

RENTAL APPLICATION
Conventional/Market Rate

Date: _____

WELCOME! Please read carefully each paragraph of this agreement. We respect your right for confidentiality in giving us this information and for privacy in living in your apartment home. We will do our best to make your residency an enjoyable and pleasant experience. Thank you for your application!

(This Application and the contents there of are considered as part of my Rental Agreement)

Applicant's Name: _____ Date of Birth: _____ Preferred Method of Contact: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Spouse's Name: _____ Date of Birth: _____ Preferred Method of Contact: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Name and Relationship of All Other Persons to Occupy Apartment Home

(Full Name)	(Relationship)	(Date of Birth)	(Soc. Sec. No.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Present Address: _____ Phone: _____

How Long? _____

Present Rent or Mortgage Payment Amount: _____

Apartment Community Name or Mortgage Company: _____ Phone: _____

Reason for Move: _____

Previous Address: _____

Have Eviction proceedings ever been started on your behalf: _____ If so, When? _____

EMPLOYMENT INFORMATION

Applicant Employed by: _____ How Long? _____

Business Address: _____ Phone: _____

Position: _____ Annual Income: _____

Previous Employer (if less than two years at your present employer) _____

How Long? _____ Phone: _____

Spouse Employed by: _____ How Long? _____

Business Address: _____ Phone: _____

Position: _____ Annual Income: _____

Other Income: _____

Are you subject to transfer: _____ Reason: _____

PERSONAL REFERENCES

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In Case of Emergency, Notify (Nearest Relative not living with you):

Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

AUTOMOBILE INFORMATION (List ALL Vehicles Owned including Motorcycles)

Make: _____ Model: _____ Year: _____ Tag Number: _____ Color: _____

Make: _____ Model: _____ Year: _____ Tag Number: _____ Color: _____

Make: _____ Model: _____ Year: _____ Tag Number: _____ Color: _____

Do you own a Boat? NO ___ YES ___ Do you own a Camper? NO ___ YES ___ Do you own a Trailer? NO ___ YES ___

If so, Make: _____ Year: _____ Tag Number: _____

OTHER INFORMATION

Are you a Full Time College Student? Please specify: _____ Graduate Student _____ Undergraduate Student

Will a Pet of any type live in your apartment? NO ___ YES ___ If "YES", please provide the following information:

Type: _____ Weight: _____ Spayed/Neutered: _____ License/Date: _____

Have you ever been convicted of a felony? NO ___ YES ___ If "YES", please explain the circumstances of the conviction:

How were you referred to us? Internet Drive by Current Resident: _____ Other: _____

Application Fee is a non-refundable Administrative Fee for credit check, criminal background check, and application verification.

CORRECTION INFORMATION

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references, credit records, and criminal background check. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of deposits and may constitute a criminal offense under the laws of this State. Applicant agrees to the terms of the "Security Deposit Agreement" below.

SECURITY DEPOSIT AGREEMENT

Applicant has deposited a "Security Deposit" (in the amount stated below) in consideration for owner's taking the dwelling apartment home off the market while considering approval of this application. If applicant is approved but fails to promptly enter into the contemplated lease, the security deposit shall be forfeited to owner as liquidated damages. The security deposit will be refunded only if applicant is not approved. Keys will be furnished *only* after contemplated lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only and does not obligate owner's agent to execute a lease or deliver possession of the proposed premises.

Applicant's Signature Date

Applicant's Signature Date

Management Signature Date

For Apartment Office Use Only

Move in Date: _____ Monthly Rate: _____

Apt Type: _____ Security Deposit: _____

Apt# _____ Application Fee: _____

Address: _____ Non-Refundable Pet Fee (if applicable) _____

Lease Term: _____ Regional Manager Approval (if applicable): _____

Manager Approval: _____

Market Rate and Tax Credit Resident Selection Criteria

IT IS THE POLICY OF ROYAL AMERICAN MANAGEMENT TO PROVIDE HOUSING ON AN EQUAL OPPORTUNITY BASIS. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, DISABILITY, SEXUAL ORIENTATION, AND GENDER IDENTITY.

