
|---|---|
| 1. Are any of the students married and entitled to file a joint Federal Income Tax Return with their spouse? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Students |
| 2. Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Students |
| 3. Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act/Job Training Partnership Act, or under similar Federal, State, or local laws? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Students |
| 4. Does the household consist of single-parent(s) and their children, and such parent(s) are not dependent on another individual's tax return, and such children are not dependent on another individual other than the parent of such child? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Students |
| 5. Does the household consist of at least one student who is or was previously under foster care? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Students |

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

- Do you currently have a Housing Choice Voucher? Yes No _____
- Are you on the waiting list to receive a Housing Choice Voucher? Yes No _____
- Are you a veteran of the US Armed Forces? (optional) Yes No _____
- Are you or any member of your household disabled according to the Fair Housing Act? (optional) Yes No _____

5. Do you have any animal(s) that will be moving in with you? If yes, please explain. Yes No _____
6. Have you or any members of your household been evicted for non-payment of rent or damages? If yes, please explain. Yes No _____
7. Are you or any member of your household currently a user of an illegal controlled substance? If yes, please list. Yes No _____
8. If you or any member of your household currently is a user of an illegal controlled substance, has that member successfully completed a controlled substance recovery program or presently enrolled in a program? Yes No _____
9. Have you or any member of your household ever been convicted of illegal manufacture or distribution of a controlled substance? If yes, please explain. Yes No _____
10. Have you or any member of your household been evicted from federally assisted housing for drug related criminal activity? If yes, please explain. Yes No _____
11. Have you or any member of your household been convicted of a sexual offense or violent crime? If yes, please explain. Yes No _____
12. Are you or any member of your household required to register as a sex offender under any lifetime State Sex Offender Registration programs? If yes, please explain. Yes No _____
13. Have you or any member of your household been convicted of a felony, misdemeanor, or crime involving fraud or dishonestly? If yes, please explain. Yes No _____
14. Are you or any member of your household currently charged with criminal activity? If yes, please explain. Yes No _____
15. If any applicants are under the legal age of eighteen (18) have you provided proof of emancipations? Yes No N/A _____

16. I have received a copy and have been given the opportunity to read the Resident Selection Policy.

Yes No _____

RESIDENTIAL HISTORY

Please include the past 2 years of rental history for all adults. Include places in which you lived with family or someone else. Include contact information for the landlord.

Head of Household: _____

Own(ed) Home – Dates: _____

| Dates of Residency | Current/Previous Address | Landlord Name | Landlord Email or Phone |
|--|--------------------------|-------------------------------|-------------------------|
| | | | |
| | | | |
| In the last 5 years, I have resided or had a state issued identification card or license to drive in the following states: | | <i>List here or check N/A</i> | |
| | | <input type="checkbox"/> N/A | |

Spouse/Co-Head/Household Member 2: _____

Check here if Landlord information is the same as the Head of Household

Own(ed) Home – Dates: _____

| Dates of Residency | Current/Previous Address | Landlord Name | Landlord Email or Phone |
|--|--------------------------|-------------------------------|-------------------------|
| | | | |
| | | | |
| In the last 5 years, I have resided or had a state issued identification card or license to drive in the following states: | | <i>List here or check N/A</i> | |
| | | <input type="checkbox"/> N/A | |

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Household Member 3: _____

Check here if Landlord information is the same as the Head of Household

Own(ed) Home – Dates: _____

| Dates of Residency | Current/Previous Address | Landlord Name | Landlord Email or Phone |
|--------------------|--------------------------|---------------|-------------------------|
| | | | |
| | | | |

In the last 5 years, I have resided or had a state issued identification card or license to drive in the following states: _____ *List here or check N/A*

N/A

Household Member 4: _____

Check here if Landlord information is the same as the Head of Household

Own(ed) Home – Dates: _____

| Dates of Residency | Current/Previous Address | Landlord Name | Landlord Email or Phone |
|--------------------|--------------------------|---------------|-------------------------|
| | | | |
| | | | |

In the last 5 years, I have resided or had a state issued identification card or license to drive in the following states: _____ *List here or check N/A*

N/A

HOUSEHOLD INCOME

Please check ALL sources of income which are applicable to each household member

| HEAD OF HOUSEHOLD: | SPOUSE/CO-HEAD/HOUSEHOLD MEMBER 2: |
|--|---|
| <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Self Employment <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Veteran's Pay <input type="checkbox"/> Workman's Comp <input type="checkbox"/> Military Pay <input type="checkbox"/> Gig Income* | <input type="checkbox"/> Rental Property <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Cash Contributions <input type="checkbox"/> Lump Sum Payments <input type="checkbox"/> Annuities <input type="checkbox"/> Retirement Funds <input type="checkbox"/> TANF/AABD <input type="checkbox"/> Other _____ <input type="checkbox"/> NO INCOME |
| <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Self Employment <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Veteran's Pay <input type="checkbox"/> Workman's Comp <input type="checkbox"/> Military Pay <input type="checkbox"/> Gig Income* | <input type="checkbox"/> Rental Property <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Cash Contributions <input type="checkbox"/> Lump Sum Payments <input type="checkbox"/> Annuities <input type="checkbox"/> Retirement Funds <input type="checkbox"/> TANF/AABD <input type="checkbox"/> Other _____ <input type="checkbox"/> NO INCOME |



| HOUSEHOLD MEMBER 3: | | HOUSEHOLD MEMBER 4: | |
|--|---|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Rental Property | <input type="checkbox"/> Employment | <input type="checkbox"/> Rental Property |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Self Employment | <input type="checkbox"/> Alimony | <input type="checkbox"/> Self Employment | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Cash Contributions | <input type="checkbox"/> Social Security | <input type="checkbox"/> Cash Contributions |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Lump Sum Payments | <input type="checkbox"/> SSI | <input type="checkbox"/> Lump Sum Payments |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Annuities | <input type="checkbox"/> Pension | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Veteran's Pay | <input type="checkbox"/> Retirement Funds | <input type="checkbox"/> Veteran's Pay | <input type="checkbox"/> Retirement Funds |
| <input type="checkbox"/> Workman's Comp | <input type="checkbox"/> TANF/AABD | <input type="checkbox"/> Workman's Comp | <input type="checkbox"/> TANF/AABD |
| <input type="checkbox"/> Military Pay | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Military Pay | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gig Income* | <input type="checkbox"/> NO INCOME | <input type="checkbox"/> Gig Income* | <input type="checkbox"/> NO INCOME |
| HOUSEHOLD MEMBER 5: | | HOUSEHOLD MEMBER 6: | |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Rental Property | <input type="checkbox"/> Employment | <input type="checkbox"/> Rental Property |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Self Employment | <input type="checkbox"/> Alimony | <input type="checkbox"/> Self Employment | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Cash Contributions | <input type="checkbox"/> Social Security | <input type="checkbox"/> Cash Contributions |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Lump Sum Payments | <input type="checkbox"/> SSI | <input type="checkbox"/> Lump Sum Payments |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Annuities | <input type="checkbox"/> Pension | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Veteran's Pay | <input type="checkbox"/> Retirement Funds | <input type="checkbox"/> Veteran's Pay | <input type="checkbox"/> Retirement Funds |
| <input type="checkbox"/> Workman's Comp | <input type="checkbox"/> TANF/AABD | <input type="checkbox"/> Workman's Comp | <input type="checkbox"/> TANF/AABD |
| <input type="checkbox"/> Military Pay | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Military Pay | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gig Income* | <input type="checkbox"/> NO INCOME | <input type="checkbox"/> Gig Income* | <input type="checkbox"/> NO INCOME |

