



# The Neel Management Team, Inc.

*Specializing in the Management of Affordable Housing*



## WESTVIEW COMMONS TENANT SELECTION CRITERIA

TDD 800-735-2900

### 1. Application/Eligibility:

This apartment community is managed by The Neel Management Team, Inc. It is The Neel Management Team’s mission and policy to provide equal housing opportunity for prospective applicants regardless of race, color, religion, sex, handicap, familial status or national origin. All persons interested in renting an apartment at Westview Commons must complete and submit an application in order to be considered for tenancy.

Funding for construction of Westview Commons came from the Department of Housing and Urban Development (HUD) through their HOME program. It is an 18 unit complex **reserved for housing persons with chronic mental illness**. All tenants at Westview are eligible to receive rental assistance (subsidy) through HUD’s PRAC 811 program. To be eligible for occupancy, applicants must have a gross annual income that does not exceed the HOME income limits (listed below). Applicants for tenancy must also be able to demonstrate the ability to pay monthly utilities and other necessary living expenses.

Unit occupancy limits are based upon HUD regulations as found in HUD Handbook 4350.3. There are only 1 (one) bedroom units in this facility. Occupancy guidelines are as follows:

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

### 2. Waiting List/Priorities:

All applicants will be notified in writing of the acceptance or rejection of their application. Those determined ineligible will be notified of the reason for their rejection.

All applicants determined eligible for residency are placed on a master waiting list. Applicants are placed on the waiting list in chronological order. The date and time of application and whether an applicant would benefit from the features of a handicap accessible unit is noted on the waiting list. HUD regulations state that applicants must be selected for placement into vacant units based upon their chronological order on the waiting list with the exception of handicap accessible units. When an accessible unit becomes vacant current tenants who require the features of that unit will have the first opportunity to move into the unit and if no current tenant requires the special features then the unit must be offered to the next qualified applicant on the waiting list who has a family member who needs the features of the accessible unit. In the event no households who need the special unit features apply to live in a vacant handicap accessible unit, HUD will be contacted for permission to house other households in these units. In this circumstance, tenants will sign a lease addendum agreeing to transfer (at their expense) to another unit later on should an appropriate unit become available and there are households needing the benefit of the handicap accessible unit on the waiting list at that time.

All applicants are welcome to inquire as to their order on the waiting list. HUD regulations pertaining to waiting lists, tenant selection, and eligibility will be reviewed with all applicants.

Incomplete applications will not be accepted for further processing. Documentation supporting application information may be “self certified” when an application is first submitted. At the time an application is ready to be processed for an available unit the applicant will be required to provide third party documentation supporting eligibility, and sign a release for a criminal/credit and public records check and supply rental reference information.

Management staff is available to answer any questions and to assist applicants in completing their applications for residency.

### **3. Selection/Rejection**

Applicants who meet eligibility requirements at the time of initial application must continue to meet all eligibility criteria prior to moving into Westview Commons.

Management will notify applicants when their application is ready to be processed for residency. At that time, the applicant will come in for an interview and must supply necessary information and signatures to verify current income, assets, medical deductions and other eligibility information.

Trans-Union Credit will provide the credit check information required prior to admittance for residency. Pacific Screening, Inc. will provide the criminal and public record checks. No applicant will be admitted for residency without an interview and complete credit, criminal and reference checks. Failure to attend two scheduled interviews will result in the withdrawal of an application.

### **4. Criminal History Criteria:**

A conviction, guilty plea, or plea of no contest to any of the following offenses will be grounds for denial of your rental application:

- a) Felony involving injury, assault, kidnapping, death, arson, rape, sex crimes including molestation, extensive property damage, drug related offenses including manufacturing and/or distribution, delivery or possession with intent to sell, felony burglary or robbery at any time.
- b) Any other felony charge in which disposition or parole has occurred within the past eight years.
- c) Any misdemeanor involving assault, intimidation, sex or drug related, property damage or weapons charges in which release or parole has occurred within the past three years.
- d) Any misdemeanor involving criminal trespass, theft or prostitution in which release or parole has occurred within the past three years.