ELIGIBILITY CRITERIA

In the selection of applicants for admission, the following Eligibility Criteria have been established. 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 housing.
2. **Income Limits:** Applicants must qualify under the income guidelines established. Minimum income guidelines are as follows: the combined gross annual household income of all the applicants for each apartment must equal or exceed three times the annual rent under lease; Affordable Housing Program applicant's income must equal/exceed two times resident portion of the rent; Income must be verified.
3. **Occupancy Standards:** All applicants must meet the established occupancy standards. As a general policy, there should be no more than two persons per bedroom. Management shall take into consideration mitigating circumstances in cases where applicants have children. For example, children under the age of 2 will not be counted, and the total number of person per unit may be expanded if there are especially large bedrooms or additional rooms that reasonably can be used as sleeping areas. Any family placed in a unit size different than that defined in these Occupancy Standards or if the household size expands during the lease, the resident shall agree to transfer to an appropriate size unit when one becomes available (in accordance with the Transfer Policy and Lease Addendum). In cases of IRO's (Individual Room Occupancy) there will be no more than one person per bedroom.
4. **Social Security Numbers:** *If Applicable*, all applicants must disclose and provide documentation of social security numbers for all household members.
5. **Identification/Birth Certificates:** Birth certificates and/or valid photo identification 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.
7. **Criminal Activity:** Management's established policy is to reject all applications where the applicant or any household member has engaged in certain criminal activity. Below activities are grounds for rejection:
 - a. Eviction for Drug Related Criminal Activity: If the applicant or any household member has been evicted 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 of 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 of other residents, the application will be rejected.
 - d. Sex Offenders: If the applicant or any household member has a conviction, for any sexual offense, or any household member who is subject to a state sex offender lifetime registration requirement, 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 community rules; to include good housekeeping
 - c. Pay rent and utilities on time

2. **Good Credit History:** A satisfactory history in meeting financial obligations on a timely basis; including rent, utility payments, loans, and credit.
3. **Good Criminal Record:** A history of the applicant or any household member, which does not include any unacceptable criminal activity.

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 apartment home.
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. **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 provide truthful information, recertify/renew as required, providing shelter to unauthorized persons, keeping pets, or other acts in violation of rules and regulations to include untimely payment of rent and/or previous evictions.
4. **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 causes for nonpayment of rent or damages have changed sufficiently to enable the family to pay rent and other charges when due.
5. **Owing Utility Providers:** Applicants who owe a balance to present or prior utility providers (excludes cellular and cable providers) for their residences will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contribution 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.
6. **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 not 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 that could result health or safety problems or in damage to the premises.
7. **Credit History:** A consistent, severe, 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.
8. **Criminal Activity:** Management will use an independent consumer reporting agency to search for public records of criminal convictions regarding any applicant 18 years of age or older (19 years of age or older in Alabama). If any conviction records are found by the independent consumer agency, those records will be compared to the following established acceptance/rejection policy to determine whether or not the applicant is eligible:
 - **Any application will be rejected based on convictions for the following:**
 - a. **Felony involving the sale or manufacture of a controlled substance**, if the conviction occurred within 7 years of application
 - b. **Violent or potentially violent felony offense**, if the conviction occurred within 10 years of application
 - c. **Violent misdemeanor offense**, if conviction occurred within 5 years of application
 - d. **Nonviolent felony offense**, including the use or possession of a controlled substance, if the conviction occurred within 5 years of application
 - e. **Violent Property felony or misdemeanor offense** that indicates a potential risk to the safety and security of residents, staff, or property, if conviction occurred within 7 years of application
 - f. **Nonviolent Property felony or misdemeanor offense** that indicates a potential risk to the safety and security of residents, staff, or property, if conviction occurred within 5 years of application
 - g. Any household containing a member(s) who was evicted in the last three years for drug-related criminal activity

- h. A household in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property of other residents
- i. Any household member who is subject to a State sex offender lifetime registration requirement
- j. Any household member if there is reasonable cause to believe that member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment of other residents. The screening standards are based on behavior, not the condition of alcoholism or alcohol abuse

