POWELL SPRING Rental & Qualification Information

Application Fee- $35 non-refundable for all household members 18 years of age and older due at time of application submittal
Required Documents-Copy of birth certificate and social security card for all household members

Security Deposit - $600

Age Requirement- 55+

Pet Policy: Limit One Pet, Max. Weight 25 lbs. Pet Fee $150 (Non-Refundable) + Pet Deposit $150

SMOKING IS NOT PERMITTED ANYWHERE

Maximum Gross Annual Income Allowed Per Household Size

Household Size	30%	50%	60%
1	$30,450	$48,600	$48,600
2	$34,800	$55,500	$55,500
3	$39,150	$62,460	$62,460
4	$43,470	$69,360	$69,360
5	$46,950	$74,940	$74,940

Minimum Income Required for Occupancy

	1BR	2BR
30% AMI	$14,880	$16,464
50% AMI	$20,520	$22,104
60% AMI	$22,320	$23,904

Rent Schedule	**1BR**	**2 BR**
30%	6 @ $560	6 @ $610
50%	4 @ $795	4 @ $845
60%	14 @ $870	14 @ $920

NOTE: RENTS SUBJECT TO CHANGE WITH LENDER APPROVAL

Utility Allowance: $60 $76

(estimated utility cost per month - based on average utility cost for electricity)

EQUAL HOUSING OPPORTUNITY

EVERGREEN
CONSTRUCTION COMPANY

FOR OFFICE USE – IN PENCIL
APT. COMMUNITY:
DATE REC'D:
TIME REC'D:
MGR INITIALS:

Rental Application

Please print in ink, answer NO or N/A where applicable, initial all corrections, and do not use white out. All Blanks must be completed.

APPLICANT INFORMATION			
Applicant's Full Name:			Desired Move in Date:
Bedroom Size Requested:	Email Address:		
RESIDENCE INFORMATION * **5** YEARS OF RESIDENTIAL HISTORY MUST BE PROVIDED*			
Current Residence	Street:		
City:	State:	ZIP:	Telephone:
Cell Phone Number:		Drivers License Number:	
Lived here from: to:		Do you Rent ☐ or Own ☐	
Reason for moving:			
Landlord Name:			
Landlord Address:			
City:	State:	ZIP:	Telephone:
Previous Residence	Street:		
City:	State:	ZIP:	
Lived here from: to:		Rent ☐ or Own ☐	
Reason for moving:			
Landlord Name:			
Landlord Address:			
City:	State:	ZIP:	Telephone:
Previous Residence	Street:		
City:	State:	ZIP:	
Lived here from: to:		Rent ☐ or Own ☐	
Reason for moving:			
Landlord Name:			
Landlord Address:			
City:	State:	ZIP:	Telephone:
CO-APPLICANT INFORMATION			
Co-Applicant's Full Name:			
RESIDENCE INFORMATION – CO-APPLICANT * **5** YEARS OF RESIDENTIAL HISTORY MUST BE PROVIDED*			
Current Residence	Street:		
City:	State:	ZIP:	Telephone:
Cell Phone Number:		Drivers License Number:	
Lived here from: to:		Do you Rent ☐ or Own ☐	
Reason for moving:			

Initial_____

Landlord Name:			
Landlord Address:			
City:	State:	ZIP:	Telephone:
Previous Residence	Street:		
City:	State:	ZIP:	
Lived here from: to:		Rent ☐ or Own ☐	
Reason for moving:			
Landlord Name:			
Landlord Address:			
City:	State:	ZIP:	Telephone:
Previous Residence	Street:		
City:	State:	ZIP:	
Lived here from: to:		Rent ☐ or Own ☐	
Reason for moving:			
Landlord Name:			
Landlord Address:			
City:	State:	ZIP:	Telephone:

HOUSEHOLD COMPOSITION

DIRECTIONS: PLEASE COMPLETE THE TABLE BELOW LISTING EACH MEMBER OF THE HOUSEHOLD, INCLUDING CARE ATTENDANTS, 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 YEAR MONTHS FOR THE NUMBER OF HOURS OR COURSES WHICH ARE CONSIDERED FULL-TIME ATTENDANCE BY THAT INSTITUTION. THE FIVE MONTHS NEED NOT BE CONSECUTIVE).

