



SOUTH STREET APARTMENTS

325 South Street, Lawrence MI 49064 * (269) 674.8015 Fax (269) 674.4355
Email: info@southstreetapts.com TDD/TTY DIAL 711

APPLICATION INSTRUCTIONS

Thank you for considering South Street Apartments for your future home! We look forward to working with you. Here are some instructions to help guide you through the application process. One application is enough for one or several applicants.

- When providing previous landlords please make sure you leave complete information including complete addresses, phone numbers, and zip codes.
- If something on the application does not apply to you, do not just leave it blank, please put N/A so that we know you read the question and didn't just miss it.

The following are a list of documents that we may need if they apply to your situation:

- Social Security benefit letter (current year)
- SSI benefit letter (current year)
- Proof of child support (court ordered amount), if it has changed the addendum also. Or statement from Friend of the court with amount received year to date.
- If you are legally married but not applying with your spouse, proof of separation.
- Copies of social security cards
- If self employed copy of recent tax return
- Employed - last 6 pay-stubs
- Picture ID
- Bank statements- (checking)first page only of the last 6 month bank statements (savings) most current statement.

Gathering these items will help expedite the processing of your application.

We currently have a \$25 application fee. This is a non-refundable fee that pays for the verifications sent on your behalf. This payment must be made in the form of money order or cashiers check.

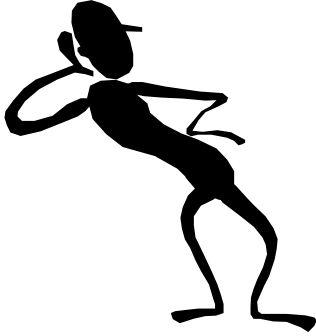
** Pay particular attention to areas on the application that require your signature.*

If you make a mistake on this application please cross it out and initial next to it, if you make several mistakes we will replace the form for you. Please do not hesitate to call if you have any questions about this application.



This institution is an equal opportunity provider
“Esta institución es un proveedor de servicios con igualdad de oportunidades”





HOW DID YOU HEAR ABOUT US???

Please take a minute and check off how you heard about us. This helps us best determine ways of getting information out to prospects.

Thank you

- Newspaper classified advertisement
- Published publication (free newspaper, Magazine, rental booklet)
- Flyer or tear-sheet in public venue (store, post office, laundry mat etc)
- A friend or family member
- gardnergrouppofmichigan.com
- Property website
- Online advertising (Rentlinx, Michigan housing locator, Zillow, etc.)
- Service provider (FIA, MI Works etc.)
- Current Resident
- Direct Mailer
- Chamber of commerce
- Local Real Estate agent
- Drive by
- Other: _____

EFFECTIVE JANUARY 1ST 2025, WE WILL BE A SMOKE FREE PROPERTY. INCLUDING BUT NOT LIMITED TO, APARTMENTS, PATIOS/ BALCONIES, INTERIOR AND EXTERIOR COMMON AREAS, LAUNDRY ROOMS, PARKING AREAS OR COMMON GROUNDS.

This policy will affect all members of the household as well as guests who enter the premises. "Smoking" means inhaling, exhaling, burning or carrying anything that is or can be lighted or heated with the intention of inhalation; including but not limited to cigarettes, cigars, pipes, hookahs, e-cigarettes/vapes, or any other heated tobacco, nicotine, plant product or marijuana, wether natural or synthetic.

Date Rcvd: _____

South Street Apartments

OF LAWRENCE, MICHIGAN

Mailing Address: 325 South Street, Lawrence MI 49064

Phone # (269) 674.8015 Fax # (269) 674.4355

Email: info@southstreetapts.com TDD/TTY DIAL 711

AUTHORIZATION for Release of Information CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, Section 515/8 and/or other housing assistance programs. I

understand and agree that this authorization or the information obtained with its use may be given to and used by the **USDA RHS**, Rural Development administering and enforcing program rules and policies. I also consent for **USDA RHS**, Rural Development, or the manager to release information from my file about my rental history to **USDA RHS**, Rural Development, credit bureaus, collection agencies, or future property owners. This includes records on my payment history, and any other violations of my lease or occupancy policies.

