{For Office Use Only}
Date & Time Application Rcvd: _____

Application Rcvd by: _____

AFFORDABLE HOUSING DEVELOPERS

APPLICATION FOR HOUSING
Equal Opportunity Housing

A SEPARATE APPLICATION IS REQUIRED FOR EACH ADULT MEMBER OF THE HOUSEHOLD WITH THE EXCEPTION OF THE HEAD OF HOUSEHOLD AND THEIR SPOUSE.

IF YOU ARE HANDICAPPED OR DISABLED OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL TO SCHEDULE ASSISTANCE. APPLICATIONS MUST BE FILLED OUT COMPLETELY IN ORDER TO BE ACCEPTED FOR PROCESSING. INCOMPLETE APPLICATIONS WILL BE RETURNED.

THIS APPLICATION MUST BE COMPLETED & RETURNED WITH COPIES OF ALL ID'S, SOCIAL SECURITY CARDS & BIRTH CERTIFICATES.

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 nor placed on the waiting list.

Property Name:	Unit #:	# of Bedrooms:

Household Composition

Complete in your own handwriting. List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the head:

	Member Full Name	Relationship	Date of Birth	Age	Sex	Student	Social Security #
1.		HEAD				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: _____

Current address:	City:	State:	Zip Code:
Telephone #:	Email Address:		

EQUAL HOUSING OPPORTUNITY

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 3rd St. W, Suite 101, Dickinson, ND 58601
Phone ~ 701-483-4545 ~ ***Fax*** ~ 701-483-4433 ~ ***ND Relay TTY*** ~ 1-800-366-6888 ~ www.ahdi-nd.org

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

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

Check the Appropriate Box(es)

1.	Do your parents or guardians claim you as a dependent on their latest tax return?	☐ Yes ☐ No
2.	Are you of legal contract age under state law (18)?	☐ Yes ☐ No
3.	Were you an orphan or ward of the court through the age of 18?	☐ Yes ☐ No
4.	Are you a veteran of the U.S. Armed Forces?	☐ Yes ☐ No
5.	Do you have legal dependents other than a spouse (dependent children or an elderly parent)?	☐ Yes ☐ No
	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?	☐ Yes ☐ No
2.	Will this unit be your sole residence?	☐ Yes ☐ 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.	☐ Yes ☐ No
4.	Have you ever had eviction action filed against you or violated your lease? If yes, please explain:	☐ Yes ☐ No
5.	Have your monthly rent obligations been paid on time? If no, please explain:	☐ Yes ☐ No
6.	Have your security deposits always been refunded? If no, please explain:	☐ Yes ☐ No
7.	Have you paid in full all utilities for which you have been responsible? If no, please explain:	☐ Yes ☐ No
8.	Is there anyone currently living with you that is not on this application? If yes, please explain:	☐ Yes ☐ No
9.	Do you have sole legal and physical custody of your children? If no, please explain custody arrangement:	☐ Yes ☐ No
10.	Does your household have a pet? If yes, please explain:	☐ Yes ☐ No
11.	Do you receive Housing Assistance? If yes, type: HRA Section 8 Voucher ☐ RAFS ☐	☐ Yes ☐ No
12.	Have you ever previously applied with Affordable Housing Developers, Inc.?	☐ Yes ☐ No
13.	Are you now living in a government-subsidized development? If yes, Name and Address of Development:	☐ Yes ☐ 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:	☐ Yes ☐ 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:	☐ Yes ☐ 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:	☐ Yes ☐ No
17.	Have you or any member of your household lived in any other state? If yes, which states:	☐ Yes ☐ No

Housing Information

Current Address:			May we contact landlord?
Dates - From:	To: present	Rent Amount:	☐ Yes ☐ No
Current 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:	☐ Yes ☐ 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:	☐ Yes ☐ No
Previous Landlord:		Landlord Address:	
Landlord Phone:		Reason for leaving:	
If owned, do you receive rental income from the property?			

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.