LIST EACH PERSON LIVING IN THE UNIT

	Name	Relation to Head	Birth Date	Gender	Student	Employed	Marital Status	SS Number
1		HEAD		M ☐ F ☐	Y ☐ N ☐ F/T ☐ P/T ☐	Y ☐ N ☐ How Long_____	Single ☐ Married ☐ Separated ☐ Widowed ☐	
2				M ☐ F ☐	Y ☐ N ☐ F/T ☐ P/T ☐	Y ☐ N ☐ How Long_____	Single ☐ Married ☐ Separated ☐ Widowed ☐	
3				M ☐ F ☐	Y ☐ N ☐ F/T ☐ P/T ☐	Y ☐ N ☐ How Long_____	Single ☐ Married ☐ Separated ☐ Widowed ☐	
4				M ☐ F ☐	Y ☐ N ☐ F/T ☐ P/T ☐	Y ☐ N ☐ How Long_____	Single ☐ Married ☐ Separated ☐ Widowed ☐	
5				M ☐ F ☐	Y ☐ N ☐ F/T ☐ P/T ☐	Y ☐ N ☐ How Long_____	Single ☐ Married ☐ Separated ☐ Widowed ☐	
6				M ☐ F ☐	Y ☐ N ☐ F/T ☐ P/T ☐	Y ☐ N ☐ How Long_____	Single ☐ Married ☐ Separated ☐ Widowed ☐	
7				M ☐ F ☐	Y ☐ N ☐ F/T ☐ P/T ☐	Y ☐ N ☐ How Long_____	Single ☐ Married ☐ Separated ☐ Widowed ☐	

Initial_____

Do all of the household members reside in the household 100% of the time? Y ☐ N ☐ If no, please list those not living in the household 100% of the time:

Anticipated changes in household size within the next 12 months? Y ☐ N ☐ If yes, explain:

Anticipated change in number of students within the next 12 months? Y ☐ N ☐ If yes, explain:

DISABILITY STATUS

☐ Yes, I feel I meet the definition of handicapped/disabled as defined as having a physical or mental condition that limits movement, senses, or activities.

☐ No, I feel that I do not meet the definition of handicapped/disabled as defined above.

Would you or anyone in your household benefit from the features of a handicap-accessible unit? Y ☐ N ☐

Do you require any accommodations or modifications to the unit for any disability? Y ☐ N ☐ If yes, explain:

CARE ATTENDANT

Will you have a Care Attendant living with you? Y ☐ N ☐ If yes, F/T ☐ or P/T ☐

Name of Care Attendant:

Address:

City:	State:	ZIP:	Telephone:

GENERAL INFORMATION

Have you, your spouse, or any other proposed occupant ever:

1. Been arrested and charged with a misdemeanor or felony? Y ☐ N ☐
If yes, who_____ in what state _____ what year_____

2. Been required to register as a sex offender? Y ☐ N ☐
If yes, who_____ in what state _____ what year_____

3. Been evicted? Y ☐ N ☐
If yes, when _____ where_____

Do you have a Section 8 voucher or certificate? Y ☐ N ☐

Do you have any pets? Y ☐ N ☐ If yes, list breed and weight:

Pets are Only permitted in senior properties

How did you hear about our apartment community?

EMERGENCY CONTACT
(PLEASE PROVIDE INFORMATION FOR TWO PEOPLE NOT PLANNING TO OCCUPY THE PREMISES WHOM WE MAY CONTACT IN THE EVENT OF AN EMERGENCY, OR TO LOCATE YOU)

Name:	Relationship:	Telephone:	
Address:	City:	State:	Zip:
Name	Relationship:	Telephone:	
Address:	City:	State:	Zip:

AUTOMOBILE INFORMATION

Model:	Make:	Color:	Tag #:
Model:	Make:	Color:	Tag #:

Initial_____

Program regulations for this community require that all applicants/tenants reveal all sources of income and assets. This application is not considered complete and therefore cannot be processed until the following questionnaire of income and assets have been completed by each household member 18 years of age and older (not required for care attendants).

