

HK HallKeen Management

PRELIMINARY RENTAL APPLICATION

-Equal Housing Opportunity-

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT.
IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE
OR OTHER ALTERNATE FORMATS.

Application Date: _____

Property Name: **Pines at Carolina Place**
Address: **12600 Windy Pines Way**
City, State, Zip: **Pineville, NC 28134**
Telephone Number: **704.544.3217**
TDD#: **Call 7-1-1**
Email Address: **pinesatcaroline@hallkeen.com**

Return Completed Application To: **Pines at Carolina Place, Leasing Office**
12600 Windy Pines Way
Pineville, NC 28134

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. If a section does not apply, please draw a line through or write "N/A". Failure to do so will result in processing delays or rejection of your application. If you need help completing this application, please contact the Rental Office.

Applicant: _____ **Telephone:** _____

Email Address: _____

Current Address:
Street _____ Apt. # _____
City, State _____ Zip Code _____

Current Landlord:
Name _____ Telephone _____
Street _____ Fax # _____
City, State _____ Zip Code _____
Email Address _____

RACE (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American Indian/Alaskan Native Asian or Pacific Islander Other (not white or Hispanic)
 Black (not of Hispanic origin) Hispanic White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

- 0BR 1BR 2BR 3BR 4BR 5BR

How did you hear about this property? _____

ADDITIONAL INFORMATION:

- Do you currently hold a *Mobile Voucher*? Yes No
- Are you requesting a *Hearing/Visual Adapted Unit*? Yes No
- Are you requesting a *Wheelchair Adapted Unit*? Yes No
- Do any members of the household have any *accessibility or reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you?*
 Yes No
If yes, please explain/provide details: _____
- Do you or a member in your household *consider yourself to be homeless or at-risk of being homeless?*
 Yes No
If yes, please explain/provide details: _____
- Have you ever been *evicted* from your home for any reason? Yes No
If yes, please explain/provide details: _____
- Have you or any household member ever been *convicted* of any crime? Yes No
If yes, please explain/provide details: _____
- Have you or any household member suffered actual or threats of physical violence by a spouse or other member of the household? Yes No
If yes, please explain/provide details: _____
- Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? Yes No
If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required): _____

CURRENT HOUSING:

- Present Housing Cost Per Month \$ _____
- Does your current housing cost include utilities (gas, electric, heat, hot water)? Yes No
- How Long Have You Lived at Present Address? _____ Years / _____ Months
- Do You Own Any Pets? _____ If yes, what type: _____
- What are the reasons for moving? _____

FAMILY COMPOSITION: List all who will occupy the apartment.
YOU MUST INCLUDE YOURSELF (Any person not listed will not be allowed to move in)

FULL NAME OF EACH PERSON	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (00/00/0000)	Gender (Optional)	SOCIAL SECURITY NUMBER	STUDENT STATUS Full-time/FT Part-time/PT
1) _____	Head of Household	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
2) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
3) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
4) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
5) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
6) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
7) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
8) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A

Does the Head of Household have full custody of all household members under the age of 18 Yes No

If no, please explain _____
 (Please be prepared to supply copy of child support/custody agreement and divorce decree.)

(HUD only): If you have no social security number, you claim you are exempt because:

- You are an ineligible non-citizen You were 62 as of 1/31/2010 and receiving housing assistance as of 1/31/2010

LANDLORD REFERENCES: Provide full names & addresses of Landlords where you have lived over the last (5) **five** years. Please include both long term and temporary residences.

1) Previous Address _____
 Dates Lived at This Address _____
 Name of Landlord _____
 Landlord Telephone # _____ Landlord E-mail address _____
 Landlord Address _____

2) Previous Address _____
 Dates Lived at This Address _____
 Name of Landlord _____
 Landlord Telephone # _____ Landlord E-mail address _____
 Landlord Address _____

3) Previous Address _____
 Dates Lived at This Address _____
 Name of Landlord _____
 Landlord Telephone # _____ Landlord E-mail address _____
 Landlord Address _____

4) Previous Address _____
Dates Lived at This Address _____
Name of Landlord _____
Landlord Telephone # _____ Landlord E-mail address _____
Landlord Address _____

Please list all states where the applicant and/or members of the applicant's household have resided.