INFORMATION COVERED

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

Identity and Marital Status	Employment, Income, and assets
Medical or Child Care allowances	Credit and Criminal Activity
Residences and Rental activity	

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups of individuals that may be asked to release the above information (depending on program requirements) includes but not limited to:

Previous Landlords (including Public Housing Agencies)	Employers	Courts and Post Offices
Welfare Agencies	Schools and Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration	Medical & Childcare Providers
Support and Alimony Providers	Retirement Systems	Veterans Administration
Utility Companies	Bank & Other Financial Institutions	Credit Providers and Credit Bureaus

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect. I certify that the unit applied for will be my household's primary residence and my household and I will not maintain a separate subsidized rental unit in a different location.

SIGNATURES:

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, INS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



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Preliminary Rental Application

Please note that this is a preliminary application and gives no lease or rent rights.

Community _____ Office Phone (____) _____ Date _____

Unit Size: 1 2 3 4 Unit Type: Apartment Studio Townhouse (circle one)

Would you or a member of your household benefit from the design features of a barrier free unit **YES** or **NO**?

Would you like to request a disability adjustment to income? **YES** or **NO**?

Applicant: _____ Email _____ Phone (____) _____

Co-Applicant: _____ Email _____ Phone (____) _____

Applicant History

Applicant	Co-Applicant
Current Address:	Current Address:
Date: From _____ Rent \$:	Date: From _____ Rent \$:
To: _____	To: _____
Reason for Moving:	Reason for Moving:
Current Landlord:	Current Landlord:
Address:	Address:
Phone:	Phone:
Previous Address:	Previous Address:
Date: From _____ Rent \$:	Date: From _____ Rent \$:
To: _____	To: _____
Reason for Moving:	Reason for Moving:
Current Landlord:	Current Landlord:
Address:	Address:
Phone:	Phone:
Previous Address:	Previous Address:
Date: From _____ Rent \$:	Date: From _____ Rent \$:
To: _____	To: _____
Reason for Moving:	Reason for Moving:
Current Landlord:	Current Landlord:
Address:	Address:
Phone:	Phone:

If you have resided at additional addresses within the past five (5) years please attach the information on a separate sheet.

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

Head of Household

Date

Co-Applicant, Spouse/Co-Head

Date

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Please list all persons that will occupy the residence.

<u>Name</u> (First, Middle Initial, Last)	<u>Maiden Name</u> (If applicable)	<u>Date of Birth</u>	<u>Relationship of</u> <u>Head of Household</u>	<u>Social Security</u> <u>Number</u>
1.			Head of Household	
2.				
3.				
4.				
5.				
6.				

Employment

Applicant	Co-Applicant
Employer:	Employer:
Address:	Address:
Phone:	Phone:
Length of Employment:	Length of Employment:
Position:	Position:
Salary/wage: Per:	Salary/wage: Per:
Supervisor:	Supervisor:
Status: Full-time: Part time:	Status: Full-time: Part time:
List average hours per week worked:	List average hours per week worked:

Total household income from all other sources: (i.e. Social Security pension, Child Support, Section 8 Certificate, etc.

Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? **YES** or **NO** (Circle one)

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? **YES** or **NO** (Circle one)

Provide asset information below:

Type of Assets	Name of Bank Stock or Bond	Account Number	Balance Current Value	Rate of interest	Dividend	Real Estate
1.						
2.						
3.						
4.						
5.						

Have you disposed of any assets in the last two years? **Yes** or **No**?

