

## APPLICATION CRITERIA

### PERMANENT SUPPORTIVE HOUSING (PSH UNITS) VERSION 02072025

Thank you for choosing Marvel Way as your potential new home. We are delighted that you are interested in our community and the following resident selection criteria is being provided to identify the evaluation process through which your application will be processed.

It is the policy of Eugene Burger Management Corporation to comply with all applicable federal, state, and local fair housing laws and not discriminate against any person based on race, color, religion, sex, family status, national origin, handicap/disability, or any other basis protected by state or local law.

It is the policy of Eugene Burger Management Corporation that a person with a disability may request reasonable accommodation, a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification, or auxiliary aids or services to fully use our housing services, please contact the Resident Manager for a Reasonable Accommodation/Accessibility Request Form.

The acceptance and processing of the rental application and application fee does not constitute a guarantee of acceptance for housing. All applicants must meet the itemized criteria listed below to be considered for tenancy. All documentation requested during the application process must be submitted immediately. Failure to supply information or documentation within forty-eight (48) hours of the request may result in an application being rejected. Applications may take up to ten (10) business days to process.

#### Application Fees/Holding Deposits

Application fees are \$\_\_\_\_\_ for every application processed. Application fees are non-refundable and cover the costs of obtaining information about you. This includes but is not limited to the cost of using a tenant screening service or a consumer credit reporting service and the reasonable time spent to validate, review, or otherwise process your application. Application fees are deposited on the same business day.

Reusable tenant screening reports are not accepted.

The apartment holding deposit is \$\_\_\_\_\_. Holding deposits are paid at the time the apartment reservation is made. All holding deposits are deposited once they become non-refundable.

The holding deposit is not refundable when: 1) the applicant has been approved for move-in; including affordable program compliance approval, and 2) seventy-two (72) hours have expired since the initial deposit on the apartment home was made.

Acceptable forms of payment for the holding deposit and application fee are listed below: **Cash is never accepted**

CASHIER'S CHECK	MONEY ORDER	PERSONAL CHECK	CREDIT CARD
X	X	X	

**Restricted Use Agreements**

According to specific Restricted Use Agreements with the funding sources and per NHD LIHTC, NHD NHTF, HUD HOME Program, FHLBSF AHP Program, and Section 8 requirements, the table below lists the income, rent, and eligibility restrictions that must be met for program compliance purposes at the Marvel Way Apartments.

# of Units	Income Limit	Rent Limit	Reference
<b>Nevada Housing Division (9% LIHTC Program)</b>			
42 floating units	36 1-bedroom units @ 50% AMI 6 2-bedroom units @ 50% AMI	19 1-bedroom units @ 30% AMI 17 1-bedroom units @ 50% AMI 3 2-bedroom units @ 30% AMI 3 2-bedroom units @ 50% AMI	NHD Declaration of Restrictive Covenants (LIHTC)
<p><b>Special Needs Requirements:</b> At least 20% of the units must serve at least one of the special needs populations:</p> <ul style="list-style-type: none"> <li>• Person with disabilities</li> <li>• Permanent supportive housing for persons or families who are homeless</li> <li>• Victims of domestic violence</li> <li>• Persons released from incarceration, including paroled/probation</li> <li>• Persons with drug, substance and/or alcohol abuse behavior</li> </ul> <p><b>Veteran's Preference:</b> Minimum of 10% of the total number of restricted and unrestricted units targeted for households in which at least one household is a Veteran.</p>			
<b>Washoe County HOME Consortium HUD HOME Funds</b>			
7 floating units	2 1-bedroom units @ 30% AMI 4 1-bedroom units @ 50% AMI 1 2-bedroom units @ 30% AMI	2 1-bedroom units @ Low-HOME rent* 4 1-bedroom units @ Low-HOME rent* 1 2-bedroom units @ Low-HOME rent*	WCHC HOME Declaration of Restrictive Covenants
<b>Nevada Housing Division NHTF Funds</b>			
10 floating units	7 1-bedroom units @ 50% AMI 3 2-bedroom units @ 50% AMI	7 1-bedroom units @ 30% AMI 3 2-bedroom units @ 30% AMI	NHD NHTF Declaration of Restrictive Covenants

