

Housing Options

Application Packet



NAME OF APARTMENT COMMUNITY: _____

APARTMENT NUMBER: _____ RENT AMT: _____ QUALIFY AT _____ %

NAME OF CO-APPLICANT (if applicable - additional application must be completed) _____

____ NEW APPLICATION _____ HOUSEHOLD ADDITION _____ TRANSFER

(Please Print)

Date: _____ Time: _____

A) Name: _____ Phone: () _____

B) Address: _____
(Street) (City) (State) (ZIP)

C) Marital Status: Divorced / Widowed / Married / Single / Separated

D) Driver's License # and State: _____

HOUSEHOLD COMPOSITION List all persons that will be occupying the unit.

Full Name	Relationship to Head of Household	Birth Date	Social Security Number	Employed	Student
	Head of Household		- -	Y/N	Y/N
			- -	Y/N	Y/N
			- -	Y/N	Y/N
			- -	Y/N	Y/N
			- -	Y/N	Y/N
			- -	Y/N	Y/N

RENTAL HISTORY - Last Two Years

Use Additional sheet if necessary

D) Present Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: _____ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How? _____

E) Previous Address: _____

Previous Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: _____ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How? _____

F) Previous Address: _____

Previous Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: _____ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How? _____

- 1) yes no Have you or any household member ever been convicted of a felony?
- 2) yes no Have you ever been evicted? Reason: _____
- 3) yes no Have you or any household member been arrested/convicted of a drug related crime?
- 4) yes no Does anyone not listed in the household composition on page one plan to live with you in the next 12 months?
If yes, explain _____
- 5) yes no Will the Household be receiving Section 8 housing assistance?
(If yes list agency name, contact person and phone number.)

- 6) yes no Are there any absent household members who under normal conditions would live with you?
- 7) yes no Does an adult of this household have primary physical custody of every child listed on this application?
- 8) yes no Does your household have or anticipate having any pets other than those used as a service animal?
- 9) yes no Does anyone in your household have special needs?
If yes explain? _____

CREDIT REFERENCES

Loans: _____

Credit Cards: _____

Other: _____

CHARACTER REFERENCES

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT NUMBER

In case of emergency, notify: _____

Home Phone: () _____ Work Phone: () _____

Applicant certifies the above information is true and accurate and understands that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the apartment if this application is approved. Apartment owner or agents may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on apartment owner or agent until approved in writing.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program requires us to certify all of your income asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. The undersigned is the person(s) named above and hereby authorizes Apartment Credit Services to conduct a search of my Criminal Record, Police Record and Motor Vehicle Record information for the purpose of obtaining housing. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility from doing so. A faxed copy of this authorization shall be as valid as the original.

If applicant cancels after two (2) days, all moneys deposited shall be forfeited to the apartment owner. If approved all moneys deposited with this application will be applied toward security deposit and/or processing fee at owner's discretion. If an application is denied for ANY reason a 90-day wait period is required before reapplying to this property.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Agent for _____:

Agent's Signature: _____ Date: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

TENANT INCOME CERTIFICATION QUESTIONNAIRE

NAME: _____	()	TELEPHONE NUMBER: _____
<input type="checkbox"/> Initial Certification		BIN # _____
<input type="checkbox"/> Re-certification		
<input type="checkbox"/> Other		Unit # _____

INCOME INFORMATION

YES	NO		MONTHLY GROSS INCOME (use net income from business)
<input type="checkbox"/>	<input type="checkbox"/>	I/we am self employed. (List nature of self employment) _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;">Name of Employer</div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic social security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am/are currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive alimony/spousal maintenance payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ \$ _____ 2) _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive income from real or personal property.	(use net earned income) \$ _____

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

<input type="checkbox"/>	<input type="checkbox"/>	I/we have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a whole life insurance policy. If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have cash on hand.		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

STUDENT STATUS

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students (1 st grade and higher. Examples: Elementary, High School, College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to either of the previous two questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)
<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT _____

SIGNATURE OF APPLICANT/TENANT _____

DATE _____

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE) _____

DATE _____

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction a pending business transaction, ("Application"), **Options for Better Living / Covey Lane Properties** will use the services of an outside agency to research and verify the information I have provided regarding my Application including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Options/CLP**. **Options/CLP** uses **Abso**, a consumer-reporting agency, as an agent to perform its background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal records history, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, and professional and personal references. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Options/CLP**, and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for 180 days from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Options/CLP** if my Application is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Options/CLP**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Ct., 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding my Application, or upon request as outlined herein.

CHECK THIS BOX IF you would like a copy of your Consumer Report where one is prepared in the investigation of your background. CA Codes 1786.16(a)(5)(b)(1).

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed	Today's Date
Name as it appears on your driver's license	Position Applied For
Social Security Number	Date of Birth
Driver's License Number	State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

	Street	Apt.#	City	State	Zip Code	Mo./Yr. / Mo./Yr
Current Address:	_____	_____	_____	_____	_____	____/____ / ____/____
Former Address:	_____	_____	_____	_____	_____	____/____ / ____/____
Former Address:	_____	_____	_____	_____	_____	____/____ / ____/____
Former Address:	_____	_____	_____	_____	_____	____/____ / ____/____

4.1 Tenant Application, Selection and Waiting List

Purpose: To provide a process for tenant selection that insures Fair Housing Practices are followed and other funding regulations.

