



APPLICATION FOR RENTAL

1. Head of Household _____ Age ____ Soc.Sec.#: _____
 Marital Status: Married____ Single____ Divorced____ Widowed____ Decline to Disclose____

Note: The disclosure of social security numbers is required for the applicant and members of the applicant's household, except those household members who do not contend eligible immigration status. Documented evidence is required from applicants who were 62 years of age or older as of January 31, 2010, and who do not have a social security number, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is need in order o verify whether the applicant qualifies for the exemption from disclosing and providing verification of a social security number.

2. Race of Head of Household - Check one (Optional):
 White____ Black____ American Indian or Alaskan Native____ Asian or Pacific Islander____
 Hispanic____ Other____

3. Current Address: _____
(Address) (City) (State) (Zip)

How long have you lived there? _____ Phone No. _____
 Landlord's Name _____ Landlord's phone _____
 Landlord's Address _____
 Reason for moving? _____

Have you ever been displaced? ____ If so, from where and when? _____
 Have you ever applied for a government-subsidized unit before? _____
 Where? _____

4. Residences for past three years:

ADDRESS	LANDLORD	PHONE	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Starting with head of household, list LEGAL NAMES of all members who will live in this apartment (indicate under OCCUPATION if full-time student):

DOB	FULL LEGAL NAME	RELATIONSHIP	AGE	OCCUPATION	SS#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. How did you hear about these apartments? _____

7. Why do you want to live here? _____

8. Current Source of Income: _____

List all income sources. This includes, but is not limited to, full and/or part-time employment, all income from welfare agencies, Social Security, Pension, SSI, Disability Compensation, Armed Force Reserves, unemployment compensation, baby-sitting, care-taking of elderly or disabled, alimony, child support, educational loans, scholarships and grants, income from rental property, interest on assets, dividends, annuities, regular contributions from people not residing with you.

CURRENT EMPLOYER OR AGENCY PROVIDING INCOME FOR LAST THREE YEARS

NAME	ADDRESS	PHONE NUMBER
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GROSS INCOME (rate of pay) _____ (check the appropriate frequency below):

- PER WEEK _____
- EVERY TWO WEEKS _____
- TWICE MONTHLY _____
- MONTHLY _____

9. Assets (List all assets, which include, but are not limited to, sums in checking accounts, savings accounts, safe deposit boxes and cash on hand; stocks and bonds; certificates of deposit; real estate; other investments.

Checking Acct: Bank _____ Acct.# _____ Amt.\$ _____

Passbook Savings: Bank _____ Acct.# _____ Amt. \$ _____

Savings Certificate: Bank _____ Acct.# _____ Amt. \$ _____

Credit Union Shares: Credit Union Name: _____

Address: _____ Amt. \$ _____

Current Eppicard Balance (Value):\$ _____ (from any of the following sources: TANF, Child Support, Social Security, SSI, Foster Care, Unemployment)

Stocks & Bonds (Value):\$ _____

War Bonds (Value):\$ _____

Do you now own real estate? Yes _____ No _____

If yes, give full address of property: _____

Have you disposed of any assets for less than Fair Market Value in the past two (2) years?

Yes _____ No _____

10. Childcare Expenses:

Do you pay for baby-sitting due to employment? Yes _____ No _____

If yes, child care provider's name: _____

Provider's address: _____ Phone: _____

Cost: Per Week \$ _____ or Per Month \$ _____

11. Medical Expenses:

Are you covered by Medicare or Medicaid: _____?

Do you pay for any medical insurance/hospitalization, such as Blue Cross, etc? (Do not include life insurance policies) Yes_____ No_____

If yes, give name of insurance company and policy number:

Name of Ins. Co.:_____ Policy No._____

If paid directly to you, indicate amount of premium and how often paid: _____

Do you take prescription drugs on a regular basis: Yes_____ No_____

Do you anticipate any health care related expenses for the next 12 months which are not covered by health insurance? _____ If yes, explain: _____

12. Handicap/Disability Information - Optional

NOTE: YOU ARE NOT REQUIRED TO DISCLOSE INFORMATION PERTAINING TO A HANDICAP/DISABILITY STATUS, EITHER FOR YOURSELF OR FOR A FAMILY MEMBER. HOWEVER, THIS INFORMATION MAY HAVE A BEARING ON YOUR ELIGIBILITY FOR ASSISTANCE, MAY INFLUENCE YOUR MONTHLY RENTAL RESPONSIBILITY, AND MAY QUALIFY YOU FOR AN ACCESSIBLE UNIT.

Do you or any family members on this application for rental have a condition which may be considered a physical or mental disability or handicap? Yes___ No___

Please list:

Name _____ Relationship _____ Does this condition require an accessible apartment unit? ___yes ___no (check one)

Do you pay for any care or apparatus required by a handicapped or disabled individual? Yes_____ No_____

If so, explain and indicate cost: _____

Cost per week _____ or cost per month _____

13. Have any criminal charges or complaints ever been filed against you or any member of the household for actions against people or property? Yes_____ No_____ (If "Yes", list where?)

City_____ County_____ State_____

14. Are you or any member of the household currently engaged in the illegal use of any drugs or controlled substances? Yes_____ No_____

Have you or any member of the household recently been or are you currently undergoing rehabilitative treatment for drug or alcohol addiction? Yes_____ No_____ If "Yes", please provide name of treatment center and attending physician:

(Treatment Center)

(Physician's Name)

15. Are you as applicant or any member of your household subject to a lifetime registration requirement under any state sex offender registration program? Yes ____ No ____

If you checked "Yes" please provide details below. Failure to respond to this question may jeopardize the approval of the application.