CHARACTER REFERENCES: (If you are unable to furnish landlord or other housing references) *They must have known you for one (1) year or more and not be related to you.*

1.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

2.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

3.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

EMPLOYMENT: Is any member of the household employed? Yes No
If yes, please list below. *List each member by their corresponding number from Page 3.*

Member # _____
Name of Present Employer _____ Telephone _____
Email address: _____ Fax: _____
Employer's Address _____
Length of Employment: _____ Position: _____
Job Type: Seasonal Temporary Permanent Part-Time Full-Time
Do you receive tips? Yes No If yes, how much do you average each week? \$ _____
If hourly, rate per hour? \$ _____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): \$ _____ Weekly Bi-Weekly Monthly

Member # _____
Name of Present Employer _____ Telephone _____
Email address: _____ Fax: _____
Employer's Address _____
Length of Employment: _____ Position: _____
Job Type: Seasonal Temporary Permanent Part-Time Full-Time
Do you receive tips? Yes No If yes, how much do you average each week? \$ _____
If hourly, rate per hour? \$ _____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): \$ _____ Weekly Bi-Weekly Monthly

Member # _____
Name of Present Employer _____ Telephone _____
Email address: _____ Fax: _____
Employer's Address _____
Length of Employment: _____ Position: _____
Job Type: Seasonal Temporary Permanent Part-Time Full-Time
Do you receive tips? Yes No If yes, how much do you average each week? \$ _____
If hourly, rate per hour? \$ _____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): \$ _____ Weekly Bi-Weekly Monthly
Gross earnings (before taxes): \$ _____ Weekly Bi-Weekly Monthly

Member # _____

Name of Present Employer _____ Telephone _____

Email address: _____ Fax: _____

Employer's Address _____

Length of Employment: _____ Position: _____

Job Type: Seasonal Temporary Permanent Part-Time Full-Time

Do you receive tips? Yes No If yes, how much do you average each week? \$ _____

If hourly, rate per hour? \$ _____ Number of hours scheduled each week: _____ hours

Gross earnings (before taxes): \$ _____ Weekly Bi-Weekly Monthly

DOES ANYONE IN THE HOUSEHOLD HAVE OTHER SOURCES OF INCOME (Other income is income such as *Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, Grants and/or Monetary Gifts/Support from Someone that isn't a member of the household*)? Yes No

If yes, list below by household member and income type:

	Type of Income	Gross Earnings (Before Taxes)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)

DOES ANY HOUSEHOLD MEMBER HAVE INCOME FROM ASSETS (*Assets include Checking Accounts, Savings Accounts, Direct Express Cards, EBT and DOR Cards, Pay Cards, 401K Accounts, IRA Accounts, Term Certificates, Money Markets, Stocks, Bonds, Mutual Funds, etc.*)? Yes No **If yes, list below:**

Member # _____

Name of Financial Institution: _____

Email address: _____ Fax: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____

Name of Financial Institution: _____

Email address: _____ Fax: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____

Name of Financial Institution: _____

Email address: _____ Fax: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____

Name of Financial Institution: _____

Email address: _____ Fax: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ % If Stock, Number of Shares: _____ Dividends per Share: \$ _____

DOES ANY HOUSEHOLD MEMBER HAVE OTHER ASSETS such as Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.? Yes No **If yes, list below:**

Household Member	Type of Asset	Cash Value of Asset
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____

Has any household member disposed of any assets for less than fair market value in the last two years?
 Yes No If yes, please list below:

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED OF
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

In Case of Emergency, whom should we contact?

Name: _____ Relationship: _____

Phone# _____ Email Address: _____

Address: _____

Name: _____ Relationship: _____

Phone# _____ Email Address: _____

Address: _____

CONFLICT OF INTEREST:

Do you work for or have any immediate family members who work, or have any business or consulting relationship with the Property Owner, or HallKeen Management? Immediate family ties include (whether by blood, marriage, or adoption) the spouse, parent (including step-parent), child (including step-child), brother, sister (including a step-brother or step-sister), grandparent, grandchild or in-laws of the applicant(s).

Yes No

If yes, please provide name(s) of immediate family member(s), relationship and company/owner name:

IRC Section 152 (f)(2) defines, in part, a “student” as an individual, who during each of 5 calendar months during the calendar year in which the taxable year of the taxpayer begins is either (a) a full-time student at an educational organization or (b) is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization, as described more fully in the IRC.