<b>Federal Home Loan Bank of San Francisco Affordable Housing Program (AHP) Funds</b>			
42 floating units	36 1-bedroom units @ 50% AMI  6 2-bedroom units @ 50% AMI  NOTE 9 1-bedroom units will be for Homeless populations	36 1-bedroom units @ 50% AMI 6 2-bedroom units @ 50% AMI  NOTE 9 1-bedroom units @ 30% of AMI will be for Homeless populations	Affordable Housing Program Project Evaluation Form
<p><b>Special Needs Requirements:</b> 100% of the units must be reserved for occupancy by households with special needs which includes the elderly (55+), mentally or physically disabled persons, persons recovering from physical or substance abuse, and people with AIDS. Cannot double-count special needs households.</p> <p><b>Homeless Requirements:</b> 20% of the units will be reserved for homeless households. For FHLBSF definition of Homeless, please refer to page 20 of the 2020 Implementation Plan.</p>			
<b>Section 8 Project Based Vouchers</b>			
8 floating units	8 1-bedroom units @ 50% AMI or as stated in Section 8 Administration Plan	8 1-bedroom units @ 50% of AMI or as stated in Section 8 Administration Plan	AHAP Contract
<b>PBV Section 8 overlaid on 1-bedroom, 30% AMI homeless units only.</b> (PBV rent can exceed Low HOME rent level up to the Payment Standard.)			

\*Rents may exceed Low-HOME rents because this is a project based rental subsidy complex. If subsidy is terminated HOME units cannot exceed rents higher than Low-HOME rent.

Notes: LIHTC, NHTF, HOME, AHP, and PBV requirements can all overlay on the same unit.

**Recovery Preference**

Marvel Way Apartments is a permanent supportive housing development for low-income individuals and households who are committed to living free from drug/alcohol addiction. As such, Marvel Way Apartments will give first priority to otherwise qualified households in which at least one individual has graduated from a drug or alcohol addiction recovery program.

Residency at Marvel Way Apartments will include additional requirements to which residents must adhere. Rental agreements will require a commitment to a clean and sober lifestyle. Tenants selected to live in this environment will agree to random or situational drug testing administered by the site Service coordinator provided by TEC.

Recovery Housing refers to housing models that create mutually-supportive communities where individuals build the life skills necessary to sustain their recovery. Sustained recovery and skill building are enabled through support of their physical, mental, spiritual, and social well-being within a residential setting.

### **Homeless Set-Aside**

Nine one-bedroom units, of which 8 will receive project-based voucher rental assistance, will be set aside for individuals or households who meet the FHLBSF AHP program definition of homeless. First preference will be given to otherwise qualified homeless individuals or households that also meet the Recovery priority above. The FHLBSF AHP list of acceptable criteria for establishing homelessness include:

- Living in places not meant for human habitation, such as cars, parks, sidewalks, abandoned building, bus or train station, airport or camping ground.
- In an emergency shelter.
- An individual who is exiting an institution where he/she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- An individual or family who will imminently lose their primary nighttime residence within 14 days of the date of application for homeless assistance (proven with court ordered eviction) and no subsequent residence has been identified and the household lacks resources or support networks needed to obtain other permanent housing.
- Unaccompanied youth under 25 years of age, or families with children and youth who do not otherwise qualify as homeless under this definition, but who are defined as homeless under the statutes listed in category (3)(i) under the "Homeless" definition in CFR Title 24 Part 578.3 and have not had a lease, ownership interest or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance and have experience persistent instability as measured by two moves or more during the 60 day period immediately preceding the date of application for homeless assistance and can be expected to continue in such status for an extended period of time because of chronic disabilities.
- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence and has no other residence and lacks the resources or support networks to obtain other permanent housing.
- An individual with a serious mental illness or emotional disorder, who would otherwise be considered at risk of homelessness; and who will reside, alone or with their family, in a unit that is funded by a government agency program that specifically defines and serves households with a serious mental illness or emotional disorder and at risk of homelessness.