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.	☐ Yes ☐ No	$
2.	Does any member work for someone who pays them in cash or is self-employed?	☐ Yes ☐ No	$
3.	Regular pay for a member of the Armed Forces:	☐ Yes ☐ No	$
4.	Public Assistance (MFIP, GA). Benefits are rcvd by (circle one): direct deposit check cash card	☐ Yes ☐ No	$
5.	Worker's Compensation:	☐ Yes ☐ No	$
6.	Unemployment benefits or severance pay:	☐ Yes ☐ No	$
7.	Student financial assistance (public or private, not including student loans):	☐ Yes ☐ No	$

8.	Child Support (Check yes if you have a court order, even if you are not receiving the full amount awarded):	☐ Yes ☐ No	$
9.	Alimony/Spousal Maintenance:	☐ Yes ☐ No	$
10.	Social Security income (including unearned income of minor children):	☐ Yes ☐ No	$
11.	Disability benefits including social security disability:	☐ Yes ☐ No	$
12.	Regular payments from pensions (PERA, railroad, etc.):	☐ Yes ☐ No	$
13.	Regular payments from retirement benefits:	☐ Yes ☐ No	$
14.	Death Benefits:	☐ Yes ☐ No	$
15.	Regular payments from annuities or life insurance dividends:	☐ Yes ☐ No	$
16.	Regular payments from inheritance, insurance settlement, lottery winnings, etc.	☐ Yes ☐ No	$
17.	Net income from rental property:	☐ Yes ☐ 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).	☐ Yes ☐ No	$
19.	Are any changes to income expected within the next 12 months due to a raise, bonus or any other reason:	☐ Yes ☐ No	$
20.	Other (list):	☐ Yes ☐ 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.

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.

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

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 (if yes, how many? _____ List ALL below)	☐ Yes ☐ No	$
2.	Savings Accounts (if yes, how many? _____ List ALL below)	☐ Yes ☐ No	$
3.	Cash cards used to receive government benefits or other income	☐ Yes ☐ No	$
4.	Online donation accounts such as GoFundMe, Kickstarter, Fundly, local bank, etc.	☐ Yes ☐ No	$
5.	US Savings Bonds	☐ Yes ☐ No	$
6.	Trusts*	☐ Yes ☐ No	$
7.	Securities	☐ Yes ☐ No	$
8.	Whole or Universal Life Insurance Policy (do not include term life insurance)	☐ Yes ☐ No	$
9.	401K*	☐ Yes ☐ No	$
10.	IRA/KEOGH Accounts	☐ Yes ☐ No	$
11.	Certificates of Deposit	☐ Yes ☐ No	$
12.	Pension/Retirement/Annuity or Health Savings Accounts	☐ Yes ☐ No	$
13.	Money Market Accounts	☐ Yes ☐ No	$
14.	Treasury Bills	☐ Yes ☐ No	$
15.	Stocks	☐ Yes ☐ No	$
16.	Lump Sum Payment (i.e. inheritance, insurance settlement, lottery winnings, capital gains)	☐ Yes ☐ No	$
17.	Are any accounts held jointly with someone not in the unit? Which account and with whom?	☐ Yes ☐ No	$
18.	Other (list)	☐ Yes ☐ No	$
19.	Do you now own a home or other real estate? If yes, please list address:	☐ Yes ☐ No	$
20.	Do you receive payments for a home you sold by contract for deed?	☐ Yes ☐ 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)?	☐ Yes ☐ No	$
22.	Are any assets held jointly with another person? List person and asset:	☐ Yes ☐ 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 <u>all</u> 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

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

	Do you expect to incur any of the following expenses:	Yes / No	Monthly Amount
1.	Childcare Expenses: (Age 12 or Under) for care necessary to enable a family member to work, seek employment, or further their education?	☐ Yes ☐ No	$
"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.			
2.	Disability Assistance: Attendant Care/Auxiliary Apparatus for Care necessary to enable a family member to go to work?	☐ Yes ☐ No	$
3.	Attendant Care for a household member who has a handicap or disability?	☐ Yes ☐ No	$
4.	Medicare Premiums?	☐ Yes ☐ No	$
5.	Do you receive medical assistance through the Public Assistance Program?	☐ Yes ☐ No	$
6.	Cost of assistive devices for a household member who has a handicap or disability?	☐ Yes ☐ No	$
7.	Outstanding medical bills on which you are currently paying?	☐ Yes ☐ 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.)?	☐ Yes ☐ No	$
9.	Health Insurance /Long Term Care Insurance premiums?	☐ Yes ☐ 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:	☐ Yes ☐ No	$

If you checked YES to any of the above:

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

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 <u>Applicant</u> ☐ or by <u>Management Observation</u> ☐.

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.