**Gig Income, e.g. Uber, Doordash, Instacart, Lyft*

- By checking this box, I certify that I have reviewed all income categories listed above and have disclosed all sources of income for all household members. I also certify that any income categories not selected above do not apply to my household and that no additional sources of income exist beyond those disclosed. Finally, I also understand that this information is subject to verification and must be reported in accordance with program requirements.

| For all adult household members who were marked as NO INCOME, please provide an explanation. | |
|--|-------------|
| Household Member Name | Explanation |
| | |
| | |
| | |

| HOUSEHOLD MEMBER 3: | | HOUSEHOLD MEMBER 4: | |
|---|--|---|--|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Disposed Asset | <input type="checkbox"/> Checking Account | <input type="checkbox"/> Disposed Asset |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Prepaid Debit Card | <input type="checkbox"/> Savings Account | <input type="checkbox"/> Prepaid Debit Card |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Direct Express Card | <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Direct Express Card |
| <input type="checkbox"/> Stocks | <input type="checkbox"/> Cash on Hand | <input type="checkbox"/> Stocks | <input type="checkbox"/> Cash on Hand |
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Peer-To-Peer Account* | <input type="checkbox"/> Bonds | <input type="checkbox"/> Peer-To-Peer Account* |
| <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Annuities | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> NO ASSETS | <input type="checkbox"/> Real Estate | <input type="checkbox"/> NO ASSETS |
| HOUSEHOLD MEMBER 5: | | HOUSEHOLD MEMBER 6: | |
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Disposed Asset | <input type="checkbox"/> Checking Account | <input type="checkbox"/> Disposed Asset |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Prepaid Debit Card | <input type="checkbox"/> Savings Account | <input type="checkbox"/> Prepaid Debit Card |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Direct Express Card | <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Direct Express Card |
| <input type="checkbox"/> Stocks | <input type="checkbox"/> Cash on Hand | <input type="checkbox"/> Stocks | <input type="checkbox"/> Cash on Hand |
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Peer-To-Peer Account* | <input type="checkbox"/> Bonds | <input type="checkbox"/> Peer-To-Peer Account* |
| <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Annuities | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> NO ASSETS | <input type="checkbox"/> Real Estate | <input type="checkbox"/> NO ASSETS |

**Peer-to-Peer Account, e.g. Venmo, PayPal, CashApp*

By checking this box, I certify that I have reviewed all asset categories listed above and have disclosed all assets for all household members. I also certify that any asset categories not selected above do not apply to my household and that no additional assets exist beyond those disclosed. Finally, I understand that this information is subject to verification and must be reported in accordance with program requirements.

For all assets checked above, please fill out the below.

| Household Member | Name of Bank/Holder | Type of Account | Current Balance |
|------------------|---------------------|-----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



EXPENSES and PAYMENTS – (Section 8/HOME ONLY)

Please check all that apply:

| Total Households Expenses/Payments | |
|--|---|
| <input type="checkbox"/> Childcare for Children under 13 | <input type="checkbox"/> Prescription Medications |
| <input type="checkbox"/> Services of Physicians | <input type="checkbox"/> Eyeglasses |
| <input type="checkbox"/> Attendant Care | <input type="checkbox"/> Disability Apparatus Expense |
| <input type="checkbox"/> Periodic Medical Care | <input type="checkbox"/> Dental Expenses |
| <input type="checkbox"/> Medical Insurance Premiums | <input type="checkbox"/> Other: |

For any checkmarks above, list which household members have those expenses/payments:

Please list household member vehicles that will be parked at the community

| HOUSEHOLD VEHICLES: | | | |
|---------------------|-------|------|-----------------|
| MAKE | MODEL | YEAR | LICENSE PLATE # |
| | | | |
| | | | |
| | | | |
| | | | |

Special Unit Requirements

- | | | |
|--|--|---|
| <input type="checkbox"/> A Separate Bedroom | <input type="checkbox"/> Unit for Vision-Impaired | <input type="checkbox"/> Other Accommodation |
| <input type="checkbox"/> A Barrier Free Unit | <input type="checkbox"/> Unit for Hearing-Impaired | <input type="checkbox"/> Unit for Mobility-Impaired |
| <input type="checkbox"/> Physical Modification to a Unit | | |

If you have checked any of the above listed categories of units, please briefly explain exactly what you need to accommodate your needs

VOLUNTARY EMERGENCY CONTACT

You may update, remove, or change the information you provide at any time. Management will remind you to update this annually at your recertification. You are encouraged to list at least one emergency contact, but you may add additional pages for additional contacts.

| Contact Name | Relationship | Phone Number | Email Address |
|--------------|--------------|--------------|---------------|
| | | | |

Please contact the person named above for the following reasons:

Emergency Eviction Changes in lease terms
 Unable to contact you Late Payment Other _____
 Termination Assistance with paperwork
 Check here if you would like to allow your emergency contact permission to enter the apartment

APPLICATION FEE AND POTENTIAL WAITING LIST ACKNOWLEDGEMENT

(This section does not apply to Section 8, Project Based Rental Assistance Programs)

- I understand that if a unit is currently available or is expected to be available within approximately 60 days, and my household is one of the next 2 applications on the waiting list, the application fee is due at the time of application submission.
- I understand that if no unit is currently available or is not expected to be available within approximately 60 days, my household will be placed on the waiting list. Placement on the waitlist is not a determination of eligibility nor approval. I understand that I must pay the application fee once notice has been provided of an upcoming/available unit in order to maintain my position on the waiting list.



By signing below, I hereby certify that this information is TRUE and ACCURATE. I understand that any misrepresentation on my part will result in my housing being terminated. I also understand that I must report any changes in the above information to the property management office in writing. I certify that I have read and understand this information in accordance with federal housing regulations at the time of offered housing.

