

Homes at Fountain Green

Application for Housing

Please complete one application per household

Unit Size Requested? _____

When would you like to move in? _____

How did you hear about us? _____

OFFICE USE ONLY, DATE & TIME RECEIVED:

HHID:

Payment Received:

Contact Information

Primary Mailing Address:

Street Address

Apt #

City

State

Zip

Primary Email Address

Primary Phone Number

Secondary Phone Number

☐ Cell ☐ Home ☐ Work

☐ Cell ☐ Home ☐ Work

Household Composition

List all persons, adults and minors under the age of 18, who will live in the unit and be included in the household.

Name	Relationship to head	Marital Status	Birth Date MM/DD/YYYY	Age	Social Security number	Student YES/NO
	Head of Household					

Use the following codes for marital status:

NM – Single and Never Married **M** – Married **D** – Divorced **L** – Legally Separated **E** – Estranged **W** – Widowed

No one else can join the household without prior management approval

Is this the entire household to occupy the unit? ☐ Yes ☐ No

If no, please explain:

Do you plan to have anyone living with you in the future who is not listed above (*pregnancies, etc.*)? ☐ Yes ☐ No

If yes, please explain:

Do you anticipate any other changes to your household in the next 12 months? ☐ Yes ☐ No

If yes, please explain:

Do you have full custody of any child(ren) listed above? ☐ N/A ☐ Yes ☐ No

If no, please explain:

Are any household members foster children or foster adults? ☐ Yes ☐ No

If yes, who?



Are any household members temporarily absent? (Examples: away at school; temporary, out-of-state work assignment; in hospital or rehab facility for limited or fixed duration) ☐ Yes ☐ No

If yes, who? For how long?
Are any household members permanently confined to a hospital or nursing home? ☐ Yes ☐ No

If yes, who?
Will anyone in your household require a live-in care attendant? ☐ Yes ☐ No

If yes, who?
Does anyone in the household need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or Apparatus for hearing assistance? ☐ Yes ☐ No

If yes, describe:

Would any household members benefit from or require a reasonable accommodation or modification? ☐ Yes ☐ No

If yes, describe:

Income

To be clear about program definitions, we will now go over a checklist of household income. Program rules require you to disclose the following income:

- ✓ All income for the head of household, co-head, or spouse, regardless of age
- ✓ Earned (employment) income of household members age 18 and older
- ✓ Unearned income (Social Security, etc.) for everyone in the household, regardless of age
- ✓ The first \$480 of annual earned income for full-time students age 18 and older

Report all income and management will determine whether it should be counted for certification purposes.

Contributions from Friends & Relatives | Please keep these answers in mind when completing the income checklist.

Do friends, relatives or other outside sources other than government entities:

Give anyone in the household money on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Make payments or pay bills on behalf of anyone in the household on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give anyone in the household necessities (excluding food), and other regularly consumed items? (Such as clothing, diapers, household products, alcohol, cigarettes, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Various types of income are listed on the following page. If anyone in the household receives a type of income listed below, please check yes and provide an estimated amount and frequency for each member who receives that type of income. Specify household members by labeling the top of each column. Use one column per member. If more than five household members, it is acceptable to list two household members with no income together in a column.

Do not leave any of the income types blank.

By checking no, you are certifying that no one in the household receives that type of income.

Household Member:

Contributions from Friends/Relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Social Security Disability Ins. (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
TANF/Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Pension/Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Workman's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Net Income from Business	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Education Grants or Scholarships*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$

* Do not include Student Loans

Assets

If anyone in the household owns an asset listed below, please check yes and provide the name of the member(s) who own the asset(s) and the name of the bank or financial institution the asset is with. **Do not leave any of the asset types blank.**

Please list household member(s) and financial institution(s):

Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement Accounts: 401K; 403B; IRA; Keough; etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Whole or Universal Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Does anyone in the household own and/or receive benefits or wages on prepaid debit cards?

☐ Yes ☐ No

If yes, please indicate, if any, which benefits (TANF, Social Security) or wages are paid through debit cards:



Does anyone in the household own a house, condo or other form of real estate?

☐ Yes ☐ No

If yes, please explain:

Please provide the address:

Please provide the name of the mortgage lender:

Does anyone in the household receive rental income from real estate?

☐ Yes ☐ No

Has anyone in the household sold or disposed of any real estate in the last 2 years?

**Do not include foreclosures, short sales or bankruptcies.*

☐ Yes ☐ No

If yes, please explain:

Has anyone in your household disposed of any other assets in the last 2 years? (Examples: Given away money to relatives, irrevocable trust account). **Do not include normal sale of items for market value*

☐ Yes ☐ No

If yes, please explain:

Excluding necessary personal property such as cars, furniture, clothing, etc., does anyone in your household have any other assets (items of value held as an investment that may be turned into cash) not listed above?

☐ Yes ☐ No

If yes, please list:

Residential History & Verification References

A verification of residency must be available for all addresses lived in by all adult applicants for 36 months prior to the application date. Please use the additional address spaces to provide information on previous addresses within the past 36 months or for separate addresses of other adults.

Current Address

Full Address:

Who resides here:

Move-in Date:

☐ Own

☐ Rent

Landlord's Name:

Phone:

Email:

Fax:

Additional Address

Full Address:

Move-in Date:

Who resided here:

Move-out Date:

☐ Own

☐ Rent

Landlord's Name:

Phone:

Email:

Fax:

Additional Address

Full Address:

Move-in Date:

Who resided here:

Move-out Date:

☐ Own

☐ Rent

Landlord's Name:

Phone:

Email:

Fax:

Additional Address

Full Address:

Move-in Date:

Who resided here:

Move-out Date:

☐ Own

☐ Rent

Landlord's Name:

Phone:

Email:

Fax:

Additional Address

Full Address:	Move-in Date:
Who resided here:	Move-out Date:
<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:	Phone:
Email:	Fax:

Additional Address

Full Address:	Move-in Date:
Who resided here:	Move-out Date:
<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:	Phone:
Email:	Fax:

To facilitate verification of the various factors of eligibility please provide the contact information for any employers, sources of contributions or informal support, pension/annuity providers, and other sources of income and assets.