If "yes" please list asset and value received: _____



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NUMBER OF VEHICLES _____

1. MAKE/MODEL _____ YEAR _____ COLOR _____ TAG# _____ STATE _____

2. MAKE/MODEL _____ YEAR _____ COLOR _____ TAG# _____ STATE _____

DRIVER'S LICENSE/ID#S

Applicant _____

Co-Applicant _____

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP _____

TELEPHONE _____ ADDRESS _____

YOU'RE NEEDS:

- a. Do you request DISABILITY ADJUSTMENT to income? _____
- b. Do you request BARRIER FREE ACCESSIBLE UNIT? _____
- c. Do you request or think you may be eligible for ELDERLY STATUS adjustment to Income? _____
- d. Indicate if you are 62 years of age or over and/or disabled of any age to qualify for an elderly project

OTHER UNITS:

Circle BOTH or indicate why

- a. I certify that the unit applied for will be my household's primary residence; and
- b. I and my household do not and will not maintain a separate subsidized rental unit in a Different location. If not true, describe: _____

2. NET INCOME FROM BUSINESS/PROFESSION OR REAL ESTATE OR PERSONAL PROPERTY

_____ \$ _____ per _____

_____ \$ _____ per _____

**3. SOCIAL SECURITY / SSI PAYMENTS
HOUSEHOLD MEMBER**

_____ Social Security _____ \$ _____ per month

_____ Social Security _____ \$ _____ per month

_____ SSI _____ \$ _____ per month

_____ SSI _____ \$ _____ per month

_____ STATE SSI _____ \$ _____ per month

_____ STATE SSI _____ \$ _____ per month

**4. PENSIONS; ANNUITIES; RETIREMENT FUNDS; IRA ACCOUNTS
HOUSEHOLD MEMBER SOURCE, ADDRESS AND PHONE #**

_____ \$ _____ per hr. _____

_____ \$ _____ per hr. _____

5. **ALL OTHER INCOME** –Include income from ALL OTHER SOURCES, such as: Unemployment; Disability Compensation; allowances for Head of Household in Armed Forces; Public Assistance; AFDC; Welfare, Interest, dividends, and other income of any kind from real or personal property.

HOUSEHOLD MEMBER	SOURCE, ADDRESS, AND PHONE #	
_____	_____	\$ _____ per hr. _____
_____	_____	\$ _____ per hr. _____

6. **CHILD CARE EXPENSE** –List amount paid by family for the care of minor children under 13 years of age when such care is necessary to enable a member of the family to be employed or to further his or her education.

NAMES & ADDRESS OF CHILD CARE PROVIDER
_____ \$ _____ per hr, \$ _____ per week

7. **ATTENDANT CARE & AUXILIARY APPARATUS EXPENSES:** List amount paid by family for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family to be employed.

NAME & ADDRESS OF ATTENDANT CARE OR AUXILIARY APPARATUS PROVIDER
_____ \$ _____ per week / month
_____ \$ _____ per week / month

8. **MEDICAL EXPENSES** (To be completed for Elderly Families)-Include total expenses including anticipated medical expenses to be incurred over the next twelve months. Nursing home care paid from tenant family(s). List additional medical expenses (include name and address) on back of this page.

NAME & ADDRESS OF MEDICAL PROVIDER(S)
_____ \$ _____ per month
_____ \$ _____ per month
_____ \$ _____ per month
_____ \$ _____ per month

9. MEDICARE	HOUSEHOLD MEMBER	
_____	_____	\$ _____ per month
_____	_____	\$ _____ per month

C. **ASSET INFORMATION** – List all information for Tenant, Spouse, and Co-Tenant

1. **CASH ON HAND** – List all amount on hand at present time: (Not in Bank) **BALANCE** \$ _____



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"I/We certify that the rental which I/We occupy will be my/our primary residence and further certify that I/We do not and will not maintain a separate subsidized rental unit in a different location."

"I/we certify that I/we are not presently using or addicted to a controlled substance, nor have I/we ever been convicted of possession or distribution of a controlled substance."

"I/we hereby acknowledge that my application for occupancy may be denied for various reasons, including but not limited to: a poor rental payment history, bad credit, failure to properly care for a past residence, a history of disturbing neighbors, a history of violations of previous rental agreements or past evictions."

"I/we hereby acknowledge that the landlord may refuse to add persons to my lease as lawful occupants of the premises, should the landlord find that such persons do not meet the landlord's lawful tenant selection criteria, regardless of any familial or marital relationship between myself and the prospective tenant."