### **Special Needs Set-Aside**

While the intent is to make all of the units available to individuals or households that have completed a recovery program, all of the units at Marvel Way Apartments must be occupied by otherwise qualified individuals or households that also belong to a special needs population as defined by FHLBSF. This includes the elderly (55+), mentally or physically disabled persons, persons recovering from physical or substance abuse, and people with AIDS.

### **Veterans Preference**

Finally, in marketing the units at Marvel Way Apartments, the owner and property manager will make a good faith effort to fill 10% of the units, or 5 units, with individuals or households in which at least one member is a veteran.

Marvel Way Apartments will reach out to organizations that serve low-income veterans, such as the Veterans Administration, the Nevada Department of Veterans Services and local chapters of the American Legion and Veterans of Foreign Wars. This marketing and outreach will take the form of phone calls, flyers and open houses targeted to veteran service organizations.

In addition, the veteran's preference will be noted in marketing materials for the development. The development will maintain one waiting list but will make it clear to prospective tenants that there is a veteran preference when units become available. Intake information during the application process will include veteran status. Available units will be filled, first-come, first-served, by the next qualified senior and other income- and age-eligible household on the waiting list in which at least one member is a veteran. If no such veteran households are currently on the waiting list, then the property manager will select from the next otherwise qualified income- and age-eligible household on the waiting list. The owner and property manager of Marvel Way Apartments will explore waiving some tenant selection criteria, subject to latitude under Fair Housing laws, to serve income- and age-eligible veteran households who might not otherwise qualify for an apartment.

### **Rental Application**

All persons eighteen (18) years of age or older, and those deemed to be an adult under applicable law with respect to the execution of contracts, will be required to complete their own separate application. Only applications that are fully completed and signed will be processed for consideration. An applicant's intentional misrepresentation or intentional omission of any information on the application will be sufficient reason for rejection of the application.

### **Occupancy Guidelines**

In accordance with the following guideline, the household composition must be appropriate for the apartment size in which the household is applying.

If the household exceeds the maximum occupancy during tenancy, the household may be allowed to remain in the unit until the lease expires, or for a reasonable period of time after, before being transferred to a larger unit or move from the property. This is not applicable to the addition of adult occupants. Adding unauthorized occupants, without first obtaining management approval, is considered a violation of the lease.

BEDROOM SIZE	MINIMUM PERSONS	MAXIMUM PERSONS
Studio	1	1
1 Bedroom	1	3
2 Bedroom	2	5

### Rental Scores

The approval of credit is based on rental scores. Rental scores are relied upon to estimate the relative financial risk of leasing an apartment to you. Scores are calculated using a weighted average of factors, and your rental score results from a mathematical analysis of information found in your credit report and application. Such information may include your bill-paying history, the number and type of accounts you have, open bankruptcies, unpaid utility bills, collection actions, charge-off, repossession, eviction histories, outstanding debt, income relationships (rent-to-income and debt to-income ratios), and other attributes that reflect on your qualifications to meet the terms of your lease.

The rental scoring system used was created for the purpose of treating all applicants consistently and impartially, without regard to subjective criteria.

### Rental Score Recommendations

**Approve** - This is the most desirable recommendation and has the lowest security deposit level.

**Approved with Conditions** - Although the application will be accepted on this recommendation, this score presents a higher risk and may require the highest security deposit or co-signer. **Decline** - The community may not proceed with the application.

### Income/Assets

Residency at this community is limited to those households having moderate income and requires that households meet certain income qualifying standards established by the affordable program this community participates with. Household annual income must not exceed the affordable program income limits of the apartment home the household is applying for. Income limits are available in the leasing office.

Every applicant shall provide proof of all income and assets which may be verified by a third-party. Income must be legal and verifiable and all households must meet the income-to-rent ratio of at least **2 (two)** times the monthly rent amount. Applicants not meeting the income-to-rent ratio may be required to pay an increase to the security deposit or obtain a co-signer.

Adding unauthorized household occupants, without first obtaining management approval, is considered a violation of the lease. Additions to an existing household requires a full third-party recertification of all existing household members in addition to the income certification for the new member of the household; including third-party verification.

