



## Rental Application

Office Address: 135 Edinburgh Ct., Suite 201 Greenville, SC 29607  
Phone: 864-241-0462 Fax: 864-241-0464 Email: [housing@uhcsc.org](mailto:housing@uhcsc.org)

Applicant Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### INSTRUCTIONS TO APPLICANT

- **A \$30.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED WITH THE SUBMITTED APPLICATION.** Application fees are accepted in the form of a money order only.
- Each household member over 18 must complete application using INK only – no pencils, please.
- All lines must be filled in. You may write 'NONE' or 'NO' in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your completed application and fee, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a waiting list. This does not mean that your household will be offered a housing unit. If later processing establishes that your household is not actually eligible, or does not meet our Acceptance Criteria, your application will be declined.
- We will process your application according to our standard procedures which are summarized in the Tenant Selection Plan, and posted in the Management Office.
- Hand-deliver or mail the completed application along with the **\$30.00 non-refundable application fee** to United Housing Connections at office address listed above.



**IT IS THE POLICY OF UNITED HOUSING CONNECTIONS TO PROVIDE HOUSING ON AN EQUAL OPPORTUNITY BASIS. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, FAMILIAL STATUS, NATIONAL ORIGIN, OR HANDICAP.**

**IF YOU FEEL THAT YOU HAVE BEEN DISCRIMINATED AGAINST BY UNITED HOUSING CONNECTIONS PLEASE CALL **1-800-669-9777** or the **local HUD Office of Fair Housing and Equal Opportunity**.**

## **TENANT SELECTION PLAN**

### **WAITING LIST SELECTION PRIORITIES**

It is likely that there will be more applicants for housing than can be assisted. In order to select those families most in need of housing, HUD has established the following priority and statutory categories that will be the basis of selecting residents from among all applicants:

1. Handicapped or disabled eligible families when units are designated for their use.
2. Forty percent (40%) of all available (moved-out) units will be set aside for families whose total gross family income does not exceed 30% of the area median income as established by HUD.
3. Statutory preferences required by law for HUD programs Section 221d(4), 221d(3) and 221d(3) BMIR projects given to applicants who've been displaced by government action or the president declaring a disaster.

Within each of the above listed groups, approved applicants will be housed based solely on the date and time of application.

### **ELIGIBILITY (PROGRAM) CRITERIA**

In the selection of applicants for admission, Eligibility Criteria have been established in accordance with HUD guidelines. All applicants will be screened carefully and the following eligibility standards will be applied:

1. Provide Information: All applicants must cooperate in completing the rental application and providing information necessary to determine their eligibility for HUD housing assistance.
2. Income Limits: Applicants must qualify under the income guidelines established by the Department of Housing and Urban Development. The current, applicable income limits will be posted in the management office.
3. Occupancy Standards: Applicants must meet the established occupancy standards. As a general policy there should be a minimum of one person per bedroom and no more than two persons per bedroom. Management shall take into consideration mitigating circumstances in cases where applicants or residents have a verifiable need for a larger unit.

Any family placed in a unit size different than that defined in these Occupancy Standards shall agree to transfer to an appropriate size unit when one becomes available (in accordance with the Transfer Policy and Lease Addendum). Dwelling units will be assigned in accordance with the following standards:



Persons per Household		
Bedroom Size	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