Contact Information for Verification of:	for household member:
Name of Contact:	Phone:
Email:	Fax:
Full Address:	

Contact Information for Verification of:	for household member:
Name of Contact:	Phone:
Email:	Fax:
Full Address:	

Contact Information for Verification of:	for household member:
Name of Contact:	Phone:
Email:	Fax:
Full Address:	

Contact Information for Verification of:	for household member:
Name of Contact:	Phone:
Email:	Fax:
Full Address:	

Contact Information for Verification of:	for household member:
Name of Contact:	Phone:
Email:	Fax:
Full Address:	



Miscellaneous

Are any members of the household subject to a Lifetime Sex Offender Registration in any state?

☐ Yes ☐ No

Please list all states where any members of the household have resided:

Vehicle & Pet Information

Please provide the following information for vehicles owned or operated by household members:

Year	Vehicle Make	Model	Color	License Plate

Does anyone in the household have a pet?

☐ Yes ☐ No

If yes, please provide the number of pets in the household: _____ and the information requested below:

Type	Color	Breed	Weight	Date of Rabies Shot

Prospective Resident Consumer Report Authorization

I hereby affirm that my answers on this application to lease are true and correct and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably. I authorize you to secure from **TransUnion**, a consumer reporting agency, an investigative consumer report. This report may contain but would not be limited to a consumer credit report, a criminal history records investigation, and verification of my residences, employments and income.

I authorize **TransUnion** to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from liability, in right, under the federal Fair Credit Reporting Act (FCRA), Section 606(B) to make written request of you and **TransUnion**, within a reasonable time, for a complete and accurate receipt of the summary of consumer rights required by Section 609 of the FCRA, entitled, A Summary of Your Rights Under the Fair Credit Reporting Act.

Certification

Certification by Applicant(s): I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the funding program and housing agency's eligibility criteria and this community's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on the applicant screening criteria listed in the Resident Selection Criteria.

I/We have understood and answered all questions on this rental application. I/We certify that all answers are true to the best of My/Our knowledge and that any misrepresentations of information or any omission of any significant information or false statements are punishable under Federal Law and could be grounds for cancellation of this application or termination of residency after occupancy.

_____ <i>Head of Household's Signature</i>	_____ <i>Date</i>	_____ <i>Other Adult Member's Signature</i>	_____ <i>Date</i>
_____ <i>Spouse or Co-head's Signature</i>	_____ <i>Date</i>	_____ <i>Other Adult Member's Signature</i>	_____ <i>Date</i>
_____ <i>Other Adult Member's Signature</i>	_____ <i>Date</i>	_____ <i>Other Adult Member's Signature</i>	_____ <i>Date</i>

We do business in accordance with the Federal Fair Housing Law



Housing Credit Student Status Affidavit

Please note that for the purposes of completing this form:

- Students enrolled in on-the-job training courses or pursuing their GED are **not** considered full-time students.
- Students attending elementary, middle, or high schools **are** considered full-time students.
- Students attending colleges, universities, technical, trade, mechanical, or online school **are** considered full-time students **if** the school defines them as full-time students **and** they will be attending during any part of five (5) months of the current or upcoming calendar year (months need not be full or consecutive).
- If you are not sure, report student status and it will be verified to determine if eligibility is met.

Check A, B, or C as applicable:

- A ☐ **At least one member of the household is not a student and:**
- has not been a student during any part of five or more months of the current calendar year; and
 - will not be a student during any part of five or more months of the current or upcoming calendar year.

- B ☐ **ALL household members are students, but the following occupant(s) is/are a PART-TIME student(s):**

- C ☐ **ALL household members are, were, or will be FULL-TIME students during any part of five or more months of the current or upcoming calendar year.**

If C is checked, the questions below must be answered:

1. Are all adults married and eligible to file a joint tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are all adults single parents living with their minor children and neither they nor any of their children* are listed as dependents on the tax return of another individual? *You may still check yes if the child(ren) is claimed by the absent parent.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Is at least one student receiving TANF benefits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Is at least one student enrolled in a job training program funded by the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Is at least one student previously under foster care?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I/We certify under penalty of perjury, that the information contained in this affidavit is true and correct. I/We understand and acknowledge that falsifying information on this affidavit may result in denial of admission into the housing program or termination of tenancy and/or criminal prosecution.

I/We agree to notify management immediately of any changes in this household's student status.

All household members age 18 or older must sign and date.

_____ Head of Household's Signature	_____ Date	_____ Co-Tenant's Signature	_____ Date
_____ Co-Tenant's Signature	_____ Date	_____ Co-Tenant's Signature	_____ Date
		_____ Management's Signature	_____ Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

Marital Status Affidavit

Use this form for any applicant or resident who is divorced, separated, living separately, widowed, or estranged from their spouse.

These questions are being asked to document income eligibility for the housing program this community is governed by. You will not be approved or denied based on your marital status.

I, _____ hereby certify that I am:

Print household member's full name

- ☐ Divorced
- ☐ Legally-Separated
- ☐ Widowed
- ☐ Estranged
- ☐ Married, not legally-separated, but living apart

From my spouse: _____ As of: _____
Full Name Date of Current Status

A Will your spouse be residing in the unit within the next 12 months? ☐ YES ☐ NO

IF YES: What is their current address: _____

When do they intend to join the household: _____

No one can join the household without prior management approval.

B Have you been awarded alimony or survivor benefits? ☐ YES ☐ NO

1. **IF YES:** is payment being received as awarded? ☐ YES ☐ NO

Provide the current court order and enter the payment amount and frequency:

Amount: \$ _____ Frequency: _____

a. **IF NO:** have you taken legal action to collect the unpaid alimony? ☐ YES ☐ NO

If yes, describe and provide documentation of legal action taken:

C Within the next 12 months will your spouse be contributing financial support or income to the household NOT awarded by court-order? ☐ YES ☐ NO

If yes: \$ _____
Amount Frequency Phone Number of Source

D Do you own any assets with your spouse jointly? ☐ YES ☐ NO

If yes, please list them:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement or denial of an application for housing.

Applicant's Signature

Date

Management's Signature

Date

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Child Support Affidavit

Please complete a separate form for each minor listed in this unit who is not living with both biological or adoptive parents.

These questions are being asked to document income eligibility for the housing program this community is governed by. You will not be approved or denied based on your familial status.

