



Pre-App

Form-DHAL100



Prospect's Name _____ Date ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Phone _____ Estimated Income \$ _____

Care Status: On Medicaid Applied for Medicaid Private Pay

Person Inquiring _____ Relationship _____

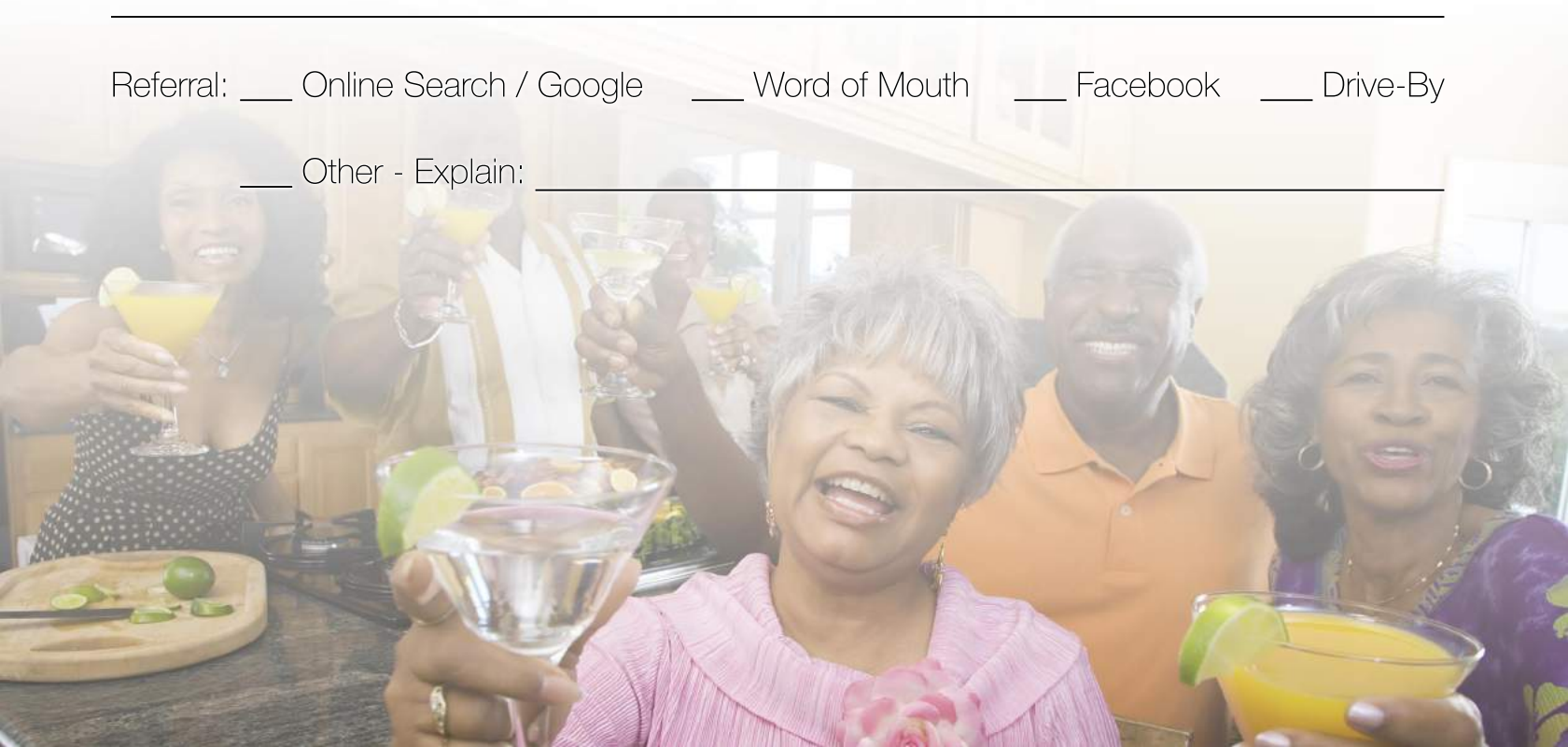
Phone _____ Email _____

Current Living Situation _____

Summary of Needs _____

Referral: Online Search / Google Word of Mouth Facebook Drive-By

Other - Explain: _____





RESIDENT SELECTION CRITERIA

This Resident Selection Criteria has been written in accordance with local, state, federal, and all applicable fair housing laws. This Resident Selection Criteria will be used for all applications, without regard to race, color, creed, sex, age, religion, national origin, familial status, or handicap.

Applications will be processed in the order of receipt. A waiting list is used. All applications must be updated every 90 days or they will be removed from the current waiting list.

This is a LIHTC Housing Program that is governed by the IRS – Section 42 rules and guidelines. Owner is required to verify all income and assets from all sources to determine the household's eligibility. There are income restrictions to initially qualify. Household must be recertified annually for all years residing in the apartment. The income guidelines are set by federal and state agencies. Listed below are the income guidelines for this county. THE AMOUNTS ARE THE MAXIMUM THE HOUSEHOLD CAN EARN.

50% Income Limits

1 Person Household - \$36,100.00

2 Person Household - \$41,250.00

60% Income Limits

1 Person Household - \$44,340.00

2 Person Household - \$50,640.00

A household will be denied residency if any member is currently engaging in illegal drug use, been evicted by a previous landlord for drug related or criminal activity, or if any member of the household is a sex offender and is subject to a lifetime registration requirement under a state sex offender program.

Married individuals living apart must provide documentation whether a spouse is permanently or temporarily absent.

Applicants will be verified thoroughly. Your application will be rejected if you falsify information pertaining to your income, assets, name, citizenship, marital status, household members, or certain residence. All applications must include current telephone numbers, addresses, and previous rental history. Each applicant must qualify on his/her own ability.

Deposit for a one bedroom is \$450.00 and is received at Section 42 application appointment and is due at time of application appointment.

The cost to receive any verification will be charged back to the applicant.

Applicants currently on Medicaid must be 65 years and older.

The initial lease is for one (1) year.

While completing an application for occupancy, the household will be interviewed by the owner's representative. If any household member shows abusive behavior or undesirable characteristics, the owner's representative has the right to deny occupancy at that time.

Applicants will be notified in writing if their application is denied or rejected. The notification will list the reasons for denial or rejections. The applicant can appeal the denial/rejection decision. The appeal must be in writing and received by management within 10 days of receiving denial/rejection letter. If an appeal is not received, the applicant may not reapply for six (6) months.

I have read and understand in full the above Resident Selection Criteria. I do want my application to be processed. I understand that my rental deposit is non-refundable if I should cancel my approved application for any reason.

Applicant Signature

Date

Applicant Signature

Date

Owner's Representative

Date