EBMC

1555 Marvel Way
Reno, NV 89502

Tel (775) 507-3010
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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
Nevada Housing Division (9% LIHTC Program)			
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)
Special Needs Requirements: At least 20% of the units must serve at least one of the special needs populations: • Person with disabilities • Permanent supportive housing for persons or families who are homeless • Victims of domestic violence • Persons released from incarceration, including paroled/probation • Persons with drug, substance and/or alcohol abuse behavior **Veteran's Preference:** Minimum of 10% of the total number of restricted and unrestricted units targeted for households in which at least one household is a Veteran.			
Washoe County HOME Consortium HUD HOME Funds			
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
Nevada Housing Division NHTF Funds			
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

Federal Home Loan Bank of San Francisco Affordable Housing Program (AHP) Funds			
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
Special Needs Requirements: 100% of the units must are 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. **Homeless Requirements:** 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.			
Section 8 Project Based Vouchers			
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
PBV Section 8 overlaid on 1-bedroom, 30% AMI homeless units only. (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
REAL ESTATE AND PROPERTY MANAGEMENT
Trusted by Owners, Valued by Residents — Powered by EBMC

MARVEL WAY APARTMENTS
1555 Marvel Way
Reno, NV 89502
(775) 507-3010
TTY: 711

AFFORDABLE HOUSING APPLICATION

Office Use Only

Date Received		Unit Size	☐0BR ☐ 1BR ☐2BR ☐ 3BR ☐4BR	Original Application	YES ☐ NO ☐
Time Received		Additional Adult Apps	YES ☐ NO ☐	Updated Application	YES ☐ NO ☐
App Date		Meets Occupancy	YES ☐ NO ☐	Sec 8 HVC HH	YES ☐ NO ☐
App Complete	YES ☐ NO ☐ *IF No, Enter in Yardi and deny application	Total Income Declared	$	504/RA Needed	YES ☐ NO ☐
Date Entered In Yardi		Mgr Initials		Prequal AMI Status	EVLI ☐ VLI ☐ LI ☐

PLEASE READ INSTRUCTIONS BELOW BEFORE COMPLETING

Please complete the following application and RETURN IT TO THE PROPERTY. All Items must be complete in order to determine your eligibility. Failure to complete all sections will result in the application being denied. Application must be completed using BLUE ink. If an item does not apply to you, please check N/A next to the question. Do not use white-out. Please use one line on corrections and initial corrections made. Completed applications can be returned via email to «PROPBUT SFHPROP OFCEMAIL», to the site directly, or via an email attachment to the site manager's email above. If applying as ROOMMATES, individual applications are accepted for privacy protection but must be submitted simultaneously. ***CA only applicants: If SB267 is elected on Page 7, Option 2 , your application will be incomplete until you provide all supporting documentation and will not be added to the waitlist until all supporting documentation is provided with the application.***

NOTE: Wait lists are maintained by bedroom size. A separate application is required for different unit sizes.

APPLICANT INFORMATION

I/We are applying for a: _____ Bedroom Unit (Please indicate bedroom size).
Do You or a Member of Your Household Have a Verifiable Special Need? _____
If yes, List Need: _____

First Name		Last Name	
Street Address		City State Zip	
Mailing Address		City State Zip	
Phone 1		Phone 2	
Email 1		Email 2	

PLEASE NOTE: The information you provide on the application will be treated as confidential. It includes both the information necessary for determining your eligibility for housing and information required for statistical purposes. The race, ethnicity and gender information are requested to assure the Federal government that Federal laws prohibiting discrimination against applicants are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you, in any way. Any information found to be incomplete and/or falsified will cause the application to be denied and not processed.

