

MOVING FORWARD

NEXT STEPS TO YOUR APPLICATION PROCESS



Welcome to Pershing Place Apartments and thank you for choosing us for your new place to call home!

You are submitting an application for an apartment under Section 42 Housing which is an affordable housing program. The benefits to the residents living in such housing is that they will receive a newly constructed or substantially rehabbed apartment home with rents lower than market rate. Under this affordable program there are income and program requirements that must be met (in addition to Resident Selection Criteria items) in order to be approved to live in this community. All income, asset and student status information for all household members must be verified in order to determine eligibility.

In an effort to expedite the processing of this application, please provide us with any of the documents listed below that apply to your household at the time of submitting your application.

- All **finalized divorce or legal separation records** for all current or previous marriages within the **past 10 years**. Records should include petition for dissolution, final decree of dissolution, custody, support and property settlement documents.
- All **court ordered child support** documents. Current court order and 12 month payment history.
- Award letters dated within 120 days** for: Social Security (SS), Supplemental Security Income (SSI); Aid to Families with Dependent Children (AFDC; Cash Assistance); Pensions and Trust Funds; Unemployment Benefits; Annuity Payments and Death and/or Disability payments (that are in separate from SS benefits).
- 4 most recent and consecutive employment pay stubs** for all household members age 18 years or older.
- Bank Statements for all household members including those who are under the age of 18 years:**
(Please note, these are only necessary if requested by the Office Staff at the property where you are applying)
 - For any savings, money market, mutual funds, 401K, IRA or Certificate of Deposit Accounts for all household members including minors, please provide the **most recent statement**.
 - For any checking accounts, please provide the **six (6) most recent and consecutive statements**.
- Self-Employed Household Members:** A copy of the last **two (2) filed Tax Return including the Schedule C Profit/Loss Statement**. The Tax Returns must be signed. If you are unable to locate a copy of your tax returns you may obtain a transcript from your local IRS office or by calling 1-800-829-1040 at no cost to you.
- Additional Items as noted below:**

Thank you again for applying with us!

If you have any questions, please don't hesitate to contact to contact our team at 317-726-6664.
We are always happy to provide assistance!

Pershing Place Apartments
Address: 1432 N Pershing Ave, Indpls, IN 46222

Contact us for application submittal.

Website: www.pershingplace.com
Information: info@pershingplace.com

Rental Application



PERSONAL INFORMATION

(Answer all questions completely)

First Name		Middle Name		Last Name		Maiden Name (if applicable)	
Marital Status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>						How did you hear about us?	
Office Phone	Work Phone	Cell Phone	Fax		Email Address		
Date Of Birth		Drivers License # / State			Social Security Number		

ADDRESS INFORMATION

Current Address		City / State / Zip		Country			
Months at this Address	Start Date	Monthly Rent / Mortgage Payment	Reason for Moving				
Name of Landlord / Apartment Community / Management Company				Landlord Phone Number	Was 30 day notice given?		
Previous Address (if at current address less than 2 years)		City / State / Zip		Country			
Months at this Address	Start Date	Monthly Rent / Mortgage Payment	Reason for Moving				
Name of Landlord / Apartment Community / Management Company				Landlord Phone Number	Was 30 day notice given?		

EMPLOYMENT INFORMATION

Employment Status (check one) Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Never Employed <input type="checkbox"/> Other <input type="checkbox"/>						Country	
Company		Position			Start Date		
Address		City / State / Zip		Gross Monthly Income			
Employer Phone	Supervisors Name		Additional Income		Additional Income Source		

PREVIOUS EMPLOYMENT INFORMATION

(if current employment less than 1 year)

Company		Position		Start Date	End Date		
Address		City / State / Zip		Gross Monthly Income			
Employer Phone	Supervisors Name		Additional Income		Additional Income Source		



EMERGENCY CONTACT

Name	Relationship	Address	City / State / Zip	Contact Phone
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VEHICLES

Vehicle Make	Vehicle Model	Vehicle Color	Vehicle Year	Vehicle License Plate #	Vehicle License State

PET INFORMATION

Type	Weight	Age	Color	Name	Breed	Gender	Spayed/Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>

SCREENING INFORMATION

Check one: You are a U. S. Citizen <input type="checkbox"/> or You have a legal right to be in the U.S. <input type="checkbox"/>	Have you ever been evicted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
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Have you ever been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:

ADDITIONAL OCCUPANTS (If Applicable)

(all persons who will occupy the unit without signing a lease.)