If there are any changes to a household's composition or income prior to move-in, management must be informed immediately.

All households will be required to recertify their income and assets annually prior to their move-in anniversary date. If a household fails to comply, a notice to terminate tenancy will be issued and the household will be required to move.

### **Student Eligibility**

This community is subject to certain student limitations. If applicable, the student status of each applicant for the current calendar year must be certified and verified. Some students may not qualify for housing under one or more of the programs unless certain exemptions are met. Please check with the office staff for more detail regarding student status program requirements.

### **Rental History**

Each applicant must have recent, consecutive, and a minimum of **N/A** month(s), verifiable third-party or mortgage payment history. Note: Applicants living with family members will not be considered as having third-party rental history. Applicants not having verifiable third-party rental or mortgage history may be required to pay an increased security deposit or obtain a co-signer.

Applications may be denied for the following reason:

- 1) A public record of more than 1 (one) unlawful detainer action or eviction within 3 years.
- 2) A misdemeanor or felony conviction for the manufacture or distribution of controlled substances.

### **Criminal History**

A criminal background check may be conducted for all persons eighteen (18) years of age or older. Applicants with prior convictions for manufacture of distribution of controlled substances may result in a denial of the application. In addition, applicants may be rejected for convictions related to offenses for drug use, fraud, property destruction, property theft, sex offenses, and violence.

Eugene Burger Management Corporation will conduct an individualized assessment to determine whether the applicant poses a direct threat to others or property prior to making a final decision on whether to accept or deny the application. The individualized assessment will take into account relevant mitigating information such as (1) the facts or circumstances surrounding the criminal conduct; (2) the age of the individual at the time the conduct occurred; (3) evidence that the individual has maintained a good tenant history before and after the conviction or conduct; and (4) evidence of rehabilitation efforts.

### **Mitigating Circumstances**

An applicant who lacks sufficient credit or rental history or who has a credit, rental and/or criminal history that does not meet the above criteria may ask Eugene Burger Management Corporation to consider any mitigating circumstances that the applicant may wish to provide before a final decision to accept or deny the application is made.

An applicant may:

1. Request consideration of mitigating circumstances at the time the rental application is submitted; and/or
2. Submit documentation of any mitigating circumstances along with the rental application; and/or
3. Request a Mitigating Circumstances Interview in the event the applicant is notified that he/she did not meet the above Application Criteria.

In addition to any information provided by the applicant regarding the mitigating circumstances, Eugene Burger Management Corporation may also consider:

1. The impact that stable housing will have on helping the individual achieve personal stability;
2. Whether homelessness or unstable housing was the cause or a major contributing factor to the issues that caused the applicant's failure to meet the Application Criteria;
3. The nature, extent and seriousness of the past behavior or action and the amount of time that has passed since the behavior or action took place;
  - 1) The extent to which disability or disabling conditions contributed to the behavior or circumstances and evidence that the applicant has taken or is taking appropriate action that makes it reasonably likely the applicant would be able to refrain from any future behavior of the nature that caused the applicant's failure to meet the Application Criteria;
  - 2) The availability of rental subsidies, other financial assistance or financial assistance programs (e.g., representative payee services) to limit the risk of non-payment of rent;
  - 3) The extent to which the applicant's current or previous actions have addressed or are mitigating the underlying conditions which caused the previous action or behavior; and
  - 4) Other factors which indicate a reasonable probability of favorable future conduct and of the applicant being able to meet the obligations of the lease and follow the rules of the property, including evidence of rehabilitation and applicant's willingness to participate in social services.

After reviewing all of the information and documentation provided during the Mitigating Circumstances Interview, the Eugene Burger Management Corporation shall make a final determination whether to accept (with or without conditions) or deny the application and shall notify the applicant of same in writing within 72 hours from the date of the Mitigating Circumstances Interview.

Available units will not be held open during the consideration process.

