



THE NEEL MANAGEMENT TEAM, INC.



TDD 1-800-735-2900

LARSON COMMONS TENANT SELECTION CRITERIA

1. Application/Eligibility:

The Neel Management Team, Inc. manages this apartment complex. The policy of The Neel Management Team, Inc. is one of equal housing opportunity for prospective applicants regardless of race, color, religion, sex, handicap, familial status or national origin. All persons interested in an apartment must complete and submit an application to be considered for tenancy.

This property is financed with funding from the HOME Program. It is a 12 unit family complex. The criteria have been developed for Larson Commons Limited Partnership and may be changed at any time without notice to any party other than the Management Agent. Rents are based on unit size and your eligibility income (50% of area median income). The applicant's gross income must be at least two times the rent. Food stamps will be included in meeting the income requirement. We require that any prospective tenant must demonstrate the ability to pay monthly utilities and other expenses necessary for the survival of the household.

Units are assigned according to their availability and chronological order, and preference is given to applicants that are currently participating in case management with a recognized organization (such as the Linn-Benton Co. Housing Authorities Section 8 Case Management program). Larson Commons occupancy is based on the number of bedrooms in a unit. A bedroom is defined as a space within the premises that is used primarily for sleeping. Overcrowding shall occur when the total occupancy level in a housing unit exceeds 2 people per habitable sleeping room, except that an additional person(s) may be allowed when a habitable sleeping room provides at least 50 square feet per person. A habitable sleeping room shall not include a kitchen, bathroom, hallway or dining area.

Occupancy guidelines are as follows:

<u>Bedroom Size</u>	<u>Minimum Occupants</u>	<u>Maximum Occupants</u>
1	1 persons	3 persons

HOME UNIT RENTS

	50% area median income
1 BR	\$449
2 BR	\$498
3 BR	\$573

2. Waiting List/Priorities:

All applicants will be notified of the acceptance or rejection of their application. All applications are placed on a master waiting list by date and time received. Those determined ineligible due to income or occupancy status will be notified of the reason for their rejection, and their name removed from the waiting list.

Applicants eligible by HOME income and occupancy regulations are listed on the waiting list and categorized by bedroom size, date of application and need for handicap accessible units. Applicants will be selected chronologically from the waiting list, taking into account certain set-asides for households meeting the project's special need requirements.

It is important to keep us informed of your current address and telephone number if these change from the application information. Your name will be removed from the waiting list if we are unable to contact you. All applicants may inquire as to their chronological place on the waiting list. All HOME priorities in regard to waiting lists and tenant selection, and eligibility regulations for income and occupancy will be explained to all applicants.

For applications to be accepted, applicants must complete the application in full (including income and asset documentation) and supply references that can be checked. Since the management staff is available to answer any questions an applicant may have in regard to filling out the application form, incomplete applications will be returned to applicants.

3. Selection/Rejection:

Applicants who meet the income/occupancy guidelines and have come to the top of the HOME income and other priority lists still must meet all other eligibility criteria before being approved to move in. The Management will notify the applicant when their application is ready to be processed for residency. At this time, the applicant must come in for an interview and supply the management with current income and asset documentation.

Trans-Union Credit will do credit checks. Pacific Screening, Inc. will do criminal and public record checks. The management will house no applicant without an interview and credit, criminal and reference check. If an applicant fails to come to two scheduled interviews, the application will be removed from the waiting list.

Some applicants may have no previous or current rental or credit references, but can still offer personal non-related references. Tenants whose rental, personal or credit references prove negative may be rejected based solely on those negative references. Rejection may also occur if the current living circumstances are unsanitary or the unit is damaged due to applicant abuse or neglect, if the applicant has a previous history of evictions, non-payment of rent or other financial obligations, if there has been a violation of a previous rental agreement such as a history of disturbing the quiet enjoyment of neighbors, violence, harassment, or other criminal history. Applicants will also be rejected if found to be a direct threat to the health and safety of others, to have been convicted of dealing drugs, or if currently addicted to an illegal or controlled substance. The applicant will have 14 days after he has received the rejection letter to file a response. The management will have 5 days to answer the applicant's response. Applicants will not be rejected solely on the basis of race, color, religion, sex, handicap, familial status or national origin.

All tenants must be legally capable of entering into a lease agreement.

Should an applicant be selected and refuse occupancy for reasons other than a medical emergency, that applicant's name will be removed from the waiting list. That applicant may re-apply and will be placed on the waiting list by the new date of application. The applicant must check in with the agent/site manager at least once every six months if he/she wishes to remain on the waiting list. Failure to do so will result in automatic removal from the waiting list.

All accepted tenants must pay rent as determined on the Tenant Certification Form, and sign that form, along with the apartment complex's HOME approved lease and attachments.

This tenant selection criteria is an attachment to the Management Plan and shall be revised should HOME regulations or management policies change.

