

UNITED MANAGEMENT II

Dear Prospective Applicant:

The following items listed below are the required documentation that must be verified **before your application can be accepted for processing:**

1. Fully completed and signed application. (Attached)
2. **Money orders only** in the amount of \$30.00 (Thirty Dollars) per adult 18 and older, living in the household. Made payable to: **UNITED MANAGEMENT II** for a credit check and criminal background check (this is a non-refundable fee). **We do not accept CASH, CREDIT CARDS or DEBIT CARDS!!!**
3. Your application is valid for **120 days**. It is the applicant’s responsibility to update all information (ie. Phone number, address, income, household composition, etc.) We will run a credit check and a criminal background check on anyone that will be living in the household 18 and older.
4. **AN ORIGINAL OF YOUR I.D. , SOCIAL SECURITY CARD, AND BIRTH CERTIFICATE WILL BE REQUIRED WHEN SUBMITTING THIS APPLICATION!!**
5. **Each UMII property that you apply at will require a separate application and processing fee!!**

Please read the following and complete and sign below:

I hereby authorize any and all Agencies, Offices, Groups, Employers, and/or Organizations to provide information regarding all income and benefits that I receive to Longview, also known as United Management II. I understand that a complete criminal history, credit history check, landlord reference check, and all questions in the application will be made for a future date if this information is required to maintain eligibility at the above mentioned apartment complex.

Full Name (print): _____

Maiden Name: _____

Social Security Number: _____ Date of Birth: _____

Signature: _____ Date: _____



Dear Apartment Applicant:

We take pride in our management and in our apartment communities. We actively seek good residents to make their homes with us and we strive to provide the best services we possibly can while they live in the communities we manage.

We screen our applicants very carefully and we completely verify all information given to us on the rental applications and other sources available to us. We run a credit report, verify employment, check previous rental history, and we will run a criminal background check.

This screening is used for every applicant the same way – fairly, consistently, and uniformly. We work diligently to observe both the spirit and the letter of the fair housing laws. Not just because they are the law of the land, but also because we sincerely believe in fair housing and equal opportunity for everyone.

An applicant who passes the screening criteria is offered an apartment when a suitable apartment is available. An applicant who does not satisfy the screening criteria is not accepted as a resident.

By submitting your application in one of our communities, you acknowledge that these checks and verifications will be done, and you give your permission for us to do so.

Please complete every section of your application in full, by not doing so; we will not be able to process your application successfully. If there is any item on the application that you do not understand, do not hesitate to ask for assistance from the manager.

The information you disclose about your household income is subject to wage matching from a third party source. A wage match can be initiated at the time of move-in by the government agency that monitors the federal housing program of this community. Please try to be accurate and thorough when filling out your application.

Remember, we are here to be of service to you and others seeking housing. We welcome your suggestions as how we might perform our task better and more efficiently. We will do our best to process your application quickly and give you an answer by mail within a reasonable time.

Please sign and date this letter and return it to the manager. Thank you for submitting an application at our community: we sincerely hope that you will be a satisfied resident with us.

Sincerely,
Site Manager

Applicant signature

Date:



REQUEST FOR CREDIT AND CRIMINAL BACKGROUND CHECK

The following information is required for submission to United Management II for processing credit and criminal background checks on all applicants. This form must be accompanied with a **Thirty dollar (\$30.00) MONEY ORDER** for credit checks a criminal background check (**non-refundable**) payable to **United Management II** for anyone that will be living in the household over the age of 18.

“PRINT LEGIBLY”

NAME: _____
(Last) (First) (Middle)

MAIDEN NAME: _____

Telephone Number: _____

Current Address: _____
(Number, Street, Apartment)

(City, State, Zip Code)

Date of Birth: _____

Social Security Number: _____

Employer and Phone Number: _____

Co-Tenant Name: _____

Telephone Number: _____

Current Address: _____
(Number, Street, Apartment)

(City, State, Zip Code)

Co-Tenant Date of Birth: _____

Co-Tenant SSN: _____

Co-Tenant Employer: _____

Co-Tenant Relationship: _____

The undersigned hereby authorizes United Management II and any credit reporting agency or bureau employed by United Management II to investigate my credit and financing responsibility.

(Tenant Signature)

(Date)

(Co-Tenant Signature)

(Date)

Site Manager

(Date credit check ran)



United Management

Introduction

This document provides the basic criteria and approach to the screening process for United Management II. Prospective residents are encouraged to apply for our community, but must meet all eligibility and program requirements.

Gross household income does not exceed the most limiting amount dictated by any type development loan funding, i.e., Rural Development, Home Rental Production Program, or Affordable Housing Tax Credit Program.

