

{For Office Use Only}  
Date & Time Application Rcvd: \_\_\_\_\_  
Application Rcvd by: \_\_\_\_\_



**AFFORDABLE  
HOUSING  
DEVELOPERS**

## **RENTAL APPLICATION (CONFIDENTIAL) Equal Opportunity Housing**

PLEASE NOTE-THIS IS A PRELIMINARY APPLICATION AND GIVES NO LEASE OR RENT RIGHTS  
A SEPARATE APPLICATION IS REQUIRED FOR EACH MEMBER OF THE HOUSEHOLD, OVER THE AGE OF 18, WITH THE  
EXCEPTION OF THE APPLICANT AND CO-APPLICANT  
APPLICATIONS MUST BE FILLED OUT COMPLETELY IN ORDER TO BE ACCEPTED FOR PROCESSING  
IF AN ITEM DOES NOT APPLY, PLEASE WRITE "NOT APPLICABLE" OR "NONE"  
INCOMPLETE APPLICATIONS WILL BE RETURNED  
IF YOU NEED ASSISTANCE IN COMPLETING THE APPLICATION, PLEASE CONTACT OUR OFFICE

**THIS APPLICATION MUST BE COMPLETED & RETURNED WITH COPIES OF ALL SOCIAL SECURITY CARDS**

Any applicant, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing

Property Name:	Unit #:	# of Bedrooms:
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### **Household Composition**

List the Applicant, Co-Applicant and all other persons who will be residing in the unit.  
Attach a separate sheet if necessary.

	<u>Member Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Student</u>	<u>Social Security #</u>
1.		Head of Household				Yes / No	
2.						Yes / No	
3.						Yes / No	
4.						Yes / No	
5.						Yes / No	
6.						Yes / No	

Do you anticipate any change in your household (someone moving in or out) during the next twelve months? Yes / No  
If Yes, please explain: \_\_\_\_\_

### **Housing Information**

Current Address:		May we contact landlord?	
Dates - From:	To: present	Rent Amount:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Landlord:		Landlord Address:	
Landlord Phone:		Reason for leaving:	
If owned, do you receive rental income from the property?			



In accordance with Federal civil rights law this institution is an equal opportunity provider and employer. We do not discriminate based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity.



**Affordable Housing Developers, Inc.** ~ 112 3<sup>rd</sup> St. W, Suite 101, Dickinson, ND 58601 ~  
**Phone** ~ 701-483-4545 ~ **ND Relay TTY** ~ 1-800-366-6888 ~ [www.ahdi-nd.org](http://www.ahdi-nd.org)

### Housing Information (Continued)

Previous Address:			May we contact landlord?
Dates - From:	To:	Rent Amount:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Landlord:		Landlord Address:	
Landlord Phone:		Reason for leaving:	
If owned, do you receive rental income from the property?			

  

Previous Address:			May we contact landlord?
Dates - From:	To:	Rent Amount:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Landlord:		Landlord Address:	
Landlord Phone:		Reason for leaving:	
If owned, do you receive rental income from the property?			

### Citizenship and/or Eligible Alien Status

Information must be verified by an acceptable document recognized by the Federal Government.

Are you a United States Citizen?	Yes	No
If no, are you a Non-Citizen with eligible alien status?	Yes	No
Are you a Non-Citizen Student?	Yes	No

### Emergency Contact

The following information is voluntary. It will only be used in case of emergencies, once your application has been approved for occupancy and you have moved into the building.

Name	Address	Phone #	Relationship

### Personal References

Name & contact info of a Personal Reputable Reference (Ex., Employer, teacher, co-worker, etc.). **No Relatives.**

Name	Address	Phone	Work Phone	Email	Years Known

**Note:** Personal references will only be contacted if you have little or no rental history and/or little or no credit history.

