

DUNBAR PLACE APARTMENTS
RESIDENT SELECTION PLAN
Effective March 6, 2015

APPLICATION PROCESSING

In General

Applications for occupancy are taken on a first come, first serve basis. An application must be completed in full, dated and signed by the applicant. Everyone who will be living in the unit must be listed on the application. The property manager will note on the application the date and time the completed application is received. A non-refundable application processing fee of \$30.00 will be charged to each applicant over the age of 18.

Preliminary Eligibility/Waiting List

Upon receipt of an application, management will review the information provided by the applicant on their application to confirm eligibility in conjunction with the program guidelines (i.e. age, income limits, family composition, student requirements, citizenship, etc.). Upon completion of such review, the applicant will be notified of his/her status. If eligible, the applicant is notified that based on the information provided, they meet the preliminary eligibility requirements for housing, subject to verification of the information provided on the application, as well as satisfactory credit/criminal background checks. This notification also advises the applicant that their application will go forward with processing, or is being placed on the waiting list (if there are no current vacancies). If no units are available, applicants will be placed on a waiting list according to the time and date the completed application was received by the property manager.

Final Approval

Upon receipt of all verifications and background checks, management will determine if the applicant remains eligible. If eligible, the applicant is notified that they have been approved for occupancy and are asked to contact management to arrange for future occupancy. **Apartments will be assigned to applicants according to the order in which the applications are approved and the security deposit and first month's rent is received; regardless of the date application was received.** If denied or determined ineligible, the applicant will be notified in writing the reasons for the denial and of their right to appeal, in writing, said decision with management within 14 days of such notification.

SCREENING GUIDELINES

Criminal

Applicants will be denied if any household member's prior conviction or arrest involved a crime that, had the crime occurred in our community, would have likely interfered with the health, safety, or right to peaceful enjoyment of the premises by other residents. Misdemeanor traffic violations are excluded. In addition, applicants can be denied if any household member has been charged with or convicted of any of the following including, but not limited to:

- Drug related criminal activity within the last seven (7) years
- Violent criminal activity within the last ten (10) years, such as homicide, burglary, rape, assault, kidnapping, armed robbery, larceny, motor vehicle theft, arson, terrorism, etc.
- Registered sex offender (including charges directly related to children, such as molestation or pornography)
- Prior convictions or arrests involved a crime that, had the crime occurred in our community, would have likely interfered with 1) the health, safety, or right to peaceful enjoyment of the premises by other residents; or 2) any employee or contractor involved with the site
- History of habitual criminal activity: Five (5) or more non-traffic misdemeanors (violent or not) or three (3) or more felonies (violent or not) during the last seven (7) years

Credit

The credit report must demonstrate that the applicant has paid financial obligations as agreed. The application may be rejected if the report demonstrates a history of bad credit with no effort to address the bad credit. Student loans and medical debts are not looked upon negatively. Examples of unfavorable credit history:

- Landlord collections or utility collections within the last five (5) years. You must provide written proof that any outstanding balances are paid in full prior to consideration.
- Any eviction records within the last five (5) years (including judgments and dismissals, particularly if a habitual pattern is shown)
- Any legal items (including tax lien, repossession, or other public records) against the applicant that are less than three (3) years old
- Bankruptcy that is less than three (3) years old (unless discharged or good credit established since)
- Foreclosure of a previously owned home within the last three (3) years

Landlord Reference

A satisfactory rental history is required. Any applicant who has been evicted for nonpayment of rent, damages, or material noncompliance may not be accepted. Any applicant who owes past due funds to a previous landlord may be rejected until all funds have been paid in full (proof of payment required). Other examples of unfavorable rental history are late rental payments, disturbances or complaints from other residents, and **bad housekeeping**.

MAXIMUM INCOME LIMITS

(Total household GROSS (pre-tax) annual income must fall below these based on number of people in your household to qualify at that particular rent level.)

% Median Income	1 person	2 person	3 person	4 person	5 person	6 person
50%	\$19,600	\$22,400	\$25,200	\$27,950	\$30,200	\$32,450
60%	\$24,540	\$28,080	\$31,560	\$35,040	\$37,860	\$40,680

RENTS

% of Median Income	1 BR	Minimum Income*	2 BR	Minimum Income*	3 BR	Minimum Income*
50%	\$410	\$12,300	\$478	\$14,340		
60%			\$560	\$16,800	\$659	\$19,770

* Total household GROSS (pre-tax) annual income must be at or above minimum income amount.