"I/we certify that all of the information on this application is true and correct to the best of my/our knowledge and belief. Inquiries may be made to verify this information."

Applicant's Signature

Date

Co-applicant's Signature

Date

The information regarding race, ethnicity, 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 applications 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, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Applicant: I do not wish to furnish this information. _____

Co-Applicant: I do not wish to furnish this information. _____

PLEASE COMPLETE ALL SECTIONS

ETHNICITY: Applicant: () ...Hispanic or Latino Co-Applicant: () ...Hispanic or Latino
() ...Not Hispanic or Latino () ...Not Hispanic or Latino

RACE: (Select one or more) Applicant Co-Applicant
() American Indian, Alaska Native. ()
() Asian ()
() Black/African American ()
() Native Hawaiian/Pacific Islander ()
() White ()

GENDER: Applicant Co-Applicant
() Male () Female () Male () Female



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South Street Apartments
VERIFICATION CHECKLIST
FOR RURAL DEVELOPMENT APARTMENT COMMUNITIES

Apartment Community

Please complete a separate form for each household member (excluding members under 18)

Name _____ Apt. # _____ New Move-in _____ Recertification _____

YES NO

- ___ ___ I receive income from full and/or part - time employment
- ___ ___ I am an independent contractor and/or self employed
- ___ ___ I regularly receive cash contributions or gifts from persons not living with me (include rent or utility)
- ___ ___ I receive periodic payments from Worker's Compensation
- ___ ___ I receive Veteran's Administration benefits
- ___ ___ I receive G. I Bill benefits
- ___ ___ I receive disability or death benefits other than Social Security
- ___ ___ I receive Social Security
- ___ ___ I receive Supplemental Security Income (S.S.I.)
- ___ ___ I receive Public Assistance (Excluding Food Stamps and Medicaid).
- ___ ___ I receive educational grants or scholarships
- ___ ___ I receive unemployment benefits
- ___ ___ I receive child support or alimony
- ___ ___ I receive periodic payments from trust, annuities or inheritance
- ___ ___ I receive periodic payments from insurance policies
- ___ ___ I receive periodic payments from retirement funds or pensions
- ___ ___ I receive periodic payments from lottery winnings
- ___ ___ I receive income from rental of real or personal property
- ___ ___ I have real estate, land contracts, or mobile homes
- ___ ___ I have income from Interest, dividends, and/or other net income from real or personal property not listed above.
- ___ ___ I have checking account(s). How many banks? ___
- ___ ___ I have saving account(s). How many banks? ___
- ___ ___ I have time certificates(s). How many banks? ___
- ___ ___ I have certificates of deposit. How many banks? ___
- ___ ___ I have IRA's or Keogh accounts
- ___ ___ I have treasury bills
- ___ ___ I have stocks
- ___ ___ I have bonds
- ___ ___ I have personal property held for investments (gems, jewelry, coin collections, etc.)
- ___ ___ I have disposed of assets within the last two (2) years.
- ___ ___ I pay child care expenses (to be gainfully employed or to further education) for children under 13
- ___ ___ I am eligible for unreimbursed reasonable attendant care and auxiliary apparatus expenses for each person of the family who is a person with disabilities, to the extent necessary to enable any member of the family to be employed.
- ___ ___ I pay Medicare premiums
- ___ ___ I pay medical insurance premiums others than Medicare
- ___ ___ I pay medical or prescription expenses which are not reimbursed by insurance
- ___ ___ I need two (2) bedrooms for Medical reasons
- ___ ___ I need a Barrier Free Unit
- ___ ___ I am eligible for "elderly status" income adjustment, that being, I am 62 years of age or disabled.
- ___ ___ I am a full time student.

