

TENANT SELECTION CRITERIA

SAVE, Inc.

FAIR HOUSING AND EQUAL OPPORTUNITY LAWS

Management will not discriminate on the basis of race, color, creed, familial status, national origin, religion, sex, age (except eligibility requirements), or handicapping condition on any phase of the occupancy process. The occupancy process includes, but is not limited to, application processing, leasing, transfers, delivery of management and services, access to common facilities, and termination of occupancy.

SUBMITTING APPLICATIONS

Applications will be accepted from any low income handicapped or disabled persons. Management will accept applications at the business office at 3000 Harrison, Kansas City, MO. The waiting list will remain open unless a notice is posted stating that no applications are being accepted.

1. Applicants must complete the application provided by management.
2. Applicants must schedule an appointment to submit the application and it must be submitted in person.
3. If the applicant is physically unable to submit the application in person, or currently resides more than (50) fifty miles from the property other arrangements can be made for submitting an application. Contact management to make special arrangements.
4. If the applicant needs assistance in completing the application:
 - a. The applicant needs to be present to provide the information to someone assisting in the completion of the form.
 - b. The person assisting the applicant must sign and date the application, indicating that it was completed at the request of the applicant, and provide identification to management.
5. Proof of identity will be required for the applicant and for all household members (valid photo id, birth certificate, and social security card). Applicant must also provide proof of disability and proof of case management.

_____ Applicant Initials

WAITING LIST MAINTENANCE

6. When the application is completed and presented to management, an initial screening will take place, at which time the required documents will be gathered and the applicant's questions will be answered.
7. The application must be completed in full before the applicant's name can be placed on the waiting list.
8. The waiting list consists of applicants who have completed the application, are waiting for housing, or have been approved for housing.
9. Each applicant's name will be placed on the waiting list based on date and time the application was accepted. Management will maintain the waiting list in chronological order, noting preferences and priorities if applicable. **Being placed on the waiting list does not guarantee that the applicant will be approved for occupancy. Screening takes place when a unit becomes available.**
10. If an applicant is rejected based on screening criteria, notification will be sent by mail. An applicant may reapply after 12 months.

_____ Applicant Initials

FILLING VACANCIES

11. The size of the unit offered is determined by HUD's guidelines.
12. If an eligible applicant rejects an apartment offered of appropriate size and type, the applicant's name will be placed at the bottom of the waiting list.

13. If management is not able to contact an eligible applicant the applicant's name will be removed from the waiting list. *It is the applicant's responsibility to keep management informed of any changes in contact information.*
14. Applicants currently in Save, Inc. Residential Programs will receive first priority.
15. Persons living with HIV/AIDS will be given first preference. A letter from a medical professional confirming your diagnosis will be required before you can be given preference.

_____ Applicant Initials

SCREENING PROCESS

Applicants who will be rejected are those who:

1. Do not meet HUD criteria for the property
2. Do not meet property screening criteria
3. Submit an incomplete application
4. Have a household size that does not conform to units available on the property
5. Have a household income that exceeds HUD income limits for the property
6. Provide false information necessary in the determination of eligibility
7. Have been evicted in the last three years from federally assisted housing for drug-related criminal activity
8. Are a registered sex offender
9. Are unable to turn utilities on in their own name
10. Have submitted an application that was screened and rejected within the last 12 months.

Applicants who will be accepted are those who:

1. Have a verifiable history relating to previous housing experience, or other appropriate screening criteria.
2. Have a history of satisfactory and verifiable payment of fees, to include participants of other SAVE, Inc. Housing Programs (Rent must be current).
3. Past performance in meeting financial obligations, especially rent, is satisfactory.
4. Have no record of disturbance, destruction of property, living or housekeeping habits, which adversely affect the health, safety, or welfare of other residents or the continuing operations of the property.
5. Do not have a poor rental history (i.e. non-payment of rent, evictions, etc.).
6. Have no history of criminal activity involving crimes of physical or sexual violence to persons or property, or other criminal acts which adversely affect the health, safety, or welfare of themselves, other residents, or the viability of the apartment complex. This includes but is not limited to drug-related charges (possession, sale, or use), firearms, violent crimes, property destruction, burglary and assault.
7. Management will consider the circumstances when evaluating an applicant's criminal history, including how long ago the offense took place, the seriousness of the offense, the effect of the offense on the program's integrity, the extent to which the applicant has taken responsibility and the steps the applicant has taken to prevent further offenses.
8. Have no history of allowing unauthorized persons occupying or living in rental apartments.
9. Have no history of conduct by the applicant, his family, or frequent guest that management determines detrimental.
10. Do not have a history of repeated violations of rules and regulations.
11. Have a history of maintaining the cleanliness of the dwelling unit so that it is in a decent, safe and sanitary condition (Home visits may be conducted).
12. SAVE, Inc. will take into consideration those who are homeless or living with a friend or relative regarding credit and rental history.