For Marketing Purposes, Please Let Us Know How You Heard About Us:

☐Newspaper Ad ☐Drove By ☐Word of Mouth ☐Web Site ☐Google Search
☐Resident Referral ☐Management Website ☐Other: _____

State Your Current Living Situation:

☐ Own my Home ☐Live with Family/Friend ☐Renting ☐Unhoused ☐Fleeing Violence

HOUSEHOLD MEMBER INFORMATION

List below All of the People You Expect to Reside in Your Household at Move-In

FULL NAME	RELATION HOH - Head of Household S-Spouse CH-Co-Head D-Dependent O-Other	CITIZENSHIP *Enter One of the Following for subsidy eligibility:* EC-Eligible Citizen EN-Eligible Non-Citizen IC-Ineligible Child IN-Ineligible Non-Citizen IP-Ineligible Parent	GENDER Male Female *Leave Blank-if you choose not to report*	DATE OF BIRTH	SOCIAL SECURITY NUMBER xxx-xx-xxxx	STUDENT STATUS N= None PT= Part Time FT= Full Time
	HOH					

☐ Unborn / Anticipated Delivery Date:_____

RENTAL HISTORY (Last 3 years)

CURRENT Landlord/Contact Name	
Address	
Phone	
Fax	
Email	
Move-In and Move Out Dates	
Reason for Moving Out	
PRIOR Landlord/Contact Name	
Address	
Phone	
Fax	

Email	
Move-In and Move Out Dates	
Reason for Moving Out	
PRIOR Landlord/Contact Name	
Address	
Phone	
Fax	
Email	
Move-In and Move Out Dates	
Reason for Moving Out	

HOUSEHOLD COMPOSITIONS and CHARACTERISTICS

1. ☐Yes ☐ No Are you expecting any future additions to your household due to pregnancy, adoption, foster child (ren) or custody of children? If yes, explain:

   _____

2. ☐ Yes ☐ No Do you have any household members away at school, who will live at your residence during school recesses?
   If yes, their name: _____
3. ☐Yes ☐ No Are any household members 18 years of age or older, that are Full-Time Students:
   If yes, List Name and Age: _____
4. ☐Yes ☐ No Are there any family members who are ***temporarily*** absent from the household due to:
   ☐Employment ☐Military Service ☐Foster Care ☐Nursing Home ☐Hospital
5. ☐Yes ☐ No Are there any family members who are ***permanently*** confined in a nursing home?
   If yes, will you still be including/counting this individual as part of the household? ☐ Yes ☐ N o
6. ☐Yes ☐ No Do you require a Live-In Attendant and have a doctor's verification showing medical need?
7. ☐Yes ☐ No Are you or any household member currently in the US military or a US military veteran?
8. ☐Yes ☐ No Are you or any household member a Presidentially Declared Disaster victim?
9. ☐Yes ☐ No Do you or any household member currently live in, or have you ever lived in Public or HUD assisted housing or in HUD's Housing Choice Voucher/Certificate Program? If yes, List below:

Landlord and/or Complex Name	
Landlord Phone Number	
Property Address	
Move In Date	
Move Out Date	

10. ☐ Y es ☐ No Do you or any household member owes any monies to HUD, an apartment community, and or previous landlord? If yes, provide:

Landlord and/or Complex Name	
Landlord Phone Number	
Balance Due Landlord	

11. ☐Yes ☐ No Have you ever committed fraud in a HUD-assisted housing program, been asked to repay money for knowingly misrepresenting information, or been evicted from any rental?
If yes, explain: _____

12. ☐Yes ☐ No Are you or any household member subject to lifetime sex offender registration requirement any/a state? If Yes, Please Explain:

Household Member Name	
State	
Registration Date	
Explanation	

14. List ALL States family members have lived in: _____

15. ☐ Yes ☐ No Do you or any household member have a criminal or juvenile record? If yes, Name(s) of Household Member (s) and Explain:

_____

16. ☐ Yes ☐ No Have you or any household member ever been convicted or adjudicated of a misdemeanor/felony or any other criminal activity, including a violation of the Controlled Substances Act. This also includes harassment, sexual assault, drug abuse, & any other crimes. If yes:

Household Member Name	
Explanation	
Household Member Name	
Explanation	

IF you answered "YES" to any questions listed above in the Criminal Background Section of this application, please provide an explanation below. Include the date, circumstances, and nature of the offenses, as we verify criminal record in the following jurisdictions: AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, & WY

Explanation:

17. ☐ Yes ☐ No Are you or any household member a current user of a non-prescribed controlled substance, including any marijuana substances.

