

Cedarbrook Apartments
819 W. Dekalb Street
Camden, SC 29020
Phone: 803-272-0215
Email: cedarbrook@nhe-inc.com

List of information needed to process your application:
Please initial on each line below.

* _____ Completed Application. If any portion of this application is not applicable to your household, please check “No” or write “None” if no check box is available. Do not use N/A. **Every question must be addressed for the application to be considered complete. Do not use whiteout.**

* _____ Verification of all household income **and** assets (Last 6 Consecutive Payroll Stubs, First (1st) Payroll Check of the Year, SSI/SS Award Letter, Child Support Award Letter **and** 12-Month Printout, Alimony/Divorce Decree, Last 6 Checking Account Statements, Last Savings Account Statement, CashApp, Retirement, Whole Life Insurance Policies, etc.).

* _____ Copy of SS Card and Birth Certificate (long form) for each member of the household, and picture ID for anyone 18 and older. Any licensed driver will also need a copy of state issued driver’s license.

* _____ Immigration Documents if not a US Citizen.

* _____ Application fee. **\$35.00** for 1 (one) adult, **\$50.00** for 2 (two) adults or more. Payment must be Money Order or Cashier’s Check only.)

Incomplete applications will be not be processed or added to the wait list. Please call or email us within 48 hours to check the status of your application.

We will pull credit report and criminal background history, you do not need to provide this to us.

Rents Are Subject To Change. Income limits apply. For current pricing and income limits, please contact the property at the contact information above.



APPLICATION FOR RESIDENCY

Please note: Each adult 18 years of age and older needs to complete a separate application unless a married couple.

APPLICANT INFORMATION

Name: _____
 Last First Middle Initial

Spouse: _____
 Last First Middle Initial

Current Address: _____
 Street City State Zip

Telephone: _____ Email: _____

Bedroom Size Requested: 1 2 3 4

HOUSEHOLD INFORMATION

Please list all information for ALL household members who will occupy the unit, including yourself.

Name (First, MI, Last)	Relationship	Male/Female (Optional)	Social Security Number	Date of Birth (MM/DD/YYYY)	Marital Status	Race and Ethnicity (See codes below)	Student? YES or NO If yes, FT or PT
	HOH				M S D W Separated		
					M S D W Separated		
					M S D W Separated		
					M S D W Separated		
					M S D W Separated		
					M S D W Separated		
					M S D W Separated		
					M S D W Separated		

Use the following codes to complete the Race and Ethnicity column for each household member above. Please select from the Race Category **and** Ethnicity Category for each household member.

Race:

- American Indian or Alaska Native = **A**
- Asian = **B**
- Black or African American = **C**
- Native Hawaiian or Other Pacific Islander = **D**
- White = **E**
- Other = **F**

Ethnicity:

- Hispanic or Latino = **1**
- Not Hispanic or Latino = **2**

Do you anticipate a change in household composition during the next twelve (12) months? Yes No

Will any of the above household members live anywhere except in the apartment? Yes No

Will any other persons live in the apartment on a less than full-time basis? Yes No

Does any member of the household have a need for accessible features (i.e. barrier-free apartment, grab bars, etc.) Yes No

If answered yes to any of the above, please explain: _____



APPLICATION FOR RESIDENCY

EMERGENCY CONTACT INFORMATION

Name of Primary Contact: _____
 Last _____ First _____ Middle Initial _____

Current Address: _____
 Street _____ City _____ State _____ Zip _____

Phone Number: _____
 Daytime _____ Evening _____

Name of Secondary Contact: _____
 Last _____ First _____ Middle Initial _____

Current Address: _____
 Street _____ City _____ State _____ Zip _____

Phone Number: _____
 Daytime _____ Evening _____

HOUSING HISTORY

Please include the previous two (2) years of rental / housing history. If additional space is necessary, please attach a separate sheet.

Present Residence: Rent Own Other Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address: _____
 Street _____ City _____ State _____ Zip _____

Landlord's Telephone: _____ Dates of Occupancy: _____ to _____

Reason for moving: _____

Previous Residence: Rent Own Other Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address: _____
 Street _____ City _____ State _____ Zip _____

Landlord's Telephone: _____ Dates of Occupancy: _____ to _____

Reason for moving: _____

Have you ever been evicted? Yes No If yes, please explain _____

VEHICLE / DRIVER INFORMATION

Vehicle #1: Year _____ Make _____ Model _____ Color _____
 License Plate _____ State _____

Vehicle #2: Year _____ Make _____ Model _____ Color _____
 License Plate _____ State _____