The term “educational organization” includes elementary schools, junior and senior high schools, colleges, universities, and technical, trade and mechanical schools. It does not include on-the-job training courses.

Will **ALL** of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

- Are any full-time student(s) married and filing a joint tax return? Yes No
- Are any full-time student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes No
- Are any full-time student(s) an AFDC or a title IV recipient? Yes No
- Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another’s tax return? Yes No
- Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? Yes No

PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES, PREFERENCES OR SPECIAL DEDUCTIONS/CONSIDERATIONS (Where Applicable):

- Not Applicable for this property

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

I/ We hereby certify that this apartment will be this household's primary residence.

Signed under the pains and penalties of perjury:

Head of Household/Applicant Date _____
Co-Applicant Date

Other Adult Household Member Date _____
Other Adult Household Member Date

HallKeen Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

**Professionally Managed by:
HallKeen Management
1400 Providence Highway, Suite 1000
Norwood, MA 02062
(781) 762-4800**



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____
 ADDRESS: _____

I, the above-named individual, have authorized HallKeen Management to verify the accuracy of the information which I have provided to them, from the following sources (specify):

- | | |
|----------------------------------|--|
| Child Care Expenses | Veteran’s Benefits |
| Criminal Activity (CORI) | Federal, State, or Local Benefits |
| Courts | Banks, Credit Unions |
| Family Composition | IRAs, CDs, 401k, 403b |
| Law Enforcement Agency | Interest, Dividends |
| Credit Bureau | Financial Institutions, Brokerages |
| Employment | Mutual funds |
| Self-Employment | Alimony, Child Support |
| Unemployment Compensation | Other income-regular Gifts or allowances from another person |
| Pensions | Commissions, Tips, Bonus |
| Annuities | Landlords, Rental History |
| Social Security | Identity & Marital Status |
| Supplemental Security Income | Handicapped Assistance Expenses |
| State Welfare Agencies | Medical Insurance Premiums |
| State Employment Security Agency | Un-reimbursed Medical Expenses |
| Workman’s Compensation | School & College Tuition Fees |
| Health & Accident Insurance | Debit Cards |
| Direct Express Cards | Other Sources not listed above |

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO:

HallKeen Management subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to HallKeen Management within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

Signed under pain and penalty of perjury.

Head of Household **Date**

Spouse **Date**

Other Adult Member **Date**

Other Adult Member **Date**

To: HallKeen Management

Re: **Release to Obtain Information**

In consideration for being permitted to apply for this apartment at _____, I, Applicant, do represent all information in this application to be true and accurate and that Owner/Manager/Employee/Agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the Owner/Manager/Employee/Agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant, authorize any person or Credit/Criminal Background Checking Agency having any information on me, to release any and all such information to the Owner/Manager/ Employee/Agent or Credit Checking Agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all Owners, Managers, and Employees, or Agents, both of Landlord and their Credit Checking Agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over the age of 18 must sign:

Applicant: _____
Signature Social Security # Date

Print Name

Applicant: _____
Signature Social Security # Date

Print Name

Applicant: _____
Signature Social Security # Date

Print Name

Applicant: _____
Signature Social Security # Date

Print Name

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as “active adult community” and “empty nesters”. Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

HallKeen Management, Inc.
1400 Providence Highway, Suite 1000
Norwood, MA 02062
(781) 762-4800

THE PINES AT CAROLINA PLACE APARTMENT HOMES

--Rental Guidelines--

The staff of The Pines at Carolina Place Apartment Homes welcomes you to our community! In order to provide every resident with an exceptional apartment living experience, we adhere to certain resident selection guidelines that are uniformly applied to the applicants.