I/WE ACKNOWLEDGE THAT IF THIS IS AN APPLICATION FOR A LOW INCOME HOUSING TAX CREDIT COMMUNITY THAT I/WE MUST FIRST MEET IRS SECTION 42 REQUIREMENTS IN ORDER TO BE CONSIDERED FOR TENANT SELECTION.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ARE TRUE AND THAT WHEN CIRCUMSTANCES CHANGE, I WILL NOTIFY THE MANAGER FOR POSSIBLE RECERTIFICATION. I UNDERSTAND THAT FAILURE TO DISCLOSE ALL ASSETS AND INCOME WILL RESULT IN EVICTION FROM THIS APARTMENT COMMUNITY AND RECAPTURE OF UNEARNED RENT SUBSIDIES.

Signature-Applicant or Resident

Witness-Agent for Management

Date



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- ____ I receive educational grants or scholarships
- ____ I receive unemployment benefits
- ____ I receive child support or alimony
- ____ I receive periodic payments from trust, annuities or inheritance
- ____ I receive periodic payments from insurance policies
- ____ I receive periodic payments from retirement funds or pensions
- ____ I receive periodic payments from lottery winnings
- ____ I receive income from rental of real or personal property
- ____ I have real estate, land contracts, or mobile homes
- ____ I have income from Interest, dividends, and/or other net income from real or personal property not listed above.
- ____ I have checking account(s). How many banks? ____
- ____ I have saving account(s). How many banks? ____
- ____ I have time certificates(s). How many banks? ____
- ____ I have certificates of deposit. How many banks? ____
- ____ I have IRA's or Keogh accounts
- ____ I have treasury bills
- ____ I have stocks
- ____ I have bonds
- ____ I have personal property held for investments (gems, jewelry, coin collections, etc.)
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- ____ I pay child care expenses (to be gainfully employed or to further education) for children under 13
- ____ I am eligible for unreimbursed reasonable attendant care and auxiliary apparatus expenses for each person of the family who is a person with disabilities, to the extent necessary to enable any member of the family to be employed.
- ____ I pay Medicare premiums
- ____ I pay medical insurance premiums others than Medicare
- ____ I pay medical or prescription expenses which are not reimbursed by insurance
- ____ I need two (2) bedrooms for Medical reasons
- ____ I need a Barrier Free Unit
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Signature-Applicant or Resident

Witness-Agent for Management

Date



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OF LAWRENCE, MICHIGAN

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VERIFICATION OF RENTAL HISTORY

RE: _____ (Tenant)

TO: _____ (Current Landlord)

FROM: _____ (Employee Name & Phone #)

The above identified person has applied for residency at _____ and has indicated to us that you now have (or recently had) this family as a tenant in your property located at:

As indicated by this person's signature noted below, the tenant consents to the release of information pertaining to their rental history as applicable areas below. We would greatly appreciate your cooperation in completing the

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE TENANT'S RENTAL HISTORY:

1. How long has the above tenant resided at this address? _____
2. How many bedrooms? _____
3. What is the monthly rental? _____
4. Has the tenant ever been behind in the payment of the monthly rent? _____
5. How often has the tenant been late in the payment of the monthly rent? _____
6. What type of damages, if any, has the tenant caused in the unit or on common property? _____

7. Has the tenant been charged for any damages to the unit? _____
If so, how much? _____
8. Has any action ever been taken against the tenant for disturbing other tenants, or controlling the behavior of other household members or guests? _____ If so, what type of action? _____

9. If this tenant moved and reapplied for housing in the future, would you rent to him/her again? _____ If not, Why? _____
10. Additional Comments: _____

DATE: _____ SIGNATURE _____

TITLE: _____ PHONE NUMBER _____

TENANT SIGNATURE _____

“APPLICANT PLEASE SIGN BOTTOM OF PAGE WHERE HIGHLIGHTED ONLY – DO NOT FILL IN FORM”



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Resident Selection Criteria

We take pride in our management and in our Community. We actively seek good residents to make their homes with us, and we strive to provide the best service we possibly can while they live in our Community. We screen all our applicants very carefully and we verify all information provided to us on the rental application you complete and from other sources available to us.

All adult applicants 18 or older must submit a fully completed, dated, and signed residency application. Applicant must provide proof of identity in the following forms, drivers license or state issued picture ID and social security card.