Pending charges or outstanding warrants for any of the above will cause the application to be suspended until the charges are resolved. No unit will be held awaiting the result of pending charges.

### **5. Credit History Criteria:**

Good credit will be required for an unconditional approval. If negative or adverse credit is reported, the following criteria will be used:

- a) Outstanding, delinquent debt of more than \$5,000 listed on the credit report will result in denial, unless the debts are verifiable medical expenses, or the debts were included in a bankruptcy filing.
- b) Three (3) or more NSF checks in a twelve (12) month period within the past three (3) years will result in denial.
- c) Any non-medical negative debt established following a bankruptcy that has been filed within the past three (3) years will result in denial.

## **6. Public Records & Rental References:**

- a) Applicants who have been evicted from a residence within the past five years will be denied.
- b) Applicants who have been evicted from more than one residence, regardless of how long ago the evictions occurred will be denied.
- c) Rental references which indicate the applicant caused significant damage to the unit, vacated the unit owing rent, were late paying their rent on more than four occasions, caused disturbances at the rental on more than one occasion or maintained their unit in an unsanitary condition could be grounds for denial.
- d) Applications will be denied if references indicate the applicant used the rental for illegal activities.
- e) Unsatisfied legal judgments of \$500.00 or more will be grounds for denial.

Applicants will be rejected if it is determined that their presence or the presence of any of their household members would likely result in a threat to the health and/or safety of any staff, residents, guests or anyone else frequenting Westview Commons Apartments. Rejection may also occur if the current living circumstances are determined to be unsanitary or the unit is damaged due to applicant abuse.

Some applicants may have no previous or current rental or credit references, but can still offer personal non-related references. Applicants will also be rejected if they or anyone in their household have been involved in violent activity, harassment, felony criminal activity, been convicted of dealing drugs, or if currently addicted to an illegal or controlled substance, or are subject to lifetime registration under any State sex offender registration program. Knowingly submitting false information on the application for tenancy will also result in rejection of an application.

If rejected, an applicant will have 14 days after he or she has received the rejection letter to request a review of the decision to reject their application. Management will answer the applicant's response within 5 days of receiving their request for a review of the rejection. Applicants will not be rejected on the basis of race, color, religion, sex, handicap, familial status or national origin.

Handicap accessible units will be marketed to qualified handicap/disabled households who would benefit from the unit features. We will consider any request for reasonable accommodation, including alterations to non-accessible units, rules or procedures. We will reply in writing to any and all requests for reasonable accommodation.

Should an applicant be selected and refuse occupancy for reasons other than a medical necessity, that applicant's name will be removed from the waiting list. That applicant may reapply 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 list. Failure to do so will result in automatic removal from the waiting list. If the apartment complex has a waiting list of approximately one year the management will close the list until it becomes shorter.

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

## **7. Unit Transfers**

Tenants will be permitted to transfer to another unit within Westview only in cases of reasonable accommodation of a disability or where a tenant would benefit from the features on a handicap accessible unit. To qualify to transfer to another unit as a reasonable accommodation the tenant must demonstrate that the transfer would enable the tenant to more fully utilize their unit or common areas of Westview or more fully participate in a program or service. The need for the unit transfer must also be directly related to a disability.

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

## **INCOME LIMITS FOR WESTVIEW COMMONS**

	<b>1 PER</b>	<b>2 PER</b>	<b>3 PER</b>	<b>4 PER</b>	<b>5 PER</b>	<b>6 PER</b>	<b>7 PER</b>
<b>50%</b>	\$17,500	\$20,000	\$22,500	\$25,000	\$27,000	\$29,000	\$31,000

Project Name: Westview Commons  
Address: 1067 Lookingglass Road  
Roseburg, OR 97470  
(541) 440-3777

The Neel Management Team, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in it's federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Dan Dizney  
155 South 1<sup>st</sup> Street P.O. Box 760  
Creswell, OR 97426  
(541) 895-8801 voice (541) 895-8805 fax  
Oregon public TTY number: 711  
[mail@nmteam.com](mailto:mail@nmteam.com)



**THE NEEL MANAGEMENT TEAM, INC.**  
**TENANT APPLICATION FORM**  
**Oregon public TTY number: 711**

To be filled out in full by all prospective tenants and returned to the manager with income, employment, asset and asset income documents.