Income	We verify that your annual household income falls below certain income limits published by the federal government and that you household's monthly income is at least two and a half times your monthly rent.
Application Processing	We utilize an applicant-screening product called One Site. OneSite looks at your past and current rental history, credit, & criminal background. Once we receive a report from One Site, we confirm this information independently.
Rental History Criteria	We seek a positive verifiable rental history including timely rental payments. Applicants with prior evictions will not be approved.
Credit Criteria	The One Site report generates an application screening recommendation: pass, pass with conditions, or fail.
Deposit Criteria	<i>Pass</i> —Standard Deposit <i>Pass w/ Conditions</i> —Double deposit up to one month's rent <i>Fail</i> —Considered on a case-by-case basis. If accepted, we will require one month's rent or more. You may also be required to provide a co-signer who must be a full pass with approved credit.
Criminal Background Check	Any repeated tendency towards violent acts or illegal activities is cause for non-approval
Other Policies	<ul style="list-style-type: none">• We require that all adult household members age 18 and older complete an application. Our application fee is \$35.00 for the first person 18 and older and \$35.00 for each additional person 18 and older.• We follow the standard occupancy guidelines placing no more than two persons in any one bedroom.• Certain pets are allowed with a deposit.• All deposits and prorated rent due for the first month must be paid prior to move-in.• We will consider requests for reasonable accommodations for a handicap or disability.• Section 8 certificate or voucher holders are welcome and they will be provided the same consideration for occupancy as any other applicant. Minimum income requirements for certificate and voucher holders are two and a half times the amount of the resident(s) portion of the rent.

It is our goal to complete the processing of your application as quickly as possible. Our ability to do so is dependent upon your submission of all requested documents in a timely fashion. A thorough application process ensures a successful residency!

SIGNING THIS ACKNOWLEDGEMENT INDICATES THAT YOU HAVE HAD THE OPPORTUNITY TO REVIEW THESE RENTAL GUIDELINES. IF YOU DO NOT MEET THE RENTAL GUIDELINES, OR IF YOU PROVIDE INACCURATE OR INCOMPLETE INFORMATION, YOUR APPLICATION MAY BE REJECTED, YOUR APPLICATION FEE WILL NOT BE REFUNDED, AND YOUR HOLDING DEPOSIT MAY BE RETURNED OR FORFEITED.

The above policy may be changed at any time without prior notice.

Applicant's signature

Date



We comply with the North Carolina and Federal Fair Housing Laws.
We Do Not Discriminate Against Any Person Because of Race, Color,
Religion, Sex, Handicap, Familial Status, or National Origin.



Rev. 12/2012

Pines at Carolina Place Apartments Resident Selection Plan for Affordable Housing

Welcome to our community. Before you apply to rent an apartment home in our community, please take time to review this selection plan. All persons 18 years of age or older and not dependents will be required to complete separate rental applications. The term "applicant(s)" under this policy means the person or persons that will be signing the Lease as "resident(s)"; the term "occupant(s)" in this policy means the person or persons that are authorized occupants under the Lease.

Please also note that these are our current rental criteria; nothing contained herein shall constitute a guarantee or representation by us that all residents and occupants currently residing in the community have met these requirements. There may be residents and occupants that have resided in the community prior to these requirements going into effect; additionally, our ability to verify whether these requirements have been met is limited to the information we receive from the various resident credit and criminal reporting services used. It is the policy of this community to comply with all applicable fair housing laws including those which prohibit discrimination against any person based on race, sex, religion, color, familial status, national origin or handicap.

All visitors must present a valid driver's license or government issued photo ID in order to view the community. Notwithstanding anything to the contrary, applicants and occupants must meet all of the qualifying requirements of the affordable housing programs.

1. **Student Status** – Pursuant to affordable housing programs, to the extent applicable, we cannot approve an application in which all occupants of a household will be full-time students, unless they qualify under the affordable housing guidelines. Please see one of our leasing consultants for student qualifications.
2. **Non U.S. Citizen** – One of the following valid forms must be provided: I-94; I-95; I-551; I-151; I-688A, I-688-B, I-766. The I-94 or I-95 must show entry date and authorized period of stay. Applicants must also have a Social Security number and be able to be screened for credit and criminal background and meet all other qualifying criteria as noted below.
3. **Application** – Applications for residency may be automatically denied for the following reasons:
 - a. Intentional falsification of information on the application
 - b. Previously evicted or skipped from a prior rental dwelling or in the process of eviction
 - c. Failure to meet the required rent-to-income ratio
 - d. Failure to meet the credit model requirements
 - e. Failed criminal background screening
 - f. Failure to provide documentation within three (3) business days of request from the Community
 - g. Credit report contains a bankruptcy
 - h. Poor landlord references
4. **Application Fees** – An application fee of ~~\$50.00~~ ^{\$50.00} per adult applicant will be charged and due at the time your completed application is submitted for review. This fee pays for the expense of retrieving the credit and criminal background reports required to determine eligibility.