NAME:

INCOME AND ASSETS
(EACH HOUSEHOLD MEMBER 18 YRS AND OLDER MUST COMPLETE SEPARATE INCOME AND ASSETS FORMS)

Type of Asset **Including any accounts held for dependents**		How Many	Estimated Value	Source Contact for Verification (list each separately)
Checking Account	Y ☐ N ☐		$ $	Institution Name: Telephone: Institution Name: Telephone:
Savings Account	Y ☐ N ☐		$ $	Institution Name: Telephone: Institution Name: Telephone:
Debit Cards NOT including debit cards related to the accounts listed above	Y ☐ N ☐		$ $	Institution Name: Telephone: Institution Name: Telephone:
Certificates of Deposits	Y ☐ N ☐		$	Institution Name: Telephone:
Money Market Funds	Y ☐ N ☐		$	Institution Name: Telephone:
Mutual Funds/Stock	Y ☐ N ☐		$	Institution Name: Telephone:
Treasury Bills	Y ☐ N ☐		$	Institution Name: Telephone:
IRA or 401k	Y ☐ N ☐		$	Institution Name: Telephone:
Company Retirement Accounts	Y ☐ N ☐		$	Institution Name: Telephone:
Annuities Income	Y ☐ N ☐		$	Institution Name: Telephone:
Life Insurance Policies (Whole Life)	Y ☐ N ☐		$	Institution Name: Telephone:
Pension Funds (Account Not receiving payments on a regular basis)	Y ☐ N ☐		$	Institution Name: Telephone:
Trust Accounts If yes, is it revocable?	Y ☐ N ☐ Y ☐ N ☐		$	Institution Name: Telephone:
Personal Property held for Investment	Y ☐ N ☐		$	Institution Name: Telephone:
Mortgage or Deed of Trust	Y ☐ N ☐		$	Institution Name: Telephone:
Cash on Hand including Cash Applications i.e. Paypal, Venmo, CashApp, etc	Y ☐ N ☐		$	List all sources or accounts:
House/Real Estate	Y ☐ N ☐		$	Institution Name: Telephone:
Rental Property	Y ☐ N ☐		$	Institution Name: Telephone:
Other Investments	Y ☐ N ☐		$	Institution Name: Telephone:
Have you received any lump sum payments such as the following:				
Inheritances	Y ☐ N ☐		$	Details:
Lottery or other winnings	Y ☐ N ☐		$	Details:
Insurance Settlements	Y ☐ N ☐		$	Details:
Workers Compensation Settlements	Y ☐ N ☐		$	Details:
Social Security Disability Settlements	Y ☐ N ☐		$	Details:
Unemployment Compensation Settlements	Y ☐ N ☐		$	Details:
VA Disability Settlements	Y ☐ N ☐		$	Details:
Severance Pay	Y ☐ N ☐		$	Details:
Capital Gains	Y ☐ N ☐		$	Details:
Other (Including Crypto Currency)	Y ☐ N ☐		$	Details:

Have you disposed of any assets for less than Fair Market Value within the last two years? (Please state if the sale was due to foreclosure, bankruptcy or divorce.) Y ☐ N ☐ If yes, explain:

Initial_____

Income			
Type of Income	How Many	Estimated Monthly Amount	Source Contact for Verification
Employment (Wages & Salary) Y ☐ N ☐ **How long?** _____ If less than 1 year, start date: _____		$ $	Institution Name: Address: Telephone: Institution Name: Address: Telephone:
Income from a Business or Profession Y ☐ N ☐		$	Institution Name: Telephone:
Military Pay, including all allowances Y ☐ N ☐		$	Institution Name: Telephone:
Social Security: **Include any amounts received for household dependents** Y☐ N ☐		$	Institution Name: Telephone:
SSI: **Include any amounts received for household dependents** Y☐ N ☐		$	Institution Name: Telephone:
Disability and Death Benefits (other than SSI) **Include any amounts received for household dependents** Y☐ N ☐		$	Institution Name: Telephone:
TANF/Work First or other Public Assistance Y ☐ N ☐		$	Institution Name: Telephone:
Alimony Y ☐ N ☐		$	Institution Name: Telephone:
Child Support (include all support whether court ordered or not) Y ☐ N ☐		$	Institution Name: Telephone:
Unemployment Compensation Y ☐ N ☐		$	Institution Name: Telephone:
Workers' Compensation Y ☐ N ☐		$	Institution Name: Telephone:
Severance Pay Y ☐ N ☐		$	Institution Name: Telephone:
Retirement Income Y ☐ N ☐		$	Institution Name: Telephone:
Pensions Y ☐ N ☐ (Receiving payments on a regular basis)		$	Institution Name: Telephone:
Annuities Income Y ☐ N ☐		$	Institution Name: Telephone:
Insurance Policies Income Y ☐ N ☐		$	Institution Name: Telephone:
Scholarships, Grants, Educational Entitlements **Include any amounts received for household dependents** Y ☐ N ☐		$	Institution Name: Telephone:
Income from Rental Property Y ☐ N ☐		$	
Work Study Programs Y ☐ N ☐		$	Institution Name: Telephone:
Long Term Care Payments Y ☐ N ☐		$	Institution Name: Telephone:
Income from Training Y ☐ N ☐		$	Institution Name: Telephone:
Other Income (Including GoFndMe) Y ☐ N ☐		$	Institution Name: Telephone:
Regular Recurring Gifts Y ☐ N ☐ (Such as but not limited to: Receiving monetary gifts or non-cash contributions from persons outside the household for rent, utilities, groceries, clothing and/or misc household supplies)		$	Please explain:

I understand that the above information is being collected to determine my eligibility for residence. I authorize the owner/manager to verify information provided on this application and my signature is my consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no other assets other than those listed on this form (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 am aware that false statements are punishable under Federal law.

I understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this property.

Signature:_____ Date: ____/____/_____

Initial_____

I (we) understand that this application must be filled out completely and accurately. I (we) certify that the information provided is accurate and I (we) understand that any misrepresentations will disqualify me (us). I (we) further certify that the housing occupied on these premises will be my (our) permanent residence and I (we) do not/will not maintain a separate subsidized rental unit at any other location.

By signing this application, I (we) hereby authorize the management (or agent) of this complex, for the purpose of this application, to contact and obtain any information required from any of the individuals or entities listed on this application, or from any other individuals or entities as may be required. Management further reserves the right to release this information for purposes of collecting outstanding debts.

I (we) understand that the managing agent will verify, in writing through a third party the information provided on this application.

I (we) also understand that my household wages are subject to being verified through a third party source(s) by agencies designated by the U.S. Federal Government to administer this housing program.

WARNING

Section 1001 of the Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain false, fictitious or fraudulent statements or entry, shall be fined under this title or imprisoned not more than five years, or both.

If this application is approved, one month's prorated rent and security deposit or partial payment of deposit must be paid and lease and tenant certification must be executed in advance before occupancy of the apartment. NO REFUND WILL BE MADE except to comply with state and federal guidelines. All rent is due and payable in advance on the FIRST DAY OF THE MONTH.

Application will not be processed until applicant pays application fee of $_____. Fee must be in the form of a check or money order payable to Evergreen Construction Co. Fee is Non-Refundable.

BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND ALL THE ABOVE

Signatures:

Applicant:_____ Date:___/___/_____

Co-Applicant:_____ Date:___/___/_____

Adult household member:_____ Date:___/___/_____

Adult household member:_____ Date:___/___/_____

Please review the statement below and provide the requested information, if you are willing:

"Information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disabilities are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."

	Ethnicity	Race	Gender	
Applicant:	Hispanic or Latino ☐ Not Hispanic or Latino ☐	American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐	Male ☐ Female ☐	*I do not wish to furnish this information ☐ _____ (initial)
Co-Applicant:	Hispanic or Latino ☐ Not Hispanic or Latino ☐	American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐	Male ☐ Female ☐	*I do not wish to furnish this information ☐ _____ (initial)

*Race/national origin and sex of individual applicants were completed based on visual observation _____ (MGR initial)

Initial_____

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to _____ (owner or agent) for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED
I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED
The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Previous Landlords (including Public Housing Agencies)
Support and Alimony Providers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Veterans Administration
Retirement Systems
Banks and Other Financial Institutions
Colleges, Universities, and Higher Educational Institutions
Utility Company _____

CONDITIONS
I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____	_____	___/___/___
Applicant/Resident	(Print Name)	Date
_____	_____	___/___/___
Co-Applicant/Resident	(Print Name)	Date
_____	_____	___/___/___
Adult Member	(Print Name)	Date
_____	_____	___/___/___
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.

Initial_____