16. References:

Checking ____ Bank: _____
Savings ____ (Name and Phone Number)
Loan ____

(Bank Address) (Account Number)

17. Monthly payments you must make:

NAME & ADDRESS OF COMPANY	ACCT. NO.	MO.PAYMENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Automobiles:

Make ____ Model ____ Year ____ Lic. No. ____ TDL # ____
Make ____ Model ____ Year ____ Lic. No. ____ TDL # ____

19. Personal References:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

20. In case of an emergency, please notify:

NAME	RELATIONSHIP	PHONE	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____

NOTE:

- (1) This application and information contained therein must be renewed by calling the office **EVERY 6 MONTHS** TO KEEP YOUR POSITION ON THE WAITING LIST.
- (2) Deposit made for an apartment is refundable prior to signing of the lease. The owner/agent has 30 days in which to refund the deposit.
- (3) Copies of birth certificates and social security cards will be required on all household members prior to initial occupancy.

- (4) Applicants **MUST** provide a complete list of all states in which any household member has lived. Failure to provide accurate information to Owner/Agent is grounds to deny the application
- (5) Regardless of when the applicant and all household members move in, if any household member engages in criminal activity (including sex offenses) while living on the property, termination of the lease contract and eviction will be pursued to the extent allowed by the lease, HUD regulations and the state/local law.

I/We, the applicant(s), agree to give the management agent the authority to investigate my credit rating, my current and past rental record, and all other information necessary to determine eligibility. I understand that any misrepresentation of information on this form will disqualify me from consideration for leasing.

I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g, and h.

_____ / _____	
Signature of Head of Household	Date

_____ / _____	
Signature of Spouse or Co-Applicant	Date

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Patrice Walker
Address: 7334 Blanco Rd. #300
City, State, Zip: San Antonio, TX 78216
Telephone – Voice: (210) 492-1570
Telephone – TTY: (800) 735-2989

BELOW FOR OFFICE USE ONLY
APPLICATION RETURNED:

Time: _____ Date: _____ Bedroom Size: _____

PROPERTY MANAGER: INITIAL, DATE, AND NOTE COMMENTS WHEN CONTACTED BY PROSPECTIVE RESIDENT, AS APPLICABLE, ON THE WAITING LIST.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME

FIRST NAME

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form 1-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION:

I, hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature: _____ Date: _____

Check here if adult signed for a child: _____



_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

b. One of the following documents:

- (1) Form 1-551, **Permanent Resident Card**
- (2) Form 1-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form 1-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**



If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature: _____ Date: _____

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION	
<p>I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.</p>	
Signature: _____	Date: _____
Check here if adult signed for a child: _____	

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature: _____ Date: _____

Check here if adult signed for a child: _____



UNITED APARTMENT GROUP

Tenant Selection Plan Meadow Park Apartments LIHTC, HOME, HUD

840 N. 16th Street

Rogers, AR 72762

Phone 479-636-2645 Fax 479-636-3876

www.meadowparkrogers.com

meadowparkmanager@uaginc.com

Meadow Park Apartments and United Apartment Group is committed to compliance with all federal, state and local fair housing laws and will screen all applicants uniformly, including the Arkansas and Federal Fair Housing Acts and antidiscrimination laws, the Federal Fair Credit Reporting Act, program guidelines, and the Department's rules, and consideration for reasonable accommodations requested to complete the application process. It is our policy to offer apartment for rental to the general public without regard to race, color, national origin, religion, sex, familial status, handicap or any other state or locally protected classification. Maximum rent and maximum income are adhered to as required by Arkansas Development Finance Authority (ADFA) LIHTC Program. All applicants and co-applicants must be 18 and over unless protected by the familial status per the Fair Housing amendment. All adult members of the household must complete a Rental Application and each applicant must pay the application fee at the time of application submission. Third party written verification may be obtained to certify household claim.

United Apartment Group (UAG) uses verifiable information provided by an applicant and Leasing Desk Screening program to determine whether an applicant qualifies and what if any conditions may apply. Our Rental Criteria requires all applicants to meet the following criteria in order to qualify for housing at our community. Please note that these are the current rental criteria and nothing in these requirements shall constitute a guarantee or representation by our community that all residents and occupants currently residing in our community have met these requirements. There may be residents and occupants that have resided here prior to these requirements going into effect. Additionally, our ability to verify whether these requirements are met is limited to the information we received from various applicant reporting services.

In accordance with the Violence Against Women Reauthorization Act (VAWA) of 2013, this property will not deny admission, deny lease renewal, or evict on the basis that the applicant has been a victim(s) of domestic violence, dating violence, sexual assault or stalking.

The victim of domestic violence, dating violence, sexual assault or stalking may request relocation within the project or externally to a safe unit. This must be requested in writing on Form HUD-5382, Certification of Domestic Violence, Dating Violence Sexual Assault, or Stalking, and Alternate Documentation form. The lease will be terminated without penalty if the emergency transfer is approved.

