



## **RESIDENT SELECTION CRITERIA**

### **Section 42 Properties – Effective 02/01/2020**

The resident selection criteria are used by ACC Management Group, Inc. (ACC) and the sites managed by ACC to uniformly evaluate all potential residents and to help protect the safety, health, and welfare of all other Residents. All adult occupants must complete a separate application and comply with the following criteria.

#### **The Application Process**

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1. All rental applications must be in writing and should be completed in the rental office.
2. Falsification on an application is a basis for automatic denial.
3. Applications are processed based on the time and date the application is received.
4. All adult applicants including co-signers must pay a non-refundable \$15.00 processing fee. The application will not be taken or processed prior to receipt of the processing fee from all adult applicants. All applicants must sign the "Application Processing Fee Agreement" form and pay the \$15 Processing Fee made payable to the community.
5. All adult applicants must provide a Government issued proof of ID, Social Security number, and a birth certificate for minors in the household under the age of 18.
6. All adult applicants must pass our resident selection criteria based on landlord references, credit report and criminal background check including State and Federal sex offender registries and household income. If any of the household members do not pass, then the entire household will be denied. If denied, any applicant would be eligible for reconsideration 60 days from original denial date.
7. ACC Management Group, Inc. reserves the right to reject an application for any negative references according to ACC's resident selection criteria.
8. If any applicant is in the process of a court eviction or is contesting a court eviction, the application will be held in abeyance until the final court disposition.
9. If any applicant has an eviction in the last 3 years, the application will automatically be denied.
10. If any applicant owes a landlord money the application will be automatically denied unless proof is provided money owed is not for damages and the account has been paid in full. A security deposit of 1.5 times the monthly rent will be required prior to move in.
11. If any applicant has 1 stipulated dismissal/court ordered payment plan within the last 3 years, applicant will need to show proof of all terms being met and a security deposit equal to 1.5 times the monthly rent would be required. If any applicant has more than 1 stipulated dismissal/court ordered payment plan in the last 3 years, application would automatically be denied.
12. A community manager will deny no applicant. All applications are reviewed by ACC Management Group, Inc. compliance department.
13. The security deposit must be paid in full before applicant is given keys to the apartment. – **No exceptions.**

#### **Income**

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14. The applicant's household monthly gross income must be equal to or greater than two (2) times the monthly rent.

## **Credit Reports & Co-signer Requirements**

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15. All applications are evaluated based on a credit scoring system. Credit scoring is based on real data and statistics and treats all applicants objectively.
16. If collection accounts are listed on your credit report, collections that are paid in full or otherwise closed will not be counted. Medical collections and student loans will not be counted. All other collections will be counted and used to determine selection.
17. If the total amount of collections for the entire household exceeds \$3,000, the applicants will be required to obtain one approved co-signer; or other approved method (\*see below) for the household in lieu of a co-signer. If the total amount of collections for the entire household exceeds \$6,000 the application will be denied.
18. All applicants without a credit report are required to obtain one approved co-signer or other approved method (\*see below) for the household in lieu of a co-signer.
19. All applicants must provide proof that any Resident paid utilities do not have outstanding balances that would prohibit them from transferring utilities into the Residents name.
20. All first-time renters or applicants without a two-year rental history are required to obtain one approved co-signer or other approved method (\*see below) for the household in lieu of a co-signer.
21. All cosigners are required to meet the credit terms of the resident selection criteria and monthly gross income must be equal to three times the monthly rent. Only one co-signer is needed per household and will have liability for the entire household.
22. If an applicant's credit report shows an open bankruptcy the application will be held in abeyance until proof of dismissal is provided; dismissed bankruptcies are not considered in determining resident approval.

\*other approved methods in lieu of a co-signer: a) security deposit of 1.5 times the monthly rent prior to final file approval; OR b) the rent must be paid under contract by a sponsor or housing authority; OR c) proof of ability to pay based on two years of rental history paying a comparable rent amount, OR other approved method.

## **Criminal Report**

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23. If you have been convicted of manufacturing or distributing a controlled substance as defined in Section 102 of the Controlled Substances Act, your application will be denied.
24. If you have been convicted of any other crime that shows a demonstrable risk to resident safety and/or property, your application may be denied after consideration of the nature and severity of the crime and the amount of time that has passed since the criminal conduct occurred. Additional factors may also be considered on a case-by-case basis.
25. Arrest records, without subsequent conviction, will not be considered.
26. Along with your application you may provide any mitigating information or documentation that you would like to have considered regarding any prior conviction.
27. Registration on the state or Federal Sex Offenders Registry will be a basis for denial of your application.
28. Criminal history and the Sex Offenders Registries will be checked annually in advance of lease renewal, and if any member of the household no longer meets the criteria in #22 through #26 above, that household member will be required to vacate the unit or household's lease will not be renewed.