- In situations where an application may be rejected based on a criminal conviction, Management will conduct an individualized assessment of the criminal record and its impact on the household's suitability for admission. The individualized assessment will include consideration of the following factors: (1) the seriousness of the criminal offense; (2) the relationship between the criminal offense and the safety and security of residents, staff, or property; (3) the length of time since the offense, with particular weight being given to significant periods of good behavior; (4) the age of the household member at the time of the offense; (5) the number and nature of any other criminal convictions; (6) evidence of rehabilitation, such as employment, participation in a job training program, education, participation in a drug or alcohol treatment program, or recommendations from a parole or probation officer, employer, teacher, social worker, or community leader; and (7) tenancy supports or other risk mitigation services the applicant will receive during tenancy.

- ***No application will be rejected solely on the basis of arrest records.***

9. ***Pets:*** Pets are not permitted on the property, permanently or temporarily, without written permission from management. We require a pet deposit and/or non-refundable pet fee to be paid. We limit two pets per apartment, which must not exceed 35 pounds each at full growth. (Depending on individual community, this policy may vary.) Birds larger than a cockatiel will require pet monies. No reptiles, pigs, rabbits, or ferrets are permitted. Violation of this policy will result in a lease violation and/or termination of lease. Assistance animals necessary due to a resident's disability are not considered pets and a separate process with separate rules will be followed in situations involving assistive animals.
10. ***Income Limits:*** Applicants must qualify under the income guidelines established, including minimum and maximum guidelines.
11. ***Guarantor option:*** If an applicant is unable to meet all acceptance requirements above, management may consider acceptance of guarantor, increased security deposit and/or deposit and/or additional rent, if allowable.
12. ***Student Status (If Applicable):*** All household members may not be full-time students under certain affordable programs.

Management reserves the right to require criminal background checks at each recertification/renewal.

NOTICE AND APPEAL PROCEDURES

The Management Company will notify the applicant in writing if the applicant is rejected. The notice will be sent to the applicant's address, as indicated on the application, via First Class Mail, or via email if provided by the applicant.

The notice of rejection will contain the specific reason(s) for rejection, which will be based solely on the written criteria contained in this Resident Selection Plan. The Management Company will advise the applicant of the action that he/she may take to dispute the accuracy of the record(s).

Upon Request by the applicant in situations where the applicant is rejected, the applicant has 10-14 days to request an Individualized Assessment from the date they receive the adverse action letter.

I have been given the opportunity to ask any questions that pertain to the Resident Selection Guidelines. Anyone who falsifies any information on their application will be denied acceptance. The deposit will automatically be forfeited. By signing below, certify that we have read and received a copy of these guidelines.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

RELEASE OF INFORMATION CONSENT FORM

Note: This form must be signed by all members of the household 18 years of age or older in order for certification to be processed.

CONSENT

I authorize and direct any federal, state or local agency, organization, business, or individual to release information necessary to verify my application for the purpose of determining eligibility status for federally assisted housing programs. I understand and agree this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) AND/OR THE Rural Economic and Community Development (RECD) in administering and enforcing program rules and policies. I also consent for HUD, RECD or the Managing Agent to release information from my file to credit bureaus, collection agencies, or future landlords. This includes, but is not limited to, records on my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income & Assets	Residences & Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked or who may ask us to release the above information (depending on program requirements) include, but are not limited to:

GHFA (State Authorities w/Section 8)	Past and Present Employers
Courts and Post Offices	Welfare Agencies
State Unemployment Agencies	Schools and Colleges
Law Enforcement Agencies	Social Security Administration
Retirement Systems	Medical/Pharmaceutical Providers
Veterans Administration	Utility Companies
Banks and other Financial Institutions	Credit Providers & Credit Bureaus
Previous Landlords (including Public Housing Agencies)	Child Care providers

CONDITIONS

I agree a photocopy of this authorization may be used for the purposes stated above. The original of the authorization is on file in the Management office and will stay in effect for a year and one month from the date signed.

_____ Signature - Head of Household	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature - Adult #2	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature - Adult #3	_____ Print Name	_____ Date	_____ Social Security #