An applicant's household income must be stable and adequate to afford the rent and still be able to cover the rest of his/her household expenses. The Gardner Management standard for rent affordability is that no more than 50% of household income should be used for rent. Exceptions can be made only if the applicant will be receiving subsidy.

The number of members in a household, relative to the size of the apartment must meet local and/or state housing standards. To prevent overcrowding and undue stress on plumbing and other building systems, we restrict the number of people who may reside in a rental unit. Occupancy policies set standards regarding the number of persons that can be adequately housed in a unit of a particular size. In developing the occupancy policy for each unit, the owner will take into account the following:

- State and local codes regarding the number of persons permitted to dwell in a unit of a particular size;
- The size of the rooms in the particular unit;
- Procedures for sizing households for different unit types (how to consider temporarily absent household members); and
- The order in which the property will house eligible applicants and re-house existing tenants.
- A tenant who is disabled will not be considered over housed if the tenant requests an additional room for a live-in aide or an apparatus related to the tenant's disability.

In determining these restrictions, we adhere to all applicable Fair Housing Laws.

Credit Checks must not contain any of the following:

1. Unpaid landlord judgments or evictions,
2. Unpaid utility collections, or
3. Extensive history of bad checks.

Criminal History:

All applicants must consent to a criminal background investigation, which will be conducted in accordance with the Fair Credit Reporting Act, as amended.

The results of this investigation, along with other qualifying factors, will determine whether the applicant is qualified to lease the apartment.

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With respect to criminal history, an applicant shall not be approved based on any of the following information:

1. Any applicant or household member is currently engaging in or has engaged in during a reasonable time as determined by the owner or Gardner Management before the submission of the application of any of the following:
 - a. Drug-related criminal activity,
 - b. Violent criminal activity,
 - c. Other criminal activity that would threaten the health, safety, or peaceful enjoyment of the property by other residents; or
 - d. Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner or Gardner Management who is involved in the management and/or maintenance of property.
2. If the applicant or household member was evicted in the past three years from federally assisted housing for drug related criminal activity (unless the evicted member has successfully completed an approved supervised drug rehabilitation program or the family member who was responsible for the eviction is not part of the application).
3. An applicant or household member who is currently engaged in the illegal use of drugs or whose illegal use of drugs or pattern of illegal use of drugs would likely interfere with the health, safety or the peaceful enjoyment of the property by other residents.
4. An applicant or household member is subject to a state sex offender lifetime registration requirement.
5. An applicant or household member for whom there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol interferes with the health, safety, and the peaceful enjoyment of the community by other residents (This provision will be enforced consistent with the Fair Housing Act; the fact that the applicant has an alcohol problem is not grounds, by itself, to deny the application).

Reconsideration

If you receive a denial due to information obtained from your criminal history screening and feel that you have new supporting information to add for reconsideration, please submit a request in writing with any supporting documentation to the site manager.

Our Community is a No Pet Community

Previous rental history reports from landlords must reflect timely payment, sufficient notice of intent to vacate, no complaints regarding noise, disturbances or illegal activities, no unpaid NSF checks and no damage to unit or failure to leave the property clean and without damage at time of lease termination.

Applicants will be required to pay a security deposit at the time of lease execution. Applicants must be able to put utilities in their name and be able to pay any utility deposits that may be required.

Our company policy is to report all non-compliance with terms of your rental agreement or failure to pay rent, or any amount owed to the collection agency and to the credit bureau.



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The purpose of this policy outlined at 7 CRF 3560.155 (e) and HB-2-3560. Asset Management Handbook Chapter 6, concerning Occupancy Policies in Rural Development Section 515

Assigning an Available Unit:

Once a unit becomes available, the borrower must decide who is entitled to that unit based on a variety of factors. Eligible tenants residing in the property who are either under-or over-housed receive priority over new applicants if relocating them into the newly vacant unit would bring the household into compliance with the occupancy policy for the property. If there are no such over or under-housed existing tenants, the borrower must use the Project’s occupancy policy to look at applicants on the waiting list who are eligible based on the unit size. From the universe, the borrower must determine, based on income levels and proprieties, which applicant is entitled to the unit. The order in which applicant households are entitled to housing depends on two factors:

- The income level of the household; and
- The priorities for which the household may qualify.