18. ☐ Yes ☐ No Are you or any household member currently engaged or exhibit a pattern of alcohol abuse, which may threaten the health & safety of residents or staff or hinders the peaceful enjoyment of the housing premises.

19. ☐Yes ☐No Have you or any household member ever used any other name, alias and/or social security number, other than the one listed on this application? If yes, Name(s) Used and by Which Household Member, Social Security Number Used and Explain: _____

DISABLED HOUSEHOLDS and REASONABLE ACCOMODATIONS

Elderly families are defined by HUD as families where the head, spouse, or co-head is 62 years of age, or 18 years of age and a person with disabilities. If you wish to be considered as an elderly family due to a disability, HUD requires that we receive your consent to verify your disability. In addition, persons with disabilities have the right to request reasonable accommodations, which include changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that -will allow a qualified disabled person to participate fully in a program, take advantage of a service, live in a dwelling, or perform a job. Please complete both questions below.

20. ☐Yes ☐No Are you 18 years of age & considered a disabled person and give consent to have your disability verified?
21. ☐Yes ☐No Do you or any household member require any special accommodations in your unit, or have the need for an accessible unit? If yes, Explain: _____

EXPENSES/ALLOWANCES

22. ☐Yes ☐No Do you have expenses for childcare of an aged 12 or younger? If yes, what are your out-of-pocket childcare costs? ☐Weekly $ _____ ☐Monthly $ _____

Provider	
Provider Address	
Provider Phone	
Provider Email	

23. ☐Yes ☐No Do you pay for a care attendant or for any equipment for any handicapped or disabled household member(s) that are necessary to permit that person or someone else in the household to work? If yes, provide information, what are your out-of-pocket expenses?

☐Weekly $ _____ ☐Monthly $ _____

Type of Equipment	
Name of Company	
Address	
Phone	
Email	

24. ☐Yes ☐No Are any of the above expenses paid for or reimbursed by an outside agency? If yes, provide information: Amount reimbursed, frequency and which expense

Type of Agency	
Name of Company	
Address	
Phone	
Email	
Monthly Reimbursement	

25. ☐Yes ☐No Do you or any household member(s) paid for Medicare?

If Yes, Monthly Amount Paid	$

26. ☐Yes ☐No Do you or any household member(s) have any other type of medical insurance?

If Yes, Monthly Amount Paid	$
Name Of Carrier/Company	
Address	
Phone Number	
Policy Number	

27. ☐Yes ☐No Do you or any household member have any outstanding medical bills?

If Yes, please provide a list	

28. ☐Yes ☐No Do you or any household members expect to incur any medical expenses within the next 12 months?

If Yes, please explain	

29. ☐Yes ☐No Do you or any household member use a pharmacy on a regular basis?

If Yes, Pharmacy	
Phone Number	
Address	

TOTAL HOUSEHOLD INCOME

PLEASE REPORT FOR ANY HOUSEHOLD MEMBER:

30. ☐Yes ☐No Employed? If Yes: Lists Below & Check Employment Status

Full Name	Full Time	Part Time	Seasonal Work

31. ☐Yes ☐No Expect to work ANY period during the next 12 months?

If Yes, please explain	

32. ☐Yes ☐No Work for someone who pays in CASH?

If Yes, please explain	+

33. ☐Yes ☐No Does anyone regularly give the household cash or any other financial help?

34. ☐Yes ☐No Does anyone regularly pay any of the household's bills; such as rent, utilities, phone, etc.?

If Yes, please explain	

35. ☐Yes ☐No Do you receive death benefits under someone else social security number?

If Yes, Social Security / ITIN number	

Below list ALL money earned or received by each member of your household, such as wages, self-employment, unemployment, child support, alimony, family financial support, Social Security/SSI, Workman's Compensation, retirement benefits, pensions, trusts, annuities, AFDC, Welfare, Veterans benefits, Military Pay, insurance benefits, etc.