### **Guarantors**

Guarantors are processed only after it has been determined that the applicant will not qualify on their own. Guarantors will be accepted for applicants who do not meet the required rent-to-income ratio, credit, or rental history requirements. Only one (1) guarantor per apartment is permissible. The guarantor will be required to complete an application and pay a full application fee. Guarantors must meet a higher financial standard which includes demonstrating the ability to meet the income-to-rent ratio of the household they are guaranteeing in addition to their own mortgage or rent payments. Guarantors must also meet all other financial qualifying criteria identified in the Guarantor Application Criteria. The guarantor will be asked to sign a Guaranty Agreement and a notary may be required.

### **Waiting List**

Waiting List TBD

The applicant waiting list is maintained according to unit size and will remain open with the understanding that those who are listed are informed of its length, the policies and procedures for selecting individuals, and how applicants are added to the waiting list.

1. If no apartment homes are available, an eligible applicant will be placed on the applicant waiting list.
2. In order to maintain a balanced application pool, the property may restrict or suspend application acceptance and close the applicant waiting list. The property will also update the applicant waiting list by removing the names of those who are no longer interested in, or no longer qualify for housing.
3. If the applicant waiting list contains enough applicants to result in a wait of more than one full year for all applicable bedroom sizes, the wait list may be closed. The applicant waiting list may remain closed until it is reduced to less than a one-year wait for admission.
4. During the period when the applicant waiting list is closed, the property will not maintain a list of individuals who wish to be notified when the waiting list is reopened.
5. The applicant waiting list is updated approximately every six (6) months.

Waiting List Preferences:

- a. Current residents who need to transfer to a different unit due to disability
- b. Outside applicants wishing to move into the property
- c. Date of availability for move-in

### **Pets**

No pets will be allowed at Marvel Way Apartments. Assistive animals for persons with disabilities are not considered to be pets, but do require advance written approval of management.

### **Smoking**

This community is X is not \_\_\_\_\_ a smoke free community.

This community offers X does not offer \_\_\_\_\_ smoke free apartment homes.

If the apartment home or any part of the community is smoke free, the resident, members of the resident's household, or resident's guests or visitors, shall not smoke anywhere prohibited and identified in the Smoke Free Addendum.

### **Water**

Liquid filled furniture over ten (10) gallons is allowed but requires proper insurance coverage and prior written approval. A certification of insurance in the amount of \$100,000.00 evidencing liquid filled furniture coverage must be provided prior to bringing any liquid-filled furniture into the household.

### **Photo Identification**

All applicants will be required to provide a government-issued photo identification to confirm identity. If an applicant's identification cannot be verified; it is grounds for rejection.

### **Conduct**

Applicants may be rejected for conduct displayed during the tour or application process that would constitute a violation of the lease policies. Applicants must display the ability to comply with lease policies.

**Denied/Approved with Conditions**

Denied or conditionally approved applicants will be notified in writing of the reason for denial or conditional approval. Consideration may be given for extenuating circumstances where this would be required as a reasonable accommodation for disability when determining the acceptability of tenancy. There may also be a grievance procedure in accordance with applicable state or federal program regulations for the resolution of disputes. A rejected applicant may not reapply for a period of ninety (90) days.

**Applicant Acknowledgement**

I/we acknowledge that our application will be reviewed and a consumer credit report, criminal/sex offender, public search and/or an investigative consumer report that discloses the consumer's character, general reputation, personal characteristics and mode of living will be obtained. A copy of any such report(s) will be provided to the applicant upon request.

I/we, the applicant(s), acknowledge that I/we have received a copy of the application criteria and understand the terms of possible residency.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**EBMC RENTAL APPLICATION - TAX CREDIT**

Apartment Community Name **MARVEL WAY APARTMENTS**

A separate application is required from each occupant 18 years of age or older.

