



RENTAL APPLICATION

Housing Credit Program

Date: _____

ALL QUESTIONS MUST BE ANSWERED COMPLETELY IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. DO NOT LEAVE ANY QUESTION UNANSWERED.*A separate application is required for each unmarried individual age 18 years and over. ** IDENTIFICATION IS REQUIRED TO COMPLETE APPLICATION

DO NOT USE WHITE-OUT ON THIS APPLICATION

Household Information:

Do you require a handicap unit? ____ Yes ____ No

Complete the following information for each household member that will occupy the apartment at time of move in:

Name (First, M.I., Last)	Relationship to Head of Household	Male/ Female	Social Security Number	Birth date (Mo/Day/ Yr)	Marital Status	Full time Student?

Check one: Rent Own Current Address: _____
Street Address, P.O. Box Number, Apartment Number, etc.

Length of Time at Current Address: _____
City _____ State _____ Zip Code _____

Email Address: _____
Daytime Telephone# _____ Evening Telephone# _____

Income Information:

Include all gross annual income anticipated for the next 12 months. Include the dollar (\$) amount in the space provided.

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

YES NO 1. GROSS Employment wages or salaries? (include all overtime, tips, bonuses, commissions earned and any payments received in cash.)

Household Member's Name _____
 Gross Amount Earned \$ _____ Week _____ Month _____ Year _____
 Employer _____ How Long? _____
 Employer Address (Street/City/State) _____
 Position: _____ Employer Telephone # () _____

Household Member's Name _____
 Gross Amount Earned \$ _____ Week _____ Month _____ Year _____
 Employer _____ How Long? _____
 Employer Address (Street/City/State) _____
 Position: _____ Employer Telephone # () _____

Household Member's Name _____
 Gross Amount Earned \$ _____ Week _____ Month _____ Year _____
 Employer _____ How Long? _____
 Employer Address (Street/City/State) _____
 Position: _____ Employer Telephone # () _____

2. Self-employment?
Source _____ Household Member _____ Amount / Frequency \$ _____



YES NO

3. Unemployment benefits or worker's compensation?
Source _____ Household Member _____ Amount / Frequency \$ _____

4. Public Assistance (such as TANF), Child Support, or Alimony?
Source _____ Household Member _____ Amount / Frequency \$ _____

5. Social Security, SSI, Veterans benefits, pension, retirement benefits, annuities, disability, death benefits or life insurance dividends
Source _____ Household Member _____ Amount / Frequency \$ _____

6. Any other income from any other source whatsoever (ex.: rental property, recurring gifts, etc.)?
Source _____ Household Member _____ Amount / Frequency \$ _____

Asset Information:

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

YES NO **Include ALL assets held by ALL household members including minors. Do YOU or ANYONE in your household hold?**

1. Checking (average six-month balance), pay card (current balance), or savings account (current balance)?
Type of Account _____ Location of Account _____
Household Member's Name _____ Amount in Account _____
Account # _____ Interest Rate _____

2. CDs, money market accounts, mutual funds, treasury bills, stocks, bonds, securities, trust fund?
Type of Account _____ Location of Account _____
Household Member's Name _____ Amount in Account _____
Account # _____ Interest Rate _____

3. Pensions, IRAs, KEOGH or other retirement accounts?
Type of Account _____ Location of Account _____
Household Member's Name _____ Amount in Account _____
Account # _____ Interest Rate _____

4. Whole Life Insurance or other Life Insurance Policies that have a cash value?
Type _____ Household Member Name _____ Value \$ _____
Type _____ Household Member Name _____ Value \$ _____

5. Cash on hand (excluding any amounts listed above)?
Household Member's Name _____ Amount _____
Household Member's Name _____ Amount _____

6. Real estate, rental property, land, contract for deeds or other real estate holdings or personal property as an investment? (Includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property.)
Type _____ Household Member Name _____ Value \$ _____
Type _____ Household Member Name _____ Value \$ _____

7. Have you or any household member disposed of, given away or sold any asset(s) for Less than fair market value within the past 2 years?
Household Member's Name _____ Amount _____
Explanation _____

TOTAL DOLLAR AMOUNT OF ALL ASSETS COMBINED \$ _____

TOTAL ANNUAL INCOME EARNED FROM COMBINED ASSETS \$ _____

Zero Income Verification:

Are YOU or ANY OTHER ADULT member of your household Unemployed?