Any information submitted to Management, including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking, shall be maintained in confidence and may not be entered into any shared database or disclosed to any other entity or individual other than UAG, except to the extent that the disclosure is requested or consented to by the individual in writing, and required for use in an eviction proceeding against any individual who is a tenant or lawful occupant of the housing and who engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking, or otherwise required by law.

If this Development is under the HOME Program, we will also do the following:

- (1) Provide any rejected applicant written notification of the grounds for rejection within thirty (30) days; and
- (2) Maintain a written waiting list and select tenants from the waiting list in chronological order, insofar as is practicable.

Non-renewal and/or Termination Notices:

UAG maintains a written policy regarding procedures for providing households non-renewal and termination notices. We provide in any non-renewal or termination notice, a specific reason for the termination or non-renewal. The notification is then delivered as required under applicable program rules and includes information on rights under VAWA and how a person with a disability may request a reasonable accommodation in relation to such notice. The notification will also include information on the appeals process, if one is used by the property.

Any applicants with disabilities wishing to request a reasonable accommodation to complete the application process may contact the Community Manager by phone or letter. ***Las personas con discapacidad, o que hablan español y que requieren de un intérprete, que deseen solicitar un alojamiento razonable para completar el proceso de solicitud deberán comunicarse con el administrador de la comunidad. Hearing impaired individuals may call 711 to be connected to services to assist in contacting the property.***

Maximum Occupancy:	Apartment Size:	Maximum # of Occupants:	Rent Limits:		
			Tax Credit	HOME	
	One Bedroom	2 occupants*	60% -\$787.00		HIGH -\$586.00
	Two Bedroom	4 occupants*	60% -\$945.00	LOW -\$723.00	HIGH -\$758.00
	Three Bedroom	6 occupants*	60% -\$1,090.00		HIGH -\$1,081.00

*Children 6 years of age or under are excluded towards the count of occupancy

Application Fees and Deposits:

Application fees are \$0.00 per adult applicant. Deposits are 30% of applicants monthly net income with a minimum deposit of \$50.00 per apartment. This amount is fully refundable based on lease contract guidelines.

An application can be submitted in person, general mail, fax or email; please see contact information above. Applications may also be submitted to meadowparkmanager@uaginc.com, please allow 24 hours for processing.



UNITED APARTMENT GROUP

Eligibility Requirements:

In order to be accepted as a resident, each applicant must provide third party verification for required information in each of the categories listed below. Failure to meet eligibility requirements in any one or more of these categories will result in rejection of the application.

- Household Composition – Definition of household composition: As listed on the application, the first or primary applicant. If only one person is applying, that person will be the head of household. Definition of co-head: the second applicant listed on the application.
- Income: Section 8 applicants are welcome. For affordable housing units, the household income must be within the maximum allowed income range as specified by (ADFA) as applicable. The following is the maximum allowable income per household, by number of occupants.

Household Size:	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
60% Income Limits	\$29,400	\$33,600	\$37,800	\$41,940	\$45,300	\$48,660	\$52,020	\$55,380
HOME 50% Limits	\$24,500	\$28,000	\$31,500	\$34,950	\$37,750	\$40,550	\$43,350	\$46,150
HOME 60% Limits	\$29,400	\$33,600	\$37,800	\$41,940	\$45,300	\$48,660	\$52,020	\$55,380
HOME 80% Limits	\$39,150	\$44,750	\$50,350	\$55,900	\$60,400	\$64,850	\$69,350	\$73,800

Income/Employment History/Asset Verifications:

All applicants must provide us with proof of income and assets prior to application approval. If any source of income or assets cannot be substantially documented we will obtain third party verifications. Acceptable forms of verification include but are not limited to:

- Four consecutive paycheck stubs for each applicant
- Job offer with salary (on company letter head with contact information)
- Most recent tax return or W-2
- Consecutive or most recent six months of bank statements
- Child support or alimony when directed by a court
- Grants, pensions, trust funds
- GI benefits, disability, social security

Social Security Requirement:

Applicants must disclose social security numbers (SSNs) for all family members if applicable. Foreign nationals/non-us citizens may be required to complete a supplemental rental application for non us citizens and provide valid and current USCIS documentation and photo ID (passport, driver license, US identification card, or identification card from home country).

Student Status:

Full time student households that are income eligible must satisfy and provide documentation for one or more of the following conditions to be considered an eligible resident:

- The adult member of the household are married or is entitled to file joint tax return
- The household consists of a single parent(s) and their child(ren), and both the parents and the children are not dependent of another individual
- At least one member of the household received assistance until Title IV of the Social Security Act (i.e., AFDC, TANF assistance) and/or
- At least one member of the household is enrolled in a job training program and receiving assistance under the Workforce Investment Act, or similar federal, state, or local programs or
- Have been previously in the foster care system

Applicant Screening:

Applicant screening is targeted toward determining that an applicant will be able to meet the essential requirements of tenancy as expressed in the lease and the community policies. Note: live-in aides are subject to the same criminal criteria as the applicant.

Identity Verification:

Valid government-issued photo identification must be presented by all applicants and guarantors over the age of 18. Our privacy policy is available to you upon request.