Child:

Parent / Guardian:

CUSTODY

- A** Name of absent parent: _____
- B** Will this child live with you in the unit at least 50% of the time? ☐ YES ☐ NO
- C** Was there a legal marriage to the other parent? ☐ **STILL LEGALLY MARRIED** ☐ YES ☐ NO
- **IF YES:** Please submit a document outlining the custody arrangement: divorce decree, separation agreement, etc.
 - **IF NO:** Please submit a document showing placement of the child such as a court order, tax return, school/daycare/doctor's office records, or DHS records.
- D** Who claimed the child as a dependent on their most recent tax return?
- ☐ I DID ☐ THE ABSENT PARENT ☐ OTHER: _____ ☐ NO ONE

CHILD SUPPORT

- A** Have you been awarded child support by court-order? ☐ YES ☐ NO
- If yes, provide the case # and proceed to question 1 _____
1. **IF YES:** are payments received through a Child Support Enforcement Agency? ☐ YES ☐ NO
- If yes, provide an agency printout showing 6 months of history.
- a. **IF NO:** is payment being received as awarded? ☐ YES ☐ NO
- Provide the current court order and enter the payment amount and frequency:
- Amount: \$ _____ Frequency: _____
- 1) **IF NO:** have you taken legal action to collect the unpaid child support? ☐ YES ☐ NO
- If yes, describe and provide documentation of legal action taken: _____

- B** Do you receive support (monetary or otherwise) NOT awarded by court-order? ☐ YES ☐ NO
- If yes: \$ _____
- Amount Frequency Name and Phone Number of Source

- C** Do you expect to receive child support in the next 12 months? ☐ YES ☐ NO
- If yes, provide the amount, frequency, why and when you expect to receive support: _____

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

Applicant's Signature

Date

Management's Signature

Date

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Employment Verification

This form must be emailed, faxed, or mailed directly to the third-party employer by management. To insure the integrity of the data the applicant cannot deliver this form to the employer or return it to management.

Intended Recipient:

Sender:

Homes at Fountain Green
1900 N. Fountain Green Road
Bel Air, MD 21015

Re:
SSN:
Address:

To Whom it May Concern:

The individual named above is an applicant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Please provide the following information and return the completed form to us. A consent to release this information can be found below or attached to this form.

We sincerely appreciate you taking the time to fulfill this request, thank you!

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

Applicant's Signature

Date

For Management Use Only: to record attempts to obtain third-party verification

Include date, time, and method
(emailed, faxed, phone, etc.)

1st Attempt: _____

2nd Attempt: _____

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

Employment Verification

THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please answer all questions fully using **GROSS** amounts; leaving no blanks; and enter zero "0" if hours or amounts are not applicable.
- The use of white out, black out, or alteration of original information will void this document; please line through and initial any corrections.
- Please provide an employee pay history report when returning this completed form

Job Title: _____

Date First Employed: _____ Presently Employed: ☐ Yes ☐ No, Last Date of Employment: _____

Prior Year's Gross Earnings: \$ _____

Please provide the requested information in the table below based on the most recent pay period that has been paid.

Pay Period Start Date	Pay Period End Date	Total Gross Pay Amount	Gross Year-to-Date Earnings	Check Date
		\$	\$	

Current Wages (check one) Pay Method ☐ Cash ☐ Check ☐ Direct Deposit ☐ Debit Card

☐ Hourly ☐ Salary \$ _____ Pay Frequency ☐ Weekly (52) ☐ Bi-weekly (26) ☐ Semi-monthly (24) ☐ Monthly (12) ☐ Yearly

Number of regular hours scheduled per week (If hours vary please list average anticipated): _____

Overtime Rate: \$ _____ per hour Average number of OT hours per week: _____

Shift Differential Rate: \$ _____ per hour Average number of shift differential hours per week: _____

Tips: \$ _____ Frequency ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly ☐ Yearly ☐ Other _____

Bonus: \$ _____ Frequency ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly ☐ Yearly ☐ Other _____

Commissions: \$ _____ Frequency ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly ☐ Yearly ☐ Other _____

Other Compensation: \$ _____ Frequency ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly ☐ Yearly ☐ Other _____

List the most recent change in the employee's rate of pay: \$ _____ % _____ ; Effective date: _____

List any anticipated change in the employee's rate of pay within the next 12 months: \$ _____ % _____ ; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is employee eligible for unemployment during the layoff? ☐ No ☐ Yes

Does employee participate in a retirement plan i.e. 401k? ☐ No ☐ Yes Can employee access the account without terminating or retiring? ☐ No ☐ Yes

Additional Clarifying Remarks: _____

We sincerely appreciate you taking the time to fulfill this request, thank you!

Information provided by:

Printed Name _____ Title _____ Phone Number _____

Signature _____ Date _____ Email _____

Zero Income Affidavit

Use this form for any adult applicant or resident who claims no income.
These questions are being asked to document income eligibility for the housing program this community is governed by.

I, _____, hereby certify:
Print household member's full name

- A**
- I do not individually receive income from any of the following sources:**
1. Wages from employment (including commissions, tips, bonuses, fees, etc.);

2. Income from operation of a business;

3. Rental income from real or personal property;

4. Interest or dividends from assets;

5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;

6. Unemployment or disability payments;

7. Public assistance payments;

8. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;

9. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.); or,

10. Any other source not named above.

- B**
- Please explain how you will pay for rent, utilities, food, clothing, transportation, and other necessities:**
- Rent:

Utilities:

Food:

Clothing:

Transportation:

Other necessities:

- C**
- Do you anticipate a change in income in the next 12 months, such as applying for benefits or seeking outside assistance, etc.?**
- ☐ YES

☐ NO
- If yes, please provide a detail explanation including what and when:

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

Initial

If my income status changes between now and the move-in date I understand that I must inform the manager before moving into this apartment.

Applicant's Signature

Date

Management's Signature

Date

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Unemployed Status Affidavit

Use this form for any adult applicant or resident who is not employed.

These questions are being asked to document income eligibility for the housing program this community is governed by. You will not be approved or denied based on your employment status.