By signing below, you are authorizing The Housing Company to access your credit profiles and criminal history from any or all credit repositories and criminal data sources. You are further authorizing The Housing Company to contact present and previous landlords, credit references, and employers and any credit report agency. You have the right to request a written summary of your rights under the Federal Fair housing Act as well as a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to dispute the accuracy of any information provided by the screening service. The name and address of the screening company can be obtained from the Resident Manager.

Head of Household: _____ **Date:** _____

Spouse or Co-Head: _____ **Date:** _____

Other Adult: _____ **Date:** _____

Other Adult: _____ **Date:** _____

Other Adult: _____ **Date:** _____

Other Adult: _____ **Date:** _____

Resident Manager: _____ **Date:** _____

PENALTIES FOR MISUSING THIS CONSENT: 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 \$5000. 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).





Head of Household Name: _____ Unit Number: _____

Students include individuals attending a public or private elementary school, middle or junior high school, senior high school, college, university, technical, trade, or mechanical school. Students do not include individuals participating in on-the-job training or correspondence courses.

| PLEASE CHOOSE THE <u>ONE</u> OPTION BELOW THAT BEST DESCRIBES YOUR HOUSEHOLD | | | | | | | | | | | | | | | | |
|---|-----|--|-----|----|---|-----|----|---|-----|----|--|-----|----|---|-----|----|
| <p>There are no full-time or part-time students in this household.</p> | | | | | | | | | | | | | | | | |
| <p>There is at least one household member who has not been and will not be a student for five months (can be nonconsecutive) or more of the current and/or upcoming calendar year.</p> <p style="margin-left: 40px;">Name of non-student: _____</p> | | | | | | | | | | | | | | | | |
| <p>All household members are students, but at least one member is not a student more than part-time.</p> <p style="margin-left: 40px;">Name of part-time student: _____</p> <p style="margin-left: 40px;"><i>Provide verification of part-time status.</i></p> | | | | | | | | | | | | | | | | |
| <p>All household members have been or will be full-time students at least five months (can be nonconsecutive) of the current/upcoming calendar year.</p> <p><i>If this option is selected, ALL five of the following questions must be answered.</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">1. Are all adult students married and entitled to file a joint tax return? <i>Provide marriage certificate or joint tax return.</i></td> <td style="width: 10%; text-align: center; padding: 5px;">Yes</td> <td style="width: 10%; text-align: center; padding: 5px;">No</td> </tr> <tr> <td style="padding: 5px;">2. Are all adult students single parents with minor children? <i>Adult students cannot be dependents of someone else and the minor children can only be claimed by a parent. Provide tax return.</i></td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;">No</td> </tr> <tr> <td style="padding: 5px;">3. Is any student receiving Temporary Assistance to Needy Families (TANF)? <i>Provide TANF award letter or third-party verification.</i></td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;">No</td> </tr> <tr> <td style="padding: 5px;">4. Is any student a former recipient of foster care assistance? <i>Provide foster care paperwork from welfare agency.</i></td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;">No</td> </tr> <tr> <td style="padding: 5px;">5. Does any student get assistance from Job Training Partnership Act or similar program? <i>A similar program must receive federal, state, or local government funding and have a mission similar to Job Training Partnership.</i></td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;">No</td> </tr> </table> | | 1. Are all adult students married and entitled to file a joint tax return? <i>Provide marriage certificate or joint tax return.</i> | Yes | No | 2. Are all adult students single parents with minor children? <i>Adult students cannot be dependents of someone else and the minor children can only be claimed by a parent. Provide tax return.</i> | Yes | No | 3. Is any student receiving Temporary Assistance to Needy Families (TANF)? <i>Provide TANF award letter or third-party verification.</i> | Yes | No | 4. Is any student a former recipient of foster care assistance? <i>Provide foster care paperwork from welfare agency.</i> | Yes | No | 5. Does any student get assistance from Job Training Partnership Act or similar program? <i>A similar program must receive federal, state, or local government funding and have a mission similar to Job Training Partnership.</i> | Yes | No |
| 1. Are all adult students married and entitled to file a joint tax return? <i>Provide marriage certificate or joint tax return.</i> | Yes | No | | | | | | | | | | | | | | |
| 2. Are all adult students single parents with minor children? <i>Adult students cannot be dependents of someone else and the minor children can only be claimed by a parent. Provide tax return.</i> | Yes | No | | | | | | | | | | | | | | |
| 3. Is any student receiving Temporary Assistance to Needy Families (TANF)? <i>Provide TANF award letter or third-party verification.</i> | Yes | No | | | | | | | | | | | | | | |
| 4. Is any student a former recipient of foster care assistance? <i>Provide foster care paperwork from welfare agency.</i> | Yes | No | | | | | | | | | | | | | | |
| 5. Does any student get assistance from Job Training Partnership Act or similar program? <i>A similar program must receive federal, state, or local government funding and have a mission similar to Job Training Partnership.</i> | Yes | No | | | | | | | | | | | | | | |

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in the household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in termination of the lease agreement.

This form must be signed by every household member aged 18 or older.

| | | | |
|-----------|------|-----------|------|
| Signature | Date | Signature | Date |
|-----------|------|-----------|------|

| | | | |
|-----------|------|-----------|------|
| Signature | Date | Signature | Date |
|-----------|------|-----------|------|

Supplement to the Demographic Profile Reporting Form

To be completed upon initial occupancy and when a change has occurred.

You currently reside in, a rental housing unit located in a development operating under the Housing Tax Credit Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their ethnicity, race, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. **There is no penalty for those households who do not wish to provide the requested information. However, all adult household members must sign and date at the bottom of this form as proof that the option to disclose was made available.**

NOTE: Please note that the information collected assists program administrators and the federal government in evaluating the benefits, needs and continuing existence of the Housing Tax Credit Program.

The following ethnic and racial definitions are modeled after the OMB-approved form, “Race and Ethnic Data Reporting Form” (HUD 270061), used by the U.S. Department of Housing and Urban Development (HUD):

Household members can select one of the following applicable ethnic definitions:

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino”.

Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.

Household members can select one or more of the following applicable racial definitions:

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. A term such as “Haitian” can be used in addition to “Black” or “African American.”

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

The following instructions regarding disability status were written and approved by HUD’s Office of Fair Housing and Equal Opportunity.

The [development] must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the [development] shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

The following definition of “disabled” comes directly from the Fair Housing Act:

Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.20, available at: http://www.fairhousing.com/index.cfm?method=page.dipslay&pagename=regs_fhr_100-201.
- “Handicap” does not include current, illegal use of or addition to a controlled substance.

**RESIDENT SELECTION PLAN
AFFORDABLE AND MARKET RENTAL HOUSING**

INTRODUCTION: The procedures used for selection of residents shall be implemented in compliance with the applicable local, state and federal statutes and regulations applicable to the development.