When an applicant first submitted an application, the borrower made an initial determination as to whether the household was very low-, low-, or moderate-income. Based on this assessment, the applicant was assigned to the very low-, low-, or moderate-income waiting list. When looking for the next eligible tenant for the vacant unit, the borrower must first go to the very-low income waiting list. If there are no applicants on the very-low income waiting list who qualify for the vacant unit based on the property’s occupancy policy, then the borrower may go to the low-income waiting list. Only if there are no eligible applicants for the unit on the low-income waiting list may the borrower select an eligible applicant from the moderate-income waiting list.

We are an equal opportunity housing provider. We fully comply with all Federal Fair Housing Laws. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin, sexual orientation and reprisal. We also comply with all state and local Fair Housing Laws.

Please sign and date this letter and return with application(s).

Signature

Date

Signature

Date

This institution is an equal opportunity provider
"Esta institución es un proveedor de servicios con igualdad de oportunidades."



EFFECTIVE JANUARY 1ST 2025, WE WILL BE A SMOKE FREE PROPERTY. INCLUDING BUT NOT LIMITED TO, APARTMENTS, PATIOS/ BALCONIES, INTERIOR AND EXTERIOR COMMON AREAS, LAUNDRY ROOMS, PARKING AREAS OR COMMON GROUNDS.

This policy will affect all members of the household as well as guests who enter the premises. "Smoking" means inhaling, exhaling, burning or carrying anything that is or can be lighted or heated with the intention of inhalation; including but not limited to cigarettes, cigars, pipes, hookahs, e-cigarettes/vapes, or any other heated tobacco, nicotine, plant product or marijuana, wether natural or synthetic.

Full Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating 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 conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

- (2) Fax: (202) 690-7442; or

- (3) Email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Full Nondiscrimination Statement (Spanish)

De acuerdo con la ley federal de derechos civiles y las reglamentaciones y políticas de derechos civiles del Departamento de Agricultura de Estados Unidos (U.S. Department of Agriculture, USDA), se prohíbe al USDA, sus agencias, oficinas y empleados, e instituciones que participan o administran los programas del USDA, discriminar por motivos de raza, color, origen nacional, religión, género, identidad de género (incluidas las expresiones de género), orientación sexual, discapacidad, edad, estado civil, estado familiar/parental, ingresos derivados de un programa de asistencia pública, creencias políticas, o reprimendas o

represalias por actividades previas sobre derechos civiles, en cualquier programa o actividad llevados a cabo o financiados por el USDA (no todas las bases se aplican a todos los programas). Las fechas limite para la presentaciòn de remedios y denuncias varian segun el programa o el incidente.

Las personas con discapacidades que requieran medios alternativos de comunicaciòn para obtener informaciòn sobre el programa (por ej., Braille, letra grande, cinta de audio, lenguaje americano de sefias, etc.) deberan comunicarse con la Agencia responsable o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a trnvc del Servicio Federal de Transmisiones al (800) 877-8339. Asimismo, se pucde disponer de infotmaciòn del programa en otros idiomas aciemas de ingles.

Para presentar una denuncia por discriminaciòn en el programa, complete el Formulario de denuncias por discriminaciòn en el programa del USDA, AD-3027, que se encuentra en linea en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o escriba una carta dirigida al USDA e incluya en la carta toda la informaciòn solicitada en el formulario. Para solicitar una copia del formulario de denuncias, Bame al (866) 632-9992. Envie su formulario completado o su carta al USDA por las siguientes medias: correo:

U.S. Department of Agriculture,
Office of the Assistant Secretary for Civil Rights, 1400
Independence Avenue, SW
Washington, D.C. 20250-9410;

(1) fax: (202) 690-7442; or

(2) correo electrònico: program.intake@usda.gov.

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