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. ***<u>Each household member age 18 or over must complete a separate form.</u>*** 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:	☐ Yes ☐ No
2.	Does anyone in your household abuse alcohol or use illegal drugs? If yes, explain:	☐ Yes ☐ No
3.	Are you currently subject to a registration requirement under a state sex offender registration program? If yes, please explain:	☐ Yes ☐ No
4.	Have you been convicted of any drug-related crime?	☐ Yes ☐ No
5.	Have you been convicted of any felony?	☐ Yes ☐ No
6.	Have you been convicted of any crime involving fraud or dishonesty?	☐ Yes ☐ No
7.	Have you been convicted of any crime involving violence?	☐ Yes ☐ No
8.	Are you currently being charged/pending charges with any of the above criminal activities?	☐ Yes ☐ No

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 stall 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 of 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 prope11y, 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 Head of Household Date

_____ _____

Signature of Spouse or Co-Tenant Date

_____ _____

Signature of Management Representative Date:

Jewel City Apartments
Affordable Housing Developers Inc.

EXHIBIT A:

Jewel City 1 & 2

2020 USDA Rural Development Income Limits

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

Family Size	Very Low	Low	Moderate
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

Occupancy Limits

Number of bedrooms	Minimum	Maximum
1 Bedroom	1	2

Applicant Screening

Each applicant for occupancy over the age of eighteen (18), will be screened through the following consumer credit reporting agency:

www.residentcheck.com
1-800-491-2580

EQUAL HOUSING OPPORTUNITY

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 3rd St. W, Suite 101, Dickinson, ND 58601
Phone 701-483-4545 ~ **Fax** 701-483-4433 ~ ***ND Relay TTY*** 711 ~ www.ahdi-nd.org

AFFORDABLE HOUSING DEVELOPERS

TENANT SELECTION CRITERIA

The following Tenant Selection Criteria shall be used for all USDA Rural Development, HUD HOME Program and Housing Incentive Fund properties under Affordable Housing Developers ownership and/or management. Tenants are to be impartially selected in accordance with applicable Federal and State Laws. Affordable Housing Developers maintains a policy of equal opportunity and non-discrimination in accordance with Title VI of the Civil Rights Act, the Fair Housing Act, Section 504, the Americans with Disabilities Act, Age Discrimination and the affirmative fair housing marketing requirements set forth for each property. No applicant will be denied housing or access to services on the basis of 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. Affordable Housing Developers reserves the right to deny anyone that may jeopardize the future stability of the property. To be eligible for occupancy, applicants must meet all USDA Rural Development, HUD HOME Program and Housing Incentive Fund selection requirements as deemed applicable for each individual property.

Project Eligibility

USDA Rural Development, HUD HOME Program and the Housing Incentive Fund establishes income limits based on family size for each county in the United States based on the median income of the area. In order to be eligible for occupancy, applicants must meet the income and occupancy standards for the property for which they are applying. *(See Exhibit A)*

A single person cannot occupy a unit with two or more bedrooms unless one of the following applies:

- A person with a disability who needs a larger unit as a reasonable accommodation.
- A displaced person when no appropriately sized unit is available.
- An elderly person who has a verifiable need for a larger unit.

A smaller unit size may be requested and assigned only if occupancy of the smaller unit will not cause serious overcrowding and will not conflict with local codes.

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A larger unit size may be requested if one of the following applies:

- No eligible family in need of the larger unit is available to move into the unit within 60 days, the property has the proper size unit for the family but it is not currently available, and the family agrees in writing to move at its own expense when a proper size unit becomes available.
- The family needs a larger unit as a reasonable accommodation for a family member who is a person with a disability.

Annual income for HUD HOME Investment Program funded properties is defined in 24 CFR Part 5 commonly referred to as the "Section 8" definition.

Legal age

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

Citizenship

Assistance in subsidized and/or affordable housing is restricted to U.S. citizens or nationals and non-citizens who have eligible immigration status as determined by USDA Rural Development, HUD HOME Investment Partnership Program, and Federal, State and Local laws.

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 great bodily injury with or without use of a firearm
- Arson resulting in great bodily injury
- Felony possession, use, or distribution of child pornography
- Sexual offenses

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

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. Upon successful completion of a supervised rehabilitation program, Affordable Housing Developers may, but is not required to, permit the applicant occupancy.

Incarceration (more than 12 consecutive months) will result in denial for 3 years from date of release.

Gross misdemeanor convictions involving operation of a motor vehicle will not result in denial.

Misdemeanors or petty crimes will result in denial if there are two (2) or more within three (3) years.

Good Rental History
For three (3) years prior to the date of application, applicant shall have good rental history.

Good rental history includes but is not limited to:

- Honoring the obligations of your lease
- Making payments 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 and/or negative landlord references will result in denial.