5. **Age** – Applicants must be 18 years of age or older to enter into a lease contract, unless deemed to be an adult under applicable law with respect to the execution of contracts.
6. **Employment** – An Employment Verification must be sent to the employer to verify applicant's income, date of hire, anticipated additional income (raises, overtime, bonuses, commissions, etc.). Applicants will be asked to produce 4-6 consecutive and most recent pay stubs. Pay stubs must reflect gross income, year to date income, employer's name, employee's name, and/or social security number of employee and date. Additional information may be requested.
7. **Unemployment** – All applicants who state they are unemployed must sign an unemployment affidavit. If an unemployed individual has zero income, they will sign the zero income affidavit. Unemployment benefits will be verified and must be annualized. If unemployed and anticipating employment, we may need a copy of the most recent year's tax return. If the income on the tax return would over qualify the applicant, then the application may be denied.
8. **Self-Employed Individuals** – Such applicants must provide a full copy of their most recent tax return or twelve (12) months of audited or unaudited monthly financial statements or a letter from a CPA anticipating the applicant's income for the next 12 months. For applicants with seasonal employment, previous year's tax returns must be provided.
9. **Income** – Applicants must have a minimum verifiable gross income that meets or exceeds 2 ½ times monthly rent. Gross income for all applicants in one apartment home will be combined and considered for income eligibility. Maximum annual household income cannot exceed the allowable income limit for the household size, as determined by Federal and governmental regulations in effect for this community.

All sources of household gross income must be considered in determining income eligibility. In addition to employment income, other verifiable income includes but is not limited to: unemployment income, pensions, child support, TANF, disability and social security. In addition, income from assets will also be verified and included in the determination of income eligibility.

10. **Credit** – A credit report will be completed on all applicants to verify account credit ratings. The results will be entered into the credit-scoring model, which determines applicant's eligibility to pay rent and security deposit.

All decisions for residency are based on a system which considers credit history, rent history, income qualification and employment history, among other credit-related factors. An approved decision based on the system does not automatically constitute an approval for residency. **Applicant(s) and occupant(s) aged 18 years or older MUST also pass the criminal background check based on the criteria contained herein in order to be approved for residency.**

11. **Landlord References** – Landlord references must include a satisfactory report of timely rental payments, adherence to lease requirements and the condition the resident kept their previous home(s).

12. Criminal History – A criminal background check will be conducted for each applicant and occupant aged 18 years or older. The criminal background check will be run for all addresses at which the applicant(s) and/or occupant(s) have resided over the previous 5 years or 5 addresses, whichever is greater. See Attachment A for a description of criminal offenses that will result in denial of the application.

It is important to note that this requirement does not constitute a guarantee or representation that residents or occupants currently residing in our community have not been convicted of or subject to deferred adjudication for a felony, certain misdemeanors or sex offenses requiring registration under applicable law; there may be residents or occupants that have resided in the community prior to this requirement going into effect; additionally, our ability to verify this information is limited to the information made available to us by the criminal and credit reporting services used.

13. Co-Signers/Guarantors – Co-signers will not be accepted. Guarantors may be accepted for Applicants who are denied based on credit. Guarantors must have monthly income of at least 3 times applicant's monthly rent and have an acceptable credit history. Guarantor must complete the standard rental application form and Guaranty of Resident Obligations form.

14. Occupancy Guidelines – Occupancy will be limited to two persons per bedroom. Households that exceed the occupancy guidelines during the lease term must, upon lease renewal, either:

- a. Transfer to an available apartment suitably sized for the household; or
- b. Vacate the apartment

15. Rent -- Rent will be at the rental rate at the time the lease is entered into for the new apartment. If a transfer occurs, the resident will have to re-qualify under all income and rental guidelines in accordance with the applicable housing program. Rent may be modified from time to time in accordance with the applicable housing program.