4. Social Security Numbers: All applicants must disclose and provide documentation of Social Security numbers for all household members.
5. Birth Certificates: Birth certificates must be provided for all household members.
6. U.S. Citizenship: Applicants must declare U.S. Citizenship, or submit evidence of eligible immigration status for each family member in accordance with Section 214 of the Housing and Community Development Act of 1980, as amended. Households that have no members with citizenship or eligible immigration status do not qualify for assistance. Pro-rated assistance is available to families whose households include at least one member with citizenship or eligible immigration status that has been verified through the INS.
7. Enterprise Income Verification (8/V): The HUD Enterprise Income Verification (EIV), Existing Tenant Search will be used to determine if applicants for any of our Section 202, PRAC or 811 PRAC units are currently residing at another Multi-family Housing or Public and Indian Housing (PIH) location at the time of application processing whereby they could be receiving rental assistance at another location. Management will also use EIV on an Interim and annual basis as mandated by the applicable HUD program requirements.
8. Criminal Activity: Management has established a policy to reject all applications where the applicant or any household member has engaged in certain criminal activity. The activities that will be grounds for rejection of an application are as follows:
  - a. Eviction for Drug Related Criminal Activity: If the applicant or any household member has been evicted from federally assisted housing for drug related criminal activity, the application will be rejected.
  - b. Illegal Drug Use: If the applicant or any household member is currently engaged in illegal use of a drug OR shows a pattern of illegal use that may interfere with the health, safety, or right to peaceful enjoyment by other residents, the application will be rejected.
  - c. Alcohol Abuse: If a determination is made that the applicant or any household member's abuse, or pattern of abuse, of alcohol interferes with the health, safety or right to peaceful enjoyment of the premises by other residents, the application will be rejected.
  - d. Sex Offenders: If the applicant or any household member has a conviction or adjudication other than acquittal, for any sexual offense, the application will be rejected.



## **ACCEPTANCE CRITERIA**

All applicants must cooperate in completing the rental application and providing information necessary to determine an acceptable credit, rental and criminal history. For acceptance the applicant and all members of the household must demonstrate:

1. **Good Rental History:** A willingness and ability to:
  - a. Conform to rules and regulations and a respect for the rights of others;
  - b. Abide by the lease and house rules;
  - c. Pay rent and utilities on time
2. **Good Housekeeping:** Housekeeping habits at prior residences which did not adversely affect the health, safety, or welfare of other residents or cause damage to the apartment or community.
3. **Good Credit History:** A satisfactory history in meeting financial obligations on a timely basis; including rent, utility payments, loans and credit.
4. **Good Criminal Record:** A history of the applicant, or any household member, which does not include any criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; any criminal activity that threatens the health, safety; or right to peaceful enjoyment of their residences by persons residing in the immediate vicinity of the premises; any criminal activity that would threaten the health or safety of any property management staff responsible for managing the premises.

## **REJECTION CRITERIA**

Management reserves the right to reject applicants for admission if it is determined that the applicant or any member of the household falls within any one or more of the following categories:

1. **Misrepresentation:** Willful or serious misrepresentation in the application procedure for the apartment or certification process for any government assisted dwelling unit.
2. **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, or which is disturbing or dangerous to neighbors or disrupts the quiet and peaceful enjoyment of their home and community life.
3. **Violent Behavior:** Includes evidence of acts of violence or of any other conduct, which would constitute a danger or disruption to the peaceful occupancy of neighbors.
4. **Non-compliance with Rental Agreement:** Includes evidence of any failure to comply with the terms of rental agreements at prior residences, such as failure to re-certify as required, providing shelter to unauthorized persons, keeping pets, or other acts in violation of rules and regulations.
5. **Owing Prior Landlords:** Applicants who owe a balance to present or prior landlords will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for nonpayment of rent or damages have changed sufficiently to enable the family to pay rent and other charges when due.
6. **Owing Utility Providers:** Applicants who owe a balance to the local utility provider for present or prior residences will not be considered for admission until the account is paid in full and reasonable assurance is

obtained that the contributing causes for failure to pay the utility bill have changed sufficiently to enable the family to pay and maintain utilities in the name of the head of household.

