



COVINA GARDENS

Thank you for your interest in Covina Gardens located in Covina, CA. We are currently accepting applications for our 1 bedroom/ 1 bathroom units.

This property is a 55+ age restricted apartment complex.

Information About Our Apartments:

Only 1 bedroom/ 1 bathroom apartments
All have a balcony or patio
\$1,134.00 per month
Approximately 560 sq. ft.
\$25.00 Fee to run a credit/background report, per person
\$500.00 Security Deposit
\$300.00 Pet Deposit: (1 pet, 25lbs and under welcome)
Utilities included: Sewer, Garbage, and Water
You pay Electricity & Gas
Section 8 vouchers accepted
Maximum number of tenants in an apartment is two (2) people

Income Requirements:

- 1 person – Cannot exceed \$54,450 per year
- 2 person – Cannot exceed \$62,200 per year

For tours, please call in advance to make an appointment and we will gladly introduce you to our Covina Gardens Community.

Please let us know if you have any further questions. Thank you again for your interest in Covina Gardens.

***If you want to apply we require the \$25.00 money order per person for the credit/criminal check and a \$100.00 money order to hold the unit.**

Please also visit www.tsahousing.com and search under For Rent to see other communities accepting applications.

Covina Gardens

RENTAL APPLICATION

Instructions: Please complete ALL sections of this application. Please do not leave any questions blank; please do not use White Out. ALL adult household members (18 and over) must sign the application. Submitting multiple copies will be cause for rejection.

Please notify the management office if you need application assistance such as large type font, information by audio tape, computer disk, Braille and/or a language other than English. Best efforts will be made to accommodate such requests.

Primary Language: (Arabic) ; (Cantonese) 广东话 ; (Mandarin) 普通话 ; (Korean) 한국어 ; (Russian) русский ; (Spanish) Español ; (Tagalog) Tagalog ; (Vietnamese) Tiếng Việt ; Other

Occupancy Limits (To qualify for each of the unit sizes, please note the minimum and maximum persons required for each unit size. *Please see the Tenant Selection Plan for additional information regarding occupancy guidelines:*

1 Bedroom: 1 person min, 2 people max

1. PLEASE CHECK BEDROOM SIZE REQUESTED: 1 Bedroom
2. How did you hear about this property? Flyer Walk-by Internet Newspaper Friend Comm. Center. Other _____

Household Information

List ALL household members that are applying to live in the apartment. Any household member that is under the age of 18 and will reside in the household 50% of the time or more must be listed. *(Be sure to include your own name. Failure to provide accurate and complete contact information may result in application denial).*

Last Name	First, Middle Initial	Relationship to Head of Household	M/F (Optional)	Social Security Number	Birthdate MM/DD/YYYY

CURRENT CONTACT INFORMATION (Required)

What is your preferred method of being contacted? Mail E-mail

Current Address: _____

Mobile Phone: _____ **Other Phone:** _____

Email Address: _____ **Other Contact:** _____

Reasonable Accommodation Information

Covina Gardens has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting the management office at (626) 967-4796 or TTY: 1 (800) 855-7100

1. Do you require that your apartment be designed for the disabled/mobility impaired? Yes No
- Please check if applies: Mobility Vision Hearing
- Please explain the required modification needed: _____

A person with a disability may ask for:

- A change in rules (reasonable accommodation)
- A physical change to their apartment or shared areas in the building (reasonable modification)
- An accessible apartment
- Aids and services to help them communicate with us

If you or anyone in your house has a disability and needs any of these things to live at Covina Gardens and use our services then please contact the management staff to fill out a form called a 'Reasonable Accommodation or Modification Form.'



Other Household Information

- Please check here if you have been displaced by governmental action or if your dwelling has been destroyed as a result of a disaster formally recognized pursuant to federal disaster relief laws. (*Third-party verification will be required*).
- Covina Gardens is a non-smoking property. Each applicant 18+ must initial below to acknowledge that you understand smoking will not be permitted throughout the property up to the property line.

Initials HOH Initials

- Are you currently working with a Case Worker or an Agency that you would like us to be aware of or contact as you apply?