OTHER INFORMATION

Have you or any other adult member ever used any name(s) or Social Security Number(s) other than the one you are currently using? Yes No
 If yes, explain _____

Has any household member ever been convicted of any drug offense? Yes No
 If yes, who and explain _____



APPLICATION FOR RESIDENCY

Are you or any member of your household a current illegal user of or addicted to a controlled substance? Yes No

If yes, who and explain _____

Are you or any member of your household currently engaged in illegal use of a drug or shows a pattern of illegal use that may interfere with the health, safety, or right to peaceful enjoyment by other residents? Yes No

If yes, who and explain _____

Has any household member ever been convicted of a criminal offense? Yes No

If yes, who and explain _____

Are you or any household member listed on a state or federal sex offender registry? Yes No

Does anyone in your household have any criminal charges pending against them? Yes No

If yes, who and explain _____

EMPLOYMENT INFORMATION

Include all current employers. If more space is needed, attach a separate sheet.

Present Employer 1:

Employer's Address:

Street _____ City _____ State _____ Zip _____

Employer's Telephone: _____

Dates of Employment: _____ to _____

Occupation / Title: _____

Salary: \$ _____ / hour week month year

Average Hours worked / week _____

Do you work overtime at this job? Yes No

If yes, average OT hours per week _____

Do you receive any commissions, tips, or bonuses at this job? Yes No

If yes, amount \$ _____ / hour week month quarter year

Present Employer 2:

Employer's Address:

Street _____ City _____ State _____ Zip _____

Employer's Telephone: _____

Dates of Employment: _____ to _____

Occupation / Title: _____

Salary: \$ _____ / hour week month year

Average Hours worked / week _____

Do you work overtime at this job? Yes No

If yes, average OT hours per week _____

Do you receive any commissions, tips, or bonuses at this job? Yes No

If yes, amount \$ _____ / hour week month quarter year

Spouse's Employer:

Employer's Address:

Street _____ City _____ State _____ Zip _____

Employer's Telephone: _____

Dates of Employment: _____ to _____

Occupation / Title: _____

Salary: \$ _____ / hour week month year

Average Hours worked / week _____

Do you work overtime at this job? Yes No

If yes, average OT hours per week _____

Do you receive any commissions, tips, or bonuses at this job? Yes No

If yes, amount \$ _____ / hour week month quarter year



APPLICATION FOR RESIDENCY

STUDENT STATUS

Are there any **adult (18 years and older)** family members who are full-time or part-time students? Yes No

If yes, list whom and status (PT/FT) _____

Are there any **adult** family members who will become full-time or part-time students during the next 12 months? Yes No

If yes, list whom and status (PT/FT) _____

If there are **adult** students in your household, how is tuition being paid? _____

If there are **adult** students in your household, please list the institutions in which they attend:

Student Name _____ School _____ Student Name _____ School _____

BENEFIT INCOME

Please list the total benefit income of all household members.

If a divorce decree, separation agreement, or court order exists, but payments are not received, list the amount ordered by the document.

Benefit Type	Received?	Household Member receiving benefit	Gross Benefit Amount	Time Period (per week, month, etc.)
Social Security (Adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security (Child)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SSI (Adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SSI (Child)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Disability or Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Public Assistance (TANF – not Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			

OTHER INCOME

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member who receives the income.

Income Type	Received?	Household Member receiving income	Gross Income Amount	Time Period (per week, month, etc.)
Recurring cash or gift payments, including rent, utility, diapers, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Military/Reserves/National Guard Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Retirement Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pension Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
GI Bill Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Periodic Payments from Lottery Winning	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Regular Payments from Trust Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			



APPLICATION FOR RESIDENCY

ASSET INFORMATION

Does any member of the household own any of the following types of assets?

Asset	Own?	Household Member who owns asset	Current Balance	Interest Rate (if applicable)	Bank / Institution
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		(average 6 month balance)		
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Stocks / Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate / Mortgage / Mobile Home	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Deeds or Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No				
IRA or Keogh	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Personal Property (held for investment purposes)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Life Insurance Policy (not Term)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Cash On Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Has any household member given away / sold any of the above assets at less than fair market value during the past two years? Yes No

If yes, when and explain _____



APPLICATION FOR RESIDENCY

CONSENT / SIGNATURES

I/WE authorize the release of information from the persons / companies required for verification in order to complete my application for residency.

I/WE understand that the agent or owner shall have all rights to review my credit information, criminal record, rental application, payment history, and occupancy history for review purposes.

