



THE NEEL MANAGEMENT TEAM, INC.



SA-DA-MUNN APARTMENTS TENANT SELECTION CRITERIA

1. Application/Eligibility:

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 renting an apartment must complete and submit an application for tenancy. This application will be used for subsidized and non-subsidized units.

This property is financed with funding from the US Department of Agriculture’s Rural Development agency and is subject to Rural Development’s (RD) rules and regulations. This is a 50-unit Elderly (62 years of age or older or handicapped or disabled individuals of any age) apartment community. Smoking is not allowed inside any units except those occupied by the current tenant(s) prior to January 1, 2007. There are 49 rental-assisted units. RD regulations give priority for these units to very low-income applicants from the waiting list. To be eligible for admission, applicant’s adjusted annual income must not exceeds the moderate-income limit for this county. Income Limits are printed on page four.

Applicants will be assigned rental assistance in accordance with RD regulations, with applicants paying the greater of 30% of adjusted income or 10% of gross income, less a utility allowance for the monthly payment (Tenant Contribution).

There are Studio, one and two bedroom units in this project. The occupancy guidelines recommended by The Neel Management Team, Inc. are as follows:

<u>Bedroom Size</u>	<u>Minimum Occupants</u>	<u>Maximum Occupants</u>
Studio	1 person	2 persons
1	1 person	3 persons
2	2 persons	5 persons

Applicants could be admitted to larger or smaller bedroom size units if no qualified households are on that bedroom waiting list if the applicants agree to transfer to the appropriate bedroom size when one becomes available and the unit size they are in is needed by another qualified household, and agree to abide by that provision in the lease.

Tenant selection is based on meeting eligibility requirements by income limits, with selection based on RD priorities. Income limits based on the number of persons who will live in the unit for Lincoln County are listed on the last page of this document.

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 rejected due to ineligibility by income or occupancy status will be notified of the reason for their rejection and their name will be removed from the waiting list.

Applicants eligible by RD income and occupancy regulations are placed on the waiting list and categorized by bedroom size, income status and need for handicap accessible units. RD priorities state that applicants must be selected by income status chronologically within each income group in this order: very low income, low income, moderate income, and finally ineligible applicants. Income Limits are contained on page four.

Applicants may inquire at any time as to their chronological place on the waiting list. All RD priorities in regard to waiting lists and tenant selection, in addition to eligibility regulations for income occupancy will be explained to all applicants.

3. Selection/Rejection:

Applicants who meet the income/occupancy guidelines and have come to the top of the RD income priority list still must meet all other eligibility selection criteria before being approved to move in.

Applicants must complete the Tenant Application in full (including income and asset documentation) and supply references which can be checked. Since management staff is available to answer any questions an applicant may have in regard to filling out the application form, incomplete applications will not be put on the main waiting list until completed in full.

This apartment complex will house no applicant without an interview and credit, criminal and reference check. Should an applicant fail 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, or 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 would also be rejected if found to be a direct threat to the health or safety of others, to have been convicted of dealing drugs, or if currently addicted to an illegal or controlled substance. Applicants will not be rejected solely 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. In the event that no households apply who need the special unit features, RD 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 own expense) to another unit when an appropriate unit becomes available and there are households needing the benefit of the handicap accessible unit now on the waiting list. We will consider any request for reasonable accommodation, including alterations to non-accessible units.

Applicants rejected due to ineligibility by RD income or occupancy regulations will receive a written notice detailing the reason for rejection. Applicants rejected for any other reason will also receive a written notice of rejection along with an RD Grievance Procedures notification and instructions for requesting an informal meeting and/or grievance hearing.

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 reapply and will be placed on the waiting list chronologically by the new date of application.

A waiting list update will occur at least once every 12 months. Applicants who do not respond to the waiting list update will be removed from the waiting list with appropriate written notice.

All accepted tenants must pay rent as determined on the Tenant Certification Form, and sign that form along with an RD approved lease and attachments.

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

Site Manager/Agent
The Neel Management Team, Inc.

Date

Project name: Sa-Da-Munn Apartments
Address: 485 SW Willow
Mailing: P.O. Box 856
Waldport, OR 97394
(541) 563-3508

“This institution is an equal opportunity provider.”

INCOME LIMITS FOR SA-DA-MUNN APARTMENTS

	1 PER	2 PER	3 PER	4 PER	5 PER	6 PER	7 PER
VL	16900	19300	21750	24150	26100	28000	29950
L	27050	30900	34800	38650	41750	44850	47950
M	32550	36400	40300	44150	47250	50350	53450

VL = Very Low
L = Low
M = Moderate



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> | ANNUAL INCOME | ASSET NET WORTH |
|--|---------------|-----------------|
| 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 _____

THE NEEL MANAGEMENT TEAM, INC.

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: _____