Agency Name: _____ Case Worker Name: _____

Agency/Case Worker Phone: _____ Email: _____

- We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at Covina Gardens. This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law. Therefore, we appreciate your checking the appropriate boxes below regarding your race/ethnicity. You are not obligated to provide this information. If you choose not to disclose, please indicate below.

- | | | |
|---|--|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> <i>Asian India</i> <input type="checkbox"/> <i>Japanese</i> | <input type="checkbox"/> <i>Native Hawaiian</i> |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> <i>Chinese</i> <input type="checkbox"/> <i>Korean</i> | <input type="checkbox"/> <i>Guamanian or Chamorro</i> |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> <i>Filipino</i> <input type="checkbox"/> <i>Vietnamese</i> | <input type="checkbox"/> <i>Samoan</i> |
| <input type="checkbox"/> Other | <input type="checkbox"/> <i>Other Asian</i> | <input type="checkbox"/> <i>Other Pacific Islander</i> |
| <input type="checkbox"/> Non-Disclosed | | |

Current Residence

- What is your current monthly rent? \$ _____ /month
- Why do you intend to vacate your current residence? _____
- What is the size of your current residence? # of Bedrooms _____ (Please indicate "0" for a studio or bachelor unit)

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 4. Do you expect any additions to the household within the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name & Relationship: _____ | | |
| Explanation: _____ | | |
| 5. Is there anyone living with you now who would not be living with you at this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name & Relationship: _____ | | |
| Explanation: _____ | | |
| 6. Do you or any household members own a car? If yes, how many cars? Number of cars: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any absent household members who under normal conditions would live with you? (For example, a household member away at school or deployed in the military.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____ | | |

Household Background Information

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Have you or anyone else named on this application filed for bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____ | | |
| 2. Have you or anyone else named on this application been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____ | | |
| 3. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer? | <input type="checkbox"/> | <input type="checkbox"/> |



Explanation: _____

4. **Have you or anyone else named on this application been convicted of drug/paraphernalia use, possession or distribution?**

Explanation: _____

Rental History and Housing References

Please list all locations you have lived in the last **FIVE (5) years starting with your current residence.** (If additional space is required, use the back of this page.)

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

Applicant Status

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you or any other ADULT household members claiming zero income? | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____ | | |
| 2. Will you or any ADULT household member require a live-in care attendant to live independently? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Attendant: _____ | | |
| Relationship (if any): _____ | | |
| 3. Do you currently, at the time of application, receive Section 8 rental assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Agency: _____ | | |
| Contact Person: _____ | | |
| 4. Do you currently have or are you expecting a Section 8, Choice Voucher, V.A.S.H., or other Voucher? | <input type="checkbox"/> | <input type="checkbox"/> |
| Expected Date: _____ | | |
| Name of Agency: _____ | | |
| Contact Person: _____ | | |



Full Time Student Information					
This apartment is governed by Federal and/or State Housing Program(s) that restrict full-time students. We must determine your household student status prior to eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. If unsure of Full-Time status, inquire with academic institution for determination of "Full-Time" prior to completing the following section.					
Are you or any member of your household above (including minors) currently a Full-Time Student?	Y	N	Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student?	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes to either question, complete the following:					
Any of the Full-Time Student(s) married and filing a joint tax return?	Y	N	Any of the Full-Time Student(s) enrolled in a Job Training Program receiving assistance under the Job Training Partnership Act?	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any Full-Time Student(s) a single parent living w/ his/her minor child who is not claimed on another's Tax Return?	Y	N	Any of the Full-Time Student(s) a TANF or Title IV recipient?	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Any Full-Time Student(s) under the age of 24, who has exited the Foster Care System within the last 6 years?	Y	N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

PLEASE PROVIDE THE TOTAL Household's ANNUAL GROSS INCOME: \$ _____

Answer the questions in this section to provide the source(s) of all household income. Include all income anticipated for the next 12 months. Use the back of this form if you need more space.