HOUSEHOLD MEMBER NAME	INCOME SOURCE (S)	HOURLY	WEEKLY	MONTHLY	ANNUALLY

TOTAL HOUSEHOLD ASSETS

36. ☐Yes ☐No Do you or any household member (*including children*) have Assets such as Cash, Checking, Savings, CD's, 401K, Trusts, etc.? If Yes, List information below.

ACCOUNT TYPE	HOUSEHOLD MEMBER NAME	ACCOUNT NUMBER	BANK/ INSTITUTION NAME	CURRENT VALUE	ANNUAL INCOME FROM ASSET
Cash/ Deposit Box				$	$
Pre-Paid Debit Card (Visa/MC)				$	$
EBT/Welfare/ CalWORKs				$	$
Checking				$	$
Savings				$	$
Money Market				$	$
Unemployment Card				$	$
CD's Stocks Bonds				$	$
Trusts				$	$
Retirement/ Pension Fund				$	$

ACCOUNT TYPE	HOUSEHOLD MEMBER NAME	ACCOUNT NUMBER	BANK/ INSTITUTION NAME	CURRENT VALUE	ANNUAL INCOME FROM ASSET
Life Insurance (Whole/ Universal)				$	$
Funeral/Burial Insurance/ Account				$	$
Real Estate				$	$
Bitcoin				$	$
Cash App:				$	$
Venmo				$	$
Chime				$	$
Other				$	$
Other				$	$

37. ☐Yes ☐No Have you or any household member disposed of or given away any asset(s) for less than fair market value during the past two years?

If yes, asset disposed of	
Fair Market Value	$
Sales Price (if applicable)	$

38. ☐Yes ☐No Have you or any household member sold any real estate (U.S.A. or Another Country) in the last two years?

If yes, describe	
Address	$
Sales Price	$

39. ☐Yes ☐No Do you or any household member Own or have an interest in any real estate or mobile home (U.S.A. or Another Country)?

If yes, describe	
Address	$
Fair Market Value	$

HOUSEHOLD VEHICLES							
MAKE	MODEL	YEAR	COLOR	TAG/ EXP	STATE	VEHICLE INSURANCE COMPANY	VEHICLE INSURANCE POLICY #

40. ☐Yes ☐No Do you have any pets?

If yes, describe	

Emergency Contacts

In cases of emergency, management requests that you provide the information below. An emergency is broadly defined as a case where management feels a resident's well-being is threatened and/or where management feels a resident's actions/conduct appear to be a lease violation. Some examples of this type of emergency are non-payment of rent; perceived criminal activity against persons\property; perceived abuse of an illegal substance; behavior violating the quiet enjoyment of other residents; and, housekeeping that violates safe and sanitary rules. An emergency is also defined as an urgent need for assistance or relief, or when there are unforeseen circumstances that call for immediate action.

FIRST FAMILY MEMBER/FRIEND TO NOTIFY IS:

Full Name	
Relationship	
Address	
City State Zip	
Phone 1	
Phone 2	
Email	

SECOND FAMILY MEMBER/FRIEND TO NOTIFY IS:

Full Name	
Relationship	
Address	
City State Zip	
Phone 1	
Phone 2	
Email	

Please describe any other information that will help us to process this application (add additional sheet if necessary):

CA Residents Only: SB267:

PART 8 – CONSIDERATION OF CREDIT HISTORY	
Important Information, read carefully: *Under California law, applicants with a government rent subsidy have the option, at the applicant's discretion, of providing lawful, verifiable alternative evidence of the applicant's reasonable ability to pay the portion of the rent to be paid by the tenant, including, but not limited to, government benefit payments, pay records, and bank statements.* *If an eligible applicant elects to submit such alternative evidence, Landlord will consider that alternative evidence instead of the applicant's credit history.*	
Option 1: Consideration of Credit History	**Option 2: Alternative Evidence of Ability to Pay** ***(This option is ONLY available to government rent subsidy recipients)***
If you either: • **Do NOT have a government rent subsidy OR** • **Do have a government rent subsidy but are not choosing to submit alternative evidence of your ability to pay rent to be considered instead of credit history** **Applicant: read and check the box below.** Applicant authorizes the Landlord to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. ❒	**If you both:** • **DO have a government rent subsidy AND** • **Are choosing to submit alternative evidence of your ability to pay rent to be considered instead of your credit history** **Applicant: read and check the box below.** Applicant authorizes the Landlord to obtain reports other than credit reports, such reports may include unlawful detainer (eviction) reports, social security number verification, fraud warnings, previous tenant history and employment history. Application will not be considered complete until Applicant submits their verifiable alternative evidence of the ability to pay. ❒

By signing below, Applicant represents that all the above statements are true and correct, authorizes verification of the above items, and agrees to furnish additional references upon request. Applicant authorizes Landlord to obtain the reports indicated in Part 8 of this Application. Applicant further consents to allow Landlord to disclose tenancy information to previous or subsequent Landlords.

Each CALIFORNIA applicant must select one of the two options referenced above next to their signature below. If you choose OPTION 2, your application must accompany verifiable alternative evidence of the ability to pay at time of application submission.

Applicant Signature (HOH)		Option	
Applicant Signature (Spouse/Co-Head		Option	
Applicant Signature (Other Adult)		Option	
Applicant Signature (Other Adult)		Option	

Certification and Consent to Release of Information

NOTE: All household members 18 and older must sign this Application. By signing this application, I/We certify the accuracy of the information contained herein. I/WE understand that the Department of Housing and Urban Development (HUD)/United States Department of Agriculture or other state and/or local affordable program is authorized to collect this information. This application will be used to determine eligibility, appropriate bedroom size, and the amount my family will pay for rent. I/We also understand that this will be my only residence.

I/We authorize management to contact my present/prior landlords for information regarding my tenancy, and to access records pertaining to me which may be on file with credit bureau authorities.

I/We authorize a criminal background check and a check of the state/national sex offender registry for all adult family members. I/We understand that all information I have listed is subject to verification and that a final decision on eligibility cannot be made until all verifications are complete.

I/We understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or, for the purpose of securing a lower rent in a subsidized housing unit, and that the ***penalty for knowingly providing false information is up to five years in prison and/or $10,000 fine upon conviction and will cause an automatic denial of this application.***

I/We hereby do swear and attest that we have read and reviewed the Resident Selection Plan for «PropertyName» and all the information herein about me is true and correct. I understand that if no unit is currently available and I/We are placed on the waiting list, I/We must update all information about me should it change or management require it to be updated. I/We understand my household at the time a unit becomes available and is offered may require to be updated.

Applicant Signature (HOH)		Date	
Applicant Signature (Spouse/Co-Head		Date	
Applicant Signature (Other Adult)		Date	
Applicant Signature (Other Adult)		Date	

☐ This application is submitted with my Roommate(s). Other household member(s):