Evictions
Evictions filed within one (1) year, or two (2) within five (5) years, prior to the date of application will result in denial. 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 (5) negative credit items or past due amounts of $5,000.00 or more within the previous 12 months will result in a denial
- Any money owed to a previous landlord or an essential utility company within three (3) years prior to the date of application, 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 an applicant is a Section 8 Voucher Holder, poor credit history (excluding medical)

includes but is not limited to, a consistent or recent history of deficiencies in overall credit, owing money to a current or previous landlord, and/or a utility company.

Each applicant for occupancy will be screened through the following consumer credit report and background check agency:

ResidentCheck, LLC
5005 LBJ Freeway, Suite 225
Dallas, TX 75244

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

Student eligibility is determined at move-in/initial certification and at each re-certification. Student eligibility requirements apply to applicants enrolled at an institution of higher education. 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 applicable State and Federal laws and any regulations or requirements disseminated there under.

Unit Transfers

Current tenants requiring a unit transfer for the following reasons will be given preference over applicants and those on the waiting list:

- A required unit transfer due to family size or changes in family composition
- A unit transfer for a medical reason certified by a doctor or the need for an accessible unit
- A deeper rent subsidy, if applicable to the property

Current tenants requesting a unit transfer for any other reason will be added to the waiting list of applicants provided there is no record of consistent late or unpaid rental obligations, no record of police activity and inspection of the tenant's current unit must indicate there is no damage to the property or poor housekeeping habits resulting in health or safety hazards.

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. All denied applicants have the right to request an appeal. Requests for appeal must be in writing and received within 10 days from the date of denial.

Security Deposits

Upon approval of occupancy, applicants must pay a security deposit equal to one-month basic rent no later than the time of lease execution. Applicants who receive rental assistance may request to pay security deposits by payment plan which includes a down payment of at least one half prior to move-in with the balance due the following month.

Verification and Source Documentation

Information provided on your application will be verified either by source documentation or third parties. For required verification purposes, applicants must sign a written authorization and release of information. When possible, third-party verifications will be utilized. Source documentation, such as wage statements, interest statements or unemployment compensation statements, may not be more than six (6) months old from the time of application or recertification. A minimum of two (2) months of source documents must be examined for verification purposes.

Application Requirements

Lease terms are for 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.

Recertifications are required for all tenants on an annual basis. Interim recertifications

may be necessary for changes in household composition or changes in income. Compliance with the recertification process is a condition of the lease and grounds for termination if not complied with.

For properties with HUD HOME Investment Program funding, Affordable Housing Developers is required to set-aside at least 20% of the assisted units that become available for those individuals and families whose incomes do not exceed 30% of the area median income.

VAWA Protections

The Violence Against Women Act (VAWA) provides protections to women or men who are the victims of domestic violence, dating violence, sexual assault and/or stalking.

- Affordable Housing Developers may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease of other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
- Affordable Housing Developers may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
- Affordable Housing Developers may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification of other supporting documentation within the specified timeframe may result in eviction.

Pets

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

ACKNOWLEDGEMENT

I (We) hereby acknowledge that I (We) have received a copy of the "**TENANT SELECTION CRITERIA**" at the time we applied for occupancy with Affordable Housing Developers.

_____	_____
Applicant Signature	Date
_____	_____
Co-Applicant Signature	Date
_____	_____
Management Signature	Date

Jewel City Apartments
Affordable Housing Developers Inc.

GENERAL AUTHORIZATION AND RELEASE OF INFORMATION

The following named individual has made application with:

Jewel City 1 & 2 Apartments

Please PRINT complete Legal Name:

Last_____First_____Middle_____

Maiden/Former Name_____Date of Birth_____

Driver's License #_____State_____Social Security # XXX-X___-_____

Address_____City_____State_____Zip_____

I authorize Affordable Housing Developers, Inc. and RESIDENT CHECK to investigate and obtain information concerning my criminal history, residential history, employment and income history, bank and credit history, medical debt and/or any other information needed for the purpose of certifying or recertifying my eligibility to receive assistance from Federally Subsidized Housing Programs. The source of information may come from, but is not limited to: Credit Bureaus, banks and other depository institutions, current and former employers, medical facilities, 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

Third Party Verifier: The applicable section of the attached verification form is indicated for your convenience. If remitting the requested information via printout or any other scanned or faxed medium(s), please sign and date them.

Thank you for your time!
Affordable Housing Developers, Inc.

EQUAL HOUSING OPPORTUNITY

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.