YES NO

Claiming zero income? If so, who? _____

Rental History:

List the past THREE (3) years of rental / housing references:

Landlord's Name _____
Landlord's Address _____
Landlord's Phone Number () _____
Your Address _____
Dates From _____ to _____ Monthly Amount \$ _____ Rented ___ Owned _____

Landlord's Name _____
Landlord's Address _____
Landlord's Phone Number () _____
Your Previous Address _____
Dates From _____ to _____ Monthly Amount \$ _____ Rented ___ Owned _____

Landlord's Name _____
Landlord's Address _____
Landlord's Phone Number () _____
Your Previous Address _____
Dates From _____ to _____ Monthly Amount \$ _____ Rented ___ Owned _____

YES NO

Have you ever been evicted from an apartment for any reason or had foreclosure actions taken?

If "YES", please provide explanation of circumstances: _____

Personal References:

List two (2) personal references other than a relative.

Name of Reference _____
Address of Reference _____
Your Address _____
Phone () _____ Relationship _____ Years Known _____

Name of Reference _____
Address of Reference _____
Your Address _____
Phone () _____ Relationship _____ Years Known _____

Emergency Contact:

In Case of Emergency, Notify (nearest relative not living with you):

Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Live-In Care Attendant:

YES NO

Will you or anyone in your household require a live-in care attendant? (A copy of their social security card/ picture identification is required with this application)

Name of Live-In Care Attendant _____

Relationship (if any) _____



Other Information:

Answer either "YES" or "NO" to each question.

YES NO

1. Have you ever filed for bankruptcy or had credit problems? If "YES", please provide explanation of circumstances:

YES NO

2. Have you been convicted of a felony within the last 7 years? If "YES", please provide explanation of circumstances:

Section 8 Rental Assistance:

YES NO

Will your household be receiving Section 8 rental assistance at the time of move-in? (A copy of the voucher or certificate is required with application)

Name of Agency _____

Contact Person Name _____

Vehicle Identification:

Automobile Information (List ALL Vehicles Owned including Motorcycles):

Make: _____ Model: _____ Year: _____ Tag Number: _____ Color: _____

Make: _____ Model: _____ Year: _____ Tag Number: _____ Color: _____

Pet Information:

YES NO

Do you have a pet? If "YES", please describe:

Type: _____ Weight: _____ Spayed/Neutered: _____ License/Date: _____

Referral Information

How were you referred to our Apartment Community?

Check One: Internet Drive-By Current Resident Other (provide) _____

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

Application Fee (Where Applicable)

Applicant will pay an application fee in the amount of \$ _____ . **THIS APPLICATION FEE IS NON-REFUNDABLE**

SECURITY DEPOSIT AGREEMENT

Applicant has deposited a "Security Deposit" (in the amount stated below) in consideration for owner's taking the dwelling apartment home off the market while considering approval of this application. If applicant is approved but fails to promptly enter into the contemplated lease, the security deposit shall be forfeited to owner as liquidated damages. The security deposit will be refunded only if applicant is not approved. Keys will be furnished *only* after contemplated lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only and does not obligate owner's agent to execute a lease or deliver possession of the proposed premises.

SIGNATURE CLAUSE:

I understand that management is relying on this information to qualify my household for eligibility under the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting the management company's resident selection criteria and the Housing Credit Program requirements, if applicable.



Market Rate and Tax Credit Resident Selection Criteria

IT IS THE POLICY OF ROYAL AMERICAN MANAGEMENT TO PROVIDE HOUSING ON AN EQUAL OPPORTUNITY BASIS. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, FAMILIAL STATUS, NATIONAL ORIGIN OR HANDICAP. WE COMPLY WITH HUD'S FINAL RULE TO MAKE HOUSING AVAILABLE WITHOUT REGARD TO SEXUAL ORIENTATION OR GENDER IDENTITY.