NON-DISCRIMINATION: The management agent shall comply with all federal, state and local fair housing and civil rights laws and with all equal opportunity requirements as required by law, including without limitation HUD administrative procedures. Federal laws forbid discrimination based on race, color, creed, religion, sex, age, disability, familial status, or national origin. Discrimination against a particular social or economic class is also prohibited (for example: welfare recipients; single parent households, etc.) These requirements apply to all aspects of tenant relations including without limitation: accepting and processing applications, selecting residents from among eligible Applicants on the waiting list, assigning units, certifying and re-certifying eligibility for assistance, granting accommodation and terminating tenancies.

ELIGIBILITY RULES:

General Rules:

1. Household must meet eligibility criteria for the specific apartment community:
 - a. Family Apartment Communities do not restrict occupancy to a certain population.
 - b. Senior Apartment Communities are operated as housing for older persons in accordance with the Housing for Older Persons Act. At least 80% of occupied units are required to be occupied by at least one person who is 55 years of age or older. The remaining units may be occupied by households that do not meet the 55+ age requirement, provided the property maintains compliance with the 80% threshold at all times. There may be an exception to this threshold, based on a regulatory or other legal requirement.
2. Each household member must provide all information necessary to verify income and eligibility. Management will follow applicable verification hierarchy. If third party verification will be used when required or when sufficient documentation is not available, household members must sign required consent documentation.
3. The household must demonstrate the ability to meet the financial obligations of residency, including payment of rent and utilities. Management may consider income in relation to rent as part of this assessment, in compliance with all applicable program and fair housing requirements.

Rules applicable to apartments federally assisted with Housing Credits or a combination of Housing Credits and federal HOME funding:

1. The household's income may not exceed applicable Income Limits designated for affordable units at the time of initial occupancy. The limits which apply vary by county and income target for specific apartments.
 - a. Management may require verification of household composition when necessary to determine program compliance and eligibility.
2. Restrictions apply to households in which all occupants are full-time students, unless the household meets one of the exceptions permitted under Section 42 of the Internal Revenue Code.
3. Applicants with a Section 8 Housing Choice Voucher or other tenant-based rental assistance will not be denied admission solely on the basis of their participation in such programs.

Rules applicable to apartments federally assisted with only federal HOME funding:

1. The household's income may not exceed applicable Income Limits designated for affordable units. The limits which apply vary by county and income target for specific apartments.
2. Each member of the household who is 6 years or older must provide a valid social security number, if available and documentation acceptable to management to verify the number, or evidence of application if a number has not yet been assigned.
 - a. Applicants may be required to provide Social Security number documentation within a reasonable timeframe as part of the eligibility determination process. Failure to provide required documentation may result in removal from the waiting list if eligibility cannot be verified.

Rules applicable to Permanent Supportive Housing (PSH) units:

This property may include units Permanent Supportive Housing (PSH) units intended for households meeting the definition of homeless/chronically homeless and disabled, in accordance with Qualified Allocation Plan (QAP) requirements and the property’s regulatory agreement. These units will be maintained in compliance with state agency requirements.

PSH units will be filled with referrals from coordinated entry systems and designated service providers. Applicants for PSH units will be selected based on prioritization criteria established by the coordinated entry, rather than chronological order alone. All referred applicants must still meet all other applicable program eligibility requirements, including income qualification and screening criteria outlined in this policy. Supportive services will be offered to PSH residents; however, participation in services is voluntary and not a condition of tenancy. Residents of PSH units are subject to the same lease terms and obligations as all other Residents. Upon availability of PSH units, PSH designated units will continue to be leased in accordance with PSH requirements and referral processes.

Eligibility of Single Persons: Eligible Single Persons include those persons 18 years of age or older or a person under 18 years of age who has been emancipated through marriage under state law.

TARGETED POPULATION AND AFFIRMATIVE FAIR HOUSING MARKETING: In accordance with the Affirmative Fair Housing Marketing Plan, management will conduct marketing and outreach to attract eligible applicants from identified targeted populations. All applicants will be screened using the same criteria and standards as outlined in this Tenant Selection Plan, without regard to protected class status.

APPLICATION REQUIREMENTS: Anyone who wishes to secure housing must fully complete the application form provided by management. The information provided must contain enough information for management to make an initial determination of the income eligibility of the household; the size of unit desired or needed and sufficient information to screen Applicant's prior landlord history. Applicants must consent to management's requirement to secure a credit and criminal background history and must provide sufficient information to enable management to secure such reports. Incomplete applications will not be processed. Management will obtain only the information necessary to determine eligibility and suitability for tenancy.

CHANGES IN INCOME OR FAMILY COMPOSITION FOR WAITING LIST APPLICANTS: If an applicant’s income or household composition changes prior to reaching the top of the waiting list, eligibility will be re-evaluated at that time. If the applicant is no longer eligible, management will provide written notice and the option to remain on the waiting list if future eligibility is possible. If a change in household composition results in the need for a different unit size, the applicant will be placed on the appropriate waiting list while maintaining their original application date, where applicable.

OCCUPANCY STANDARDS: Occupancy standards are established to promote the health, safety, and welfare of Residents and to ensure that units are not overcrowded. The number of occupants in a unit must be in accordance with the occupancy standards as set forth by The Housing Company based upon local law and Agency regulations. These occupancy standards are subject to change during the lease term if changes in laws, ordinances, or Agency regulations, deems changes are necessary. The maximum occupancy limit will depend on local law and regulations, and the square footage of usable sleeping areas as defined by local law and suggested Agency guidelines. The Housing Company utilizes a general guideline of two (2) persons per bedroom as a starting point; however, occupancy determinations are made on a case-by-case basis. Factors include, but not limited to household composition, age and relationship of the household members, unit size and configuration, and the square footage of the habitable space. Maximum occupancy guidelines are as follows:

| UNIT SIZE | MAXIMUM |
|-----------|---------|
| 1 | 3 |
| 2 | 5 |
| 3 | 7 |
| 4 | 9 |

These standards are guidelines only and may be adjusted as necessary to comply with Fair Housing requirements, including consideration of reasonable accommodations for individuals with disabilities. The Housing Company does

not impose a minimum occupancy requirement, except as necessary to comply with program rules or subsidy requirements for federally assisted units.

Occupancy standards will not be applied in a manner that discriminates against families with children or other protected classes.

DETERMINING UNIT SIZE AT MOVE-IN FOR FEDERALLY ASSISTED UNITS: For federally assisted units, unit size determinations will be made in accordance with applicable program requirements to ensure appropriate utilization while avoiding overcrowding and unnecessary subsidy.

In Determining appropriate unit size, the following household members will be included:

1. All full-time members of the household;
2. Children who are temporarily absent (e.g., for school) but reside in the unit during periods such as school recesses;
3. Children who are subject to a joint custody agreement but live in the unit at least 50% of the time;
4. An unborn child or children who are in the process of being adopted or whose custody is being obtained by an adult;
5. Foster children and foster adults;
6. Live-in aides approved in accordance with program requirements.