Credit History/Criminal History:

All applicants must have established retail credit in good standing. Lack of established credit may require an additional deposit, or other conditions. Items reviewed to determine eligibility are FICO score, check writing history, evictions, judgments and bankruptcies. Insufficient credit includes but is not limited to the following. See Appendix 3 for clarification of our credit standards:

- Past due accounts
- Judgements
- Liens
- Write offs
- Balance to a rental community or mortgage company (regardless of date)
- Unresolved bankruptcy (regardless of date)

A criminal background check will be conducted for each applicant 18 years of age and over. It is our policy to review applicants who pass all other rental criteria. Applicants with felony convictions or serious misdemeanor convictions for crimes against persons or property, drugs, assaults, weapons or crimes of a sexual nature may result in a denial of your application. The review process may require the applicant to complete additional paperwork for further review of the crime itself. We have a screening process that bases its conditional approvals upon the type of criminal conduct, age of conviction and history after conviction.



UNITED APARTMENT GROUP

Credit and Criminal screenings are conducted by RealPage, a score of less than 400 will result in a denied application. Additional reviews and approvals may be required depending on the conditional results of the screening process. Additional reviews will be conducted by the community supervisor and may be overridden for due to individual circumstances, histories, or the lack of social security numbers. Refer to Appendix 1-Criminal Classification of this document for clarification of criminal classifications.

Rental/Mortgage History:

All applicants 18 years of age and over who are mentally competent are required to sign the lease agreement for no less than one (1) year and must have satisfactory verifiable rental history. All applicants must have six months verifiable, satisfactory rental or mortgage payment history. If an applicant does not have prior rental history, we will accept a deposit equal to one month's rent if all other criteria has been met. An eviction or foreclosure could constitute cause for denial and forfeiture of all fees paid. Less than six months of history or first time renters may be required to, pay an additional deposit, or other conditions.

- Lease term fulfilled
- No lease violations
- Residence left in satisfactory condition
- Proper notice to vacate given

Animal Policy:

See Appendix 2-Pet Policy and Animal Registration Forms

Utilities:

All residents will be responsible for their electricity. Water, sewer, gas and trash will be paid by the owner. Proof of utility account numbers and transfer must be provided to management prior to lease signing. Utilities applicable as stipulated in the lease contract.

Waiting list and Apartment Transfers:

Leasing is based on a first come, first serve basis. Applicant(s) and current residents will be placed on a waiting list in chronological orders by preference of apartment home size and income designation. The waitlist status will never close.

- Applicant will be required to complete a rental application, supplemental rental application and pay the necessary application fees. The management will screen the household for criminal and credit. Depending on the date of move-in, these forms and fees may need to be completed again prior to move-in.
- Any applicant requiring an accessible unit will be a priority when one becomes available and will move to the top of the waitlist.
- Once the unit size and income limit is determined, management will place the applicant on the appropriate waiting list. The waitlist will order applicant by the date the application is received by management. When the applicant's name reaches the top of the waitlist and a unit type becomes available, management will contact the applicant at the address, email address or phone number provided by the applicant.
- If we do not hear back from the applicant within 5 business days, management will attempt to contact the applicant a 2nd time. If we do not reach the applicant on the 2nd attempt and do not hear back from the applicant in 1 business day, we will move to the next person on the waiting list. If the applicant turns down 3 apartments that meet their criteria provided, we reserve the right to remove the applicant from the waiting list.
- If the applicant is interested in the apartment that is available, the applicant will come to the office and complete the remaining part of the application paperwork within 2 business days. Management will screen the household for criminal and credit (if previous screening is older than 120 days) and verify income and assets. When the appointment is scheduled, the applicant will need to bring all documentation requested by management.
- A resident that wishes to be placed on the waiting list for a lower income designation will be treated in the same manner as any other person placed on the waiting list. We do reserve the right to place current residents as a priority over applicants.

Household Units Transfers:

For HTC, Exchange, and TCAP Projects:

- (1) 100 percent low-income multiple building projects: Households may transfer to any unit in a 100 percent low-income multiple building project and retain their program designation. The household does not need to be and should not be certified at the time of transfer. The move in date remains the date the household was first designated under the program. A new security deposit will not be required at time transfer agreement is completed. The existing deposit for the current unit will be transferred.
- (2) Each building is its own project (100 percent low-income and mixed income projects). To retain its low-income status, at the time of transfer, a household must be certified and have a current annual income less than the income limit established by the minimum set aside the owner selected. A new security deposit will be required at time transfer agreement is completed. The existing deposit for the current unit will be refunded or forfeited based on condition of unit upon move out.
- (3) Mixed income multiple building projects: Low-income households retain their program designation when they transfer to any unit in the multiple building project if at the last annual certification their income was less than 140 percent of area median income level set by the minimum set aside.

Resident's interested in transferring to another unit may do so in the same building and retain their program designation. The household does not need to be and should not be certified at the time of transfer. The move in date remains the date the household was first designated under the program.

For Bond, HTF, HOME, and NSP Developments, households may transfer to any Unit within the Development:



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A certification is not required at the time of transfer. If the Development is required to perform annual income recertifications, the recertification is due on the anniversary date the household originally moved onto the Development. For HOME Developments, an income certification is required every sixth (6th) year anniversary of the HOME contract. If the Development is layered with Housing Tax Credits, you are required to use the transfer guidelines described in subsection (a) of this section (relating to Household Unit Transfer Requirements).

Household Transfers in the Same Building for all Programs:

A Household may transfer to a new Unit within the same building (for the HTC program within the meaning of IRS Notice 88-91). The unit designations will swap status.