ELIGIBILITY CRITERIA

In the selection of applicants for admission, the following Eligibility Criteria have been established. All applicants will be screened carefully and the following eligibility standards will be applied:

1. **Provide Information:** All applicants must cooperate in completing the rental application and providing information necessary to determine their eligibility for housing.
2. **Income Limits:** Applicants must qualify under the income guidelines established. Minimum income guidelines are as follows: the combined gross annual household income of all the applicants for each apartment must equal or exceed three times the annual rent under lease; Affordable Housing Program applicant's income must equal/exceed two times resident portion of the rent; Income must be verified.
3. **Occupancy Standards:** All applicants must meet the established occupancy standards. As a general policy, there should be no more than two persons per bedroom. Management shall take into consideration mitigating circumstances in cases where applicants have children. For example, children under the age of 2 will not be counted, and the total number of person per unit may be expanded if there are especially large bedrooms or additional rooms that reasonably can be used as sleeping areas. Any family placed in a unit size different than that defined in these Occupancy Standards or if the household size expands during the lease, the resident shall agree to transfer to an appropriate size unit when one becomes available (in accordance with the Transfer Policy and Lease Addendum).
4. **Social Security Numbers:** *If Applicable*, all applicants must disclose and provide documentation of social security numbers for all household members.
5. **Identification/Birth Certificates:** Birth certificates and/or valid photo identification must be provided for all household members.
6. **U.S. Citizenship:** Applicants must declare U. S. Citizenship, or submit evidence of eligible immigration status for each family member in accordance with Section 214 of the Housing and Community Development Act of 1980, as amended. Households that have no members with citizenship or eligible immigration status do not qualify.
7. **Criminal Activity:** Management's established policy is to reject all applications where the applicant or any household member has engaged in certain criminal activity. Below activities are grounds for rejection:
 - a. **Eviction for Drug Related Criminal Activity:** If the applicant or any household member has been evicted for drug related criminal activity, the application will be rejected.
 - b. **Illegal Drug Use:** If the applicant or any household member is currently engaged in illegal use of a drug OR shows a pattern of illegal use that may interfere with the health, safety, or right to peaceful enjoyment of other residents, the application will be rejected.
 - c. **Alcohol Abuse:** If a determination is made that the applicant or any household member's abuse, or pattern of abuse, of alcohol interferes with the health, safety or right to peaceful enjoyment of the premises of other residents, the application will be rejected.
 - d. **Sex Offenders:** If the applicant or any household member has a conviction, for any sexual offense, or any household member who is subject to a state sex offender lifetime registration requirement, the application will be rejected.

ACCEPTANCE CRITERIA

All applicants must cooperate in completing the rental application and providing information necessary to determine an acceptable credit, rental, and criminal history. For acceptance, the applicant and all members of the household must demonstrate:

1. **Good Rental History:** A willingness and ability to:
 - a. Conform to rules and regulations and a respect for the rights of others
 - b. Abide by the lease and community rules; to include good housekeeping
 - c. Pay rent and utilities on time

2. **Good Credit History:** A satisfactory history in meeting financial obligations on a timely basis; including rent, utility payments, loans, and credit.
3. **Good Criminal Record:** A history of the applicant or any household member, which does not include any unacceptable criminal activity.

REJECTION CRITERIA

Management reserves the right to reject applicants for admission if it is determined that the applicant or any member of the household falls within any one or more of the following categories:

1. **Misrepresentation:** Willful or serious misrepresentation in the application procedure for the apartment or certification process for any apartment home.
2. **Records of Disturbance of Neighbors, Destruction of Property or Other Disruptive or Dangerous Behavior:** Includes behavior or conduct which adversely affects the safety or welfare of other persons by physical violence, gross negligence or irresponsibility, which damages the equipment or premises in which the family resides, or which is disturbing or dangerous to neighbors or disrupts the quiet and peaceful enjoyment of their home and community life.
3. **Non-compliance with Rental Agreement:** Includes evidence of any failure to comply with the terms of rental agreements at prior residences, such as failure to provide truthful information, recertify/renew as required, providing shelter to unauthorized persons, keeping pets, or other acts in violation of rules and regulations to include untimely payment of rent and/or previous evictions.
4. **Owing Prior Landlords:** Applicants who owe a balance to present or prior landlords will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the causes for nonpayment of rent or damages have changed sufficiently to enable the family to pay rent and other charges when due.
5. **Owing Utility Providers:** Applicants who owe a balance to present or prior utility providers (excludes cellular and cable providers) for their residences will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contribution causes for failure to pay the utility bill have changed sufficiently to enable the family to pay and maintain utilities in the name of the head of household.
6. **Unsanitary or Hazardous Housekeeping:** Includes generally creating any health or safety hazard through acts of neglect and causing or permitting any damage to or misuse of premises and equipment. If the family is responsible for such hazard, damage, or misuse, including but not limited to, causing or permitting infestation, foul odors, or other problems injurious to other persons' health, welfare, or enjoyment of the premises; depositing garbage improperly; failing to use in a reasonable and proper manner all utilities, facilities, services, appliances, and equipment within the dwelling unit or failing to maintain them in a clean condition; or any other conduct or neglect that could result health or safety problems or in damage to the premises.
7. **Credit History:** A consistent, severe, recent history of deficiencies in overall credit or rent payment which indicate the family will be unable or would otherwise fail to pay when due rent for the apartment and other expenses relating to occupancy of the apartment.
8. **Criminal Activity:** Management will use an independent consumer reporting agency to search for public records of criminal convictions regarding any applicant 18 years of age or older (19 years of age or older in Alabama). If any conviction records are found by the independent consumer agency, those records will be compared to the following established acceptance/rejection policy to determine whether or not the applicant is eligible:
 - **Any application will be rejected based on convictions for the following:**
 - a. **Felony involving the sale or manufacture of a controlled substance**, if the conviction occurred within 7 years of application
 - b. **Violent or potentially violent felony offense**, if the conviction occurred within 10 years of application
 - c. **Violent misdemeanor offense**, if conviction occurred within 5 years of application
 - d. **Nonviolent felony offense**, including the use or possession of a controlled substance, if the conviction occurred within 5 years of application
 - e. **Violent Property felony or misdemeanor offense** that indicates a potential risk to the safety and security of residents, staff, or property, if conviction occurred within 7 years of application
 - f. **Nonviolent Property felony or misdemeanor offense** that indicates a potential risk to the safety and security of residents, staff, or property, if conviction occurred within 5 years of application
 - g. Any household containing a member(s) who was evicted in the last three years for drug-related criminal activity

- h. A household in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property of other residents
- i. Any household member who is subject to a State sex offender lifetime registration requirements
- j. Any household member if there is reasonable cause to believe that member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment of other residents. The screening standards are based on behavior, not the condition of alcoholism or alcohol abuse

- In situations where an application may be rejected based on a criminal conviction, Management will conduct an individualized assessment of the criminal record and its impact on the household's suitability for admission. The individualized assessment will include consideration of the following factors: (1) the seriousness of the criminal offense; (2) the relationship between the criminal offense and the safety and security of residents, staff, or property; (3) the length of time since the offense, with particular weight being given to significant periods of good behavior; (4) the age of the household member at the time of the offense; (5) the number and nature of any other criminal convictions; (6) evidence of rehabilitation, such as employment, participation in a job training program, education, participation in a drug or alcohol treatment program, or recommendations from a parole or probation officer, employer, teacher, social worker, or community leader; and (7) tenancy supports or other risk mitigation services the applicant will receive during tenancy.

- **No application will be rejected solely on the basis of arrest records.**

9. **Pets:** Pets are not permitted on the property, permanently or temporarily, without written permission from management. We require a pet deposit and/or non-refundable pet fee to be paid. We limit two pets per apartment, which must not exceed 35 pounds each at full growth. (Depending on individual community, this policy may vary.) Birds larger than a cockatiel will require pet monies. No reptiles, pigs, rabbits, or ferrets are permitted. Violation of this policy will result in a lease violation and/or termination of lease. Assistance animals necessary due to a resident's disability are not considered pets and a separate process with separate rules will be followed in situations involving assistive animals.

10. **Income Limits:** Applicants must qualify under the income guidelines established, including minimum and maximum guidelines.