_____

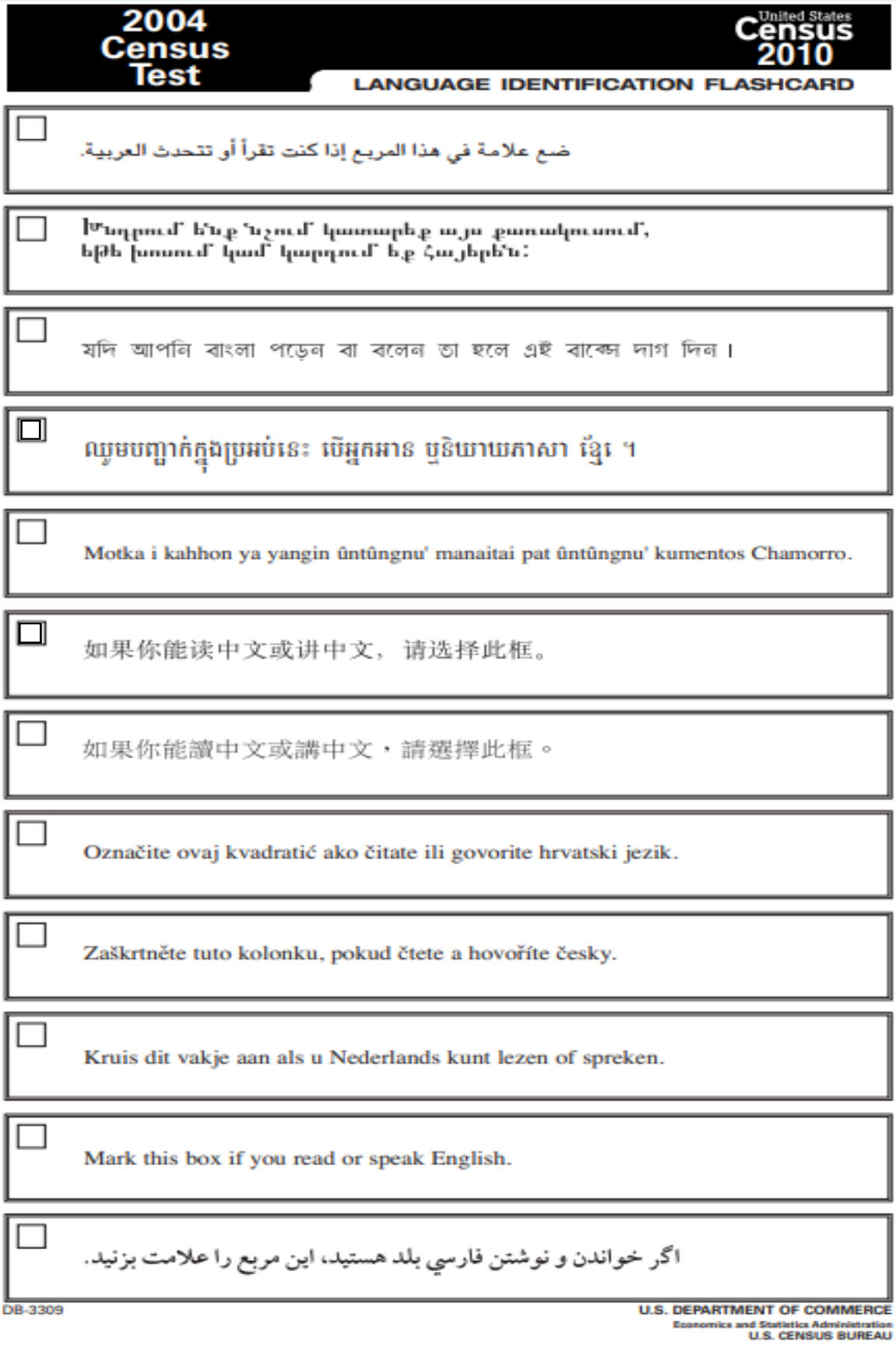
Received by:

Owner/Agent Signature	*Josh Meyers*	Date	

EXCEPTIONS TO DISCLOSURE OF SOCIAL SECURITY NUMBER - The Social Security Number requirements do not apply to: Individuals aged 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, and not contesting eligibility.

Managing Agent's Fair Housing and Section 504 Designated Representative: It is the policy of this company to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, color, national origin, ancestry, sex, age, disability, religion, familial status, marital status, sexual orientation, gender identity, or medical condition. If you feel you have been discriminated against in the processing of this application, please call the following representative of this company: EBMC 504 Coordinator at Compliance@Ebmc.com.