In order for a resident to transfer to another apartment within the community the resident must meet one of the following criteria:

- Have experienced a change in household composition
- Have experienced a change in income which is permanent in nature
- Require a reasonable accommodation for a disability
- Requests due to initiating a VAWA guidelines

In addition, all transfers must meet the following guidelines:

- Must fulfill at least one lease term (of one full year) in their current apartment (not applicable to reasonable accommodation for a disability or VAWA guidelines)
- Paid a \$200 non-refundable transfer fee (not applicable to reasonable accommodation for a disability or VAWA guidelines)

If a resident meets one of these criteria, which must be verified and is qualified for the new apartment, and pays a non-refundable \$200 transfer fee, they will be placed on the waiting list in the order the request for transfer is requested. Residents on the waiting list will not have priority over applicants on the waiting list. If a household on the transfer list refuses an appropriate unit when it becomes available, they will be moved to the bottom of the transfer list. The only exception to the waiting list order is the transfer due to the need for an accessible unit or VAWA accommodations. *Note: All transfers must be approved by management. Transfers solely for the convenience of a resident are not authorized until the end of their lease term. All outstanding charges must be paid in full prior to transfer. Transfers will be based on previous rental history, payment history and lease violations. Three late payments and/or three lease violations can prevent a resident transfer from being approved.*

Implementation of the Violence Against Women Act

The primary objectives of the Violence Against Women Act (VAWA) are to reduce violence against women and to protect, or increase the protection of, the safety and confidentiality of women who are victims of abuse. VAWA provides legal protections to victims of domestic violence, dating violence, or stalking. These protections prohibit Owner/Agents from rejecting applicants, evicting or terminating assistance from individuals being assisted under a tax credit (LIHTC) program if the asserted grounds for such action is an instance of domestic violence or stalking.

The following documents must be provided to each applicant at the time they are notified of the acceptance or rejection of their application, and to each existing tenant through December 16, 2017:

1. Form HUD-5382, Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternative Documentation
2. Form HUD-5380, Notice of Occupancy Rights under the Violence Against Women Act

Reasonable Accommodations:

If a current resident or applicant is requesting a reasonable accommodation to their unit or direct path access, the request should be submitted in writing to the management office for review. Other methods will be accepted such as verbal in person requests, email requests or phone requests as a reasonable accommodation if requested by the applicant/resident, at which time you will be notified within 10 days of the decision. If denied you can request further review by upper management. A decision will be made and the tenant/applicant will be notified within 10 days of that decision.

The Property will seek to identify and eliminate situations or procedures which create a barrier to equal housing opportunity for all. In accordance with Section 504, the Property will make reasonable accommodations for individuals with handicaps or disabilities (applicants or residents). Such accommodations may include changes in the method of administering policies, procedures, or services.

In reaching a reasonable accommodation with, or performing structural modification for otherwise qualified individuals with disabilities the Property is not required to:

- a. make structural alterations that require the removal or altering of a load-bearing structure,
- b. provide support services that are not already part of its housing programs,
- c. take any action that would result in a fundamental alteration in the nature of the program or service, or
- d. take any action that would result in an undue financial and administrative burden on the Property, including structural impracticality as defined in the Uniform Federal Accessibility Standards (UFAS).

Recertification Processes:

If the property is a 100% Low-Income Development/Building. All units are occupied by households that have completed the initial qualification process. The owner has elected not to process annual recertifications on tenants at this Development/Building, as allowed under IRC §42. Residents will be required within 120 days of their move-in anniversary date to complete an Annual Eligibility Certification which included collecting household data, but does not include a full verification process. As a result of recertification, the income designation (30%, 40%, 50%, 60% or 80%) under which the tenant originally occupied the unit may change which could result in a change in rent amounts. Note: At anytime during the household occupancy owner may elect to move household designation down from previous designation.

Rejection Procedure:



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A letter is sent to the applicant, informing him/her of the rejection and the reason(s) for the rejection within 7 days of determination. The applicant is advised in this letter that he/she has 7 days of the date of the letter to request a review of rejection and the applicant may request a meeting with management of the community to appeal the rejection. The community supervisor will review the application and the decision to reject the applicant. To the extent practicable, this review will be completed within 5 business days of the applicants request for review. The applicant will be sent a written, final determination within five business days of completion of the review. Non-Renewal/Termination notices will be given only for "just cause". If notice is given it will state the nature of the violation(s) and reason for the determination to terminate/non-renew the lease. If you request an appeal or reasonable accommodation based upon this notice you will need to discuss it with the property manager. If necessary they will have 10 days to reply, If necessary it may have to be brought to the attention of upper management which could delay the decision up to an additional 10 days.

Electronic Payments:

United Apartment Group encourages our residents to create an online account through our resident portal available on our community website www.meadowparkrogers.com. This will conveniently allow you to pay your rent and manage your account online.

Equal Housing Opportunity:

We do business in accordance with the Federal Fair Housing Laws (Title VIII of the Civil Rights Act of 1968, as amended by Fair Housing Community Development Act of 1974). It is illegal to discriminate against any person because of race, color, religion, sex, national origin, handicap or familial status.

"I hereby authorize United Apartment Group to obtain a consumer report, and any other information it deems necessary for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrests, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release United Apartment Group, and any procurer or furnisher of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. I authorize United Apartment Group to bill my account for all fees associated with processing my application. By signing this document you acknowledge that you have had the opportunity to review the Rental Criteria. If you do not meet the rental criteria or have submitted incomplete or falsified application may lead to rejection of your application or immediate termination of your lease and any fees associated with processing the application will be forfeited as liquidated damages. This community will operate under an affirmative marketing plan. All Fair Housing Laws will be followed." I/We have read and understand the above rental criteria and authorize verification of the application information. I/We agree to all terms above.