Individuals who are not members of the household (e.g., visitors, or permanently absent family members) will not be considered when determining unit size.

OVERCROWDED OR UNDER-UTILIZED UNITS IN FEDERALLY ASSISTED UNITS: Units that are smaller than appropriate for a household may be assigned at move-in if doing so does not result in overcrowding and is consistent with applicable program requirements and local occupancy codes.

- When a household is placed in a unit that is not appropriately sized due to availability, the household may be required to transfer to a suitably sized unit when one becomes available. Management will provide reasonable notice of any required transfer.
- After move-in, if a unit becomes over occupied due to changes in the household composition, management may require the household to transfer to an appropriately sized unit.

All transfer decisions will be made in compliance with program rules, income eligibility requirements, and Fair Housing laws. Required transfers will be processed in accordance with the property transfer policy.

OVERCROWDED OR UNDER-UTILIZED UNITS IN MARKET-RATE UNITS: Management will evaluate occupancy for market rate units using the same household composition criteria outlined in this policy. In determining occupancy, the following household members will be included:

1. All full-time members of the household;
2. Children who are temporarily absent (e.g., for school) but reside in the unit during periods such as school recesses;
3. Children who are subject to a joint custody agreement but live in the unit at least 50% of the time;
4. An unborn child or children who are in the process of being adopted or whose custody is being obtained by an adult;
5. Foster children and foster adults;
6. Live-in aides approved in accordance with program requirements.

Occupancy standards will be applied in a manner consistent with Fair Housing requirements.

PREFERENCES: The preferences described in this section are intended to address the varying requirements of management's housing portfolio. Depending on the property's program requirements, regulatory agreements, funding sources, and approved Resident Selection Plan, one or more of the following preferences may apply. The specific preferences applicable to each property will be identified and administered in accordance with the property's governing program requirements. Applicants are not required to qualify for every preference listed below and will be evaluated only under those preferences applicable to the property for which assistance or housing is sought. Preferences do not guarantee admission but will be used to prioritize applicants on the waiting list who otherwise meet eligibility criteria.

The waiting list is maintained in chronological order by date and time of application. When preferences apply, applicants who qualify for a preference will be ranked above non-preference applicants.

The following preferences may apply to this property:

- **Applicants receiving tenant-based rental assistance or on Public Housing Authority (PHA) Waiting Lists:** Applicants who provide verification that they are currently receiving rental assistance or are on a Public Housing Authority (PHA) waiting list will receive priority on the waiting list. This preference will be applied to 100% of the Residential units, and in accordance with the property's Regulatory Agreement.
- **Veterans Affairs Supportive Housing (VASH) Voucher Holders:** Preference will be given to applicants who are participants in the VASH program and hold a VASH voucher.
- **Households with Disabilities:** Preference will be given to households that contain one or more members with a disability, as defined by the Fair Housing Act.

Accessible Units: Units that contain accessibility features designed for persons with disabilities will be offered first to households that require those features. Applicants must demonstrate a need for the accessible features. This preference applies only to units with accessibility modifications and does not affect general waiting list order for non-accessible units.

Preference for Applicant's Receiving Tenant-Based Rental Assistance or who are on Housing Authority Waiting Lists for Rental Assistance: In accordance with applicable program requirements, preference will be given to applicants who are receiving rental assistance or who are on a housing authority waiting list. This preference will be applied as required by the Regulatory Agreement and administered in a consistent and non-discriminatory manner. Application of this preference will not override or conflict with:

1. Income eligibility requirements.
2. Unit size and occupancy standards
3. LIHTC program requirements, including available unit rules; or
4. Fair Housing laws.

Reasonable Accommodation for Existing Residents: Requests for reasonable accommodation from existing residents, including unit transfers, will take priority over applicants on the waiting list when required due to a disability-related need. Such accommodations may include unit transfers or modifications necessary to allow the resident equal use and enjoyment of their dwelling. Costs associated with approved reasonable accommodations will be covered by management unless doing so will result in an undue financial or administrative burden.

Transfers for Existing Tenants: Transfers between units on the same property or between properties managed by The Housing Company will not receive a waiting list preference unless required as reasonable accommodation, an approved emergency transfer under applicable VAWA requirements, or as otherwise required by federal, state, or local law. All other transfer requests will be processed based on the original date and time of application and will not supersede applicants with applicable preferences.

Preferences for Applicant Referrals for Permanent Supportive Housing (PSH) Units: Management will observe preferences listed below. Priority determinations will be made through the Coordinated Entry System:

- Homeless individuals and families with a disability with long periods of episodic homelessness and severe service needs
- Homeless individuals and families with a disability with severe service needs
- Homeless individuals and families with a disability coming from places not meant for human habitation, safe havens, or emergency shelters without severe service needs
- Homeless individuals and families with a disability coming from transitional housing.

PROCESSING STEPS: The development shall be rented and occupancy maintained on a first-come, first-served basis with preferences taken into consideration. All persons wishing to be admitted to the development or placed on the waiting list must complete an application, supply required documents required and pay any applicable application fee in accordance with local, state, or federal law. Prospective residents submitting incomplete applications will not be considered for occupancy. The initial application shall be timed and dated when received, and the resident manager

shall maintain at the rental office a chronological list of all Applicants (categorized on a bedroom size and, when applicable, income target requirement). Applicants may be included on one or more waiting list, depending upon the needs of the household and management's determination of overcrowding. Preference households and existing residents requiring unit transfers because of accommodation will move ahead of chronological status applicants. Applicants shall be offered housing (after meeting all selection criteria requirements including the eligibility verification process), placed on the waiting list, or declined. Potentially eligible Applicants who have met resident selection criteria and for whom the right size unit is not available will be placed on the waiting list and contacted when an appropriate unit becomes available. The Applicant must contact the development's resident manager every 90 days to remain on the waiting list. Applicants who fail to provide acceptable landlord references, credit history, or who have a criminal background will be notified that they have been removed from the waiting list.

When an appropriate unit is available, the waiting list shall be reviewed to identify the Applicant who meets preference criteria and/or whose name is chronologically at the top of the list. The resident manager shall interview the Applicant; confirm and update all information provided on the application; update credit reports older than one year; obtain current information regarding income and family composition, as applicable and necessary, to certify income eligibility; and to determine the associated rent level in accordance with program requirements. The Applicant will be informed that a final decision on eligibility cannot be made until all verifications are complete and current income has been verified.

Applicants, whose position on the waiting list enables application processing, will receive only two consecutive notices of housing availability. If the Applicant is unable or decides not to complete the application process, the Applicant shall be removed from the waiting list upon sending the second notice and must reapply for eligibility. Applicants may reapply at any time. The waiting list shall be updated periodically and may be closed for one or more-unit sizes when the average wait for admission is more than a year.