I, _____, hereby certify I am not currently employed in any capacity, and that:
Print household member's full name

Employment History

A How long have you been unemployed? _____

approximate last date worked

Please provide the following information for your last job:

The name of your employer and your position: _____

The hourly wage and approximate number of hours worked per week: _____

Anticipated Employment

A Do you work on a seasonal basis depending on the time of year? _____

☐ YES

☐ NO

If yes: When does the season start? _____ and end? _____

How much do you anticipate earning over the next 12 months from this work? \$ _____

B Have you been hired for a new job which has not yet begun? _____

☐ YES

☐ NO

If yes: The start date is: _____ The salary is: \$ _____

C Do you anticipate becoming employed in the next 12 months? _____

☐ YES

☐ NO

If no: You are certifying that (1) you are not actively seeking employment; (2) do not plan to seek employment within the next twelve months; (3) and do not anticipate becoming employed within the next twelve months.

If yes: Based on your prior employment history, education and training how much do you anticipate earning from anticipated employment over the next twelve months? \$ _____

Please provide your anticipated employer's contact information below:

Employer: _____ Payroll/HR Contact person: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax or email: _____

Under penalty of perjury, I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Initial If my employment status changes between now and the move-in date I understand that I must inform the manager before moving into this apartment.

Applicant's Signature

Date

Management's Signature

Date

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Asset Certification

Households with no assets or jointly owned assets may share a form, otherwise individual HH members should complete a separate form for the sake of clarity. The assets of children must be included. Figures provided should be based on financial statements. If total net household assets exceed \$5000, or the household is enrolled in a program which requires it, third party verification of assets must be obtained.

Household member(s): _____

- A
- Complete the chart below
- Fill in the cash value, interest rate, and annual income for each asset currently owned

Mark the "No" box for any asset not currently owned

No	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	No	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
<input type="checkbox"/>	Savings Account	\$		\$	<input type="checkbox"/>	Money Market Funds	\$		\$
<input type="checkbox"/>	Checking Account	\$		\$	<input type="checkbox"/>	Keogh Accounts	\$		\$
<input type="checkbox"/>	Prepaid Debit Account	\$		\$	<input type="checkbox"/>	Bonds	\$		\$
<input type="checkbox"/>	401K/403B Accounts	\$		\$	<input type="checkbox"/>	Stocks	\$		\$
<input type="checkbox"/>	IRA Accounts	\$		\$	<input type="checkbox"/>	Safety Deposit Box	\$		\$
<input type="checkbox"/>	Certificates of Deposit	\$		\$	<input type="checkbox"/>	Trust Funds	\$		\$
<input type="checkbox"/>	Equity in Real Estate	\$		\$	<input type="checkbox"/>	Land Contracts	\$		\$
<input type="checkbox"/>	Lump Sum Receipts	\$		\$	<input type="checkbox"/>	Capital Investments	\$		\$
<input type="checkbox"/>	Life Insurance Policies (excluding Term)						\$		\$
<input type="checkbox"/>	Other Retirement/Pension Funds not named above:						\$		\$
<input type="checkbox"/>	Personal property held as an investment**:						\$		\$
	Other (list):						\$		\$
	Other (list):						\$		\$
	Other (list):						\$		\$
	Other (list):						\$		\$

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.
*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

B

Do you have any assets at this time?

☐ YES

☐ NO

C

Within the past two (2) years:
Have you sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value?

☐ YES

☐ NO

If yes, please execute a Disposal of Asset Affidavit

Under penalty of perjury, I/we certify that: (1) I/we have disclosed all currently owned assets; and (2) The information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States Government.

Bank Verification

Intended Recipient:

Sender / Return Completed Form To:

Homes at Fountain Green

1900 N. Fountain Green Road

Bel Air, MD 21015

Phone: 443-256-0300

Email: FountainGreen@hrehllc.com

Account Verification For:

Account Holder

SSN

Address

To Whom it May Concern:

The individual named above is an applicant of a housing program that requires verification of assets. The information provided will remain confidential to satisfaction of that stated purpose only. Please provide the following information and return the completed form to us. A consent to release this information can be found below or attached to this form.

We sincerely appreciate you taking the time to fulfill this request, thank you!

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

The use of white out, black out, or alteration of original information will void this document; please line through and initial any corrections.

	Account 1	Account 2	Account 3	Account 4	Account 5
Type of Account					
Account #					
Date Acct. Opened					
Date Acct. Closed					
Current Balance					
Today's Interest Rate					
Checking Accts. Only:					
6-Month Average Balance					
Early Withdrawal Penalty					

Information provided by:

Printed Name _____ Title _____

Signature _____ Date _____ Phone # _____

RELEASE: I hereby authorize the release of the information requested. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

Account Holder's Signature

Date

Account Co-holder's Signature

Date

Management attempts to obtain third party verification. Include date, time, and method (emailed, faxed, phone, etc.)

1st Attempt

2nd Attempt

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

Household Demographics Reporting Form

The Owner Agent requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on residents residing in LIHTC financed properties. Although we would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it.

Property Name: _____

Unit #: _____

The following Race codes should be used when completing the table below:

- 1 – American Indian/Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 2 – Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 3 – Black/African American** – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian or “Negro” also apply.
- 4 – Native Hawaiian/Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5 – White** – A person having origins in any of the original people of Europe, the Middle East or North Africa.

Note: Multiple racial categories may be indicated as such: 1-5 – American Indian/Alaska Native & White, 2-5 – Asian & White, etc.

The following Ethnicity codes should be used when completing the table below:

- 1 – Hispanic** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish origin” also apply.
- 2 – Not Hispanic** – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Enter “Y” if any member of the household is disabled according to the Fair Housing Act definition for disability (or handicap):

- A physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment or being regarded as having such an impairment. For the Fair Housing definition of “physical or mental impairment” and other terms used, please see [24 CFR 100.201](#).
- “Disability” **does not include current**, illegal use of or addiction to a controlled substance.

Enter both Race and Ethnicity codes for each household member (**code # definitions are provided above**).

DEMOGRAPHIC PROFILE						
Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Do not wish to furnish (initial)

Resident/Applicants' Signatures:

_____ <i>Applicant's Signature</i>	_____ <i>Date</i>	_____ <i>Applicant's Signature</i>	_____ <i>Date</i>
_____ <i>Applicant's Signature</i>	_____ <i>Date</i>	_____ <i>Applicant's Signature</i>	_____ <i>Date</i>
_____ <i>Applicant's Signature</i>	_____ <i>Date</i>	_____ <i>Applicant's Signature</i>	_____ <i>Date</i>

Residential History Verification

RE:

Applicant's Name

Information Requested By / Please Return To:

Homes at Fountain Green

1900 N. Fountain Green Road

Bel Air, MD 21015

Phone: 443-256-0300

Email: FountainGreen@hrehllc.com

Address

City, ST, Zip

Development

Manager

Phone

Fax

Email

This person has applied for residence in our community. As part of our screening process we must verify previous rental history. Your prompt return of this information is necessary to assure timely processing of the application. Please provide the following information and return to us. A consent to release this information can be found below or attached to this form. Thank you.