I/We have read and understand the rental criteria for this community.

_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____

Owner's Representative Signature



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Appendix 1– Criminal Classifications

rev. 01/15/2019	Type & Description	Felony	Years (1-20)	Misdemeanor	Years (1-20)	Unclassified	Years (1-20)
Property related crimes							
High	Items such as arson, breaking & entering, burglary, criminal damage, grand larceny, malicious injury to property, receiving stolen property, shoplifting, theft, vandalism.	Fail	All	Conditional	20	Conditional	20
Low	Items such as aid and abet theft, petty theft, shoplifting, tampering, vandalism.	Conditional	10	Conditional	5	Conditional	5
Animal related crimes							
High	Items such as abandonment or neglect of animal, animal abuse, animal bite or attack, dog fighting.	Conditional	20	Conditional	10	Conditional	10
Low	Items such as animal not under restraint, animals at large, barking dog, fishing/hunting without a license, no license, no pet vaccination, possess wildlife illegally.	Conditional	5	Conditional	1	Conditional	1
Violence related crimes							
Weapons related crimes							
High	Items such as assault with deadly weapon, discharging firearm, felon possessing firearm, manufacture destructive device, negligent use of weapon, throwing missiles.	Fail	All	Fail	All	Fail	All
Low	Items such as brandishing weapon, carrying concealed weapon, no gun permit.	Conditional	5	Conditional	5	Conditional	5
Organized crime related crimes							
High	Items such as blackmail, extortion, racketeering, gang participation.	Fail	All	Fail	All	Fail	All
Low	Items such as conspiracy, attempt to engage in organized crime.	Conditional	5	Conditional	5	Conditional	5
Drug related crimes							
High	Items such as attempt to purchase, maintain place for drug use, manufacture for sale, possession of cocaine/meth, trafficking or smuggling.	Fail	10	Fail	10	Fail	10
Low	Items such as drug abuse, possession of marijuana, possession of paraphernalia.	Conditional	5	Conditional	5	Conditional	5
Sex related crimes							
High	Items such as child pornography, prostitution, public lewdness, sexual assault, rape, sex abuse, sex exploitation of minor, sodomy, statutory rape	Fail	All	Fail	All	Fail	All
Low	Items such as fail to register as sex offender, indecent exposure, peeping.	Fail	All	Fail	All	Fail	All
Transportation related crimes							
High	Items such as driving without license, reckless driving, driving while license revoked.	Conditional	5	Conditional	5	Conditional	5
Low	Items such as blocking highway or intersection, child restraint, expired tags, fail to yield right of way, jaywalking, no seat belt, wrongful entrustment, speeding.	Conditional	5	Conditional	1	Conditional	1
Alcohol related crimes							
High	Items such as DUI, DWI, DUI causing injury, drunk and disorderly.	Conditional	10	Conditional	10	Conditional	1
Low	Items such as minor in possession, open container in vehicle, providing to minor, sell without a license, public intoxication.	Conditional	5	Conditional	1	Conditional	1

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Weapons related crimes							
High	Items such as assault with deadly weapon, discharging firearm, felon possessing firearm, manufacture destructive device, negligent use of weapon, throwing missiles.	Fail	All	Fail	All	Fail	All
Low	Items such as brandishing weapon, carrying concealed weapon, no gun permit.	Conditional	5	Conditional	5	Conditional	5
Organized crime related crimes							
High	Items such as blackmail, extortion, racketeering, gang participation.	Fail	All	Fail	All	Fail	All
Low	Items such as conspiracy, attempt to engage in organized crime.	Conditional	5	Conditional	5	Conditional	5
Drug related crimes							
High	Items such as attempt to purchase, maintain place for drug use, manufacture for sale, possession of cocaine/meth, trafficking or smuggling.	Fail	10	Fail	10	Fail	10
Low	Items such as drug abuse, possession of marijuana, possession of paraphernalia.	Conditional	5	Conditional	5	Conditional	5
Sex related crimes							
High	Items such as child pornography, prostitution, public lewdness, sexual assault, rape, sex abuse, sex exploitation of minor, sodomy, statutory rape	Fail	All	Fail	All	Fail	All
Low	Items such as fail to register as sex offender, indecent exposure, peeping.	Fail	All	Fail	All	Fail	All
Transportation related crimes							
High	Items such as driving without license, reckless driving, driving while license revoked.	Conditional	5	Conditional	5	Conditional	5
Low	Items such as blocking highway or intersection, child restraint, expired tags, fail to yield right of way, jaywalking, no seat belt, wrongful entrustment, speeding.	Conditional	5	Conditional	1	Conditional	1
Alcohol related crimes							
High	Items such as DUI, DWI, DUI causing injury, drunk and disorderly.	Conditional	10	Conditional	10	Conditional	1
Low	Items such as minor in possession, open container in vehicle, providing to minor, sell without a license, public intoxication.	Conditional	5	Conditional	1	Conditional	1
Victimless related crimes							
High	Items such as probation violation, trespassing.	Conditional	10	Conditional	5	Conditional	5
Low	Items such as contracting without license, fireworks, littering, ordinance violation, overgrown grass, sell tobacco to minor.	Conditional	5	Conditional	5	Conditional	5
Unable to Classify							
	Includes items where the jurisdiction did not return enough information to determine classification.	Conditional	15	Conditional	10	Conditional	10
Not Criminal Records							
	Includes items that are not valid criminal records such as traffic court or civil court records.	Fail	All	Fail	All	Fail	All



