

DEAR APPLICANT:

Thank you for your interest in applying with First Housing Corporation for your housing needs. We are committed to "SETTING THE STANDARD" at this community with a professional management and maintenance team dedicated to providing you with the highest level of service. Our commitment is to exceed your expectations and make this property a great place for you to call home!

You should read the posted Resident Selection Criteria (RSC) prior to completing your application. Residential qualifying criteria is subject to change at the Owner's discretion and without notice.

1. Use black or blue ink only when filling out the application and print clearly.
2. A separate application must be completed for each household applicant 18 years of age or older.
3. Fill out all the spaces on the application. Do not leave any blanks.
4. Make sure that all phone numbers listed on the application are correct and current, including previous landlords for the last two-year period.
5. Sign and date the application where applicable. No application will be processed without your signature and date. You will need to bring picture ID for household members over eighteen and social security cards for all family members.
6. You will be contacted when your name comes to the top of the waiting list to verify your interest in housing at our community.

Applications are processed in the order they are received. Incomplete and/or illegible applications or omission of information or submission of false information will result in denial of residency.

Rental Qualifying Criteria

Preliminary application approval will be based on each household member 18 years of age and older receiving positive reports in the following three categories:

See posted RSC for list of prohibited rental, credit, and criminal activity items. This list of possible causes for rejection is not considered all-inclusive and any other offense may be used for rejection.

1. **Rental History** – Current and previous history must be verifiable. Any unpaid rental collections, evictions, property damage beyond normal wear and tear, illegal activity on premises, or refusal to re-rent by a previous landlord will be grounds for denial.
2. **Credit** – A credit score of 550 or higher, no utility debt, no landlord debt/evictions.
3. **Criminal History** – A criminal background check will be performed for each state in which the applicant has resided and will be evaluated prior to approval of residency. *We do not accept applicants who are subject to registration as a lifetime sexual offender.* Some other unacceptable offenses include arson, assault, drug possession/manufacturing/use, any firearm offense, domestic violence, and breaking/entering. **Signing this acknowledgement indicates that you have had the opportunity to review the posted Resident Selection Criteria. If you do not meet the selection criteria or provide inaccurate or incomplete information, your application will be rejected for all First Housing managed communities with the exception of credit history.**

Applicant signature

Date



RENTAL APPLICATION	ALL CO-APPLICANTS 18 YEARS OR OLDER MUST FILL OUT A SEPARATE RENTAL APPLICATION FORM.	/	
		Signature of Agent	Date and Time Rec'd.
CURRENT ADDRESS			
Applicant's Name	First	Middle Initial	Last
			Phone ()
Street		Alternate Phone ()	
City		State	Zip Code
List Maiden Name and all other Last Names you have used			
Do you Own?	Rent?	Rent Amount \$	Driver's License #
CURRENT LANDLORD OR MORTGAGE HOLDER			
Current Landlord or Mortgage Holder		Phone ()	Dates of Occupancy from to
Street		City	State Zip
LIST ADDRESSES & LANDLORDS FOR THE LAST TWO YEARS (IF AT CURRENT ADDRESS LESS THAN 2 YEARS) ATTACH ADDITIONAL PAGES IF NEEDED			
Your Prior Address			Rent Amount \$
Name of Landlord		Phone ()	Dates of Occupancy from to
Street		City	State Zip
Your Prior Address			Rent Amount \$
Name of Landlord		Phone ()	Date of Occupancy from to
Street		City	State Zip
INCOME INFORMATION			
Applicant's Employer			Phone ()
Street		City	State Zip
Estimated Annual Income	List Income Sources Other than Employment		
LIST ALL PERSONS WHO WILL OCCUPY THE UNIT, INCLUDING YOURSELF			
Name	Date of Birth	Soc. Sec #	Family Member US Military Veteran
			Disabled
			Relationship
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL INFORMATION			
Have you ever been convicted of a felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any drug-related crime?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any crime involving fraud or dishonesty?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any crime involving violence or weapons?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently charged with any of the above criminal activities?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any household member currently subject to a lifetime registration requirement under a state sex offender registration program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
List all states in which you and all household members have lived. Include driver's license numbers.			
Are you currently using illegal drugs or any other controlled substance that has not been prescribed for you?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know that this property exists as a smoke free campus? This means that smoking is prohibited in the unit, on the balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free Policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that failure to comply with Smoke Free Policies as described in the House Rules will result in termination of tenancy (eviction)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been or are you currently being evicted from your residence?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen, national or have eligible immigration status?			<input type="checkbox"/> Yes <input type="checkbox"/> No