SCREENING CRITERIA: The following factors shall be considered in screening Applicant for occupancy:

1. Demonstrated ability to meet financial obligations and to pay rent on time.
2. History of adhering to lease compliance, payment history, and community rules.
3. History of disturbing neighbors or destroying property.
4. History of court-ordered eviction(s).
5. Applicant's credit history. Lack of credit history alone will not be grounds for denial.
6. Ability to maintain (or with assistance would have the ability to maintain) the housing in a decent and safe condition based on living or housekeeping habits and whether such habits adversely affect the health, safety, or welfare of the household and other residents in the community.
7. Ability to meet all obligations of tenancy.
8. Current use or history of using illegal drugs or current use or history of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of others.
9. History of felony or misdemeanor convictions by any household member involving crimes against persons or property, fraud, dishonesty and any other criminal activity including, but not limited to, drug-related criminal activity.
10. Any household member, including a Live-In Aide, has been evicted from assisted housing within three years as a result of drug-related criminal activity.
11. Any household member has Registered Sex Offender status, or is subject to a lifetime registration requirement under a state sex offender registration program.
12. Income eligibility in accordance with program requirements. Minimum income-to-rent ratios may apply.
13. Full-time student status for Applicants seeking housing in units that are federally assisted or regulated, unless exempted as outlined below.
14. Live-In Aides will be screened for ALL factors related to health, safety, and program compliance.

All adverse information will be evaluated using an individualized assessment, considering the nature, severity, and recency of the conduct, as well as any mitigating circumstances. Applicants may request reasonable accommodation in the screening process where applicable.

REFERENCES AND CRIMINAL AND CREDIT HISTORY: Management will require consent of all adult household members and Live-In Aides for verification of references and permission to seek criminal background history.

Landlord References:

Landlord references will be required for up to two (2) years, including the present landlord. Applicants, who have been previous homeowners, must be able to demonstrate that they have made mortgage payments in a timely manner.

Applicants who have had no previous rental or homeownership history, must provide references from present and former employers, teachers, or clergy.

Unfavorable landlord or professional references may result in removal from the waiting list.

Credit History:

Credit reports will be ordered for each Applicant. The credit report will be reviewed to determine the Applicant's history of meeting financial obligations including payments for rent, utilities, loans, revolving credit cards, and other obligations. Applicant's credit history must be acceptable to management before they will be approved to occupy a unit. The credit report will be reviewed to:

1. confirm current address;
2. confirm credit sources included on the application;
3. confirm current and past employment listed on the application; and
4. determine whether the Applicant has an acceptable credit history.

Applicants whose credit histories are unacceptable will be declined and removed from the waiting list. An unacceptable credit history is one that reflects consistent, past-due payments of more than 90 days; a history of repeated insufficient fund checks; derogatory credit (repossessions, foreclosures, judgments, collections, charge-offs, liens, bankruptcy not yet discharged etc.); delinquent or charge off debt due other apartment communities; or unpaid utility company collections which would prohibit applicant from obtaining services. The lack of credit history or past due payments or derogatory credit relating to medical expense or student loans will not be considered as grounds for declining an Applicant. Consideration will be granted when current credit history demonstrates a pattern of improvement; history of rent payment overshadows other debt issues or Applicant can demonstrate acceptable reasons for credit history. Applicants may wish to provide an explanation that evidence efforts to correct credit deficiencies through payment plans or other work out solutions. If such explanation is acceptable to management, further screening may be conducted, and written confirmation of payment plans may be required from the creditor(s).

In the event of decline based upon credit, the Applicant has 14 days to provide an explanation and request further consideration. Management will provide a copy of Applicant's credit report upon request. It is the Applicant's responsibility to contact the credit-reporting agency to resolve any items that have been incorrectly reported.

Criminal Activity Reports:

A criminal activity report will be ordered for each Applicant, and an Applicant with a history that includes felonious crimes, serious misdemeanors, drug-related crimes, violent crimes, or sexual crimes will be declined and removed from the waiting list. Reports will be obtained from local, state, or national database records. Applicants will be required to certify that they or members of their household are not Registered Sex Offenders. Registered Sex Offenders will not be admitted to the apartment community.

DECLINING APPLICANTS: Applicants may be declined if any one of the following categories applies:

1. Failure to meet one or more of the screening criteria.
2. Information required by the application and income verification process is not provided.
3. Failure to respond to written requests for information.
4. Declaration by Applicant that they are no longer interested in housing.
5. Unacceptable credit history.
6. History of court-ordered eviction(s).

7. Income exceeds the appropriate Income Limit, if applicable.
8. Inability to appropriately maintain housing in a decent safe and sanitary condition.
9. Applicant is single, under 18 years of age, and has never been emancipated through marriage under State law.
10. Family size is too large for available units, and serious overcrowding would result in providing a smaller unit.
11. History of unjustified and chronic nonpayment of rent and financial obligations.
12. History of disturbing the quiet enjoyment of others.
13. A risk of intentional damage or destruction to the unit or surrounding premises by the Applicant or those under the Applicant's control.
14. History of violence and harassment of others.
15. History of violations of the terms of previous rental agreements such as destruction of a unit or failure to maintain a unit in a decent, safe, and sanitary condition.
16. Criminal history includes felony or misdemeanor conviction for drug related activity, violent crimes, sexual crimes, physical violence against persons or property, fraud, dishonesty, or any other criminal activity (excepting traffic violations) which, at the sole discretion of management, is deemed a risk to the wellbeing of the community.
17. Illegally using a controlled substance or abusing alcohol in a way that may interfere with the health, safety, and wellbeing of other residents. Waiver of this requirement is subject to Applicant demonstrating they are no longer engaging in such activity and producing evidence of participation in or completion of a supervised rehabilitation program.
18. Applicant or a member of the household is a Registered Sex Offender under any state sex offender registration program.
19. Applicant or a household member has engaged in or threatened abusive or violent behavior towards any staff member of management or another resident.
20. Applicant or a member of household was evicted from housing within three years as a result of drug-related criminal activity.
21. Application is incomplete or is found to contain false information.
22. Appropriately sized housing is not and will not be available in the apartment community.
23. Apartments federally subsidized with Housing Credits: All household members are full-time students and do not qualify for student exemptions. If all household members are full-time students, they must meet at least one of the following exemptions to be eligible for an affordable unit:
 - a. Receive assistance under Title IV of the Social Security Act.
 - b. Be enrolled in a job-training program receiving assistance under the JTPA or other similar federal, state or local laws.
 - c. Be a single parent with children who are not dependents of another individual; or
 - d. Students who are married have filed and will file a joint income tax return.
 - e. Previously in foster care.