I/We understand that past or current information about me may be required at any time. Verifications and inquiries that may be requested include, but are not limited to personal identity, employment, student status, income, assets, medical allowances, alimony, child support, and utility history. I understand that this authorization cannot be used to obtain information about me that is not regarding my eligibility as a qualified resident under the LIHTC Program.

The groups/individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers
- Banks and Financial Institutions
- State Unemployment Agencies
- Social Security Administration
- Public Housing Agencies
- Educational Institutions
- Support and Alimony Providers
- Veterans Administration
- Retirement Systems
- Previous Landlords
- Welfare Agencies
- Medical / Child Care Providers

I/WE agree that a photocopy or fax of this authorization may be used for the purposes stated above.

SIGNATURES:

Applicant:

Spouse:

Signature

Signature

Printed Name

Printed Name

Date

Date

Please note: Each adult 18 years of age and older needs to complete a separate application unless a married couple

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C 408 (a) (6), (7) and (8).**

DO NOT WRITE BELOW THIS LINE – MANAGEMENT USE ONLY

Application

Approved: _____
Date

By: _____
Signature

Declined: _____
Date

By: _____
Signature

Reason _____



RESIDENT SELECTION CRITERIA

NHE, Inc. provides a quality housing environment for our residents and to be able to do so, we require our prospective applicants to meet the qualification guidelines that our company has set forth. All applications will be processed and evaluated in accordance with these criteria in mind. In addition, it is the policy of NHE, Inc. to rent to qualified persons regardless of race, color, religion, sex, national origin, disability, familial status, sexual orientation, or gender identity in compliance with all federal, state, and local fair housing laws.

Current photo identification (driver's license or state ID preferred) must be provided at time of apartment showing or application, whichever comes first.

Please review the following policies carefully before submitting an application, because your application fee is non-refundable.

- You must be 18 years of age or older to be a Head, Co-Head, or Spouse.
- All applicants must earn a minimum income of at least 2X times the monthly rent amount unless rental assistance is received.
- The total household income cannot exceed the maximum income requirements defined by the IRS or LIHTC based on your household size.
- The occupancy standards for a household cannot exceed two (2) persons per bedroom (i.e. 4 persons max in a two bedroom apartment home).
- All applicants must have proof of legal residency in the United States.
- All applicants must meet the student requirements or exceptions stated by the LIHTC program.
- All applicants must fill out the forms to be true and accurate. If information is incomplete or untrue, the result will be a denial of application.
- Denied applicants must wait ninety (90) days to re-apply.
- Any adult household member(s) added within the first six (6) months of occupancy will result in the entire household to be re-qualified for income eligibility.
- All adults over 18 years of age in the household will have a credit report processed. If the report is not acceptable then the application will be denied. An unacceptable credit report is one that includes, but is not limited to, past and current bad debts (especially utility companies), late payments, unpaid amounts, liens, or judgments. If for some reason your application is denied due to poor credit history then you may request the name, address, and phone number of the credit reporting agency that provided the report. Applicants with little or no credit history may be required to pay an additional security deposit.
- All adults over 18 years of age in the household will have landlord history verified. This can be written or verbal. If the information is negative the application can be denied. Negative information would include, but not be limited to, unpaid balance, eviction, and/or lease violations.

It is the policy of Cedarbrook Apartments to screen applicants, residents and household members for criminal history, and to reject applicants, or terminate the leases of residents, if it is determined that current or past criminal activity of an applicant, resident or household member may indicate a present threat to the health, safety, or right to peaceful enjoyment by other residents, property management staff or persons residing in the immediate vicinity of the facility. "Convictions" as used in this policy include any adjudication other than dismissal, refusal to prosecute or not guilty determinations. Examples of the restrictions to an applicant's criminal history include but are not exclusive of the following:

All applicants and residents will be screened using Cedarbrook Apartments' Criminal History Policy, detailed below.

1. Convictions for crimes for which an applicant will be denied and no time limit will apply:
 - a) Felony sex crimes against a person or child
 - b) Homicide IV
 - c) Multiple unrelated felonies, the last of which has occurred within the past 5 years.
 - d) Being listed on a sex offender registry
 - e) Conviction related to felony arson
2. Crimes for which a minimum of (25) years since the date of conviction has elapsed:
 - a) Felony Kidnapping II
3. Crimes for which a minimum of (15) years since the date of conviction has elapsed:
 - a) Felony Kidnapping I
 - b) Misdemeanor Kidnapping II
5. Crimes for which a minimum of ten (10) years since the date of conviction has elapsed:
 - a) Felony crimes against children
 - b) Felony Homicide III
 - c) Felony weapon related II
 - d) Misdemeanor Kidnapping I
6. Crimes for which a minimum of seven (7) years since the date of conviction has elapsed:
 - a) Felony domestic crime related
 - b) Felony Assault and Battery