All Questions Must Be Answered		
1.	Does your household have any needs that might be better served by an apartment, which is accessible to persons with mobility impairments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Will this unit be your sole residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development/HUD? If yes, you may be eligible for a \$400 and medical deduction. Eligibility must be verified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever had eviction action filed against you or violated your lease? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have your monthly rent obligations been paid on time? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have your security deposits always been refunded? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you paid in full all utilities for which you have been responsible? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is there anyone currently living with you that is not on this application? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you have sole legal and physical custody of your children? If no, please explain custody arrangement:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does your household have a pet? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you receive Housing Assistance? If yes, type: HRA Section 8 Voucher <input type="checkbox"/> RAFS <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever previously applied with Affordable Housing Developers, Inc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are you now living in a government-subsidized property? If yes, Name and Address of Development:	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures or for any other reasons? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you or any member of your household ever used different names from the names given in this application? If yes, please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Have you or any member of your household ever used social security numbers different from those listed in this application? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you or any member of your household lived in any other state? If yes, which states:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Drug & Criminal Background Check

#### All Questions MUST Be Answered

Federal law requires us to verify drug and criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or over must answer the following questions and sign below to consent to a background check. **Each household member age 18 or over must complete a separate form.** The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other tenants. The property will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1.	Have you been evicted from a federally assisted site for drug-related criminal activity? If yes, when, and please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does anyone in your household abuse alcohol or use illegal drugs? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you currently subject to a registration requirement under a state sex offender registration program? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you been convicted of any drug-related crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you been convicted of any felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you been convicted of any crime involving fraud or dishonesty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you been convicted of any crime involving violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you currently being charged/pending charges with any of the above criminal activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Student Status: Check the Appropriate Box(es)**

All family members, 18 or over, must provide the following information:

School Name & Address: \_\_\_\_\_

School Name & Address: \_\_\_\_\_

☐ I certify, under penalty of perjury, that I am NOT a full-time or part-time student and have not been a full-time or part-time student in the last calendar year. I will notify management if I become a full-time or part time student in the future and understand that my student status could affect my eligibility to live at this project.

☐ I AM a full-time or part-time student. (Student eligibility requirements apply to applicants enrolled at an institution of higher education who are under 24 years of age, unless the applicant is a student who is living with his/her parents who are applying for Section 8 Assistance).

1.	Did your parents or guardians claim you as a dependent on their latest tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you of legal contract age under state law (18)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you established a separate residence from your parents or legal guardians, at least one year prior to application for occupancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Will you be 24 years old, or older, by December 31 of the current year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Were you an orphan or ward of the court through the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you have legal dependents other than a spouse (dependent children or an elderly parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you a graduate or professional student?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Household Income Information

**All information will be verified by a third party**

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full-time, part-time or seasonal employment. If a household member has more than one source of income, use a separate line for each source.

	Does Any Member Receive or Expect to Receive?	Yes / No	Gross Monthly Amt
1.	Wages, salaries (includes overtime, tips, bonuses, commissions, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	Does any member work for someone who pays them in cash or is self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3.	Regular pay for a member of the Armed Forces:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4.	Public Assistance (MFIP, GA). Benefits are rcvd by (circle one):    direct deposit       check       cash card	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5.	Worker's Compensation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6.	Unemployment benefits or severance pay:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
7.	Student financial assistance (public or private, not including student loans):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
8.	Child Support (Check yes if you have a court order, even if you are not receiving the full amount awarded):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
9.	Alimony/Spousal Maintenance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
10.	Social Security income (including unearned income of minor children):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
11.	Disability benefits including social security disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
12.	Regular payments from pensions (PERA, railroad, etc.):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
13.	Regular payments from retirement benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
14.	Death Benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
15.	Regular payments from annuities or life insurance dividends:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
16.	Regular payments from inheritance, insurance settlement, lottery winnings, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
17.	Net income from rental property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
18.	Regular cash and non-cash contributions, assistance with paying bills (including utilities) or gifts from companies, agencies or individuals not living in the unit (not including groceries).	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
19.	Are any changes to income expected within the next 12 months due to a raise, bonus or any other reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
20.	Other (list):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

**If you checked YES to any of the previous questions regarding household income info:  
For each type of income your household receives, list the source**

Question #	Family Member	Name & Address of Source(s) of Income	Phone # of Source	Fax/Email of Source	Annual Income
					\$
					\$
					\$
					\$