RELEASE: I hereby authorize the release of the requested information to the entity named above.

Applicant's Signature

Date

THIS SECTION TO BE COMPLETED BY THE LANDLORD

1

How many people reside(d) in the unit?

2

Month and year residency began:

3

Month and year residency ended:

4

Was the rent paid on time?

☐ YES

☐ NO

5

How much is/was the monthly rent?

6

Amount in arrears at this time:

7

of times late in the last 6 months:

8

Have you begun/completed eviction proceedings for non-payment?

☐ YES

☐ NO

9

Have you begun/completed eviction proceedings for reasons other than non-payment?

☐ YES

☐ NO

If yes, please explain:

10

Does (did) the resident maintain the unit in a safe and sanitary manner?

☐ YES

☐ NO

Comments:

11

Have there been any problems with neighbors or management staff?

☐ YES

☐ NO

Comments:

12

Have there been any resident caused damages to the unit or common areas?

☐ YES

☐ NO

Comments:

13

Has the resident given notice to vacate?

☐ YES

☐ NO

14

Would you rent to this household again?

☐ YES

☐ NO

If not, please state why:

15

Any additional information you may care to provide would be helpful (complaints/pets):

INFORMATION PROVIDED BY:

Person Supplying Information (please print)

Title or relationship to applicant

Signature & Date

Phone Number and/or Email

We sincerely appreciate you taking the time to fulfill this request, thank you!

Homes at Fountain Green

Resident Selection Criteria

for Housing Programs
Effective November 13, 2020

Humphrey Management, managing agent for this community, has established the following Resident Selection Criteria to explain the requirements and policies used to process and select applications for residency. Everyone who applies will have their application evaluated in a fair, equal, and consistent manner that complies with federal, state, and local fair housing requirements.

These criteria were implemented with the goal to improve housing opportunities by ensuring that quality housing is available to qualified families; and create a welcoming, thriving community through effective resident selection.

Community Information

This is a family community consisting of 72 one-, two- and three-bedroom apartments, serving qualified market rate and low-income households.

64 units at this community are governed by the rules of the Housing Credit and the Rental Housing Program. In all cases where the guidelines of these two programs overlap and vary, the strictest rule prevails.

Housing Credit Program

64 units in this community are governed by the Housing Credit Program guidelines.

These units are not market-rate or conventional housing. Rents are restricted to be affordable for households whose income is below the community's applicable income limits. As part of the move-in certification process applicants will be asked to disclose, provide verification of, and certify personal information regarding income, assets, household composition, custody of minors and student status to determine program eligibility. Once a year residents must meet with management to complete the annual recertification process, and will be required to disclose personal information in a manner similar to the move-in process.

This program is not a subsidized housing program. Each Resident is responsible for the full amount of rent each month. The rental amount is based on pre-set income limits in the area NOT individual household income.

During the first twelve months following initial occupancy residents are not permitted to add new adult members to the household. However, during the first twelve months following initial occupancy they may elect to apply as a new household for consideration of the addition of new adult members. Approval of the new household is subject to certification of eligibility for all funding programs governing the resident's unit.

In the event that all original qualifying household members move-out and there are remaining household members (members added after initial move-in) such household members must income qualify and meet any other eligibility criteria in order to remain in the unit.

Housing Credit Program Eligibility

The following requirements must be met for an applicant household to be eligible for admission to the Housing Credit program.

Income Requirement

Occupancy is restricted to households with income at or below 60% of published area median income (AMI) as adjusted for family size at the time of move-in and for the initial 12 months of occupancy.

- 14 units are further restricted to households with income at or below 50% AMI
- 12 units are further restricted to households with income at or below 40% AMI
- 12 units are further restricted to households with income at or below 30% AMI
 - 10 units are set-aside for families referred by Baltimore Regional Housing Partnership



- 5 units are set-aside for families referred by Baltimore Metropolitan Council
- 4 units are set-aside for families referred by Maryland's Department of Disabilities

For the sake of determining the appropriate income limits based on household size management shall count all persons living in the unit except for live-in aides and guests, and shall count the following individuals who are not living in the unit: (a) children who are temporarily in a foster home who will return to the household; (b) children in joint custody arrangements who are present in the household 50% or more of the time; (c) children who are away at school, but who live with the family during school recesses; (d) unborn children of pregnant women; (e) children in the process of being adopted by an adult household member; (f) temporarily absent family members who are still considered household members; (g) family members in the hospital or rehabilitation facility for periods of limited or fixed duration; and (h) persons permanently confined to a hospital or nursing home*.

*An individual permanently confined to a nursing home or hospital may not be named as the household head, spouse, or co-head but may continue as a household member at the family's discretion. The family's decision on whether or not to include the permanently confined family member as a household member determines if that person's income will be counted.

- a. *Include* the individual as a household member and the income of the permanently confined individual is counted; or
- b. *Exclude* the individual as a household member and the income of the permanently confined individual is not counted.

Minimum Income Requirement

Rent should not exceed 40% of the applicant household's gross income, therefore the minimum qualifying income will be at least 2.5 times the rent.

Applicants who do not meet the above criteria, but whose income is such that the rent would not exceed 60%, may still be considered qualified if they provide proof of available assets equal to or greater than 6 months' rent.

In lieu of income, management will consider applicants who own available assets with a cash value of at least five times the rent to meet the income requirement.

Applicants using assets to meet the minimum income requirement will need to provide proof of (1) ownership; (2) access to the asset; and (3) the cash value must be based on at least a six-month average balance or proof of a lump sum receipt within the last six months must be provided.

For applicants to qualify for the minimum income requirement with total household contributions of greater than \$350 per month the applicant must provide proof of the contributor's income that is at least 7 times the contribution amount.

This requirement does not apply to applicants receiving an acceptable form of rental assistance, in which the owner has a contractual relationship with the rental assistance provider.