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

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Employment wages or salaries? <i>(Includes overtime, tips, bonuses, commissions and payments received in cash.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Social Security, SSI or any other payments from the Social Security Administration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you receiving regular payments from a pension, retirement benefit or annuities?
How many and from what source(s)? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Regular gifts or payments from anyone outside of the household? <i>(This includes anyone supplementing your income or paying any of your bills, utilities, groceries, or other expenses.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Self-employment? <i>(Include overtime, tips, bonuses, commissions, and any payments received in cash for any service that you provide to persons not living in the household.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Alimony or child support? <i>(Include any support whether or not it is received and/or whether or not it is court-ordered.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any other income sources or types not listed? <i>(e.g., pay as a current member of the Armed Forces, unemployment benefits or workers' compensation, public assistance or general relief, payments from a severance package, payments from any type of settlement, payments from rental property or other types of real estate transactions, payments from lottery winnings or inheritances, etc.) Use the additional space provided on #9 below if you need more space.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____
_____ | | |
| 8. Do you or any other household member expect any changes to your income in the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____ | | |



9. Please provide notes on any other income sources here.

Asset Information

Include all assets held and **the income derived** from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Answer the questions in this section to provide the source(s) of all household assets. Use the back of this form if you need more space.

Do YOU or ANYONE in your household have:

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Checking account(s)? (All accounts including Direct Express cards) How many? _____
Name of institution(s): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Savings account(s)? (All accounts including Direct Express cards) How many? _____
Name of institution(s): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. CDs, money market accounts or treasury bills? How many? _____
Name of institution(s): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Cash on hand? This is cash <u>not</u> kept in a bank account. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i>
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i>
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. All other asset sources or types not listed? Include name of institution where the asset is held, type of asset, value of asset, and any interest or income from the asset.(i.e. Stocks, bonds or securities, trust funds, pensions, IRAs, Keogh or other retirement accounts, whole life insurance, contents of a safe deposit box, etc.)
Explanation: _____

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you disposed of an asset in the last two years? (Example: Cash over \$1000, a home, other real estate, etc.)
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |



9. Please provide notes on any other asset sources here.

Community Interest

1. We are providing extensive recreation facilities and activities at this property for the enjoyment of our residents. Since we are always looking for assistance to coordinate special programs and activities, we would appreciate a brief description of your skills, interests, hobbies and any assistance/leadership you might provide to these programs (optional).

2. **Drug and Crime Free Acknowledgement:** Your initials below will acknowledge that you understand that this apartment community will vigorously enforce a drug and crime free environment. You and your guests agree not to engage in any drug-related activity, including the manufacture, sale, distribution, use, or possession of illegal drugs. These activities are a material violation of the lease and good cause for termination of tenancy. Each household member 18+ adult initials below.

Initials HOH Initials

Credit Information

PLEASE SIGN BELOW TO AUTHORIZE A CREDIT REPORT, EVICTION REPORT, AND CRIMINAL BACKGROUND CHECK. Management will perform a credit and eviction history and may perform a criminal background check of all applicants as a part of the applicant screening criteria. **Your application will not be considered unless you provide management with your consent to obtain a credit, eviction, and criminal background report on each adult household member.**

Head of Household Signature Date Other Adult Signature Date



Signature Clause

Upon notification by landlord of application processing, I agree to pay Covina Gardens an application screening charge in the amount required by landlord. I will be issued a Receipt for Application Fee upon payment; which will authorize Covina Gardens to obtain any such credit reports, character reports and/or criminal reports, verification of rental and employment history as it deems necessary to verify all information set forth in this application. I understand that I will acquire no rights to the above property until I sign a rental agreement and submit a security deposit. I further understand that false, fraudulent misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements express or implied between the parties.

I understand that management is relying on this information to prove my household’s eligibility for housing at Covina Gardens. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false or misleading information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I authorize and consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management’s resident selection criteria and any low-income housing program requirements.

In accordance with state and federal laws, I have been notified that an investigation may be made of the information I provided on this application together with information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to dispute the accuracy of information obtained from the entities I have disclosed above, and, upon written request, the right to a complete and accurate disclosure of any scope of this investigation and/or a written summary of my rights under the Fair Credit Reporting Act.