Appendix 2-Pet Policy and Animal Registration Forms

Our apartment community provides affordable rental housing and we are required to have a pet policy. **NOTE: Service animals that assist persons with disabilities are considered to be auxiliary aides and exempt from the Pet Policy, the refundable pet deposit, and the weight or size limitation but must abide by Rules A, F and H, and must fill out the REGISTRATION FORM and ALTERNATE RESPONSIBLE PARTY AGREEMENT for our property records.**

Having a pet in an apartment community is a very serious responsibility and will be allowed only if some rather stringent conditions are met. Facts that make it more serious than normal are:

1. There are a large number of residents living very close together and most of them spend a considerable amount of time at home. Many of these residents lose their balance easily and could be injured if an animal caused them to fall and most of them do not want to be disturbed by the noise or smell of someone else's animals, and since some already have health problems, unhealthy or unsanitary conditions cannot be tolerated. Because of this, we must have stringent requirements for controlling pets on the property.

2. Some residents would like to have a pet but are physically unable to care for one. Others are normally able but never know when they may be hospitalized or incapacitated, leaving a pet with no one to care for it. Because of this, we must have provisions for taking care of, or disposing of, a pet even if we are unable to get the residents permission.

3. Financial Responsibility for Damages: An animal can cause a considerable amount of damage to property under the best conditions. Under the conditions that exist in an apartment community, the probability of responsibility for damages or other expenses is even greater. We must therefore make sure that residents are not only aware of that responsibility but are willing and able to handle it.

Under the pet policy, common household **pets are allowed but only if all of the rules and requirements explained herein are met.** Common household pets are defined as domesticated animals such as a dog, cat, bird, rodent, fish, or turtle.

RULES - The following rules have been established and must be met for a resident of this apartment community to have an animal on the property. Most of these rules are required by the federal government and are designed to help insure that we **PROVIDE A DECENT, SAFE, AND SANITARY LIVING ENVIRONMENT FOR EXISTING AND PROSPECTIVE TENANTS AND IN PROTECTING AND PRESERVING THE PHYSICAL CONDITION OF THE PROJECT.**

These rules are:

- A. REGISTRATION:** An animal owner must register the animal at the project office **BEFORE IT IS BROUGHT ONTO THE PROPERTY** and the registration **must be UPDATED at least ANNUALLY.** This updating will normally be a part of your annual certification process. This registration must include.
1. **INFORMATION** — Sufficient to identify the animal and to demonstrate that it is a common household pet.
 2. **RESPONSIBLE PARTY** - The name, address, and phone number of one or more responsible parties who will care for the animal if you should die, become incapacitated, or otherwise become unable to care for the animal.



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3. **CERTIFICATION** - You must sign the registration certifying that you have read, understand, and agree to abide by these rules and that you will be financially responsible for all expenses incurred in keeping the animal and/or in repairing any damage caused by the animal.
4. **REFUSAL TO ALLOW ANIMAL** - The manager may refuse to allow a resident to have or keep an animal if the owner does not meet all of the requirements required herein, including information required to update a registration, or if the manager reasonably determines, based on the animal owner's habits and practices, that the animal owner will be unable to keep the animal in compliance with these rules and other lease obligations. The animals' temperament may be considered in making the determination. If the manager denies permission, the reason for denial must be provided in writing and the reason cannot be based on an opinion that the resident is financially unable to care for the pet.

- B. LICENSING AND INOCULATIONS:** All animals must be **inoculated and licensed** in accordance with **STATE and LOCAL LAWS**.
- C. PET DEPOSIT:** A refundable pet deposit of **\$300.00 is required per pet** by a resident in order to have a **dog or cat**. This deposit may be used to pay reasonable expenses directly attributable to the presence of the pet in the project, including (but not limited to) the cost of repairs and replacements to, and the fumigation of the tenant's dwelling unit and the cost of any animal care facility incurred to care for or dispose of the animal if the pet owner should become incapacitated. **The pet owner is responsible for all damages caused by their pet, not just for the amount of the deposit.** Any unused pet deposit will be refunded within 30 days of the time the pet is removed from the property and the manager is notified of the removal. For other information on deposit options or requirements, consult with management.
- D. LIMITATION ON SIZE, BREED AND NUMBER:** **No more than** two dogs, cats, or other "warm blooded animals" are allowed per household. The animal cannot weigh more than **25 pounds** when fully grown. Other pets may be kept in reasonable quantities and sizes as determined by owner. Non-acceptable canine breeds are: Pit Bulls, Rotweiler's, Dobermans, German Shepards, Husky, Malamute, Akita, Wolf-Hybrid, St. Bernard, Great Danes, Chows, Bull Mastiff and Standard Poodles.
- E. ANIMAL RESTRAINT:** All animals must be appropriately restrained (on a leash or in a cage) and be kept under the control of a responsible individual at all times when it is in the project but outside of the dwelling units. **They may not be allowed to run loose, unrestrained on the property, nor can they be tied to something in the common area** or outside of the dwelling units. **Pets are not allowed** at all in the **activities room, laundry room, office, or lobby**, and they are allowed in the other common areas only when being taken to or from the property or the designated area for "walking pets".
- F. SANITARY STANDARDS:** The designated area for "walking" (exercising or allowing to deposit waste) is the **grassy area behind the building consult with management for locations**. The animal owner must **pick up pet droppings and dispose of it properly**. The animal should **never** be exercised or **allowed** to deposit waste in the **elevator**, in the **courtyard**, on the **sidewalks** or **walkways**, in the **parking lot**, or other common areas. In the case of cats or other pets, a litter box or other appropriate methods of disposing of waste inside the dwelling unit may be used but the apartment **must be kept clean, sanitary, and free of obnoxious odors**. The animal owner may be charged a **WASTE REMOVAL OF \$25.00 PER OCCURRENCE** any time it is necessary to clean up or remove waste in order to meet this reasonable standard rule. If this type of problem is allowed to continue, or recur, the animal registration will be cancelled.
- G. TEMPORARY PETS:** Unregistered pets including **visiting pets** and offspring of registered pets are **not allowed**. All dogs and cats should **be neutered or spayed** in order to avoid the problems of having unregistered offspring and pets in excess of the allowable number.



