

AFFORDABLE HOUSING APPLICATION



The Partnership, Inc.
Committed to Excellence in Affordable Housing

For Office-Use-Check all that apply X TAX CREDIT *BOND *HUD *OTHER _____ *Requires Addendum
 Property: Ochlockonee Pointe Apartments Marketing Source: _____
 Apartment # _____ Unit Type: _____ Move-in Date _____ App Fee \$40
 Lease Term 12 months Rental Rate _____ Security Deposit _____
 Telephone# _____ Applicant E-Mail address _____

NOTE: EACH ADULT HOUSEHOLD MEMBERS SHOULD COMPLETE THEIR OWN APPLICATION

I. HOUSEHOLD COMPOSITION (LIST ALL PERSONS WHO WILL OCCUPY THE UNIT)

Marital Status: Never Married Married Separated _____ Divorced _____ Widowed
 Date of Separation _____ Date divorce _____

| List all Persons who will occupy the Unit | Relationship | Date of Birth MM/DD/YYYY | Age | Social Security # | Student F/T = FULL TIME P/T = PART TIME <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A |
|---|--------------|-----------------------------|-----|-------------------|---|
| | Self | | | | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A |
| | | | | | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A |
| | | | | | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A |
| | | | | | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A |
| | | | | | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A |
| | | | | | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A |
| | | | | | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A |
| | | | | | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A |

Present Street Address _____ City _____ State _____ Zip _____ Own Rent Other # Years _____ Tel# _____
 _____ Landlord/Mort. Name _____
 Current Rental Payment \$ _____
 Former Street Address (if less than 2 yrs) City _____ State _____ Zip _____ Own Rent Other # Years _____ Tel# _____
 _____ Landlord/Mort. Name _____

- Yes No Does anyone plan to live with you with in the next 12 months who is not indicated on the application? (Military Deployment, child away at school, working in another state, etc.)
Explain: _____
- Yes No Do you expect any changes to your household within the next 12 months? (Pregnancy, adoption, custody change, etc.)
Explain: _____
- Yes No Do you or any occupant who will be named on the lease require special accommodations?
Explain: _____
- Yes No Does anyone in your household plan to become a student within the next 12 months?
If Yes, name of school _____
- Yes No Are any adults in the household currently attending or attended school in the last 12 months?
If Yes, Name of School _____
- Yes No Are any occupants Self-Employed either part-time or full-time?
If Yes, Occupant(s) Name _____
- Yes No Are any occupants Farmworkers?
If Yes, Occupant(s) Name _____
- Yes No Have you or any member of your household ever been convicted of the illegal possession, distribution, trafficking or manufacturing of an illegal drug or other illegal controlled substance? If YES, explain: _____
- Yes No Have you or anyone in your household been ARRESTED or CONVICTED of a felony or misdemeanor, other than traffic violations?
If YES, list arrests or convictions and dates: _____
- Yes No Does the household receive any Tenant Based Rental Assistance (such as a Section 8 Voucher).
- Yes No Have you ever been evicted? Explain: _____
- Yes No Will there be any pets living in the household? Type/Breed/Weight _____



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II. HOUSEHOLD INCOME

Employment Income: List all Full-time, Self-employment and/or Part-time employment

Applicant

| | | | |
|--|-----------------------|---------------------|--------------|
| Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self Employed | | | |
| Current Employer: _____ | | | |
| (Company Name or indicate SELF EMPLOYED) | (Address) | (Phone #) | |
| (Position/Title) | (Annual Gross Income) | (Supervisor's Name) | (Start Date) |
| Second Job <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self Employed | | | |
| Employer: _____ | | | |
| (Company Name) | (Address) | (Phone #) | |
| (Position/Title) | (Annual Gross Income) | (Supervisor Name) | (Start Date) |
| If more than 2 employers please complete an additional page 2. | | | |

OTHER INCOME

| Income Source- If Yes, Check all that apply and complete Household member and Monthly income amount information | Household Member Name | Monthly Income Amount |
|--|-----------------------|-----------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Child Support, Other Non-Court Ordered Payments for Child or Spouse | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Alimony/Spousal support | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security or SSI | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Pensions, Retirement Benefits, Disability | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No VA Benefits, GI Bill or National Guard/Military Benefits income | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No AFDC, TANF (EXCLUDING FOOD STAMPS) | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment Compensation, Worker's Compensation, Severance Pay | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Annuities, Trust, Inheritance, Insurance Policies or Lottery Winnings | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Student Financial Assistance (Loans, Grants, Scholarships, etc) | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Recurring Monetary Gifts | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Income from Real Property (Are you renting/leasing a home you own?) | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Other income-Source _____ | | |

III. ASSETS

Listed below for each occupant is a true list of the value of all assets (if necessary use an additional worksheet):

| Type of Asset | Bank or other Financial Institution | Approximate Balance | Interest Rate | Income |
|---|-------------------------------------|---------------------|---------------|--------|
| <input type="checkbox"/> Yes <input type="checkbox"/> NONE Checking Account | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> NONE Savings Account | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> NONE Revocable Trust | | | | |