Name	Social Security Number	Driver's license or Government ID Card Number & State

The apartment may be occupied by up to three (3) persons per one bedroom apartment, five (5) persons per two bedroom apartment, seven (7) persons per three bedroom apartment or nine (9) persons per four bedroom apartment. Rooms such as dens, studies, or "bonus" rooms should be counted as "bedrooms" for purposes of this occupancy guideline. The entirety of the Buckingham Occupancy Guideline can be accessed by contacting the community Leasing Office.

ACKNOWLEDGMENT & AUTHORIZATION

You declare that all of your statements in this Application are true and complete. You authorize us to verify same through any means. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including favorable and unfavorable information about your compliance with the Lease contract, the rules, and financial obligations.

I hereby authorize _____ to obtain consumer reports, 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, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residency for which this application was made.

Applicant's Signature	Date
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For Office Use Only

Application Fee Paid (non-refundable)	Administration Fee Paid (may or may not be refundable)	Other Fees Paid
Apt. Name or Dwelling Address (street, city)	Person Accepting Application	Phone
Unit Number or Type	Person Processing Application	Phone
Date That Applicant or Co-Applicant Was Notified by: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> In Person of <input type="checkbox"/> Acceptance or <input type="checkbox"/> Nonacceptance	Name of Person(s) Notified (at least one applicant must be notified if multiple)	Name of Owner's Representative Who Notified Previous Person

INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

Initial Certification Recertification Addition of Household Member

YES NO

1. <input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below. Housing Authority Name _____	Note: This is not counted as household income.
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INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

2. <input type="checkbox"/> <input type="checkbox"/>	I am self employed. (List nature of self-employment). This includes but is not limited to: Rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), 1099-contractors, etc. List types: 1) _____ 2) _____	(Use <u>net</u> income from business) \$ _____ \$ _____
3. <input type="checkbox"/> <input type="checkbox"/>	I have a job and receive the following types of pay. Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____
4. <input type="checkbox"/> <input type="checkbox"/>	I receive cash contributions of gifts, including but not limited to rent, utility payments, cell phone, transportation, etc. on an ongoing basis from persons not living with me. <u>Name of Person Providing Contribution</u> 1) _____ 2) _____	\$ _____ \$ _____
5. <input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.	\$ _____



YES	NO		MONTHLY GROSS INCOME
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic Social Security payments or Supplemental Social Security Income (SSI).	\$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payment from lottery winnings.	\$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF) DO NOT INCLUDE FOOD STAMPS	\$ _____
12. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____ List the amount received if not receiving the full agreement amount	\$ _____ (amount ordered) \$ _____ (amount received)
13. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or donation banks (such as plasma donations). If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
15. <input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(Use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/>	<input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 Housing Choice Voucher rental assistance.	\$ _____ per semester
17. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income.	



ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO		INTEREST RATE	CASH VALUE
18. <input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19. <input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/> <input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____ %	\$ _____
23. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
24. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____



YES	NO	INTEREST RATE	CASH VALUE
25. <input type="checkbox"/>	<input type="checkbox"/> I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/>	<input type="checkbox"/> I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/>	<input type="checkbox"/> I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
28. <input type="checkbox"/>	<input type="checkbox"/> I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/>	<input type="checkbox"/> I have cash on hand.		\$ _____
30. <input type="checkbox"/>	<input type="checkbox"/> I have received lottery winnings or other lump sum payments paid in one payment (not reoccurring periodic payments).		\$ _____
31. <input type="checkbox"/>	<input type="checkbox"/> I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/>	<input type="checkbox"/> I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____
33. <input type="checkbox"/>	<input type="checkbox"/> I receive payments through crowdfunding (e.g., GoFundMe)		CURRENT BALANCE \$ _____



YES NO		INTEREST RATE	CASH VALUE
34. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING, OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT **SIGNATURE OF APPLICANT/TENANT** **DATE**



UNDER \$5,000 ASSET CERTIFICATION



For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

*NOTE: This form cannot be used for HOME or HTF-assisted units. Third-party verification is required for those programs.