**Household Assets**  
All Info will be verified by a third party.

	Does Any Household Member (including children) Have Money Held in:	Yes / No	Current Balance
1.	Checking Accounts 6-month Average Balance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3.	Cash cards used to receive government benefits or other income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4.	Online donation accounts such as GoFundMe, Kickstarter, Fundly, local bank, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5.	US Savings Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6.	Trusts*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
7.	Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
8.	Whole or Universal Life Insurance Policy (do not include term life insurance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
9.	401K*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
10.	IRA/KEOGH Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
11.	Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
12.	Pension/Retirement/Annuity or Health Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
13.	Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
14.	Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
15.	Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
16.	Lump Sum Payment (ie., inheritance, insurance settlement, lottery winnings, capital gains)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
17.	Are any accounts held jointly with someone not in the unit? Which account and with whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
18.	Other (list)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
19.	Do you now own a home or other real estate? If yes, please list address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
20.	Do you receive payments for a home you sold by contract for deed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
21.	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
22.	Are any assets held jointly with another person? List person and asset:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

\*Note: includes Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement or death. If you are unsure, list the account and it will be verified.

**If you checked YES to any of the above: List financial accounts of all household members. Checking, Savings, CD's, IRA's, Keogh Accounts, Mutual Funds, Annuities, Trust Accounts, Pension Accounts, Life Insurance Policies, Burial Accounts.**

Question #	Family Member	List Name AND Address of Bank or Institution where funds are kept. Provide a copy or entire property tax statement for any real estate owned.	Type of Account	Current Balance	Phone # of Source	Fax/Email of Source

I/We certify that I/we ☐ have ☐ have not sold or disposed of any asset for less than Fair Market Value during the two-year (24-month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

<u>Relationship to Head of Household</u>	<u>Type of Asset</u>	<u>Assets Estimated Market Value at Time of Disposition</u>	<u>Date Sold/Disposed of</u>	<u>Amount Received</u>
				\$
				\$

### Household Allowance Information

All info will be verified by a third party.

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, cost of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g. insurance, Medicare, state agency or charitable organization.

An elderly household is one in which the head, co-head or sole member is 62 or older, handicapped or disabled. Such households qualify for a \$400 deduction in computing rent. Would you like to apply for this deduction?

☐ Yes ☐ No

	<b>Do you expect to incur any of the following expenses:</b>	<b>Yes / No</b>	<b>Monthly Amount</b>
1.	Childcare Expenses: (Age 12 or Under) for care necessary to enable a family member to work, seek employment, or further their education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>"ELDERLY" AND DISABLED FAMILIES ONLY. You must be an elderly household in which the head, spouse, or co-head is 62 or older, disabled, or handicapped.</b>			
2.	Disability Assistance: Attendant Care/Auxiliary Apparatus for Care necessary to enable a family member to go to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3.	Attendant Care for a household member who has a handicap or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4.	Medicare Premiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5.	Do you receive medical assistance through the Public Assistance Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6.	Cost of assistive devices for a household member who has a handicap or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
7.	Outstanding medical bills on which you are currently paying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
8.	Drug cost not covered by insurance or other out of pocket medication expenses such as any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g. insulin, aspirin, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
9.	Health Insurance /Long Term Care Insurance premiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
10.	Do you expect to have extraordinary medical/dental/optical/hearing or other out of pocket expenses during the next twelve (12) months? If yes, please list amount and type of expense:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

### If you checked YES to any of the above:

<u>Question #</u>	<u>Family Member</u>	<u>List Name AND Address of Service Provider. Day Care Center, Insurance Company, Doctor, etc. (Use back of Page for Extra Space)</u>	<u>Phone # of Source</u>	<u>Fax/Email of Source</u>

**Rural Development Applicants ONLY**  
**Disclosure Notice**

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**This information is being requested for statistical purposes and to comply with equal opportunity and fair housing legislation.**

**CHECK ALL THAT APPLY :**

**RACE:** Is the head of the household:

( ) American Indian or Alaska Native American

( ) Asian

( ) Black or African

( ) Native Hawaiian or Other Pacific Islander

( ) White

**ETHNICITY:**  
Is the Head of Household:

( ) Hispanic or Latino

( ) Non-Hispanic Latino

**SEX:** Is the Head of Household:

( ) Male

( ) Female

Is the Co-Head of Household: ( ) Male  
( ) Female

**Marital Status:** Is the head of the household:

( ) Married ( ) Single

( ) Divorced

( ) Widowed

( ) Separated

**Race, Ethnicity and Sex information obtained from Applicant ☐ or by Management Observation ☐.**

**We do business in accordance with the Federal Fair Housing Law. IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN.**