## **IRS Section 42 Program Guidelines – (Co-signers excluded)**

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29. All applicants applying for a Section 42 apartment must adhere to IRS Section 42 LIHTC income limits to be accepted. Note: We will only allow an employer to fill out an Employment Verification two (2) times. When filling out the Section 42 application, if you do not understand a question, please ask the community manager for assistance before answering the question.
30. Adherence to the Section 42 incomes limits does not guarantee that the available unit will be made available to the first household who qualifies. Under the Section 42 code, some sites have specific income limits at different percentages of County Median Income (CMI). The first household who qualifies for the unit with a lower CMI income limit will be offered said unit.

31. **The household must be income qualified on the day of move-in. If any circumstances change between the original application, prior to or after move-in, the applicant must notify the management office immediately as qualification to the Section 42 income limits may be affected. \_\_\_\_\_ (please initial)**
32. If the household is entirely comprised of full-time students, they must meet one of the student eligibilities factors.

#### **Occupancy Issues**

33. Maximum occupancy limits are two persons per bedroom, plus one (1) additional occupant under the age of two (2); unless otherwise specified by local ordinance. For the purpose of occupancy limits, all household members will be counted.
34. For Section 42 income limit calculations, an unborn child or children are counted as household members.
35. Age restrictions will apply at senior properties. Verification of age is required per #5 listed above. Ask the community manager for details.

ACC Management Group, Inc. adheres to all Federal, State and Local Fair Housing Laws and provides ongoing training for onsite and corporate staff.

If you any concerns about these criteria, please contact: ACC Management Group, Inc., Compliance Manager, 2375 State Road 44, Suite A, Oshkosh, WI 54904.

#### **Applicant Acknowledgement**

I have received, read, understand and agree to the above resident selection criteria.

_____ Applicant Signature	_____ Printed Name	_____ Date
_____ Applicant Signature	_____ Printed Name	_____ Date
_____ Applicant Signature	_____ Printed Name	_____ Date
_____ Applicant Signature	_____ Printed Name	_____ Date
_____ Community Manager Signature	_____ Printed Name	_____ Date



## RENTAL APPLICATION – Section 42

Date/Time: \_\_\_\_\_ Current Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Move-in date: \_\_\_\_\_ Email Address: \_\_\_\_\_

DESIRED UNIT:

# of Bedrooms: \_\_\_\_\_ Building / Unit #: \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_

### APPLICANT AND FAMILY

List ALL household members who will live in the apartment. Include temporarily absent family members, such as military/student family members who will be returning to the household, unborn children, live-in attendant, and/or foster children/adults.

#	FULL NAME (list ALL occupants) Last, First, MI	Relationship to Head-of-Household	Date of Birth (mm/dd/yyyy)	Social Security Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Do you expect any changes to your household within the next 12 months? ☐ YES ☐ NO

If yes, Explain: \_\_\_\_\_

If application is denied, do you wish to receive a written explanation of the denial of tenancy? ☐ YES ☐ NO

Do you have any pets? ☐ YES ☐ NO

If yes, what kind? \_\_\_\_\_

### IMPORTANT:

**Each adult applicant must complete a separate application form starting on page 2.**

**A 'Child Asset Verification Attachment' (page 6) must be completed for each minor family member listed above.**

**CERTIFICATION APPLICATION**

Applicant Name: \_\_\_\_\_

SSN/Alien Reg. #: \_\_\_\_\_

Email: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_

**STUDENT STATUS**Is this applicant currently a student or intending to become a student in the next twelve (12) months? ☐ YES ☐ NO**MARITAL STATUS:** ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed**INCOME:** *Please indicate each source of income that you receive or anticipate receiving in the next twelve (12) months*

TYPE OF INCOME	Receiving?	# of sources	Source Name
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prior Employment (if less than 3 months at current job)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-Employment Status	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Zero Income Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disability Compensation (other than SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No		
VA Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension / Annuities Income (required distribution)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Support / Family Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Kinship Care	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-Receipt of Child Support/Alimony/Family Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Educational Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Public Assistance / TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust Account Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Net Business or Self-Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Recurring Gifts / Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lottery Payments (Periodic)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Adoption Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**ASSETS:** Please indicate the assets you currently have and/or expect to establish in the next twelve (12) months

DESCRIPTION	Receiving?	# of sources	Source Name
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash kept at Home	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash kept in a Safety Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CD / Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IRA	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Keogh	<input type="checkbox"/> Yes <input type="checkbox"/> No		
401K	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension / Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Life Insurance (Whole or Universal)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Land Contract / Purchase Money Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Real Estate Property and Mortgage Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lottery Winnings (Lump Sum)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Property Held as an Investment (such as gems, jewelry, antique cars, stamp collections, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you sold any assets in the past two (2) years for MORE than \$1,000.00 LESS than Fair Market Value?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you expect to receive any Insurance Claim Settlements, Inheritance, Lottery Winnings, or Capital Gains. Or any other asset in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the value of your total household assets at or above \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Applicant Initials: \_\_\_\_\_

**RESIDENCE HISTORY**

A minimum of two (2) years of housing history is required. **NOTE:** Rental from a family member is not considered 'rental history' to satisfy the requirement as stated within the 'Resident Selection Criteria' (item #19).