Applicant \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Present 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 exists? \_\_\_\_\_ 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 \_\_\_\_\_

Where did you hear about this apartment complex? Newspaper Ad \_\_\_\_\_ Phonebook \_\_\_\_\_ Posted Notice \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

**INCOME INFORMATION**

Applicant employment (GROSS – BEFORE DEDUCTIONS) \_\_\_\_\_  
 Co-Applicant employment (GROSS – BEFORE DEDUCTIONS) \_\_\_\_\_  
 Applicant Social Security (ANNUALLY) – include Medicare \_\_\_\_\_  
 Co-Applicant Social Security (ANNUALLY) – include Medicare \_\_\_\_\_  
 Retirement Pensions (ANNUALLY) \_\_\_\_\_  
 Disability Income (ANNUALLY) \_\_\_\_\_  
 Unemployment (GROSS – BEFORE DEDUCTIONS) \_\_\_\_\_  
 Gifts given regularly (ANNUAL AMOUNT) \_\_\_\_\_  
 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.)

	ANNUAL INCOME	ASSET NET WORTH
Property (contracts on property that you are holding) _____	_____	_____
Checking Account(s) _____	_____	_____
Savings Account(s) _____	_____	_____
Time Certificates, Treasury Bills, Money Market Acct., etc. _____	_____	_____
Individual Retirement & Keogh Accounts _____	_____	_____
Other (Identify) _____	_____	_____
Other (Identify) _____	_____	_____
<b><u>TOTALS:</u></b>	_____	_____

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: \_\_\_\_\_.  
 Have you given away any asset/property in the past 2 years? \_\_\_\_\_. If yes, what was the fair market value? \_\_\_\_\_.

**DEDUCTIONS:**

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.)

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: \_\_\_\_\_

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:

<b><u>Place of Purchase</u></b>	<b><u>Expected Annual Expense</u></b>
_____	\$ _____
_____	\$ _____

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

<b><u>Name of Provider</u></b>	<b><u>Expected Annual Expense</u></b>
_____	\$ _____
_____	\$ _____

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

<b><u>Name of Provider</u></b>	<b><u>Expected Annual Expense</u></b>
_____	\$ _____
_____	\$ _____

1. Do you have pet(s)? \_\_\_\_\_ If yes, specify type and description \_\_\_\_\_
  2. Are you or a member of your household a current illegal user and/or distributor of a controlled substance? \_\_\_Yes \_\_\_No
  3. Have you or a member of your household been convicted of the illegal use or possession of a controlled substance? \_\_\_Yes \_\_\_No
  4. Have you or a member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? \_\_\_Yes \_\_\_No
  5. 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
  10. Are you or a member of your household a student or plan on becoming a student? \_\_\_Yes \_\_\_No
- 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: \_\_\_\_\_

Email Address \_\_\_\_\_

Co-Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

Email Address \_\_\_\_\_

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. 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, we are required to note the race/national origin 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: White \_\_\_ Black or African American \_\_\_ American Indian / Alaska Native \_\_\_ Asian \_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_

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

**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.)

The Neel Management Team, Inc. and this property do not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in it's federally assisted programs and activities, not do they discriminate on the basis of disability status in the admission or access to, or treatment or employment in it's federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8, dated June 2, 1988.)

Dan Dizney  
155 South 1<sup>st</sup> Street P.O. Box 760  
Creswell, OR 97426  
(541) 895-8801 voice (541) 895-8805 fax  
Oregon public TTY number: 711  
[mail@nmteam.com](mailto:mail@nmteam.com)