Applicant - Last	First	Initial	Marital Status	Driver's License #	Social Security #	Date of Birth
Other Residents				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth

Do you anticipate the addition of any new household members in the next 12 months?(Circle) **YES / NO**

If YES please explain:

**Residence History - Please provide all residence history for past 2 years.**

Current Address	Address, City, State, Zip				Phone
	Move-In Date	Projected Move-Out Date	Monthly Payment	Own/Rent/Lease	
	Landlord or Mortgage Co.		Address, City, State, Zip	Landlord Phone	
	Reason for Moving				

Previous Address	Address, City, State, Zip				Phone
	Move-In Date	Projected Move-Out Date	Monthly Payment	Own/Rent/Lease	
	Landlord or Mortgage Co.		Address, City, State, Zip	Landlord Phone	
	Reason for Moving				

Previous Address	Address, City, State, Zip				Phone
	Move-In Date	Projected Move-Out Date	Monthly Payment	Own/Rent/Lease	
	Landlord or Mortgage Co.		Address, City, State, Zip	Landlord Phone	
	Reason for Moving				

**Income**

Current Employer (If Employed)	Employer Name		Address, City, State, Zip		Phone
	Supervisor Name		Start Date	Salary per Year, Month, Hour	Position/Occupation

Income	Source of Income		Income - Yearly, Monthly, Hourly		Phone
	Address, City, State, Zip			Comment :	

**A person with a disability may ask for:**

- I. A change in rules (reasonable accommodation);
- II. A physical change to their apartment or shared areas in the building (reasonable accommodation);
- III. An accessible apartment;
- IV. Aids and services to help you communicate with us.

**If you or anyone in your household has a disability and needs any of these things to live in the property listed above and use our services then contact the property management staff to fill out a form called a "Request for Reasonable Accommodation or Modification" (Optional).**

Do you need an accessible unit? Yes [ ] No [ ] If yes, please check one: [ ] Mobility [ ] Sensory

Other Accessible Feature Needed:

Applicant - Last		First	Initial	Daytime Phone Number		
Income (For additional, please attach a separate sheet of paper)	Source of Income		Income - Yearly, Monthly, Hourly		Phone	
	Address, City, State, Zip				Comment:	
<b>Vehicles</b>						
Auto #1 - Make		Model		Year	Color	License
Auto #2 - Make		Model		Year	Color	License
<b>Miscellaneous</b>						
Have you ever been evicted or asked to move?			Describe:			
Will you have any animals?			Describe Animal(s):			
Do you currently have bedbugs in your existing residence?			Describe:			
Will you have any liquid furniture?			Describe:			
Will you be installing a satellite dish?						
<b>Emergency Contact</b>						
Name of Nearest Relative/Contact			Relationship		Address, City, State, Zip	
					Phone	
<b>NONREFUNDABLE APPLICATION PROCESSING FEE \$ _____</b>						
<p>FAIR CREDIT REPORTING ACT &amp; INVESTIGATIVE CONSUMER REPORTING AGENCY ACT: In compliance with the Fair Credit Reporting Act and the Investigative Consumer Reporting Agency Act, Applicant hereby authorizes Landlord/Manager (and their agents) to verify the information above and to obtain reports necessary to verify the above information, which may include credit reports, investigative consumer reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, income verification (including employment verification, if applicable) and previous tenant history. Applicant releases and agrees to defend, hold harmless and indemnify Landlord/Manager, their agents, servants and employees from and against any and all liability, legal proceedings and costs including attorney's fees arising out of verification of the information contained in this application and supporting documentation.</p> <p>I understand that EBMC's third-party providers will review and obtain a consumer credit report, criminal/sex offender, public search, and/or an investigative consumer report that discloses the consumer's character, general reputation, personal characteristics and mode of living will be obtained. By signing this document, you certify that you have read and acknowledged this notice.</p> <p>This property follows all fair housing laws and does not discriminate against applicants or residents based on race, color, religion, national origin, sex, familial status, handicap/disability or any other protected class covered by relevant state and/or local fair housing laws. In addition, the owners of this apartment community have a legal obligation to provide "reasonable accommodation" to applicants and residents if they or any member of their household have a qualified disability or handicap and request reasonable accommodation.</p> <p>I understand that any change to my household income, assets, student status and/ or other compositions after the date of my signature, but prior to initial occupancy must be disclosed immediately to management staff.</p> <p>I understand that I acquire no rights in an apartment until a fully executed rental agreement has been completed and all monies due have been paid. I certify that to the best of my knowledge, all statements are true and complete.</p>						
Applicant Signature					Date	
Email Address:						
Day Time Phone #:						