**CURRENT ADDRESS**

Street Address: \_\_\_\_\_ Rent ☐ Own ☐ Monthly Payment: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
Move-in Date (mm/yy) : \_\_\_\_\_ Landlord Phone #: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**PREVIOUS ADDRESS**

Street Address: \_\_\_\_\_ Rent ☐ Own ☐ Monthly Payment: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
Dates (mm/yy) from: \_\_\_\_\_ Through: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**RENTAL ASSISTANCE**

Are you currently receiving Rent Assistance? ☐ Yes ☐ No

Has Rent Assistance ever been terminated? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

**OTHER INFORMATION**

Driver's license # \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

**VEHICLE INFORMATION**

AUTOMOBILE # 1	AUTOMOBILE # 2
License #: _____	License #: _____
State: _____	State: _____
Year: _____	Year: _____
Make: _____	Make: _____
Model: _____	Model: _____
Color: _____	Color: _____

Applicant Initials: \_\_\_\_\_

Have you ever filed for bankruptcy? ☐ YES ☐ NO

If yes, when? \_\_\_\_\_

Have you ever been evicted from tenancy? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

Have you ever willfully or intentionally refused to pay rent when due? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

Will this unit be your only place of residence? ☐ YES ☐ NO

If no, please explain \_\_\_\_\_

Will a business be run out of your home? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

Have you ever been convicted of a felony? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

### EMERGENCY CONTACT

List the closest relative not living with you, who we may contact in case of emergency.

\_\_\_\_\_  
Name (First and Last)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Name (First and Last)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

I hereby apply to lease the above described premises for the term of and upon the conditions set forth above. I understand and agree that inquiries may include information related to credit, employment, rental, and criminal records. I further agree that verification of all information and references, including all sources of income and assets, may be conducted and I release all parties for any liability for disclosing factual information obtained by the landlord.

I warrant that all statements set forth above are true and correct to the best of my knowledge. I understand that deliberately submitting false information or withholding information constitutes fraud for which federal law specifies fines up to \$10,000 and prison terms of up to five years. Should any statements made above in any way misrepresent or be an untrue statement of facts, the entire deposit will be retained by the landlord to offset the agent's cost, time and effort in processing my application.

I understand that this form is an application for residence only and that submission of the application in no way reserves or guarantees an apartment. I deposit \$100.00 as earnest money and \$15.00 as a nonrefundable processing fee. When this application is approved, I agree to execute a lease and to pay any security deposit, rent and additional fees prior to taking possession of the apartment.

If, once approved, I do not take possession of the apartment, I understand that any earnest money paid will be forfeited as liquidated damages of offset agent's cost, time, and effort in processing my application.

If this application is not approved, I understand that any earnest money deposit and/or any refundable application processing fee will be refunded to me and I waive any claim for additional damages by reason of non-acceptance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Manager Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Accepted



**CERTIFICATION APPLICATION**

Applicant Name: \_\_\_\_\_

SSN/Alien Reg. #: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**CHILD ASSET VERIFICATION ATTACHMENT**

Per Section 42 guidelines, assets must be verified for all children under the age of 18.  
A separate form must be completed for each person under the age of 18 in this household.

**ASSETS:** *Please indicate the assets you currently have and/or expect to establish in the next twelve (12) months*

DESCRIPTION	Receiving?	# of sources	Source Name
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash kept at Home	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash kept in a Safety Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CD / Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IRA	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Keogh	<input type="checkbox"/> Yes <input type="checkbox"/> No		
401K	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension / Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Life Insurance (Whole, Universal, or Term)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Land Contract / Purchase Money Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Real Estate Property and Mortgage Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lottery Winnings (Lump Sum)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Property Held as an Investment (such as gems, jewelry, antique cars, stamp collections, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you sold any assets in the past two (2) years for MORE than \$1,000.00 LESS than Fair Market Value?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you expect to receive any Insurance Claim Settlements, Inheritance, Lottery Winnings, or Capital Gains. Or any other asset in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the value of your total household assets at or above \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Date