RESIDENT SELECTION CRITERIA

- c) Felony organized crime
 - d) Felony robbery
 - e) Felony burglary II
 - f) Felony Sex Crimes - Other
 - g) Misdemeanor Homicide III
7. Drug related crimes for which a minimum a specified number of years since the date of conviction has elapsed:
- a) Felony conviction for manufacture is ten (10) years
 - b) Felony conviction for sales is seven (7) years
 - c) Felony conviction for use or possession is five (5) years
 - d) Misdemeanor conviction for manufacture or sales is five (5) years
 - e) Misdemeanor conviction for use or possession is two (2) years
8. Crimes for which a minimum of five (5) years since the date of conviction has elapsed:
- a) Felonies including: bad checks, crimes against animals, crimes against government, cybercrimes, destruction of property, embezzlement, Theft/Larceny, fraud and harassment.
 - b) Assault and Battery I
 - c) Burglary I
 - d) Felony Homicide I
 - e) Felony Homicide II
 - f) Felony Harassment
 - g) Felony Weapons Related I
 - h) Misdemeanor Arson
 - i) Misdemeanor Robbery
9. Crimes for which a minimum of three (3) years since the date of conviction has elapsed:
- a) Felonies including OUI, OCVI, DWI, petit theft, purposely obstructs the law.
 - b) Felony Drug Offense I
 - c) Felony Trespassing
 - d) Misdemeanor crimes including crimes against animals, crimes against government, cybercrimes, destruction of property, domestic crimes, embezzlement, fraud, gambling, harassment, robbery,
 - e) Misdemeanor crimes including assault and battery I, burglary crimes against children, organized crime, other sex crimes, and weapons related.
 - f) Misdemeanor Homicide I and Homicide II
 - g) Traffic Violations
 - h) Any other felony offense not listed
10. Crimes for which a minimum of two (2) years since the date of conviction has elapsed:
- a) Incarceration (due to felony conviction) release date
 - b) Felony Alcohol Related crime
 - c) Felony Disturbance of Peace
11. Crimes for which a minimum of one (1) year since date of conviction has elapsed:
- a) Misdemeanor Trespassing
 - b) Misdemeanor Disturbance of Peace
 - c) Misdemeanor Petit Theft
 - d) Misdemeanor Purposely Obstructs the Law
 - e) Incarceration (due to misdemeanor conviction) release date
 - f) Any other misdemeanor offense not listed
12. Cases which are "in process," "held for court," or are otherwise without a clear disposition will be considered "pending" cases. If applicable, applications are considered pending until the applicant can provide proof that the crime(s) were found to be not guilty, dismissed, or not prosecuted.

Applicants denied for criminal history will be provided the opportunity to request an appeal of the denial during which the applicant will be able to provide information concerning mitigating circumstances.

- The seriousness of the criminal offense;
- The level of violence, if any, of the offense for which the applicant was convicted;
- The relationship between the criminal offense and the safety and security of residents, staff, or property;
- The length of time since the offense, with particular weight being given to significant periods of "good" behavior;
- The age of the applicant at the time of the offense;
- The number of and nature of any other criminal convictions;
- Evidence of rehabilitation, such as employment, participation in a job training program, education, participation in a drug or alcohol treatment program, or recommendations from a parole or probation officer, employer, or social worker; and
- If applicable, tenancy supports or other risk mitigation services the applicant will receive during tenancy.



RESIDENT SELECTION CRITERIA

An application **will be** denied if there is a history of habitual criminal activity, including misdemeanors, when the crimes for which the applicant has been convicted represent a risk to the safety of residents, staff, and/or property.

NOTE: The tenant is expected to pay a security deposit from his/her own resources, and/or other public or private sources at the time of the initial lease execution. The amount of the security deposit to be collected is dependent upon the LIHTC program; any applicable state and local laws governing the security deposit. The security deposit is refundable.

NOTE: Being eligible, however, is not an entitlement to housing. In addition, every applicant must meet the Resident Selection Guidelines. The Resident Selection Guidelines are used to demonstrate the applicant's suitability as a resident using verified information on past behavior, to document the applicant's ability, either alone or with assistance, and to comply with essential lease provisions and any other rules and regulations governing residency.

- **THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2013**

The VAWA policy is intended to support or assist victims of domestic violence, dating violence, sexual assault and/or stalking and protect victims, as well as members of their family, from being denied housing as a consequence of their status as a victim of domestic violence, sexual assault, dating violence and/or stalking.