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| | | | | | |
|--|---------------------------|------|--|------|------|
| <input type="checkbox"/> Yes <input type="checkbox"/> NONE | 401(K), IRA accounts | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> NONE | CD's, Money Market | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> NONE | Real Estate | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> NONE | Cash on Hand/Payroll Card | NONE | | NONE | NONE |
| <input type="checkbox"/> Yes <input type="checkbox"/> NONE | Whole Life Insurance | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> NONE | Other Assets not Listed | | | | |

Have you disposed of any assets within the last 24 months? Yes No If yes, Explain:

Emergency Contact: _____
 (Name) (Relationship) (City/State) (Phone)

I/We certify that the facts set forth in this Application for Rental are true, complete and correct to the best of my knowledge and belief and are made in good faith. I/We understand that a false statement and/or change(s) in eligibility status of my application are grounds for rejection and I/We cannot reapply for days from the date of this application. (Please initial) _____

I/We agree that the Security Deposit may not be applied as rent and that the full monthly rent will be paid on or before the first day of every month including the last day of occupancy. If this application for rental is accepted, I/We further agree that the deposit will not be refunded if I/We decided not to move in.

By execution of this application, I/We hereby authorize the management to make such investigations into my history as they may deem appropriate. I/We understand that such investigations typically include (but are not limited to) verification of employment and salary, criminal background check, rental history, student status and consumer credit reports.

Warning: Section of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of Federal Agency.

Applicant: _____ Date: _____ Time: _____

Spouse: _____ Date: _____ Time: _____

Management Agent: _____ Date: _____ Time: _____

WE ENCOURAGE AND SUPPORT THE NATION'S AFFIRMATIVE HOUSING PROGRAM IN WHICH THERE ARE NO BARRIERS TO OBTAINING HOUSING BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP OR FAMILIAL STATUS.

_____ (Apartment Community) does not discriminate on the basis of disability status in the admission or access to, treatment or employment in, federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: The Partnership, Inc.
 Address: 2001 West Blue Heron Blvd
 Riviera Beach FL 33404
 Tel: (561) 655-6775



Ochlockonee Pointe Resident Selection Criteria

General Information:

This document is available to every Applicant. Applicants are required to read it in its entirety either at the Management Office or elsewhere prior to submitting an application.

Ochlockonee Pointe conducts business in accordance with Federal Fair Housing Law, Section 504, and any other applicable Federal, State and Local laws or ordinances. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. Reasonable accommodations will be made for persons with an obvious or properly documented handicap as long as said accommodations do not present an undue administrative or financial burden to the management or ownership or cause an undue hardship on any other residents.

Ochlockonee Pointe is governed by the requirements of the FDIC program, administered by Florida Housing Finance Corporation pursuant to Section 42 of the Internal Revenue Code. As such, Residents are subject to all the requirements of these programs and must cooperate with management to certify their eligibility for initial occupancy and for subsequent annual recertification.

Management will conduct an informal interview with a potential applicant(s) prior to accepting an application and the associated fee. The purpose of this interview is to determine if basic requirements of the aforementioned programs can be met, thereby saving the applicant from losing the Non-refundable Application Fee. The interview will include questions relating to, but not limited to,

verifiable annual income, number of persons to occupy apartment, criminal and credit history, citizenship or legal status. Applications must be received and returned to the rental office during normal business hours. A "Non-refundable Application Fee" in the form of a money order must accompany all applications submitted for approval. Approval of applications is subject to a third party verification of all requirements as set forth in this document.

Residents will not be allowed to transfer from their designated apartment unit to another. Exceptions can be made to allow for a reasonable accommodation that is documented and verified for cases such as increased family size above the maximum allowable or physical impairment such as a wheelchair. If a transfer is approved, the Resident must recertify and meet all eligibility requirements for the new unit.

Live-in Aides:

A live-in Aide is defined as a person who lives with an elderly, disabled, or handicapped individual(s) and is essential to that individual(s) care and well being not obligated for the individual(s) financial support and would not be living in the unit except to provide said care. Applicant **must** provide verifiable proof of need of the Live-in Aide in the form of a letter from a **licensed Physician**. A Live-in Aide qualifies for occupancy only in accordance with the preceding definition. The Live-in Aide does not qualify for continued occupancy as a remaining household member. The Live-in Aide is counted as a household member for purposes of determining bedroom size only. Applicant and Live-in Aide must sign an agreement to terminate residency of Live-in Aide within fifteen (15) days of the end of the need for such care for any reason.

