**APPLICANT NOTIFICATION LETTER**

Name:  Date:

Your application for occupancy in  Apartments

 [ ]  has been checked for completeness and appears to contain all the necessary information. You will be placed on the waiting list and when we reach your name and an appropriate size unit is available, you will be contacted so that we can continue the application process.

 [ ]  has been returned to you because it has not been completed sufficiently to conduct the application process. Please complete the items that are highlighted and return it as soon as possible so that the application process may begin.

 [ ]  is now ready for further processing because we have reached your name on the waiting list. Please contact this office within seven (7) days; otherwise, your name will be removed from the waiting list.

 [ ]  has been accepted and an apartment is available for you at this time. Your name will be removed from the waiting list if you do not contact this office within seven (7) days of this letter.

 [ ]  has been removed from the waiting list due to the following reason(s):

 [ ]  you failed to respond within seven (7) days.

 [ ]  you indicated either by [ ]  phone [ ]  in person [ ]  in writing

 that you are no longer interested.

 [ ]  other:

 [ ]  has been rejected due to the following reason(s):

 [ ]  unacceptable credit. Credit information was obtained by computer through ONLINE Information Services. We are not a reporting agency so anyone requesting information concerning their credit should contact the credit bureau at:

 ONLINE Information Services- Consumer Service

 P.O. Box 1489

 Winterville, NC 28590

 Phone: 877-262-6851 Website: http://www.onlineis.com/consumers

 [ ]  unacceptable police report.

 [ ]  unacceptable landlord reference.

 [ ]  income exceeds LIHTC limits.

 [ ]  number of household members exceeds our occupancy policy.

 [ ]  misrepresentation of facts on or during the application process.

 [ ]  not enough income. Your total housing expense (rent plus utility allowance) exceeds our policy of

50% of your gross monthly income.

 [ ]  other:

Except in cases where your income exceeds LIHTC limits, you have ten(10) days from receipt of this notice to appeal this decision. Please submit all inquiries in writing to:

 Evergreen Construction Co.

 7706 Six Forks Road, Suite 202

 Raleigh, NC 27615

Persons with disabilities have the right to request reasonable accommodations to participate in the hearing process.

Signature of Manager

Title

Office Phone Number

“This institution is an equal opportunity provider and employer”

  **EQUAL HOUSING OPPORTUNITY**  Revised 10/2014

 CONV/LIHTC