**All Household Members age 18 or Older Sign Below**

APPLICANT'S STATEMENT: I/We understand the information in this application will be used to determine eligibility for housing and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/we certify that I/we have revealed all income and assets currently held or previously disposed of and that I/we have no other assets than those listed (other than personal property). I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my /our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or the sources for credit and verification information which may be released to appropriate Federal, state or local agencies. I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the property, to a public housing authority, or to an agency contracted by the property to conduct criminal background checks.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

The applicant does not have to sign the consent if it is not clear who will provide or who will receive the information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Management Representative

\_\_\_\_\_  
Date:



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## **EXHIBIT A: Courtyard Apartments**

### **2019 USDA Rural Development Income Limits**

Household income shall not exceed the Moderate-Income level set by Rural Development.

<u>Family Size</u>	<u>Very Low</u>	<u>Low</u>	<u>Moderate</u>
1 person	\$29,050.00	\$46,400.00	\$51,900.00
2 person	\$33,200.00	\$53,050.00	\$58,550.00
3 person	\$37,350.00	\$59,650.00	\$65,150.00
4 person	\$41,450.00	\$66,300.00	\$71,800.00

<u>Number of bedrooms</u>	<u>Minimum</u>	<u>Maximum</u>
1 Bedroom	1	2
2 Bedroom	2	4

### Applicant Screening

Each applicant for occupancy will be screened through the following consumer credit reporting agency:

[www.residentcheck.com](http://www.residentcheck.com)  
1-800-491-2580



In accordance with Federal civil rights law this institution is an equal opportunity provider and employer. We do not discriminate based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity.





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## **GENERAL AUTHORIZATION AND RELEASE OF INFORMATION**

The following named individual has made application with:

Courtyard Apartments

Property Name \_\_\_\_\_

**Please PRINT complete Legal Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden/Former Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment \_\_\_\_\_

Time at Current Job \_\_\_\_\_ (years) Current Job Income \_\_\_\_\_ (monthly)

I authorize Affordable Housing Developers, Inc. and RESIDENT CHECK to investigate my criminal history, residential, employment and income history, and bank and credit history for the purpose of housing. The source of information may come from, but is not limited to: Credit Bureaus, banks and other depository institutions, current and former employers, federal or state records including State Employment Security Agency records, county or state criminal records, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### **ADDITIONAL SEARCH REQUESTED**

☐ Out of state search (if you lived in any other state, please list city, state and county)

1. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

2. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_



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## TENANT SELECTION CRITERIA

Tenants are to be impartially selected in accordance with applicable Federal and State Laws. Affordable Housing Developers, Inc. reserves the right to deny anyone that may jeopardize the future stability of the property. To be eligible for occupancy, applicants must meet the following selection criteria:

### **Citizenship**

Assistance in subsidized housing is restricted to U.S. citizens or nationals and non-citizens who have eligible immigration status as determined by Rural Development.

### **Income**

The household income must fall within the established income guidelines (See Appendix B).

### **Appropriate Family Size**

The household size must be appropriate for the unit available (See Appendix A).

### **Legal age**

You must be 18 years or older if applying for occupancy as head of household or co-head of household. No exceptions.

### **Criminal History**

Only conviction history will be considered for denial; arrest history will not be considered.

Conviction of crimes for the following offenses will result in a lifelong denial:

- Murder, attempted murder, or manslaughter
- Kidnapping or false imprisonment
- Any felony involving bodily injury with or without use of a firearm
- Arson resulting in bodily injury or destruction of property.
- Felony possession, use, or distribution of child pornography
- Sexual offenses

A felony conviction within five (5) years of the date of application will result in denial.



In accordance with Federal civil rights law this institution is an equal opportunity provider and employer. We do not discriminate based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity.



A felony conviction relating to possession of illegal drugs and/or drug paraphernalia within three (3) years of the date of application will result in denial, with the exception of having proof of completed rehabilitation.

A gross misdemeanor conviction within three (3) years from the date of application will result in denial.

Incarceration (more than 12 consecutive months) will result in denial for three (3) years from date of release, with the exception of having proof of completed rehabilitation for drug related offences.