Eugene Burger Management Corporation

Received Date: \_\_\_\_\_

Received By: \_\_\_\_\_  
(Employee)



**Marvel Way Preference and Additional Requirements Sheet**  
**MUST BE COMPLETED AND SUBMITTED WITH APPLICATION**

Marvel Way Apartments is a permanent supportive housing development for low-income individuals and households who are committed to living free from drug/ alcohol addiction. As such, Marvel Way will give first priority to otherwise qualified households in which at least one individual has graduated from a drug or alcohol addiction recovery program within in the last year or has been clean and sober for at least one year or more.

**Definition of Recovery Housing** refers to housing models that create mutually-supportive communities where individuals build the life skills necessary to sustain their recovery. Sustained recovery and skill building are enabled through support of their physical, mental, spiritual, and social well-being within a residential setting.

- I do not meet the definition of the Recovery Preference
- I meet the definition of the Recovery Preference

If unable to provide a graduation certificate of drug or alcohol program, then applicant will be required to meet with the Director of Housing Services from The Empowerment Center (TEC) to determine eligibility of the recovery preference.

Residency at Marvel Way Apartments will include additional requirements to which residents must adhere. Rental agreements will require a commitment to a clean and sober lifestyle. Tenants selected to live in this environment will agree to random or situational drug testing administered by third party company.

- I do not agree
- I agree

**Additional Requirements**

Special Needs: 100% of the units must be reserved for occupancy by households with special needs which includes the elderly (55+), mentally or physically disabled persons, persons recovering from physical or substance abuse, and people with AIDS. Cannot double-count special needs households.

- I do not meet any of the below
- I meet one or more of the below (check all that apply)
  - Elderly (55+ years or older)
  - Physically disabled
  - Recovering from physical or substance abuse
  - Person living with AIDS

Special Needs: At least 20% of the units must serve at least one of the special needs populations:

- I do not meet any of the below
- I meet one or more of the below (check all that apply)
  - Person with disabilities
  - Homeless
  - Victims of domestic violence
  - Persons released from incarceration, including paroled/probation
  - Persons with drug, substance and/or alcohol abuse behavior





## HOMELESS VERIFICATION FORM

Applicant Name: \_\_\_\_\_

### Section A: Homeless Verification

All participants must meet **one** of the following homeless situations prior to entering the program. Check the box that applies to the current homeless situation.

- Living in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, bus or train station, airport or camping ground.
- In an emergency shelter.
- An individual who is exiting an institution where he/she resided for 90 days or less **and** who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- An individual or family who will imminently lose their primary night-time residence within 14 days of the date of application for homeless assistance (proven with court ordered eviction) **and** no subsequent residence has been identified **and** the household lacks resources or support networks needed to obtain other permanent housing.
- Unaccompanied youth under 25 years of age, or families with children and youth who do not otherwise qualify as homeless under this definition, but who are defined as homeless under the statutes listed in category (3)(i) under the "Homeless" definition in CFR Title 24 Part 578.3 and have not had a lease, ownership interest or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance **and** have experience persistent instability as measured by two moves or more during the 60 day period immediately preceding the date of application for homeless assistance **and** can be expected to continue in such status for an extended period of time because of chronic disabilities.
- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence **and** has no other residence **and** lacks the resources or support networks to obtain other permanent housing.
- An individual with a serious mental illness or emotional disorder, who would otherwise be considered at risk of homelessness; and who will reside, alone or with their family, in a unit that is funded by a government agency program that specifically defines and serves households with a serious mental illness or emotional disorder and at risk of homelessness.



**Section B: Chronic Homelessness**

**Please indicate if participant meets definition of chronically homeless:**

- Individual who has been continuously homeless on the street or in an emergency shelter for a year or more.
- Individual who has had at least four episodes of homelessness in the past three years.
- Not chronically homeless.

This form and the appropriate verification must be filed in each case record and be available for review. Referring agency signature represents verification of person's living situation prior to entry into program.

\_\_\_\_\_  
Name of Referring Agency

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name/Title