11. **Guarantor option:** If an applicant is unable to meet all acceptance requirements above, management may consider acceptance of guarantor, increased security deposit and/or deposit and/or additional rent, if allowable.

12. **Student Status (If Applicable):** All household members may not be full-time students under certain affordable programs.

Management reserves the right to require criminal background checks at each recertification/renewal.

NOTICE AND APPEAL PROCEDURES

The Management Company will notify the applicant in writing if the applicant is rejected. The notice will be sent to the applicant's address, as indicated on the application, via First Class Mail, or via email if provided by the applicant.

The notice of rejection will contain the specific reason(s) for rejection, which will be based solely on the written criteria contained in this Resident Selection Plan. The Management Company will advise the applicant of the action that he/she may take to dispute the accuracy of the record(s).

Upon Request by the applicant in situations where the applicant is rejected, the applicant has 10-14 days to request an Individualized Assessment from the date they receive the adverse action letter.

I have been given the opportunity to ask any questions that pertain to the Resident Selection Guidelines. Anyone who falsifies any information on their application will be denied acceptance. The deposit will automatically be forfeited. By signing below, certify that we have read and received a copy of these guidelines.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

RELEASE OF INFORMATION CONSENT FORM

Note: This form must be signed by all members of the household 18 years of age or older in order for certification to be processed.

CONSENT

I authorize and direct any federal, state or local agency, organization, business, or individual to release information necessary to verify my application for the purpose of determining eligibility status for federally assisted housing programs. I understand and agree this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) AND/OR THE Rural Economic and Community Development (RECD) in administering and enforcing program rules and policies. I also consent for HUD, RECD or the Managing Agent to release information from my file to credit bureaus, collection agencies, or future landlords. This includes, but is not limited to, records on my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income & Assets	Residences & Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked or who may ask us to release the above information (depending on program requirements) include, but are not limited to:

GHFA (State Authorities w/Section 8)	Past and Present Employers
Courts and Post Offices	Welfare Agencies
State Unemployment Agencies	Schools and Colleges
Law Enforcement Agencies	Social Security Administration
Retirement Systems	Medical/Pharmaceutical Providers
Veterans Administration	Utility Companies
Banks and other Financial Institutions	Credit Providers & Credit Bureaus
Previous Landlords (including Public Housing Agencies)	Child Care providers

CONDITIONS

I agree a photocopy of this authorization may be used for the purposes stated above. The original of the authorization is on file in the Management office and will stay in effect for a year and one month from the date signed.

_____ Signature - Head of Household	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature - Adult #2	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature - Adult #3	_____ Print Name	_____ Date	_____ Social Security #

**Sworn Declaration of Student Status
Addendum to Application**

Date _____

Applicant/Resident Name _____

Development Name Palmetto Ridge Estates

Unit Number/Identification _____

This rental community has received funding from a program which does not generally allow occupancy by households comprised entirely of full-time students.

A "Student" is an individual who is a fulltime student at an educational organization which normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on, for at least five calendar months during a calendar year.

The following information is requested as part of the household qualification process. Please mark the applicable item(s).

- A. I am not a student and do not anticipate enrolling as a student in the upcoming year.
- B. I anticipate enrolling as a student in the upcoming year.
- C. I am a part-time student and expect to remain a part-time student in the upcoming year.
- D. I am a full-time student.
- E. I am a full-time student and offer the following explanation for eligibility consideration:
 - 1. I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act.
 - 2. I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar Federal, State, or local laws.
 - 3. I am a single parent with dependent children and none of the household members are dependents of another party other than a parent of the children.
 - 4. I am married and file a joint federal tax return with my spouse.
 - 5. I am a former foster child in transition to independence.

NOTE: Developments that participate in only the pre-1986 MMRB program shall apply explanation 4 only.

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I will provide proof of credit hours or other documentation that may be required for each school term during my occupancy of a unit at this rental community.

Applicant/Resident Signature _____ Date _____

Owner Representative Signature and Title _____ Date _____

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT(S)	LANDLORD PALMETTO RIDGE ESTATES	UNIT NO. & ADDRESS 12 PRAIRIE LN. #
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant(s) and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is ____/____/____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord 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.
3. The Landlord 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 or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Tenant

Date

Landlord

Date