Household Name: _____

Complete all that apply for 1 through 4: If you do not have the asset listed, mark cash value as N/A. Do not leave blank spaces.

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source	(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safe Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money Market Funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA/401K/Keogh Account	\$ _____	_____	\$ _____	Other Retirement Account
\$ _____	_____	\$ _____	Paycard	\$ _____	_____	\$ _____	Digital Wallet Account
\$ _____	_____	\$ _____	Real Estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Trust
\$ _____	_____	\$ _____	Whole Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Cryptocurrency / Virtual Currency:				_____
\$ _____	_____	\$ _____	Personal property held as an investment**:				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust, etc.) may or may not be (fully) accessible to you. Include only those amounts which are

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.
5. The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____ Applicant/Tenant	_____ Date	_____ Applicant/Tenant	_____ Date
_____ Applicant/Tenant	_____ Date	_____ Applicant/Tenant	_____ Date
_____ Applicant/Tenant	_____ Date	_____ Applicant/Tenant	_____ Date



STUDENT STATUS SELF-CERTIFICATION



Name: _____

One form should be completed by each adult member of the household. Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.

C. _____ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions

1-5, below must be circled (ONLY IF "C" IS CHECKED ABOVE):

1. Is at least one student receiving assistance under Title IV of the Social Security Act?
Yes / No
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) **Yes / No**
3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) **Yes / No**
4. Household consists entirely of single parent(s) with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than a parent?
Yes / No
5. Are the students married and entitled to file a joint tax return? **Yes / No**

D. _____ I am not currently a student, I do not anticipate being a student in the next 12 months and I have not been a student in the previous 12 months. I understand that I must notify management should my student status change. I further understand that I may no longer be eligible to occupy a LIHTC apartment if my household does not meet any of the exceptions listed above for full time students and that I will need to vacate my apartment immediately.

*Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household.*

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of the Lease Agreement.

Signature of Applicant/Resident

Printed Name of Applicant/Resident

Date

RESIDENT SELECTION CRITERIA

Welcome to our Community and thank you for choosing us for your new home! To approve your application, we have guidelines that help us to process and determine approval for residency. The procedures used for the selection of residents shall be implemented in compliance with Section 42 of the Internal Revenue Code, the Indiana Housing & Community Development Authority Finance Authority Regulatory Agreement and all other applicable federal statutes and regulations.

NON-DISCRIMINATION

The Management Agent shall comply with all Federal, State and Local Fair Housing and Civil Rights laws. Federal laws forbid discrimination based on race, color, national origin, gender, handicap or familial status, creed, sexual orientation, gender identity and retaliation.

ELIGIBILITY

Applicants applying for housing under the Section 42 program must meet the following eligibility requirements:

- All applicants (*age 18 and older*) must fill out a separate application packet and be willing to submit to a credit, rental history and criminal background inquiry, as well as income and asset verifications.
 - *Refer to attached Exhibit A for credit and criminal eligibility.*
- The household's annual income may not exceed the applicable income limit.
 - *Refer to attached Exhibit B for the current income guidelines.*
- An application fee of \$ 25.00 per applicant must be paid before assigning a spot on the wait list, an address and/or processing of the application.
- To be financially eligible, the household's total gross income must be verifiable and documented via third party. Other sources of verification may be used only after all resources have been exhausted to obtain the third-party verification.
- The total Household Verified Annual Gross income must be adequate evidence that income for the 12-month period following the initial occupancy is not anticipated to exceed the current income limits published for the Program eligibility.
- The Household's Monthly Gross income must be at least 2.5 times the monthly rent amount.
 - *Section 8 Voucher holders need not meet the minimum gross income criteria.*
- If Household is composed of entirely ALL full-time students (*Kindergarten thru College*) and does not meet one of the exceptions outlined in the Section 42 of the Internal Revenue Code, such household is not considered eligible for the program.
 - *Refer to attached Exhibit C for full-time student exceptions.*

WAIT LIST

The property shall be rented up and occupancy maintained on a first-come, first-serve basis. All persons wishing to be admitted to this community must comply with the steps listed above in the Eligibility section.