VAWA protections are not provided to guests, unauthorized residents or service providers (including live-in aides) hired by the resident.

VAWA ensures that victims are not denied housing and housing assistance is not terminated solely because the person is a victim of an act of domestic violence, dating violence, stalking and/or sexual assault covered under the VAWA.

Being a victim of an act covered under the VAWA is not reason to change the eligibility or applicant screening requirements set forth in the tenant selection plan unless such requirements interfere with protections provided under the VAWA.

Being a victim of an act covered under the VAWA is not reason to waive requirements set forth in the Lease or in any lease attachment or LIHTC approved lease addendum unless such requirements interfere with protections provided under the VAWA.

Tenants who are victims of domestic violence, dating violence, sexual assault, or stalking are allowed to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.

- **CHANGES TO THE HOUSEHOLD AFTER MOVE IN**

If you intend to move someone into your apartment at any time during your lease term, you must notify management prior to moving said person(s) into your apartment. If you intend to move someone in who is under the age of 18, you must provide their birth certificate, SS card, their relationship to the household, and any income received for this household member. When adding someone who is 18 years or older, you must provide their social security card, picture ID, proof of all sources of income, proof of all assets, a completed application, and must pass their credit and criminal background screenings. If approved, an interim recertification will be done to add the new household member, and a new lease will be required starting from the effective date of the change until your next annual recertification.

This property has one designation for our apartments, which is considered a 60% unit. A unit that is considered 50% has a lower rent because they are designated for households whose income is below 50% of the county's median annual income. If a 50% unit is available and your household meets all of the previous requirements and is under the max income limit for 50%, then your household may be offered the unit with a lower rent. If at any time during your tenancy your household composition or income changes and you no longer meet the qualifications for the reduced rent, an interim recertification will be done to include additional family members and/or income, requiring your household to begin paying the 60% rental rate. The interim recertification will require a new lease to be signed by all household members over the age of 18 starting from the effective date of the change until your next annual recertification.



RESIDENT SELECTION CRITERIA

SIGNATURES:

Applicant:

Signature

Printed Name

Date

Co-Head (if applicable):

Signature

Printed Name

Date

Spouse/Co-Head (if applicable):

Signature

Printed Name

Date

Co-Head (if applicable):

Signature

Printed Name

Date

QUALIFYING GUIDELINES / HOLDING DEPOSIT

Thank you for considering our apartment community as your new home. In order to apply for an apartment home, it is necessary for all persons over the age of 18 planning to occupy the premises to complete and sign an application, provide all requested documentation, and pay the fees as detailed below:

- Applicant(s) must be at least 18 years old.
- Current photo identification (driver’s license or state ID preferred) must be provided at time of apartment showing or application, whichever comes first.
- There is a non-refundable application fee per household as follows: **(Must be in the form of a Money Order or Cashier’s Check)**
 - \$35 for one adult;
 - \$50 for more than one adult.
- All information on the application must be correct and nothing left blank; as this could delay processing time.
- Once you are notified of your approval, you will be offered an apartment home by Management. In order to hold this apartment for you, a **\$200 Holding Deposit** must be paid (in the form of a Money Order or Cashier’s Check) within 24 hours of Management notifying you of approval. **Holding deposits are held for 72 hours after applicant is informed of approval. Failure to decline acceptance of apartment within 72 hours will result in forfeiture of holding deposit.** At the time of move in, the Holding Deposit will be applied towards your Security Deposit.

We look forward to having you as a valued resident. If you have any questions, please do not hesitate to contact us.

I understand that the above criteria for my residency and placing a deposit on a unit does not guarantee automatic approval. I understand that an incomplete application may cause a delay in the approval process. Applicant understands that once this Agreement is signed by the Applicant and the holding deposit is received by Management, the apartment will be taken off the rental market and reserved for Applicant, and other potential applicants will be turned away.

SIGNATURES:

Applicant:

Spouse/Co-Head (if applicable):

Signature

Signature

Printed Name

Printed Name

Date

Date

Co-Head (if applicable):

Co-Head (if applicable):

Signature

Signature

Printed Name

Printed Name



QUALIFYING GUIDELINES / HOLDING DEPOSIT

For Management Use

Date Application Completed: _____ Application Decision: _____ Approved _____ Denied

Date Management notified resident of Approval: _____

Date Holding Deposit paid: _____ Cashier's Check/Money Order #: _____

Apartment Number Being Held: _____ Date of Anticipated Move-In: _____