Screening Criteria

All applicants will be screened in accordance with the criteria set forth below. Management will strictly verify all information affecting a family's eligibility including all information regarding income, family composition and ancillary related criteria such as the family's ability and willingness to comply with the lease and lease addendum. Verification must be no more than 120 days old.

All eligible applicants will be subject to the following criteria:

Gross household income does not exceed the most limiting amount dictated by any type development loan funding, i.e., Rural Development, Home Rental Production Program, or Affordable Housing Tax Credit Program.

Household size does not exceed the maximum limits cited below for the size of the unit to be occupied.

- 1 bedroom 2 people
- 2 bedroom 4 people
- 3 bedroom 6 people
- 4 bedroom 8 people

Each household member must have a minimum income for the number of household members respectively. Certain restrictions apply.

1. Credit History – Record of eviction, judgment, significant debt that would reduce ability to pay rent.
2. Criminal History – A criminal history check for all household members over the age of 16 (unless prohibited by law or other governing agency) showing no record of past criminal activity which may reasonably pose a threat to or adversely affect the health, safety, peaceful environment or enjoyment of the property by other residents, staff members, agents, contractors, United Management II representatives on the Property. Agent will particularly screen for criminal activity as it relates to:
 - a. The record of criminal activity for the last seven (7) years for a crime against a person;
 - b. The record of a conviction for the last seven (7) years for a crime against property;
 - c. The record of murder, rape, attempted murder or attempted rape, armed robbery, child abuse or molestation, violence (e.g. aggravated assault) and/or drugs.
3. Contact with the current landlord and, if applicable, at least one prior landlord to gather information about past performance in meeting rental obligations.
4. Contact with one priority utility supplier, if possible, to gather information on the applicant's payment history.
5. Family's ability and willingness to comply with the lease and lease addendum.
 - a. Family's history of criminal activities this includes Live-In Aides. If a family member has a history of criminal activity, especially related to drugs or crimes of violence, they may be excluded from occupancy.
 - b. If a family has history of disturbances or destruction of property, they may be excluded from occupancy. Generally, the applicant/family must not exemplify a history of disturbances (especially a violent or abusive one), disturbance of neighbors, destruction of property, poor housekeeping practices, substance abuse or any other history which may be reasonably expected to adversely affect:
 - i. The health, safety, or welfare of other residents;
 - ii. The physical environment and fiscal stability of the neighborhood;
 - iii. The peaceful enjoyment of the neighborhood by other residents.
 - c. Management may exclude a family from occupancy if it is determined that it has reasonable cause to believe that a family member's illegal use (or pattern of illegal use) of controlled substance or abuse



(or pattern of abuse) of alcohol may interfere with the health, safety or right of peaceful enjoyment of the premises by other residents of the community.

6. Unfavorable family information

In the event of the receipt of unfavorable information with respect to an applicant/family, consideration shall be given to the time, nature and extent of the applicant's conduct and to factors which might indicate a reasonable probability of favorable future conduct or financial prospect. For example:

- a. Evidence of rehabilitation;
- b. Evidence of the applicant family's participation and continuing willingness to participate in social services or other appropriate counseling service programs and the availability of such programs;
- c. Evidence of the applicant family's willingness to attempt to increase family income and the availability of training or employment programs in the locality;
- d. Evidence of repayment or continuance of satisfactory payment towards outstanding indebtedness.

Home visits will also look for evidence of the following;

- a. Evidence of destruction of property;
- b. Unauthorized occupants;
- c. Evidence of criminal activity;
- d. Ability of applicant to meet the requirements and obligations of the dwelling lease.

Reasons for Rejection of Application by Agent (including, but not limited to):

- a. Resident does not meet eligibility criteria;
- b. One or more screening criteria is unacceptable; or
- c. History of one or more family members of drug or alcohol abuse, with no current verifiable rehabilitation services or evidence of completion of rehabilitative services.

The Agent in writing will promptly notify in writing all rejected applicants. The notification to applicants for United Management II units will indicate the reason for the determination and the right to request a meeting with the Agent within fourteen (14) days or to show mitigating circumstances. Returning Residents are entitled to a grievance hearing. Other applicants to the public – United Management II units may obtain an informal review. If the applicant appeals the rejection, Agent will provide to the applicant a final decision on the appeal within fourteen (14) days of the meeting.