If an Applicant is declined, Applicant will be notified in writing with an explanation of the reasons for decline. The Applicant will be notified that they have 14 days to respond in writing or to request a meeting to discuss the decline. All declined applications and supportive documentation shall be maintained at the management agent's home office in a manner that assures confidentiality.

VAWA Protections

This property is a covered housing program under the Violence Against Women Act (VAWA), as reauthorized, and complies with all applicable requirements set forth in 24 CFR § 92.359 and 24 CFR Part 5, Subpart L. The purpose of these protections is to ensure that applicants and residents are not denied admission, assistance, or evicted from a unit on the basis of their status as a victim of domestic violence, dating violence, sexual assault, or stalking. Applicant may request protection under the Act by completing the Certification of Domestic Violence, Dating Violence or Stalking (HUD form 50066) and Management will verify the certification as allowed by the Act.

In compliance with these regulations, the resident selection policy process and ongoing tenancy policies include the following:

- **Confidentiality:** All information provided by an applicant or tenant regarding their status as a victim of domestic violence, dating violence, sexual assault, or stalking will be kept confidential and will not be disclosed to any third party without the victim's written consent, unless a legal exception applies. Information will be maintained in a separate, secure file and retained only as long as required by the law.
- **Prohibited Discrimination:** We will not deny admission to an applicant or terminate a tenant's lease, or a household member's lease, solely on the basis of actual or threatened domestic violence, dating violence, sexual assault, or stalking. Criminal activity directly related to the abuse, engaged in by a member of the household or a guest, will not be a cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate family member is the victim or threatened victim of that abuse.
- **Lease Bifurcation:** In cases where a household includes both a victim and a perpetrator of domestic violence, dating violence, sexual assault, or stalking, we will comply with all lease bifurcation requirements. We will work with the victim to remove the perpetrator from the unit and the lease, allowing the victim and other household members to remain in the unit, provided they can continue to meet all eligibility requirements.
- **Notice of Rights:** All applicants will be provided with a copy of the "Notice of Occupancy Rights Under the Violence Against Women Act" and the "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking" (HUD Form 5380 and 5382, or successor forms) at the time of application, denial, or with any notice of eviction.
- **Documentation:** An applicant or tenant may be required to provide documentation of the abuse. This may include, but is not limited to, a completed HUD certification form (Form HUD-5382), a police report, a court order, or a statement from a professional service provider (e.g., a medical professional, social worker, or victim service provider). Third party documentation will only be requested in accordance with VAWA requirements. Management will not require more documentation than permitted under VAWA and will accept self-certification using Form HUD-5382 unless conflicting information is received.
- **Emergency Transfers:** In accordance with the property's Emergency Transfer plan and applicable HUD requirements, we will refer tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to the Participating Jurisdiction's Emergency Transfer Plan for a safe and available unit, consistent with the requirements of 24 CFR § 5.2005(e). The owner will cooperate with the Participating Jurisdiction in facilitating these transfers.

An individual's status as a victim of domestic violence, dating violence, sexual assault, or stalking will not be considered in admission, occupancy, or termination decisions. This property will treat all applicants and tenants fairly and in compliance with VAWA requirements, without regard to sex, gender identity, or sexual orientation. Any violation of these policies will be handled in a manner consistent with fair housing regulations and legal counsel.

DEFINITIONS:

APPLICANT includes all adult members of the Family or household.

DISABLED PERSON is a person with a disability as defined by Section 223 of the Social Security Act or as generally defined in 42 USC Section 6001(8) as a severe, chronic disability which:

1. is attributable to a mental/or physical impairment or combination of mental and physical impairments.
2. was manifested before age 22.
3. is likely to continue indefinitely.
4. results in substantial limitations in three (3) or more of the following areas of major life activities: self-care, receptive and responsive language, learning mobility, self-direction, capacity for independent living, and economic Self Sufficiency.
5. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment,

or the other services which are of lifelong, or extended duration and are individually planned and coordinated; and

6. is a person with a physical or mental impairment that:
 - a. is expected to be of long, continued and indefinite duration.
 - b. substantially impedes the person's ability to live independently; and
 - c. is such that the person's ability to live independently could be improved by more suitable housing conditions.
7. Is a person with a developmental disability.

DRUG-RELATED CRIMINAL ACTIVITY means the illegal manufacture, sale, distribution or use of a drug or possession with the intent to manufacture, sell or distribute a controlled substance. Drug-Related Criminal Activity does not include the use or possession, if the household member can demonstrate that they:

1. have an addiction to a controlled substance, has a record of such an impairment, or is regarded as having such an impairment; **and**
2. have recovered from such addictions and do not currently use or possess controlled substances. The household member must submit evidence of participation in, or successful completion of, a treatment program as a condition to being allowed to reside in the unit.

FAMILY is one or more persons in a household whose income and resources are available to meet the Family's needs.

FULL-TIME STUDENT is defined as an individual who attends full-time (for a minimum of five months per calendar year) an educational institution which normally maintains a regular faculty and curriculum. This definition applies to school aged children, including kindergarten and elementary students.

INCOME LIMITS are defined as those income limitations published by organizations regulating the development.

LIVE-IN AIDE/ATTENDANT is a person who lives with an Elderly or Disabled individual(s), is essential to that individual's care and wellbeing, is not obligated for the support of the person, and would not be living in the unit except to provide the support services. While a relative may be considered to be a Live-in Aide/Attendant, the relative can reside in the unit as a Live-in Aide/Attendant only if the tenant requires special care. The Live-in Aide qualifies for occupancy only as long as the tenant requires supportive services and may not qualify for continued occupancy as a Remaining Family Member. A household may NOT designate a Family member as head of household solely to qualify the Family as a Senior Household. Live-In Aides may be evicted for violation of house rules.

PERMANENTLY ABSENT FAMILY MEMBER is a household member who has left the household with no intention of returning as a member of the household.

REMAINING MEMBER HOUSEHOLD is a person who remains in a unit following a decrease in Family composition.

SENIOR HOUSHOLD is a household with at least one person 55 years of age or older.