7. **Unsanitary or Hazardous Housekeeping:** includes generally creating any health or safety hazard through acts of neglect and causing or permitting any damage to or misuse of premises and equipment, if the family is responsible for such hazard, damage or misuse, including but limited to, causing or permitting infestation, foul odors or other problems injurious to other persons' health, welfare or enjoyment of the premises; depositing garbage improperly; failing to use in a reasonable and proper manner all utilities, facilities, services, appliances and equipment within the dwelling unit or failing to maintain them in a clean condition; or any other conduct or neglect which could result in health or safety problems or in damage to the premises.
8. **Credit History:** A consistent, severe or recent history of deficiencies in overall credit or rent payment which indicate the family will be unable or would otherwise fail to pay when due rent for the apartment and other expenses relating to occupancy of the apartment.
9. **Criminal Activity:** Management has established a policy to reject all applications where the applicant or any household member has engaged in certain criminal activity. The activities that will be grounds for rejection of an application are as follows:
  - a. Any conviction or adjudication other than acquittal within the last **5** years which involved injury to a person or property.
  - b. Any conviction or adjudication other than acquittal for the sale, distribution or manufacture of any controlled or illegal substance.
  - c. Any conviction or adjudication other than acquittal within the last **5** years involving illegal use or possession of any controlled or illegal substance.
  - d. Any current illegal user or addict of a controlled or illegal substance.
  - e. Any act which results in the person's tenancy constituting a threat to the health or safety of other individuals, result in substantial physical damage to the property of others, or interfere with the peaceful and quiet enjoyment of the premises.
  - f. Any conviction or adjudication other than acquittal, for any sexual offense.
  - g. Any conviction or adjudication other than acquittal, which involved bodily harm to a child.
  - h. **Eviction for Drug Related Criminal Activity:** if the applicant or any household member has been evicted from federally assisted housing for drug related criminal activity, the application will be rejected.
  - i. **Alcohol Abuse:** if a determination is made that the applicant or any household member's abuse, or pattern of abuse, of alcohol interferes with the health, safety or right to peaceful enjoyment of the premises by other residents, the application will be rejected.
  - j. Management reserves the right to require criminal background checks at each recertification. Management will do criminal background checks at recertifications if in receipt of credible and verifiable information.
10. **Grievance Procedure:** Management will follow the grievance process in compliance with requirements set forth in the HUD Handbook 4350.3 when rejecting an application, management will:
  - a. provide notification in writing of reasons for rejection;

- b. inform the applicant they have 14 days to request in writing a meeting to discuss the rejection;
- c. participate through a representative in an informal meeting;
- d. provide a written determination to the applicant within 5 days of meeting.

11. Reasonable Accommodation: if the applicant requests an additional interview to determine whether mitigating circumstances or reasonable accommodations would make it possible to accept his/her application, Management will do so based on Section 504 of the Rehabilitation Act of 1973.

I have been given the opportunity to ask any questions that pertain to the Resident Selection Guidelines. By signing below I/we certify that I/we have read and received a copy of these guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



**Household Information:** Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

**Current Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Are you claiming a “Preference”?** *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

Displaced by Government Action or Presidentially Declared Disaster.  
 Victim of Domestic Violence.  
 Working, Elderly, or Disabled.  
 Other or Local Preference: \_\_\_\_\_

**Type:**  
 1st Choice:    2 BR       3 BR       4 BR       5 BR       Other \_\_\_\_\_  
 2nd Choice:    2 BR       3 BR       4 BR       5 BR       Other \_\_\_\_\_

Would you or anyone in your household benefit from a special needs unit?  
 (Mobility, vision, or hearing impairment)       Yes    No

Will you or anyone in your household require a live-in care attendant?    Yes    No

    Name of Live-In Care Attendant: \_\_\_\_\_  
 Relationship (if any): \_\_\_\_\_



**Housing References:**

List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____ _____ <b>Phone:</b> _____	_____ _____	<b>Own</b> <input type="checkbox"/> <b>Rent</b> <input type="checkbox"/>	From: _____ To: _____
2.	_____ _____ <b>Phone:</b> _____	_____ _____	<b>Own</b> <input type="checkbox"/> <b>Rent</b> <input type="checkbox"/>	From: _____ To: _____
3.	_____ _____ <b>Phone:</b> _____	_____ _____	<b>Own</b> <input type="checkbox"/> <b>Rent</b> <input type="checkbox"/>	From: _____ To: _____

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?  **Yes**  **No**

If YES, explain \_\_\_\_\_

2. Do you expect the number of household members to change in the future?  **Yes**  **No**  
If YES, explain how many members will be added or reduced, and when that change will take place.