APPLICANT: _____ Date of Birth: _____ Social Security # _____

Current Address: _____ Phone #: _____

Household Members Listed (Please include yourself on this list):

	Family Members (Last, First, Middle Initial)	Relation	Date of Birth	Age	Sex	Social Security Number	Full-Time/ Part-Time Student
1							
2							
3							
4							
5							
6							
7							
8							

Family Income (Please include yourself on this list):

****Please include whether you are Part-Time/Full-Time and Number of Hours for Employment. Also Weekly, Bi-Weekly, or Monthly****

FAMILY MEMBER	NAME & LOCATION OF EMPLOYER/SOURCE OF INCOME	RATE OF PAY	TOTAL AMOUNT

For Section 8 Properties Only:

It is required by HUD that each household member list all states that they have previously resided in:

FAMILY MEMBER	States Previously Resided In	FAMILY MEMBER	States Previously Resided In

Bedroom Size Desired: 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom _____

Is there a need for a Handicap Accessible Unit? _____

Applicant Signature

Applicant Name Printed

Date

Co-Applicant Signature

Co-Applicant Name Printed

Date

Co-Applicant Signature

Co-Applicant Name Printed

Date

Have you or any family member ever appeared in the magistrate's office, court, been on probation, or served time in any type of correctional facility? YES _____ NO _____ If so, Whom? _____
Why? _____ Initial _____

FOR OFFICE USE ONLY:

Income limits \$ _____ Eligible: YES _____ NO _____

Elderly _____ Disabled _____ Handicapped _____



Sex Offender Registry Disclosure

Applicant Name: _____

Applicant Address: _____

Are you or any member of your household subject to a lifetime State Sex Offender Registration program in this or any other State? YES _____ NO _____

By signing this form, I confirm:

1. United Management II will check the Sex Offender Registry to verify this information
2. That withholding information from this Agency or providing false information to this Agency is FRAUD and is punishable by Federal Law.
3. Failure to provide true and accurate information can result in termination of Housing benefits.

Applicant—Print Name

Applicant Signature

Date

Co-Applicant—Print Name

Co-Applicant Signature

Date



SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<p>Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.</p>	
<p>Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.</p>	
<p>Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.</p>	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



Complex: _____

United Management II Authorization and Disclosure

I hereby authorize the release of information to Investigation & Security Solutions that may be used to conduct an investigation into my personal background for the purpose of residency for UMII . Information may be released concerning character, credit. Public record information (including record of civil judgments, arrests, convictions, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses and transcripts. Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq., before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

Name: _____
Last
First
Middle
(Jr./Sr.)
Maiden/Other

Date of Birth: _____ **Social Security #:** _____

Sex: Male Female **Ethnicity:** _____

Drivers License #: _____ **State Drivers License Issued:** _____

Previous Addresses (List your previous addresses for the past 7 years beginning with your current address):

Address:			
Street	City	State	Zip
Dates: From - To			
Address:			
Street	City	State	Zip
Dates: From - To			
Address:			
Street	City	State	Zip
Dates: From - To			
Address:			
Street	City	State	Zip
Dates: From - To			
Address:			
Street	City	State	Zip
Dates: From - To			

Copies of this authorization that show my signature are as valid as the original released by me.

Signature Date **Print Name**



LANDLORD REFERENCE FORM

NAME OF RENTAL DEVELOPMENT: _____

TO CURRENT/PREVIOUS LANDLORD: The renter named below has applied for an apartment at the rental development named above, which is a Low Income Housing Tax Credit development. As managing agents, we need your help in answering the following questions; your answers will be used to help determine the renter's eligibility. Thank you for your cooperation. Enclosed is a self-addressed, stamped envelope for return of this form to us.

Signature of owner of managing agent _____ Phone Number _____ Date _____

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

My/Our signature(s) as (an) applicant(s) authorize the release of the above information.

Renter's Name: _____ Landlord's Name: _____

Renter's Address: _____ Landlord's Address: _____

The following is to be completed by Landlord:

1. When did they rent this property? From: _____ To: _____
Month/Day/Year Month/Day/Year

2. Do they still live here now? _____

3. Name of persons who signed lease (including owner or managing agent) _____

4. Who lived at this address? _____

5. Are you related to them or anyone in their household by blood or marriage or the operation of the law? _____

6. What type of structure is this property? House _____ Apartment _____ Room _____

7. What was their **monthly rent**? \$ _____ was it paid on time? Yes _____ No _____

8. What was their **security deposit**? \$ _____ Amount refunded to them? \$ _____

9. Why did they move? _____

10. Did they give proper notice before moving out? Yes _____ NO _____

11. What were their overall housekeeping habits? _____

12. Was the property left in rentable condition after they moved? Yes _____ No _____

13. Was the property damaged during their stay? Yes _____ No _____

14. Did they have pets? Yes _____ No _____ If yes, what type? _____

15. Did they get along with their neighbors? _____

16. Were they responsible for paying their own heat and lights? Yes _____ No _____

17. Do you own this rental property address listed above? Yes _____ No _____

18. If no, who is the owner? _____

19. Would you rent to them again? Yes _____ No _____

20. Additional Comments: _____

 Name of Person Completing Form Title Date