SINGLE PERSON is a person who intends to live alone

Translation Request

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| English | <p>This is an important document. Do you need an interpreter?</p> <p>We can provide free interpreter services to help you understand this document. Please tell us if you need an interpreter.</p> |
| Albanian | <p>Ky është një dokument i rëndësishëm. A keni nevojë për një përkthyes?</p> <p>Ne mund t'ju sigurojmë shërbime të përkthimit falas për t'ju ndihmuar që të kuptoni këtë dokument. Ju lutemi na thoni nëse keni nevojë për një përkthyes.</p> |
| Arabic | <p>هذه وثيقة هامة. هل تحتاج إلى مترجم؟</p> <p>نحن نقدم لك خدمات ترجمة مجانية لمساعدتك على فهم هذه الوثيقة. الرجاء إخطارنا إذا كنت تحتاج إلى مترجم.</p> |
| Bosnian | <p>Ovo je vazan dokument. Da li vam je potreban prevodilac?</p> <p>Mi vam mozemo obezbjediti besplatne usluge prevodjenja koje vam mogu pomoci da razumijete ovaj dokument. Molimo vas da nam kazete ukoliko vam je potreban prevodilac.</p> |
| Chinese - Simplified | <p>这是一份重要文件。请问您需要口译员吗？</p> <p>我们可以提供免费的口译服务帮助您理解这份文件。 如需要口译员，请和我们联络。</p> |
| Chinese - Traditional | <p>這是一份重要文件。請問您需要口譯員嗎？</p> <p>我們可以提供免費的口譯服務幫助您理解這份文件。如需要口譯員，請和我們聯絡。</p> |

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| Farsi | <p>این یک مدرک مهم میباشد. آیا شما به مترجم نیاز دارید؟</p> <p>ما میتوانیم مترجم رایگان در اختیار شما قرار داده تا برای درک این مدرک به شما کمک کند. خواهشمند است در صورت نیاز به مترجم به ما اطلاع دهید.</p> |
| French | <p>Ceci est un document important. Avez-vous besoin d'un interprète?</p> <p>Nous pouvons vous fournir les services d'un interprète gratuitement afin de vous aider à comprendre ce document. Dites-le nous si vous en avez besoin.</p> |
| German | <p>Dieses Dokument ist wichtig. Brauchen Sie einen Übersetzer?</p> <p>Wir können Ihnen kostenlos einen Übersetzer zur Verfügung stellen, damit Sie dieses Dokument verstehen können. Bitte lassen Sie uns wissen, ob Sie einen Übersetzer brauchen.</p> |
| Haitian Kreyol | <p>Sa a se yon dokiman enpòtan. Èske w bezwen yon entèprèt?</p> <p>Nou bay sèvis entèprèt gratis pou ede w konprann dokiman sa a. Tanpri fè nou konnen si w bezwen yon entèprèt.</p> |
| Hindi | <p>यह एक महत्वपूर्ण दस्तावेज़ है। क्या आपको दुभापिये की आवश्यकता है? हम आपको मुफ्त दुभापिये की सेवाएं दिलवा सकते हैं जिससे कि आप यह दस्तावेज समझ सकें। यदि आपको दुभापिये की आवश्यकता है तो कृपया हमें सूचित करें।</p> |
| Japanese | <p>これは非常に重要な文書です。 通訳が必要ですか。</p> <p>この文書の理解がしやすいよう、通訳を無料で提供できます。必要な場合は、ご連絡ください。</p> |
| Korean | <p>이것은 중요한 문서입니다. 통역사가 필요하십니까? 귀하께서 이 문서를 이해하시는 데 도움을 드리기를 위하여 무료로 통역 서비스를 제공해 드릴 수 있습니다. 통역사가 필요하시면 저희에게 말씀해 주시기 바랍니다.</p> |

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| Lao | <p>ນີ້ແມ່ນ ເອກສານສຳຄັນອັນນຶ່ງ. ທ່ານຕ້ອງການນາຍພາສາບໍ ?</p> <p>ພວກເຮົາ ສາມາດຈັດຫານາຍພາສາ ບໍລິການ ໃຫ້ຝຣີ ເພື່ອຊ່ວຍໃຫ້ທ່ານເຂົ້າໃຈ ເອກສານອັນນີ້. ກະຮຸນາ ບອກພວກເຮົາ ຖ້າທ່ານຕ້ອງການນາຍພາສາ.</p> |
| Polish | <p>Ten dokument jest ważny. Czy Pan/Pani chce skorzystać z pomocy tłumacza?</p> <p>Możemy umożliwić Państwu skorzystanie z usług tłumacza za darmo. Proszę nas poinformować czy potrzebna jest Państwu pomoc tłumacza.</p> |
| Portuguese | <p>Este documento é importante. Necessita de um intérprete?</p> <p>Podemos fornecer a assistência dum intérprete para ajudá-lo a entender este documento. Por favor informe-nos se necessita dum intérprete.</p> |
| Romanian | <p>Acesta este un document important. Aveti nevoie de un translator?</p> <p>Oferim servicii de traduceri gratuite ca sa va ajutam sa intelegeti acest document. Va rugam sa ne contactati daca aveti nevoie de un translator.</p> |
| Russian | <p>Вам нужен переводчик?</p> <p>Мы можем предоставить Вам услуги переводчика бесплатно, чтобы помочь Вам понять этот документ. Если Вам нужен переводчик, пожалуйста сообщите нам об этом.</p> |
| Somali | <p>Halkan waxaa ku qoran macluumaad muhiim ah. Ma u baahan tahay turjubaan?</p> <p>Waxaan kuu heli karnaa turjubaan lacagla`aan ah si lagaaga caawiyo inaad fahantid macluumaadkan. Fadlan noo sheeg haddii aad u baahan tahay turjubaan.</p> |
| Spanish | <p>El presente es un documento importante. ¿Necesita usted un intérprete?</p> <p>Podemos brindar los servicios de interpretación gratis para ayudarle a entender este documento. Favor de decirnos si usted necesita un intérprete.</p> |
| Swahili | <p>Hii ni makala muhimu. Unihitaji mtafsiri?</p> <p>Tunaweza kukupatia mtafsiri bila malipo kwa kukusaidia kuelewa makala hii. Tafadhali tuarifu kama unahitaji mtafsiri.</p> |

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| Tagalog | <p>Ito ay isang importanteng dokumento. Kailangan ba ninyo ang tulong ng isang tagasalin?</p> <p>Mabibigyan namin kayo ng isang tagasalin para matulungan kayong maintindihan itong dokumento. Pakisabi lang sa amin kung kailangan ninyo ng tulong ng isang tagasalin</p> |
| Thai | <p>เอกสารสำคัญ คุณต้องการล่ามหรือไม่ เราสามารถช่วยคุณเข้าใจเอกสารนี้ได้โดยล่ามที่ให้บริการโดยไม่คิดค่าใช้จ่าย ในใดๆกรุณาแจ้งหากคุณต้องการล่าม</p> |
| Turkish | <p>Bu önemli bir belgedir. Bir tercümana ihtiyacınız var mı?</p> <p>Bu belgeyi anlayabilmeniz için size ücretsiz bir tercümanlık hizmeti sağlayabiliriz. Eğer bir tercüman isterseniz lütfen bize söyleyin.</p> |
| Vietnamese | <p>Đây là tài liệu rất quan trọng. Bạn cần một người phiên dịch viên không?</p> <p>Chúng tôi có thể cung cấp dịch vụ phiên dịch miễn phí để giúp bạn hiểu tài liệu này. Xin hãy cho chúng tôi biết nếu bạn cần một phiên dịch viên.</p> |