Vouchers

Housing Choice Vouchers and other types of rental assistance are accepted. No applicant will be denied on the basis that they receive rental assistance. All applicants, including those receiving rental assistance, must meet all eligibility standards outlined in this document.

Participation in a rental assistance program will be verified as part of the eligibility process. The payment standard of the rental assistance must meet or exceed the current contract rent of the apartment for which the applicant is applying.

Student Eligibility Requirement

Households made up entirely of full-time students are not eligible to live in units receiving housing credits. However, there are five exceptions to the full-time student restriction that would make such households eligible.

There is no grandfathering of eligibility because the resident was not a student when they moved in and later became one. For this reason, resident student status must be re-verified at annual certifications to confirm continuing eligibility of the household.

Who is considered a full-time student:

A full-time student is defined as any individual who (1) has been or will be a full-time student during any part of five calendar months during the current or upcoming calendar year, (2) at a regular educational institution with regular facilities, and (3) who also meets all the institution's requirements for full-time student status.

- Students enrolled in on-the-job training courses or pursuing their GED are **not** considered full-time students for the purpose of eligibility.
- Students attending elementary, middle, or high school **are** considered full-time students.
- Students attending college, university, technical, trade, mechanical or online school **are** considered full-time students **if** the school defines them as full-time students **and** they will be attending during any part of five (5) months out of the current or upcoming calendar year (months need not be full or consecutive).

Applicants are considered full-time students if the person had been a full-time student for 5 months of the calendar year, even if they had graduated prior to applying for an apartment.

What are the exceptions to the full-time student restriction:

Full-time student households that are income eligible and satisfy one or more of the following conditions can be considered eligible residents:

- All adult household members are:
 - 1) Single parents who are not listed as dependents on the tax returns of another individual; their child(ren) may be claimed by the absent parent but cannot be listed as a dependent on the tax returns of any other individual; or
 - 2) Married and eligible to file a joint tax return; or
- At least one member of the household:
 - 3) Receives TANF/TCA benefits or other assistance under Title IV of the Social Security Act; or
 - 4) Was previously in foster care, such as Child Welfare Services, or a state foster care or state transitional independent living program; or
 - 5) Is enrolled in a job training program receiving assistance under the Job Training Partnership Act, or similar federal, state or local laws.

Occupancy Standards

Number of Bedrooms	Number of Occupants	
	Minimum	Maximum
1	1	2
2	1	4
3	1	6

These occupancy standards shall be used in determining the appropriate size unit at move-in and shall apply during residency in determining unit transfers.

Application Process

Applicants must be at least 18 years old or be an emancipated minor to submit an application. Applicant households must submit a single application executed by all adults or emancipated minors in the household. Emancipated minors are considered adults in the application of our policies and procedures. All adult applicants, including those wanting to be added to existing households, are required to complete an application packet and consent to the release of information necessary to verify all income, assets, household characteristics and circumstances that affect eligibility. This information will be verified by management in compliance with the Housing Credit Program and regulations contained in the HUD Handbook 4350.3.

If basic eligibility is met (head of household over 18 or emancipated; household size meets the occupancy standards of a unit size available at the community with an open waitlist; and reported income under the maximum income limits) the applicant(s) will either be placed on the appropriate waitlist or provided with the appropriate forms to begin the move-in certification process.

Required Documentation

This documentation is not required to submit an application, however, must be submitted before the applicant household can move into a unit. Management will not accept photocopies, or documents that appear fraudulent or altered. This documentation must be the original, which management will photocopy. Management will store the copies in the applicant's file.

For Certification Purposes:

- Verification of income from all sources: wages, social security, disability, workers compensation, unemployment, pensions, child support, public assistance, etc.
 - Contact information for employers, or other income sources; and/or eight current, consecutive paystubs; current benefit/award letters; etc.

- Verification of all household assets:
 - Financial Institution contact information; and/or bank/account statements; real estate records, etc.
- Verification of student status:
 - School contact information; and/or school records.
- Verification of custody* of minor household members:
 - Birth Certificates; court order; tax returns; school, doctor's office, day care records; etc.
 - *Please note legal custody is not required. Management is only verifying residency of intended household members.
- Verification of any other information provided by the household relevant to the funding program certification.

For Identification Purposes:

- Disclosure of Social Security Numbers for all adult household members.
 - If no social security number (SSN) has been assigned to a particular family member, the applicant must submit any of the following documents*:
 - Individual Taxpayer Identification Number (ITIN)
 - Form I-151/I-551: Alien Registration Card (Green Card)
 - Form I-688: Temporary Resident Card
 - Form I-688B: Employment Authorization Card
- *Management is requesting these documents for the purpose of running Credit & Criminal screenings.
- Driver's License or other forms of Photo ID for all adult household members.
- Birth Certificates or Passports for all minor household members.
 - If the household is unable to provide birth certificates or passports, management will accept any other US, state, local or foreign government issued identification documentation as deemed acceptable by management
- Verification of any other information provided by the household relevant to the screening criteria.

Selecting Applicants from the Waitlist

The following procedure will be utilized by management to determine the selection of applicants for available units.

Applications will be processed according to the date and time received, except under the circumstances described below.

Eligible current residents needing a unit transfer are given priority over new applicants on the waitlist.

Accessible units or units with accessibility features will be offered first to residents and then to applicants who have requested and are determined eligible for the specific type of accessible unit or features. Applicants may request an accessible unit or a unit with accessibility features on their application. It may be necessary for applicants to submit additional documentation for management to determine eligibility for an accessible unit. This policy does not apply in circumstances when the accessible unit that becomes available, does not have the type of features required by the resident/applicant.

This community does not utilize any Statutory, Federal, Local or Owner preferences.

Move-in Certification Process

All adult members must cooperate with the certification process. Applicants are obligated to report all income and assets, and to complete all applications, verifications and certifications completely and accurately. Management is required to verify all the following information if applicable to the household for determining eligibility:

- Income of all household members
- Assets of all household members
- Student status, financial aid and tuition of all adult household members
- Any other factors as they relate to the final determination of eligibility

Certifications are processed at the community then sent to the corporate office for approval before the unit is offered to the applicant. Management will not accept changes to the application once the file has been submitted for corporate review. We strive for the corporate review process to take no more than 24 to 48 hours; however, it may take longer when corrections are needed or due to circumstances beyond our control.