Effective date: January 2008; revised July 2011

Procedures:

1. Applications (see attached) will be accepted from all interested individuals over the age of 18 and will be reviewed and approved or denied in a timely fashion. At that time the applicant will be notified in writing of the result of the application. Approval or denial of any application will never be based on the race, color, religion, sex, disability, familiar status or national origin of any household member.
2. Applications must include the following to be considered received:
 - a. Signed release form to allow for credit check, landlord references and criminal record checks
 - b. The complete name, birth date and social security number of all persons to live in the household
 - c. Signed assurance (on application) that the unit applied for is going to be the household's sole permanent residence
 - d. All requested reference information for landlord history, credit history and criminal history
 - e. Signature and date of application indicating that all provided information is true and correct to the best of the applicant's knowledge at the time of signature
 - f. All household income and asset information
3. Application approval/denial will be based on the following criteria:
 - a. Credit Criteria:
 - The applicant or co-applicant must have a credit score of 525 or higher on the Empirica scoring system of Trans Union Credit Screening Company with no negative housing or utility history within last 36 months.
 - i. If the Empirica screening indicates an insufficient amount of information to provide a score or the score is between 525-550, the applicant or co- applicant must provide proof of the following, where applicable and a security deposit consisting of first and last month's rent upon signing the lease will be required:
 1. At least 12 full months of stable employment or verification sufficient unearned income,
 2. A landlord reference for the previous 12 months

- showing good payment history
 - 3. Majority of collections are related to medical accounts
 - 4. Good payment history for utilities for last 12 months
- b. Residential History Criteria:
- Must provide sufficient residential history for the previous three years without gaps
 - Must not have a history of repeated late rent payments or non-payment of rent
 - Must not have a history of noise complaints, cleanliness problems or damage to the dwelling
 - Must not have a history of non-approved occupants or pets
 - Must not have a history of non-compliance with certification procedures or rules
 - Must not have a history of eviction, abandonment, or breaking a lease without just cause
- c. Income Criteria:
- Must provide all income and asset information as requested
 - Must meet income guidelines for all federal, state, and local programs pertaining to the property
- d. Additional Selection Criteria:
- All information provided must be factual. Any materially false or misleading information will be grounds for immediate denial of the application or termination of the lease.
 - The Applicant must not have a history of felony convictions for drug or alcohol related offenses, unless proof is provided that a substance abuse recovery program has been successfully completed (or is in progress) since the conviction.
 - Must not have any history of felony convictions related to violent crimes or crimes involving children, conviction of fraud related to any government assistance program or have a credit report showing false social security numbers listed.
 - Records of arrests for any of the above stated crimes will require that the application be placed on hold until the applicant is found guilty or innocent of the stated charges
4. If the application is denied the applicant will be notified in writing and this notice will include the specific reason for the denial and the source of the information used to deny the application. The rejection letter will also include the rights to appeal the rejection.

5. Applicants who have not yet established a landlord or credit history in their own name may be approved if they can demonstrate a stable, ongoing source of income and meet other criteria. Alternate credit references may be required.
6. All applications will be processed in order of the date and time they are received in the rental office. If the application is approved the applicant will be placed on the appropriate unit size waiting list in order of the date and time management approves the application. Potential applicants will be placed on a waiting list taking into consideration desired unit size, accessibility requirements, and unit income designation.
7. When an apartment becomes available the manager will review the applications on the waiting list for the applicable type and size of the available apartment and applicants will be contacted on a first come, first serve basis. Persons needing accessibility features will be given priority when the accessible units are available.
8. Three attempts will be made to contact the applicant. If after three attempts to contact the applicant with no response, the applicant will be notified in writing of the attempts to contact them and their application will be placed at the bottom of the waiting list. Should the applicant not respond to the written notice or fail to accept an apartment more than one time the application shall be withdrawn from the waiting list. Inability to contact the applicant or failure of the applicant to reply will permit management to contact the next applicant on the list.
9. If the applicant responds but is not ready for the apartment within 30 days, their application will be placed back at the top of the waiting list and the next applicant contacted.
10. Management will update the waiting list every 12 months by sending a written notice to each applicant requesting any new or changed information from the original application. They are given 10 days to respond to this notice. If no response is received within 30 days of the date the update letter was mailed the application shall be withdrawn. All applicants will be notified in writing prior to removing their application from the waiting list.
11. The screening results of the application shall be valid for 90 days. If initially approved, the application shall remain on the waiting list until the appropriate apartment becomes available. If the application is over 90

days old at this time the application screening process must be repeated to insure the applicant remains eligible.



Bloomington Office
200 E. Winslow Rd.
Bloomington, IN 47401
(812) 332-9615
(812) 332-1186 fax

www.optionsfbl.com
(800) 875-9615

Cindy Fleetwood
Housing Options Manager
(812) 961-4378
cfleetwood@optionsfbl.com



CARF Accredited for
SUPPORTED EMPLOYMENT
COMMUNITY HABILITATION

____/____/____

I, _____, am applying to or
renewing my lease for the affordable housing program with
Housing Options.

I hereby release any and all information relating to my
income, assets, assistance, financial information, benefits,
or any other necessary information required to verify that I
qualify for this program.

Signature

Date