Misdemeanors or petty crimes will result in denial if there are two or more within three years.

### **Good Rental History**

For three years prior to the date of application, applicant shall have good rental history.

Good rental history includes but is not limited to:

- Payment obligations made on time
- No lease or rule violations
- No record or pattern of disruptive behavior
- No record of destruction of property or poor housekeeping habits

Negative rental history will result in denial.

### **Evictions**

Filed within three (3) years, or two (2) within five (5) years, prior to the date of application will result in denial of rental application. If the eviction is filed in connection with a foreclosure of the primary residence, it will not result in denial.

### **Credit History**

Credit history that indicates an applicant would be unable to pay rent or other expenses related to occupancy of the rental unit will result in denial.

The following criteria will be applied on an individual basis

- A negative credit item is defined as a collection, judgement, repossession, bad debt, or a late account over 90-days past due
- At least five negative credit items or past due amounts of \$5,000.00 or more within the previous 18 months will result in a denial
- Any money owed to a previous landlord or an essential utility company will result in denial. An essential utility is defined as gas, electric, water/sewer. If the Tenant pays the debt in full, they will not be denied on this basis; however, payment plans will not be accepted.

Exceptions:

- Bankruptcy filings, which have been discharged
- Past due medical bills, student loans
- A foreclosure of your primary residence will not be considered a negative credit item

If applicant is a Section 8 Voucher Holder, Affordable Housing Developers will adhere to Sections 8 policy determinations with regards to poor credit history.

#### **No Demonstration of Negative Behavior**

If applicant exhibits any of the following, Management has the right to deny their application for housing:

- Display of uncooperative, abusive or belligerent attitude towards Management and/or members of an interviewing committee during the application process;
- providing information on application or in interview which is false, misrepresented, incomplete or non-verifiable.

#### **Student Status (for properties without Tax Credits)**

The following are eligibility restrictions of students for assisted housing under Section 327(s) of the U.S. Housing Act of 1937.

Assistance shall not be provided to any individual enrolled as a student at an institution of higher education who is under the age of 24;

- Is not a veteran of the United States military
- Is unmarried
- Does not have a dependent child
- Is not a person with disabilities, as such term is defined in section 3(b) (3)E of the United States Housing Act of 1937 (42 U.S.C.1437 a(b)(3)(E) and was not receiving assistance under such Section 8 as of November 30, 2005
- Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive Section 8 assistance
- Has established a household separate and distinct from parents or legal guardians

#### **State and Federal Laws**

Applicants shall meet the eligibility requirements imposed by North Dakota State and Federal laws and any regulations or requirements disseminated there under.

#### **Denial of Application**

In the event any application is not approved, the applicant shall be notified, in writing, by first class mail as to the reasons for non-selection and whom to contact for additional information.

**Holding a Unit**

Upon submission of the application for occupancy, applicant must pay the necessary security deposit to hold the unit. Unless the security deposit is paid, there is no guarantee of rental and Management will continue to process other applications for the unit. Applicant has five (5) business days to withdraw their application for a full refund of the security deposit. If applicant fails to occupy the unit upon approval of the application, the security deposit will be forfeited. Prior to move-in, the security deposit and first months' rent must be paid in full. Management must be notified and arrangements made if Applicant is applying or receiving security deposit assistance.

**Verification**

Information provided on your application will be verified. For required verification purposes, applicants must sign a written authorization and release of information. Applications are not considered complete until all required verifications have been obtained.

**Application requirements**

Minimum lease term is 12 months. Applications completed in full and properly signed will be accepted according to unit size and type in chronological order. Families that include persons with disabilities will be given preference for units with special accessibility features. If a unit that fits the applicant's needs is not available, their name will be placed on the waiting list (maintained in the same order), after preliminary eligibility determination. If a very low-income applicant is needed to achieve targeting requirements, and the next applicant has income above the very low-income limit, that applicant must be placed on the waiting list until the property is ready to house an applicant with income above the very low-income limit.

**Pets**

If the property accepts pets, applicants with pets must complete a Pet Addendum and Agreement. Any pet that is listed as prohibited on the Agreement will not be approved. Service animals are exceptions to the Pet Addendum and Agreement.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date