Are you a Full-Time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently or have you ever lived in another First Housing Corporation managed development? If "yes," which one?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What size unit are you requesting? Check One: <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> 1 Bedroom (elderly) <input type="checkbox"/> 2 Bedroom (elderly)	

THE UNDERSIGNED FURTHER REPRESENTS AND WARRANTS THAT ALL STATEMENTS MADE ARE TRUE AND AGREES THAT IF ANY INFORMATION IS FOUND TO BE FALSE OR MISLEADING, THE APPLICATION CAN BE DENIED AND/OR LEASE TERMINATED AT A LATER DATE. THE UNDERSIGNED ALSO AGREES THAT WE HAVE THE RIGHT TO VERIFY ANY AND ALL INFORMATION GIVEN ABOVE WITH THE APPROPRIATE PERSON/AGENCY, INCLUDING A COMPLETE CREDIT, LANDLORD AND CRIMINAL REPORT

WE DO NOT ACCEPT CASH. ALL PAYMENTS MUST BE MADE BY CHECK OR MONEY ORDER.

Signature of Applicant	Date of Application
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A FIRST HOUSING CORPORATION MANAGED PROPERTY

**Equal Housing Opportunity
Equal Opportunity Employer**

TTY: 711

OFFICE USE ONLY	
Applicant (s) Qualifies For:	
Regular Waiting List	
Preference List	
Unit Size Required	
Barrier-Free Unit	
Special Needs Unit	
Application Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rejection Letter Sent	

**OPTIONAL INFORMATION FOR ALL APPLICANTS
Reasonable Accommodations or Special Needs**

First Housing Corporation manages this property and has a legal obligation to provide "reasonable accommodations" to applicants if they or any family member have a disability or handicap.

A reasonable accommodation is some modification or change that can be made to the policies, procedures, or services that will assist an otherwise eligible applicant with a disability to have equal access to participate in the program or necessary to afford applicant full enjoyment of the premises. Reasonable modifications are those that would not place an undue financial burden to the apartment complex. Modification requests will be evaluated individually on a case-by-case basis. Reasonable accommodations may include, but are not limited to, adjustments or modifications to buildings, facilities, dwellings, and may also include provision of auxiliary aids, such as readers, interpreters, and materials in accessible formats.

If you believe your housing needs can best be met through a reasonable accommodation, please check below all that applies to your household. A physician or health care provider must document verification of the disability.

- | | |
|---|--|
| <input type="checkbox"/> Ground Floor Unit* | <input type="checkbox"/> Unit for Vision Impaired* |
| <input type="checkbox"/> A Barrier-Free Apartment* | <input type="checkbox"/> Unit for Hearing Impaired* |
| <input type="checkbox"/> One-Level Unit* | <input type="checkbox"/> Bedroom & Bath on First Floor* |
| <input type="checkbox"/> Other Modification to Unit* | <input type="checkbox"/> Live-In Aide* |
| <input type="checkbox"/> Assistive Animal** | <input type="checkbox"/> Modification to Policy, Procedures or Services* |
| <input type="checkbox"/> Need assistance or help in understanding and completing this application | |

An applicant family that has a member with a disability must still be able to meet the essential obligations of tenancy—they must be able to pay rent, to care for their apartment, to report information to the Manager, avoid disturbing their neighbors, etc.; but there is no requirement that they be able to do these things without assistance.

Signature of Applicant	Date of Application
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- * Applicant must sign the release of information on the Section 504 Accommodation Verification Form (Form #504-A) prior to submitting to the physician or health care provider.
- ** Applicant must sign the release of information on the Assistive Animal Verification Form (Form #504-B) prior to submitting to the physician or health care provider.



AGENCY DISCLOSURE

First Housing Corporation and its representatives are acting as agents for the Owner and not as agents for the Tenants. This information is provided to all prospective Applicants/Tenants prior to their disclosure of any confidential information.

First Housing Corporation has a commitment to protect all collected personal information in a safe and confidential manner. A copy of our Confidentiality Policy is available upon request.

ACKNOWLEDGEMENT

I (We) acknowledge receiving a copy of the following documents on the date listed below.

1. Completed Rental Application
2. Resident Selection Criteria and Waiting List Ranking Policy
3. Notice of Occupancy Rights Under VAWA
4. Certification of Domestic Violence

If there are any questions concerning the information on these documents, please contact our office so that we may help you.

Applicant's Signature—Head of Household

Site Manager's Signature

Applicant's Signature

Applicant's Signature

Applicant's Signature

Date

FIRST HOUSING CORPORATION MANAGED PROPERTY



ATTACHMENT A





ACCREDITED MANAGEMENT ORGANIZATION®



Equal Housing Opportunity
Equal Opportunity Employer