Applications:

1. The application must be filled out completely or with enough information to determine eligibility and accompanied by the required non-refundable application fee in the form of a money order.
2. Applications from applicants that do not have legal authority to enter into a lease agreement will not be accepted.
3. Applications will not be accepted if Family size exceeds the capacity of the apartments in the community or if family size is smaller than apartment requires.
1 Bdrm/1 Bth- Max 2 persons, 2Bdrm/1 or 2 Bth- Max. 4 persons, 3Bdrm/2Bth -- Max. 6 persons, Min. 2 persons
4. Applicants waiting for an apartment are responsible for reporting any changes in information originally provided and updating contact information.
5. When an appropriate apartment becomes available, Management will contact the first applicant on the waiting list to set up an interview. We will make (1) phone, (1) email and (1) USPS first class mail attempt



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to contact you. If we do not receive a reply within (7) days, the applicant will be removed from the wait list.

6. If the Applicant contacts us and is not able to accept the available apartment, they can choose to remain on the wait list or be removed from the wait list. If they choose to remain on the wait list and another apartment becomes available, we will contact the applicant. If the second apartment is turned down, the Applicant will be removed from the waiting list.

Eligibility:

1. Household income and assets, calculated in accordance with applicable program guidelines, must be at or below the current published income limits. Applicant must have minimum monthly income that is two times (2x) the rental rate and qualify with the "Resident Credit Criteria".
2. Applicants must certify in writing as to whether any adult applicant has disposed of any assets.
3. Households must meet all the FDIC Guidelines.
4. Residency in communities developed for a specific target group will only be offered to applicants that meet the guidelines and restrictions placed upon that specific property as defined by the governing documents of that property. Ochlockonee Pointe requires every adult applicant to authorize a background check on Rental or Housing History, Credit History, Criminal History, and information needed to determine if the rent and expenses are affordable by the applicant.
5. All Applicants must provide proof of current legal authorization to be in the country. Applicants that fail to provide said authorization are not eligible for residency.

Reasons for denial of Application:

Credit: The following examples of unfavorable credit history may be considered grounds for denial of applicant.

1. Any one lien or judgment that has not been corrected within the last year (12 months).
2. Any personal bankruptcy or foreclosure within the last year (12 months).
3. Any repossession of personal property within the last three (3) years.
4. Applicant has less than 2 credit accounts rated 3 or higher in the last (2) years.

Rental or Housing: The following are grounds for denial of an applicant.

1. Any eviction from a previous housing unit within the last five (5) years.
2. Any more than 2 verified eviction initial filings in the past (2) years.
3. Any occurrence of leaving a previous housing unit with unpaid charges or damages within the last five (5) years.
4. Any history or substantial risk that the applicant, household members, or visitors to the apartment, caused or will cause, destruction to the apartment or community, created or will create a risk to the health, safety and welfare of the Residents, Staff, or Community.

Criminal History: An applicant will be denied for any of the following.

1. Any Felony conviction involving traffic records, theft by check records and/or DUI records within the past ten (10) years whether or not they resulted in "Adjudication Withheld" or "Adjudication Deferred".
2. Any Felony conviction involving weapons related, theft, drug records, unclassified crimes and or property records within the past twenty (20) years whether or not they resulted in "Adjudication Withheld" or "Adjudication Deferred".
3. Any Misdemeanor convictions involving theft, theft by check, property, DUI, drug related and/or unclassified crimes within the last seven (7) years whether or not it resulted in "Adjudication Withheld" or "Adjudication Deferred".
4. Any Felony or Misdemeanor violent crimes whether or not it resulted in "Adjudication Withheld" or "Adjudication Deferred".
5. Any Misdemeanor convictions involving sex related crimes and/or weapons related crimes within the past ten (10) years whether or not it resulted in "Adjudication Withheld" or "Adjudication Deferred".



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6. Any applicant that is registered or designated as a "Sexual Offender" or "Sexual Predator" as defined by Florida Statutes.
7. Applicant currently on active probation or parole for any of the above.
8. If an applicant has been arrested but not tried, the application will be put on hold pending the outcome of the legal proceedings.

Additional Information:

Applicants will be asked to participate in an initial interview prior to completing an application. The purpose of this interview is to determine if the basic requirements of Residency can be met. This process will benefit the applicant by saving them the cost of the Non-refundable Application Fee by determining in advance if they may qualify. If an applicant insists on filing an application without an initial interview, they must be allowed to do so.

Management reserves the right to make exceptions to the Resident Selection Criteria if such exceptions are determined by Management to be in the best interests of the Applicant **AND** the Property Owners.

Upon determination that an Applicant is being denied, Management will notify Applicant of the reason for the denial by phone and written notice to address supplied by Applicant. Written notice will be sent within ten (10) days of determination.

Smoking is not permitted in any apartment where oxygen is in use or stored for use.

Pets may be permissible provided they meet the established breed and size limitations as set forth by Ochlockonee Pointe. Please check with the Management office as to their pet policy.

Any requests for additional information or clarification can be directed to the Leasing Agent or Property Manager.

Thank you for your interest in our Community!

The Partnership, Inc.
Managing Agent for Ochlockonee Pointe Apartments

I have read, understand, and agree to the above Resident Selection Criteria

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Printed Name of Adult Applicant(s)

Applicant Signature

Date

Revised April 9, 2015