16. Pets – All pets must be pre-approved by Management. No more than (2) pets, with a combined weight of 50 pounds or less when full-grown, are allowed per apartment. Animals must be no less than six (6) months of age. The resident must provide proof of updated shots, spaying or neutering, vaccinations and licenses and will be subject to Pet Rules and an addendum to their lease. Aggressive breeds will not be allowed. Additional fees may be required contingent upon the community and state requirements. Currently restricted animals/breeds are attached hereto as Attachment B.

Service/Companion animals may not be subject to the restricted animals/breeds identified in Attachment A; however, animals that show aggression toward other individuals or animals will not be allowed.

17. Vehicles – One (1) vehicle is allowed per adult resident. All vehicles must be registered with the management office. Vehicles must be operational and have current registration and inspection. Management will remove any unregistered or inoperable vehicles at the resident's expense. Boats or trailers are not allowed at any time.

18. **Deposits** – The results of the application review will determine the amount of the Application Deposit and/or Security Deposit.

19. **Falsification of Application** – Any falsification in the application or other required documentation will result in the automatic denial of the application.

20. **Adding an Occupant/Roommate After Move-In** – Should an existing resident wish to add a roommate/family member to a lease, the household will need to re-qualify as if they were a new move-in, including credit and criminal background screening. Unauthorized occupants are not permitted and may result in the termination of a lease agreement.

Applications will not be considered until the Application has been fully completed, executed and returned to the Management office, and all applicable Application Deposits and fees have been paid.

Applicant acknowledgement of receipt of a copy of the Pines at Carolina Place Apartments Resident Selection Plan.

Applicant Signature

Date

Print Name

Applicant Signature

Date

Print Name

Applicant Signature

Date

Print Name

Management

Date

Pines at Carolina Place Apartments Resident Selection Plan

**Attachment A
Criminal History**

Criminal Background Screening -- The application will be denied for any of the following reported criminal related reasons that have occurred within the timeline identified below prior to the application date regardless of the applicant's age at the time of the offense. All records are evaluated from the date of disposition.

<u>Offense</u>	<u>Felony</u>	<u>Misdemeanor</u>
Crimes Against a Person or Property	10 Years	3 Years
Drug Related Offenses	10 years	3 Years
Theft by Check Related Offenses	10 Years	Approved
Worthless Check and/or Bogus Check Related Offenses	10 Years	Approved
Sex Related Offenses and Terrorism Related Offenses	Declined	Regardless of Time
Prostitution Related Offenses	10 Years	3 Years
Weapons Related Offenses	10 Years	Approved
Cruelty to Animals Related Offenses	10 Years	3 Years
Felony DUI	5 Years	
Any Other Felony Offense	10 Years	
Deferred Adjudication and/or Adjudication Withheld	Off probation/parole	5 Years
Pending Cases and/or Arrest Warrants	Approved	
Active Status on Probation and Parole	Off probation/parole	5 years
Pre-Trial Intervention/Diversion	Approved	

It is important to note that this requirement does not constitute a guarantee or representation that residents or occupants currently residing in our community have not been convicted of or subject to deferred adjudication for a felony, certain misdemeanors or sex offenses requiring registration under applicable law; there may be residents or occupants that have resided in the community prior to this requirement going into effect; additionally, our ability to verify this information is limited to the information made available to us by the criminal and credit reporting services used.

Attachment B
Restricted Animal/Breed List
(Includes but is not limited to the following)

Breeds of Dogs

Pit Bull	Malamute	Akita
Rottweiler	Doberman	Staffordshire Terrier
Presa Canario	Chowchow	American Bull Dog
German Shepherd	St. Bernard	Karelian Bear Dog
Husky	Great Dane	Shar Pei

Any hybrid or mixed breed of one of the aforementioned breeds.

ALL poisonous animals

Exotic Animals

Reptiles (snakes, iguanas, etc.)	Raccoons	Birds (parrots, cockatiels,
Ferrets	Squirrels	Macaws)
Skunks	Rabbits	

Fish

Fish tanks are allowed with evidence of renters insurance that is acceptable to Management.

All pets must be pre-approved by the property manager, and must be properly licensed and have all up-to-date shots/vaccinations. The resident will be subject to our Pet Rules and an amendment to the lease relative to pets. Management reserves the right to refuse any pet that appears to be aggressive in any way.