- The initial application shall be timed and dated when received and the Property Manager shall maintain a chronological list of all applicants at the rental office.
- Applicants shall be admitted, placed on the waitlist, or rejected.
- Potentially eligible and acceptable applicants for whom the right size unit is not available shall be placed on the waiting list.
- Applicants will be notified upon unit availability and have the opportunity to decline the first apartment offered and retain their place on the Waiting List.
- Should an applicant decline the next available unit, the applicant will be moved to the bottom of the waiting list.
- The Waiting List will be reviewed every 120 days. Each applicant will receive a letter from the Property requesting updated information and ask about continued interest. This letter must be returned within 10 days of date sent or the applicant will be removed from the wait list.
- It is the responsibility of the Applicant to maintain a current address with the office in order to receive Waiting List correspondence.
- The Waiting List will remain open until there are sufficient families as determined by the Management Agent that the wait for housing would be at least 1 year long.
- Prior to closing the waiting list, the Management Agent will run an ad in the local newspaper for 2 subsequent weekends its intention of opening or closing the wait list on the prescribed date.

*Note: Waiting Lists may not be applicable at all properties.

ASSIGNING UNITS FOR PERSONS WITH PHYSICAL DISABILITIES

The property will always give a household that has indicated a need for certain unit accommodations, because of a disability, the option for the household to decide whether a unit meets the needs of the members. The property will notify the household whenever any unit becomes available, without regard to unit accessibility. The property will never prohibit an eligible household with a member who has a disability from accepting a suitable non-accessible unit if no accessible unit is available when the household reaches the top of the waiting list. If the household decides to accept a standard unit, s/he may request some modification to the unit as a reasonable accommodation.

- When a unit becomes available, the property will first offer the unit to an individual with disabilities who is currently residing in a non-accessible unit who requires the features of the unit. If there is no such current resident, the property will offer the unit to the next qualified applicant on the waiting list who needs features of the accessible unit.
- When neither a current resident nor a qualified applicant requests the features of an available accessible unit, the property will offer the unit to another resident or applicant and will incorporate as an addendum to the lease, an agreement that the resident will move to a non-accessible unit within the property when on becomes available. This addendum will also cover whether the resident or the property will pay for the cost of such a move.

ASSIGNING UNITS FOR PERSONS WITH PHYSICAL DISABILITIES **continued**

- The property will consider requests for reasonable accommodations from applicants/residents with disabilities, in order that they may benefit from the use and enjoyment of the community.

OTHER INFORMATION

- Government issued photo identification is required from at least one applicant in order to view an apartment home.
- Your administrative fee and/or security deposit is refundable. Your application fee is non-refundable.
- You are **strongly advised** to hold a minimum of \$100,000 in liability insurance coverage prior to the signing of your lease.
- Occupancy Standards:
 - a) The apartment home may be occupied by up to three (3) persons per one bedroom apartment, five (5) persons per two-bedroom apartment, seven (7) persons per three-bedroom apartment or nine (9) persons per four-bedroom apartment. Rooms such as dens, studios, or “bonus” rooms should be counted as “bedrooms” for the purposes of this occupancy guideline.
 - b) In the event a child less than the age of twelve (12) months becomes a member of a household and the addition of such child would otherwise cause such a household to exceed the general occupancy guidelines described in subparagraph (a) above, such household shall be permitted to remain in its current apartment unit (a) the expiration of the household’s current lease or (b) the end of the calendar month during which the child becomes twelve (12) months old, whichever is later.
 - c) In the event any request to exceed the general occupancy limits set forth in subparagraphs (a) and (b) above, Buckingham Management, LLC, will consider such a request on a case-by-case basis, taking into consideration factors such as the number and size of the sleeping areas or bedrooms, the overall size of the dwelling unit and other special circumstances (including, but not limited to, maximum occupancy limits imposed by applicable federal, state or local law, regulation or ordinance) when determining appropriate occupancy for an apartment.

GREIVANCE PROCEDURE

Management will follow the grievance process in compliance with requirements set forth in the HUD Handbook 4350.3 when rejecting an application, management will:

- Provide notification in writing of reasons for rejection
- Inform the applicant they have 14 days to request in writing a meeting to discuss the rejection
- Participate through a representative in an informal meeting
- Provide a written determination to the applicant within 10 days of the meeting



By signing below, I agree to the above terms of the rental application review process. I agree that all information on my application is true to the best of my knowledge and that any false information given is reason to deny my application.

Applicant Printed Name

Applicant Signature

Date