☐ **English Is My First Language - No Other Translation Required, or Cirlcle below the language of preference.**



2004 Census Test

United States Census 2010

LANGUAGE IDENTIFICATION FLASHCARD

☐ ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
☐ Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:	2. Armenian
☐ যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
☐ ឈូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ។	4. Cambodian
☐ Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
☐ 如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
☐ 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
☐ Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8.Croatian
☐ Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
☐ Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
☐ Mark this box if you read or speak English.	11. English
☐ اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بزنيد.	12. Farsi

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Economics and Statistics Administration
U.S. CENSUS BUREAU

☐ Cocher ici si vous lisez ou parlez le français.	13. French
☐ Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
☐ Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
☐ Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
☐ अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
☐ Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
☐ Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	19. Hungarian
☐ Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
☐ Marchi questa casella se legge o parla italiano.	21. Italian
☐ 日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
☐ 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
☐ ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
☐ Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

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U.S. CENSUS BUREAU

☐ Assinale este quadrado se você lê ou fala português.	26. Portuguese
☐ Însemnaţi această căsuţă dacă citiţi sau vorbiţi româneşte.	27. Romanian
☐ Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
☐ Обележите овај квадратић уколико читате или говорите српски језик.	29. Serbian
☐ Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
☐ Marque esta casilla si lee o habla español.	31. Spanish
☐ Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
☐ ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
☐ Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
☐ Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою.	35. Ukranian
☐ اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
☐ Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
☐ באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

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U.S. CENSUS BUREAU

LANGUAGE PREFERENCE ACKNOWLEDGEMENT:

☐ Our Household Has NO Need of Translations

☐ I Prefer the Landlord/Agent to provide me with an interpreter free of charge.

☐ I prefer to use my own interpreter (interpreter must be 18 years or older):

Name of Interpreter	
Signature of Interpreter	
Relationship of Interpreter	

If available, do you want copies of written translations for documents you read/filled out today?

Choose One ☐ YES ☐ NO

I understand that all tenant file forms must be signed in English and that any translations provided to me are solely for my understanding of the contents of the form. If I disagree with the language services provided, I may contact Compliance@ebmc.com or call 916.443.6637 for my dispute. By signing this form, I affirm that all the information is true and accurate.

Resident Signature	
Date	

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Property Name	Marvel Way Apartments
Owner Agent	Eugene Burger Management Corporation, Agent
Type of Assistance	
Head of Household	
Resident Address	
Unit	

Household Member 1	
Household Member 2	
Household Member 3	
Household Member 4	
Household Member 5	
Household Member 6	
Household Member 7	
Household Member 8	
Household Member 9	

Please select the corresponding self-identification(s) for each corresponding household member below:

ETHNIC CATEGORY (select one)	*HH1*	*HH2*	*HH3*	*HH4*	*HH5*	*HH6*	*HH7*	*HH8*	*HH9*
Hispanic									
Non-Hispanic									
Declined to Report									
RACIAL CATAGORIES (select all that apply)									
American Indian/Alaskan Native									
Asian									
Black/African American									
Native Hawaiian or Other Pacific Islander									
White									
Other									
Declined to Report									

SIGNATURE OF HEAD OF HOUSEHOLD	Date

MARVEL WAY APARTMENTS
5011 MEADOWOOD MALL WAY STE #300
RENO, NV 89502
PHONE: (775) 828-3664
FAX: (775) 828-2677
TTY: 711

Applicant/Tenant Release and Consent

THIS SECTION TO **BE COMPLETED BY THE APPLICANT/TENANT**

I/We

(List names of household members)

the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income, assets, and/or student status for purposes of verifying information on my/our application for housing. I/we authorize the release of this information without

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include but are not limited to: personal identity, student status, employment, income, assets, and medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

Past and Present Employers	Residences and Rental Activity	Support and Alimony Providers
Welfare Agencies	State Unemployment Agencies	Social Security Administration
Credit Agencies	Veterans Administration	Retirement System
Banks and Other Financial Institutions	Medical and Child Care Providers	Utility Companies
Foster Care Agencies	Educational Institutions	Credit and Criminal Activity
Public Housing Authorities	Sex Offender Screening	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

Applicant/Tenant Signature	Printed Name	Date

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for Copy of a Tax Form" must be prepared and signed separately.

Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

EBMC

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 are 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

EQUAL HOUSING OPPORTUNITY

EBMC

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