INCOME LIMITS FOR LARSON COMMONS

	1 PER	2 PER	3 PER	4 PER	5 PER	6 PER	7 PER
50%	\$23,850	\$27,250	\$30,650	\$34,050	\$36,750	\$39,500	\$42,200

Site Manager/Agent
The Neel Management Team, Inc.

Project Name: Larson Commons Apartments
Address: 131 SW Prairie/2554 Coho
Corvallis, OR 97330
(541) 738-8646



THE NEEL MANAGEMENT TEAM, INC.

TENANT APPLICATION FORM

TDD 1-800-735-2900

To be filled out in full (in ink) by all prospective tenants and returned to the manager with income, employment, asset and asset income documents. There is a \$16.00 fee for each adult applicant when this application is processed for residency.

Applicant _____ Sex ____ Age ____ Date of Birth _____ Social Security # _____

Co-Applicant _____ Sex ____ Age ____ Date of Birth _____ Social Security # _____

Physical Address/City/State/Zip: _____

Mailing Address/City/State/Zip: _____

Telephone Number: () _____ Have you ever lived in subsidized housing? _____

If yes, give name/address: _____

Would anyone in your household benefit from a handicap accessible unit? _____

Size of unit desired (1 Bedroom, 2 Bedroom, etc.) _____ (One person does not qualify for a two- bedroom unit.)

Will you take a smaller unit than desired if a vacancy exist? _____ Will you accept an upstairs unit if a vacancy exists? _____

HOUSEHOLD MEMBERS (List all members of household – applicant, co-applicant, dependents, care attendants, etc.)

Full Name	Sex	Relationship	Date of Birth	Social Security #	Occupation	Drivers Lic. #

EMPLOYMENT STATUS:

APPLICANT: Name of Employer _____ Telephone _____

Address _____ Length of Employment _____

CO-APPLICANT Name of Employer _____ Telephone _____

Address _____ Length of Employment _____

APPLICANT: Retired: _____ CO-APPLICANT: Retired: _____

GIVE TWO PERSONAL REFERENCES: Two persons not related or living with you, whom you have known at least 1 yr.

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

NEAREST RELATIVE: (for emergency contact)

Name _____ Address _____ Telephone _____

Automobiles:

Make/Model _____ Color _____ Year _____ Lic # _____ State _____

Make/Model _____ Color _____ Year _____ Lic # _____ State _____

INCOME INFORMATION

- 1. Applicant employment (GROSS – BEFORE DEDUCTIONS) _____
- 2. Co-Applicant employment (GROSS – BEFORE DEDUCTIONS) _____
- 3. Applicant Social Security (ANNUALLY) – include Medicare _____
- 4. Co-Applicant Social Security (ANNUALLY) – include Medicare _____
- 5. Retirement Pensions (ANNUALLY) _____
- 6. Disability Income (ANNUALLY) _____
- 7. Unemployment (GROSS – BEFORE DEDUCTIONS) _____
- 8. Gifts given regularly (ANNUAL AMOUNT) _____
- 9. Other Income _____

TOTAL: _____

ANNUAL INCOME

ASSET INFORMATION

(For annual income, give amount of income from interest, principal payments, etc. For asset net worth, give current value.)

- | <u>ASSET INFORMATION</u> | <u>ANNUAL INCOME</u> | <u>ASSET NET WORTH</u> |
|--|----------------------|------------------------|
| 1. Property (contracts on property that you are holding) | _____ | _____ |
| 2. Checking Account(s) | _____ | _____ |
| 3. Savings Account(s) | _____ | _____ |
| 4. Time Certificates, Treasury Bills, Money Market Acct., etc. | _____ | _____ |
| 5. Individual Retirement & Keogh Accounts | _____ | _____ |
| 6. Other (Identify) _____ | _____ | _____ |
| 7. Other (Identify) _____ | _____ | _____ |

TOTALS: _____

- 8. Previously disposed of assets: Have you sold/disposed of any property/assets in the last 2 years? _____ If yes, type of property/assets: _____ Date sold/disposed of: _____ Amount received from property/asset: _____.
- 9. Have you given away any asset/property in the past 2 years? _____ If yes, what was the fair market value? _____.

DEDUCTIONS:

1. Is anyone in the household other than the applicant or co-applicant a full-time student and 18 years of age or older? _____. (To be a student, he/she must carry a subject load considered full-time by the institution attended.)