Annual Recertifications

Residents must complete the certification process annually.

If it is discovered that the household failed to qualify at the time of move-in for any reason the household will be deemed ineligible and be issued a notice to vacate.

Applicant Screening Criteria

Disclosure & Verification Criteria

As part of the screening process, any answers or documentation provided by an applicant as part of the application are subject to verification. Failure to disclose any information and/or answer all questions in the application or attachments to the application, fully and truthfully, may constitute grounds for denial or rejection of the application.

All income must be verifiable independent of the applicant. Self-employed applicants must provide acceptable proof of income (e.g. income tax returns or accountant letter). Income from assets will be calculated and used in the overall household income determination.

Credit History Criteria

Third party screening for credit and rental history will be done for all adult household members. Any household that does not meet the rental scoring system used by a third-party screening company will be declined.

All applications will be evaluated on a rental scoring which is based on both real and statistical data. This data includes, but is not limited to: (1) Payment history; (2) Quantity and type of credit accounts (Credit cards, car loans, mortgages, etc.); (3) Outstanding debt; (4) Collection records; (5) Public records (Civil judgements, bankruptcies, evictions, etc.); (6) New credit inquiries within the last two (2) years; (7) Medical collections are excluded and will not decrease your rental scoring.

Money due to any previous landlord can result in an automatic rejection of the application regardless of any other criteria.

The rental scoring determination is as follows:

- 533 and above Accept
- 532 and below Decline- See the Section on Rejections of Applicant(s) for the Appeal Procedure
- No credit or not enough credit to generate a score will receive a recommendation of Refer from the third-party screening company. This rating requires Regional Manager approval.

Residential History Criteria

An application may be rejected for one (1) of the following reported on any adult applicant:

1. One (1) eviction from a previous housing unit within the last three (3) years.
2. Three (3) or more late payments of rent within the last six (6) month period.
3. Landlord references are verified for the previous 3 years (36 months). If any Landlord reference is returned to us wherein the previous landlord has signed that the applicant exhibited the following behavior:
 - a. Housekeeping issues
 - b. Records of disturbance of neighbors, destruction of property or other disruptive or dangerous behavior - includes behavior or conduct which adversely affects the safety or welfare of other persons by physical violence, gross negligence or irresponsibility which damages the equipment or premises in which the family resides which is disturbing or dangerous to neighbors or disrupts family and community life.
 - c. Non-compliance with Lease Agreements - includes but not limited to evidence of any failure to comply with the terms of lease agreements on prior residences, such as providing shelter to unauthorized persons, failure to comply with recertification process, keeping of pets or other acts in violation of rules and regulations, painting or decorating without permission of owner, etc.
4. Consideration will be given to the applicant if it is proved (documentation may be required) that the aforementioned rental history was beyond the control of the applicant. Examples would be: reduction in labor force, illness, extremely high medical bills, divorce, etc.

Criminal History Criteria

Every adult applicant is required to sign a consent form allowing all relevant criminal information to be released. Applications will be rejected for any history found that could affect the health or safety of any resident or if any of the following are reported:

1. Any household member(s) is subject to a state sex offender lifetime registration requirement (if allowable by state).
2. Any household member(s) has been convicted of any violent criminal activity.
3. Any household member(s) has one conviction of a felony or misdemeanor against persons that has occurred in the past 7 years or in which the scheduled end of sentence occurred within the past 7 years.
4. Destruction of property or any other offenses that pose a threat to the well-being and safety of our residents, employees, or community.

Rejection of Applications

If an applicant disputes the accuracy of any information provided to the management office by a screening service or credit reporting agency, the applicant may contact the screening company that supplied the information within 60 days of the denial to obtain a copy of the screening results. The name and address of the screening company and a reference number will be provided in the denial letter.

Applicants who are denied must wait 90 days before reapplying at the community. No apartments will be held during the appeal process with a screening company or credit reporting agency. If the screening company or credit reporting agency determines the denial was incorrect due to missing or incorrect information, the 90-day waiting period will be waived.

If the applicant disputes the denial of an application due to income qualifications, they may submit an appeal. This appeal must be submitted in writing within 14 days of notice that the application has been declined to the Director of Compliance for Humphrey Management. Contact information and instructions for how to submit appeals will be contained in the denial letter. A decision will be returned in writing within 14 days of receipt of the Appeal.

Transfer Policy

All transfers are subject to the transfer requirements of the Housing Credit program. Housing Credit requirements may make a household ineligible for transfer, in such cases occupancy of the new unit would be treated as initial occupancy, and would be subject to the income eligibility requirement that annual gross household income not exceed the Housing Credit income limit of the new unit. Management will refuse any transfer or move from one unit to another that is in conflict with the Housing Credit requirements.

Current residents who need to transfer due to one of the following reasons will be given priority over new applicants. Transfers will be granted for the following reasons, and in the following order of priority.

1. Uninhabitable Transfer:

Management may initiate a unit transfer when a unit has been rendered uninhabitable due to fire, natural disaster or other circumstance if management determines that the circumstance giving rise to the unit being rendered uninhabitable was not caused by the negligence of the resident household members or their guests.

Management may initiate a unit transfer when a unit is in need of repairs to correct defects hazardous to life, health or safety or in need of repairs deemed necessary by management that cannot be performed with the Resident residing in the Unit.

2. Reasonable Accommodation Transfer:

A resident with a disability may request a unit transfer when an accessible unit or unit with some accessibility features is needed by the resident as a reasonable accommodation.

Management will provide reasonable accommodations to individuals with a disability to the maximum extent feasible. Management may modify the Resident's existing unit or transfer the Resident to another unit with the features required, upon availability. No Resident shall be permitted to transfer into an accessible unit from a non-accessible unit unless he or she requires the features of that unit, except in an emergency, as determined by management.

For more information please refer to the 'Disability and Reasonable Accommodation' section below.

3. Accessible Unit Transfer:

Management shall require a resident to transfer when the unit is equipped with accessibility features that the occupying household does not need, and a resident or applicant has been identified who does need the accessibility features of the unit.

In the event of a management initiated or required transfer management will notify the resident in writing of the requirement & reason for transfer, the time frame for transfer, and consequences for failing to transfer.

Elective Transfer

The following policies apply to residents who wish to transfer for reasons other than those listed above. Residents who elect to transfer may be given priority over new applicants.