All household members must sign below:

Head of Household Signature

Date

Other Adult Signature

Date

FOR MANAGEMENT USE

Date received by Management: _____ Received by: _____

WARNING: “Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. 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 \$5,000. 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**”



COVINA GARDENS Tenant Screening Criteria

Fair Housing

This property complies with the Federal Fair Housing Act, and as applicable, other Federal, State and Local law prohibiting discrimination in the lease or rental or in the use, occupancy or tenure of enjoyment of the property, or any part thereof on the basis of race, color, religion, sex (including gender, gender identity, gender expression, pregnancy, childbirth, and other related medical conditions), sexual orientation and identity, national origin/ancestry, age, disability, marital/familial status, veteran status, citizenship status, political activities or affiliations, medical condition, genetic information, persons with AIDS or AIDS related condition or any other consideration made unlawful by federal, state, or local laws or on the basis of their receipt of, eligibility for, housing assistance programs or on the basis that the resident have a minor child or children who will be residing with them or any other arbitrary basis.

Applications

Each applicant over the age of 18 that will occupy the apartment must complete the application and sign the lease. Applications must be completed in full. Any application that is incomplete or containing untrue, incorrect, or misleading information will be rejected. Each applicant is evaluated based upon prior rental history and their ability to meet subsequent rental payment responsibilities. We may choose to accept or decline an applicant or seek additional information for approving eligibility.

Note: The following MUST be present at the eligibility processing interview:

- × Social Security Card
- × A valid driver's license, military ID or state/government issued Photo ID card
- × Birth Certificate (if needed-- as other form of ID)

Income Limits

Income limits are established for this property based on Area Median Income (AMI) levels for the applicable Los Angeles County as published annually by HUD. Applicants being processed for residency at the property cannot exceed the applicable limit for their household size, percentage of AMI, and program restrictions for the unit for which they are being processed. Aggregate gross income, from all income and asset sources, must be below the applicable household income limit. Applicants exceeding the income limit are not eligible and will be rejected as being over-income. Income limits are subject to change annually.

1 person – Cannot exceed \$54,450/year

2 person- Cannot exceed \$62,200/year

Minimum Income Requirements –

Applicants must have a gross monthly income that is at least twice their monthly rent. For example, if monthly rent is \$500, the gross annual income should be at least \$12,000 (\$500 x 2 x 12 months). Failure to satisfy the minimum income to rent ratio is indicative of insufficient income to pay rent and all other household expenses. Savings and/or other sources of income may be considered in an effort to determine the applicant's ability to pay rent. Voucher applicants are exempt from the minimum income requirements.

Senior Units

This property has a senior age restriction. Applicant must be least 55 years of age at the time the application is submitted.

Preferences

The property has established the following preferences for selecting applicants when a unit becomes vacant:

Applicants will be selected in order they are placed on the waitlist by the appropriate household size and income level.

Occupancy Limits

The affordable housing programs that govern this property have set a minimum and maximum number of persons per unit size as shown below.

<u>Unit Type</u>	<u>Minimum Number of People</u>	<u>Maximum Number of People</u>
One-Bedroom	1	2

Verifying the Need for Accessible Units

When an applicant requests an accessible unit or a unit preference the Management Company will conduct inquiries to determine the accessibility amenities that will accommodate the resident's verified disability. Residents will be matched to an available unit that best meets their specific accommodation requirements in rank order with an adjustment required for those of the highest level of need as determined by the management company.

Waitlist

When no units are available, applicants will be placed on a property waitlist. The waitlist is maintained by unit size and/or program type. Applicants that have rejected an offered unit two times may be removed from the waitlist. Applicants are allowed up to five (5) days to accept an offered unit. The management company may maintain a waitlist when there are applicants waiting for housing at the property. All applicants placed on the waitlist must have a completed application on file. The waitlist is maintained in accordance with company policy and is updated on by the management staff at least annually. Failure to reply to biannual update inquires and/or refusal of the allowed number of units may result in removal from the waitlist.

Unit Transfer

Unit Transfers are approved within the project for existing tenants for the following reasons:

- × Medical Reasons
- × Occupancy Overcrowding
- × Occupancy Underutilization

Tenants in need of transfers must place their names on the in-house transfer waiting list, and will be accommodated first by priority and then on a first-come, first-served basis. Residents that reject three offered transfers will be removed from the transfer waiting list. Residents that reject three offered transfers will be removed from the transfer waiting list.