OCCUPANCY STANDARD

BR	Maximum # Occupants
1	2
2	4
3	6



DUNBAR PLACE APARTMENTS

100 Peacock Lane
Arden, North Carolina 28704
828.687.1447
828.355.4080 (fax)
dunbar@upmapartments.com



OFFICE USE ONLY: ID AND SS CARDS VERIFIED: _____
DATE AND TIME OF APPLICATION: _____ UNIT SIZE REQUESTED: _____

PLEASE ANSWER ALL QUESTIONS. WRITE "NO" OR "N/A" WHERE APPROPRIATE. DO NOT USE WHITE-OUT. INITIAL ALL CHANGES, CORRECTIONS AND/OR CROSS-OUTS.

Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive.)

1. HOUSEHOLD COMPOSITION

NAME (First, Middle (or initial), Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY #	FULL TIME STUDENT (Y/N)
1.	HEAD			
2.				
3.				
4.				
5.				
6.				

PRESENT ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
PROPERTY / LANDLORD'S NAME: _____ LANDLORD'S PHONE: _____
LENGTH AT ADDRESS: _____ AMOUNT OF RENT: _____ REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PROPERTY / LANDLORD'S NAME: _____ LANDLORD'S PHONE: _____
LENGTH AT ADDRESS: _____ AMOUNT OF RENT: _____ REASON FOR MOVING: _____

Will all of the above household members reside in the household 100% of the time? (Yes / No) _____
If no, please list those not living in the household 100% of the time: _____

Are there any anticipated changes in household size within the next 12 months? (Yes / No) _____
If yes, please explain: _____

Are there any anticipated changes in number of students within the next 12 months? (Yes / No / N/A) _____
If yes, please explain: _____

Would any household member benefit from an accessible unit? (Yes / No) _____
If yes, please explain: _____

RENTAL APPLICATION

2. HOUSEHOLD INCOME

Is any income received from any of the following? Please check “Yes” or “No” for each type of income.

TYPE OF INCOME	HEAD OF HOUSEHOLD	OTHER OCCUPANTS
Employment (Salary or Hourly Wage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business / Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security / SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability / Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Assistance (AFDC, Work First, TANF, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurring Monetary Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worker’s Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pensions / Annuities / Retirement Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Armed Forces Regular, Special Pay / Allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scholarships / Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “Yes” marked above, please complete the following:

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME (Company / Name, Address, Phone, Fax, Contact Person)	GROSS AMOUNT (Weekly, Monthly, Yearly, etc.)

RENTAL APPLICATION

3. HOUSEHOLD ASSETS

Does anyone in the household have any of the following assets? Please check "Yes" or "No" for each type of asset.

TYPE OF ASSET	HEAD OF HOUSEHOLD	OTHER OCCUPANTS
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks / Bonds / Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement Accounts (401K, IRA, Keogh, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate (Land, Home, Property)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property Held as Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capital Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lump Sum Receipts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:

HOUSEHOLD MEMBER NAME	SOURCE OF ASSET (Company / Name, Address, Phone, Fax, Contact Person)	VALUE OF ASSET

RENTAL APPLICATION

SIGNATURE PAGE / AUTHORIZATION FOR RELEASE OF INFORMATION
(to be signed by all household members over the age of 18)

Organization Requesting Release of Information:

Dunbar Place Apartments
Attn: Site Manager
100 Peacock Lane
Arden, North Carolina 28704
828.687.1447
828.687.1466 (fax)

I understand that the preceding information is being collected to verify my household's eligibility for residence at a government-regulated, tax credit housing program. I also understand that this Application and all related inquiries will be used only for its relevance to occupancy at this property. I certify that I have revealed all income and assets currently held and that I have no other income or assets than those listed on this Application (other than personal property). I further certify that the statements made in this Application are true and complete to the best of my knowledge and belief, and I am aware that false statements are punishable under federal law.

I hereby authorize the owner/manager to verify the information provided on this Application, including contacting any agencies, local police departments, credit bureaus, references and groups or organizations to obtain any information and materials which are deemed necessary to complete this application, and my signature below is my consent to obtain such verification.

Signature

Date

Printed Name

Signature

Date

Printed Name

RENTAL APPLICATION