Eligibility for Transfer:

The following conditions must be met in order for an applicant household to be eligible for transfer:

1. The household must meet the requalify under the community's current Resident Selection Criteria.
2. The household must be current on their rental payments and must not have three or more late rental payments, within the last six months.
3. Management will conduct a housekeeping inspection of the household's current unit. Failure of the housekeeping inspection or discovery of damages that are beyond the scope of normal wear and tear may be grounds for denying the transfer request.

Fees:

The household is subject to a transfer fee of \$500, due within 48 hours of management's transfer unit offer. The transfer fee must be received prior to the transfer.

Transfer Policies:

Existing households who wish to transfer must submit a full application in a manner consistent with the Application Process as described in this document.

The security deposit is due at lease signing. Management does not allow the transfer of the security deposit from the original unit to the new unit.

Any charges assessed during the move-out process of the original unit will be applied to the security deposit of the original unit. Management will notify the resident in writing of any charges in excess of the original security deposit and such charges will be due immediately.

Existing household's wishing to transfer are not eligible for any move-in specials the community may be offering.

Households are only eligible to transfer at the end of the current lease.

Civil Rights Protections

It is the policy of Management to comply with current and future legislation protecting the rights of applicants, residents and staff, including but not limited to:

- Section 504 of the Rehabilitation Act of 1973
- Fair Housing Amendment Act of 1988
- Title IV of the Civil Rights Act of 1964

Fair Housing

Humphrey Management will follow and abide by the Fair Housing and Equal Opportunity Laws and any other Fair Housing and Civil Rights Laws in effect in the intake and processing of applications and selecting residents.

We will not discriminate against any person on the basis of the following protected classes:

Federal:	Color, Disability, Familial Status, National Origin, Race, Religion, Sex
Maryland:	Includes all federal protected classes listed above plus: Marital Status, Sexual Orientation, Gender Identity
Harford County:	Includes all federal and state protected classes listed above plus: Age (over 40), Creed, Occupation, Personal Appearance, Political Opinion

Disability & Reasonable Accommodations

Management will utilize the Telecommunications Relay Services accessed by dialing 711 to communicate with persons with hearing or speech disability. Management will conduct in person interviews for any applicant or resident needing assistance with the application process.

Management will seek to identify and eliminate situations or procedures that create a barrier to equal housing opportunities for all. In accordance with Section 504, management will make reasonable accommodations for individuals with disabilities (applicants or residents). Such accommodations may include a change in the method of administering policies, procedures, or services.

In addition, management may perform modifications to the dwelling or common areas where such modifications would be necessary to afford full access for qualified individuals with disabilities.

A person with a disability may request a reasonable accommodation at any time during the application process or residency in writing, orally, or by any other equally effective means of communication. Requests for accommodations should be submitted to the Community Manager.

Upon receipt, management shall review the request, and if necessary, shall require the resident to provide additional documentation or meet with management to discuss the request. Provided the resident has submitted all necessary documentation and complied with management requests, a final written determination shall be issued within thirty (30) days after receipt of the resident's initial request.

If an individual with a disability requires an accommodation or modification, Management will honor the request unless doing so would result in:

- (a) A violation of State and/or federal law;
- (b) A fundamental alteration in the nature of the program;
- (c) An undue financial and administrative burden on the Owner or Management Agent;
- (d) A structurally infeasible alteration; or
- (e) An alteration requiring the removal or alteration of a load-bearing structural member.

In such cases, Management will offer other suggestions that would not result in the circumstances described above.

Accessible Units

This community contains five (5) accessible units set aside for persons who need the accessibility features of the units.

Accessible units will be held for 30 days during lease up if an applicant requiring the features of the unit is not located. If after this 30-day period an eligible household requiring the accessible features of the unit is not found, the unit may be rented to an otherwise qualified household. If no household members in an accessible unit require the features of the unit, the household must transfer to a comparable and available non-accessible unit (for which the household qualifies) at the owner's expense when the accessible unit is needed for an applicant who requires the unit's features

VAWA Protections for Victims of Domestic Violence, Dating Violence, Stalking or Sexual Assault

The Violence Against Women Act (VAWA) provides that criminal activity directly relating to domestic violence, dating violence, stalking or sexual assault engaged in by a member of a resident's household or any guest or other person under the resident's control, shall not be cause for being denied housing, termination of assistance, or occupancy rights if the resident or an immediate member of the resident's family is the victim or the threatened victim of that abuse. VAWA also provides that an incident(s) of actual or threatened domestic violence dating violence, stalking, or sexual assault will not be construed as serious or repeated violations of the lease by the victim (or threatened victim) and will not be "good cause" for the termination of the assistance, tenancy, or occupancy rights of a victim of such violence.

Management utilizes form *HUD-5382* to certify that a person is a victim of domestic violence, dating violence, stalking or sexual assault. In lieu of a certification, a resident may provide: A federal, State, tribal territorial, or local police record or court record; Documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from which the victim has sought assistance in addressing domestic violence, dating violence, stalking, sexual assault or the effects of abuse.

Management is mindful that the delivery of the certification form to the resident in response to an incident via mail may place the victim at risk. Therefore, management may require that the resident come into the office to pick up the certification form and will work with residents to make delivery arrangements that do not place the resident at risk.

If an individual does not provide the form *HUD-5382* or the information that may be provided in lieu of the certification by the 14th business day (or any approved extension), none of the VAWA protections afforded to the victim of domestic violence, dating violence, stalking or sexual assault will apply. However, in certain circumstances, at the discretion of Management, assistance may be provided to an individual based solely upon the individual's statement or other corroborating evidence.

NOTE: Any household containing a member with a demonstrated history of committing domestic violence, dating violence, stalking and/or sexual assault must exclude that member from the household to be considered for residency.

Limited English Proficiency

Management utilizes Telelanguage Interpretation Services to provide access to services for those individuals with Limited English Proficiency.

Modification of Resident Selection Criteria

These criteria will be posted in the management office and made available for applicants to review. It will be updated periodically in accordance with changes implemented in federal and state guides. Any questions pertaining to these selection criteria should be directed to the Community Manager.

Page 10 contains acknowledgment of receipt.

I have received a copy of the Resident Selection Criteria for Homes at Fountain Green:

_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Date</i>



We do business in accordance with the Federal Fair Housing Law