Residents that are mandated to transfer due to overcrowded or underutilizing a unit will be required to transfer to the first available unit of appropriate size in accordance with the lease and program requirements.

Resident may also be required to transfer if they are occupying an accessible units, but do not need the features of such a unit and another eligible resident or applicant is on the waiting list requires the special design features of the unit. Resident must agree and execute the "Accessible



Unit Agreement” upon moving into an accessible unit if they do not need the features of such a unit.

100% Non-Smoking Housing

This is a non-smoking property. Smoking of any kind, including e-cigarettes, is prohibited inside the apartment units, including the balconies and patios, and in all indoor and outdoor common areas up to the property line. Residents are responsible for ensuring that family members, guests and invitees also comply with this rule.

Landlord Reference Checks

Current and previous landlord checks will be performed on all applicants to obtain information on the applicant’s rental history. Negative comments regarding an applicant’s current or previous tenancy may be cause for rejection of the application. Negative comments can include evictions, chronic late payments of rent, or material violations of the lease for which warning letters or notices to comply or quit may have been served. Notification of disruptive or dangerous behavior, including disturbance of neighbors, destruction of property, and/or criminal activities that threaten the health, safety, and right to peaceful enjoyment of the property by other residents, or the health and safety of the owner, employees, contractors, subcontractors, or agents of the owner may be considered as cause of rejection. Consideration will be given to applicants that do not have a recent rental history and a landlord check may not be feasible.

Home Visits

A home visit will be performed on all applicants living within a reasonable distance (reasonable distance is defined as within fifteen miles of any TSA management property). Negative comments regarding the applicant’s home visit report may be cause for rejection of the application. Applicants whose residences are unkempt, dirty, and/or unsanitary may be rejected. Observed living conditions to be deemed as cause for rejection may include, but are not limited to, evidence of damage(s), an overly large accumulation of debris or materials throughout the residence that may constitute a safety or fire hazard, great numbers of dishes that have not been cleaned for a long period of time, remains of rotten or molding food; signs of rodent infestation, and/or an overall general lack of sanitary cleaning in bathrooms and kitchen. Home visits will not be conducted for those that are homeless or residing in a shelter.

Acceptable Credit/ Credit Worthiness

Credit reports will be run on all applicants age 18 and older. A credit report that indicates a bankruptcy within the last 5 years, judgments, liens, collections or charge-off accounts totaling \$2,000 or more, or one apartment collection will be considered unacceptable and may be the basis for applicant rejection. Debt related to student or medical debts will not be counted toward the \$2,000 threshold.

Eviction Search

An eviction search that reveals an eviction will be the basis for applicant rejection. Special importance is placed on landlord reference checks that indicate rental payments were made in a timely fashion and the rental units were well maintained. The nature of the eviction will be considered when looking at the basis of rejection. The applicant will have the opportunity to explain the situation and the cause of the eviction to understand what circumstances have changed since the eviction.



Criminal Background Check

We will not tolerate criminal activity on or around the complex. We will conduct criminal background checks on all prospective applications including live-in attendants. Past criminal activity may be grounds for rejection.

Rejected or Ineligible Applicants and Appeals

Any applicant that is rejected or found to be ineligible shall be notified in writing of the reason for the rejection or ineligibility. The rejection notice shall provide a 14-day period during which the applicant may contact management and appeal the decision and/or provide additional information that may alter the initial determination. Applicants that are denied and wish to appeal the denial are encouraged to provide all relevant documentation with their letter of appeal so that the appeal can be reviewed quickly and accurately. All appeals must be in writing.

Full Time Students

A household that is comprised entirely of full time students is generally not eligible; however there are exceptions under the Section 42 regulations. The full time student status must be checked for all adult household members.

Live-In Aides

A live-in aide is a person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who: Is determined to be essential to the care and well-being of the person(s); is not obligated for the financial support of the person(s); and would not be living in the unit except to provide the necessary supportive services. Live-in Aides must be approved prior to admittance to the property. This approval process includes: Verification of need, criminal check, eviction check, landlord reference, and signed live-in aide agreement.