\_\_\_\_\_

3. Have any of the household members used names or a social security number other than the names and numbers used above?  **Yes**  **No**

If YES, explain \_\_\_\_\_

4. Are any or ALL members of the household full-time students?  **Yes**  **No**  
If YES, explain \_\_\_\_\_

\_\_\_\_\_

5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime?  **Yes**  **No**

If YES, provide the nature of the crime(s): \_\_\_\_\_

Date: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_

Are any of the above convictions a felony?  **Yes**  **No** If YES, Please explain \_\_\_\_\_

\_\_\_\_\_

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program?  **Yes**  **No** If YES, Please explain \_\_\_\_\_

\_\_\_\_\_

Are there any criminal charges pending now?  **Yes**  **No** If YES, please explain \_\_\_\_\_

\_\_\_\_\_





6. Do you live in subsidized housing now or have you in the past?  Yes  No  
 If YES, where? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Were you evicted?  Yes  No If YES, why? \_\_\_\_\_
7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?  
 Yes  No If YES, explain \_\_\_\_\_  
 \_\_\_\_\_
8. Have you ever filed or are you currently filing for bankruptcy?  Yes  No  
 If YES, give reason \_\_\_\_\_  
 Date of filing: \_\_\_\_\_
9. Have you ever lived at any other property owned/managed by United Housing Connections?  Yes  No  
 If YES, where? \_\_\_\_\_
10. Why do you want to move from your current residence? \_\_\_\_\_
11. How did you hear about us? \_\_\_\_\_
12. Do you know or are you related to any of our residents or staff? \_\_\_\_\_  
 \_\_\_\_\_

**Income Information:** Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?  Yes  No

(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> (or note if self-employed)	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation?  Yes  No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?  Yes  No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)?  Yes  No

*(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

<input type="checkbox"/> Child Support Enforcement Agency	Name of Agency: _____
<input type="checkbox"/> Court of Law	Name of Court: _____
<input type="checkbox"/> Directly from Individual	Name of Person: _____
<input type="checkbox"/> Other	Explain: _____

(c) If money is not actually received, are you taking legal action to remedy?  Yes  No

Explanation: \_\_\_\_\_

5. Social Security, SSI or any other payments from the Social Security Administration?  Yes  No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Regular payments from a severance package?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Regular payments from any type of settlement? (For example, insurance settlements)  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____



9. Disability, death benefits or life insurance dividends?  Yes  No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
10. Regular gifts or payments from anyone outside of the household?  Yes  No  
*(This includes anyone supplementing your income or paying any of your bills.)*
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
11. Educational grants, scholarships, or other student benefits?  Yes  No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
12. Regular payments from lottery winnings or inheritances?  Yes  No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
13. Regular payments from rental property or other types of real estate transactions?  Yes  No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
14. Any other income sources or types not listed above?  Yes  No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
15. Do you or any other household member expect any change in income in the next 12 months?  Yes  No  
 If YES, explain: \_\_\_\_\_

Zero Income Verification:  
 Are YOU or is ANY OTHER ADULT member of your household claiming zero income?  
 Yes  No If YES, who? \_\_\_\_\_

**Asset Information:** Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.



**INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.**

Do YOU or ANYONE in your household hold:

1. Checking or savings account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CDs, money market accounts or treasury bills?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Stocks, bonds or securities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Trust funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable?  Yes  No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Cash on hand?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____



8. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Do you have a safe deposit box containing contents with a monetary value?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?  Yes  No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
_____	_____	_____

Explanation: \_\_\_\_\_

**Do you or anyone listed above own a vehicle?**

Vehicle Identification:

1.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____
2.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.



I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant **United Housing Connections** the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

**All household members 18 and over must sign below:**

Signature	Date
Signature	Date
Signature	Date
Signature	Date

For Office Use Only	
Check here if Pre-Application is on file. <input type="checkbox"/>	<p><b>Application Date:</b> _____ <b>Time:</b> _____ <b>Desired Move-In Date:</b> _____</p> <p><b>Application Received By:</b> _____  <b>Property Mangement-United Housing Connections</b></p> <p><b>Proposed Property Address:</b> _____</p> <p><b>Application Reviewed By:</b> _____  <b>Executive Director-United Housing Connections      Date</b></p>