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H. INSURANCE: Management does not assume any responsibility for injuries or property damage caused by an animal. Since the owner is the one liable for any damages, we highly recommend that the animal owner carry liability insurance just in case their animal should cause someone to fall or cause damages in some other way.

RESIDENTS CERTIFICATION: I have read, understand, and agree to abide by the animal rules established for this property. **I will / I will not** have an animal in my unit.

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE



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REGISTRATION FORM

ANIMAL OWNER'S NAME: _____ APT #: _____

DESCRIPTION

TYPE: _____ BREED: _____ AGE: _____

COLOR: _____ NAME: _____ LBS: _____

LICENSE # OR TAG #	DATED	INOCULATION CERTIFICATION BY	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS: _____

RESIDENTS CERTIFICATION: I have read, understand, and agree to abide by the animal rules established for this property. I understand that I am responsible for any expenses incurred as a result of or caused by the above-described animal. Management has recommended that I carry insurance to help protect from any liabilities that may arise as a result of the animal.

SIGNATURE

DATE

SIGNATURE

DATE



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Pet Deposit Payment Plan

The pet deposit will not exceed \$300 per pet. Two options are available for our residents of _____ Apartments.

1. The deposit of \$300.00 per pet may be paid in full.

2. The initial deposit of \$_____ at the time the pet is brought onto the premises and payments of \$_____ per month until the deposit is reached.

I/We agree to make the following payments on the above Pet Deposit Option #_____, as follows:

Future Due Date	Amount	Date Paid	Received By
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature (Head): _____ Date: _____

Signature (Co-Head): _____ Date: _____

Signature (Manager): _____ Date: _____



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ALTERNATE RESPONSIBLE PARTY AGREEMENT

All residents who have an animal must provide the Manager with the name, address, and a phone number of responsible parties who will care for the animal if he/she should become incapacitated, die, or otherwise become unable to care for the animal. Therefore, I appoint the following people whom agree to be responsible for taking care of my animal in the event that I become incapacitated, die, or otherwise become unable to care for it:

Name: _____		Relationship: _____	
Address: _____		City: _____	State: _____ Zip Code: _____
Home Phone: _____	Work Phone: _____	Cell Phone: _____	

Name: _____		Relationship: _____	
Address: _____		City: _____	State: _____ Zip Code: _____
Home Phone: _____	Work Phone: _____	Cell Phone: _____	

I agree to promptly notify Management of any changes in this information. In the event that the people named above do not assume responsibility for my animal, the Manager has my permission to take it to a shelter or arrange for the animal to be taken off the premises by The County Animal Control or the Humane Society. I will pay for all expenses incurred if this were to occur.

Signature (Head of Household): _____ **Date:** _____

Signature (Co-Head): _____ **Date:** _____

Signature (1st Responsible Party): _____ **Date:** _____

Signature (2nd Responsible Party): _____ **Date:** _____

Signature (Manager): _____ **Date:** _____



Appendix 3 - Credit Scoring Model Recap



Scoring Model Recap
United Core Management, Inc

Tax Credit

- **LeasingDesk Thresholds:** Fail 1–349, Pass 350–1000
- **LeasingDesk Score Factors:**
 - Tradeline Scoring
 - FICO
 - Rent to Income
 - Debt to Income
 - OneSite Rental Payment History
- **Tradeline Scoring Settings:**
 - Filter out (do not consider): Medical, Student Loans
 - Auto Fail: Bankruptcy (filed, other status), Rental Collections (exclude \$0), Eviction Judgment, Eviction Filings
 - Auto Conditional: Thin Files – No Record, Thin Files – No Tradelines (2X min. RTI requirement), rental collections (exclude \$0)
- **Rent to Income:** Use – 2X and Calculate by grouping income across entire group
- **OneSite Rental History:** Use
- **Rental History Exclusion List:** Auto fail
- **Time Filters:** All records

No SSN

- **LeasingDesk Thresholds:** Conditional 1–1000
- **Rent to Income:**
 - “No SSN” – Must Pass based on scoring model TRI

Conditions



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- Tax Credit – \$250.00 Deposit
- No SSN – \$250.00 Deposit