2. Does any tenant request an adjustment to income due to payment of child care which enables them to work or go to school? _____. (The amounts paid by the household for the care of minors under 13 may be deducted for expenses that are not reimbursed. Deductions for these expenses are permitted only when such care is necessary to enable a tenant to further his/her education or to be gainfully employed.) Expected annual expense: \$_____. Name & address of provider: _____

3. Does anyone in the household request a handicap/disability adjustment to income? _____. This deduction is allowed only if the applicant or co-applicant(s) is elderly (62 years or older), disabled or handicapped. If a medical deduction is requested (expenses NOT covered by Medicare or other insurance), please complete the following:

Amount of anticipated expense(s) for prescriptions and non-prescription items prescribed by a doctor the next 12 months:

Place of Purchase

Expected Annual Expense

- _____ \$ _____
- _____ \$ _____

Amount of anticipated expense for hospital, doctor, dentist, etc. for the next 12 months:

Name of Provider

Expected Annual Expense

- _____ \$ _____
- _____ \$ _____

Amount of anticipated expense for medical insurance for the next 12 months:

Name of Provider

Expected Annual Expense

- _____ \$ _____
- _____ \$ _____

1. Do you have pet(s)? _____ If yes, specify type and description _____
 2. Do you have a waterbed? _____ If yes, do you have waterbed insurance? _____ Name of insurance company covering your waterbed insurance and telephone number _____
 3. Are you or a member of your household a current illegal user and/or distributor of a controlled substance? ___Yes ___No
 4. Have you or a member of your household been convicted of the illegal use or possession of a controlled substance? ___Yes ___No
 5. Have you or a member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? ___Yes ___No
 6. If you answered yes to questions 3, 4 or 5 above, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? ___Yes ___No
 7. Have you or any member of your household been convicted of a felony? ___Yes ___No
 8. Have you ever been bankrupt or have a bad credit history? ___Yes ___No
 9. Have you ever been evicted from a rented house or apartment? ___Yes ___No
- Where did you hear about this complex? Newspaper Ad ___Phonebook ___Posted Notice___ Friend___ Other___
- Is there anything about yourself you would like to share with us? _____

I/We hereby certify that this apartment will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location. I/We agree to give the owner/owner's representative the authority to investigate and obtain my/our credit rating, current and past rental records, employment history and source of income to the household, current/past utility records, criminal records and any information necessary to determine my/our eligibility. The information obtained will be used for management purposes only and will be held in confidence. My/our signature(s) below certifies that the statements made on this application are TRUE and CORRECT. I/We understand that due to changes in circumstances, additional information may be requested at a later date to complete the processing of this application.
GIVING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN EVICTION AFTER OCCUPANCY.

WARNING: Section 1001 of Title 18, United States code provides, "whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false or fraudulent statement or entry shall be fined or imprisoned not more than five years, or both."

Applicants Signature _____ Date: _____

Co-Applicants Signature _____ Date _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race: (Mark one or more)

Applicant: American Indian / Alaska Native _____ Asian _____ Black or African American _____
 Native Hawaiian or Other Pacific Islander _____ White _____

Co-Applicant: American Indian / Alaska Native _____ Asian _____ Black or African American _____
 Native Hawaiian or Other Pacific Islander _____ White _____

Gender:

Applicant: Male _____ Female _____

Co-Applicant: Male _____ Female _____

FOR OFFICIAL USE ONLY (Keep application in file for _____ years.)

Date Received _____ Time of Day _____ Income Level (Entry Code) _____ Date applicant's name added to waiting list _____ Date letter sent informing applicant name placed on list _____ Date contacted for residency _____ Date approved for residency _____ Date rejected for residency _____ Reason for rejection _____ Date rejection letter sent _____ Reason for removal from list _____ (found other housing, unable to contact, etc.)

Manager's Signature _____

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RENTAL REFERENCES

Please fill out the following and do not leave blank spaces or leave gaps in rental history. Make sure the telephone numbers are current. We need at least 3 years of your most recent rental references, and more if you have them. If you need more room, please use the back of this form. **If applicants do not have the same rental history, please fill out separate rental reference forms** (available at office).

Name of applicant: _____

Applicant's Current Address:

1. Name of Property Owner or Apartment Manager: _____ Telephone: _____

Address of Property Lived at: _____ City, State, Zip: _____

Length of Residency: _____ from _____ to _____
(number of months & years) (date) (date)

Reason for moving: _____ Amount of Rent You Paid: _____

2. Name of Property Owner or Apartment Manager: _____ Telephone: _____

Address of Property Lived at: _____ City, State, Zip: _____

Length of Residency: _____ from _____ to _____
(number of months & years) (date) (date)

Reason for moving: _____ Amount of Rent You Paid: _____

3. Name of Property Owner or Apartment Manager: _____ Telephone: _____

Address of Property Lived at: _____ City, State & Zip: _____

Length of Residency: _____ from _____ to _____
(number of months & years) (date) (date)

Reason for moving: _____ Amount of Rent You Paid: _____

4. Name of Property Owner or Apartment Manager: _____ Telephone: _____

Address of Property Lived at: _____ City, State & Zip: _____

Length of Residency: _____ from _____ to _____
(number of months & years) (date) (date)

Reason for moving: _____ Amount of Rent You Paid: _____