_____ Applicant Initials

Applicant Signature _____ Date _____

APPLICATION FOR SAVE, INC. HOUSING

APPLICANT & HOUSEHOLD INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Other Contact Info?: (____) _____

Social Security No.: ____ - ____ - ____ Date of Birth: ____ / ____ / 19____ Gender: M F

Race: American Indian/Alaska Native
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 White
 Multi-Racial
(Specify multi-racial by checking relevant boxes.)

Marital Status: Single Married
 Divorced Separated

What is your primary language? _____

Can you speak limited English? Yes No
 Are you a US citizen? Yes No

Are you Hispanic? Yes No

Is the head of the household disabled? Yes No Is the head of the household a veteran? Yes No

What is the head of the household's highest level of education completed? _____

Case Manager's Name: _____ Agency: _____

Case Manager's Phone: (____) _____

Other Household Members (List ONLY if they reside with you):

Full Name of <u>other</u> household members	Race	Hispanic? Yes or No	Relationship to Head of Household (spouse, mother, son, etc.)	Marital Status (single, married, divorced, separated)	Gender 'M' or 'F'	Date of Birth	Social Security Number

Are you able to turn utilities on in your name? Gas Yes No Electric Yes No

Do you have a history of drug or alcohol use (crack cocaine, marijuana or any other illegal substance)?

Yes No If yes, how have you addressed this? _____

Have you ever been arrested?

Yes No If yes, please explain: _____

Are you a registered sex offender? Yes No

Do you own a pet? Yes No If yes, please list type: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Other Contact Info: _____

REFERENCES

1. Name: _____

2. Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

CURRENT LIVING SITUATION

If you are currently renting:

Landlord's Name: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Landlord's Phone: _____

Can we contact this person as a reference? _____

Is your landlord a relative? Yes No If yes, please list relationship: _____

How long have you rented from this landlord? _____

Move in date: _____ Rent Paid: _____

Why do you want to move? _____

Are you being evicted? Yes No
If yes, please explain: _____

If you are currently staying with a friend/relative:

Friend/relative's name: _____

Phone Number: _____

How long have you been staying with them? _____

Do you contribute to the rent or expenses? Yes
 No If so, how much and how often? _____

Can we contact this person as a reference? _____

If you are not currently renting or staying with a friend/relative, what is your current living situation:

- Non-housing (street, park, bus station, etc.)
- Emergency shelter
- Transitional or group housing
- Substance abuse treatment facility
- Hotel
- Hospital or psychiatric treatment facility
- Other: _____

PREVIOUS LIVING SITUATION

If you previously rented:

Landlord's Name: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Landlord's Phone: _____

Can we contact this person as a reference? _____

Is your landlord a relative? Yes No If yes, please list relationship: _____

How long did you rent from this landlord? ____

Move in date: _____ Rent Paid: _____

Why did you move? _____

Were you evicted? Yes No
If yes, please explain: _____

If you previously stayed with a friend/relative:

Friend/relative's name: _____

Phone Number: _____

How long did you stay with them? _____

Did you contribute to the rent or expenses? Yes
 No If so, how much and how often? _____

Can we contact this person as a reference? _____

If you did not previously rent or stay with a friend/relative, what was your living situation:

- Non-housing (street, park, bus station, etc.)
- Emergency shelter
- Transitional or group housing
- Substance abuse treatment facility
- Hotel
- Hospital or psychiatric treatment facility
- Other: _____

INCOME INFORMATION

Household Member's Name	Source or Type of Income (i.e. job, Social Security Disability)	Monthly Amount

Employer (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Date of Hire: _____

APPLICANT CERTIFICATION: I/We certify that all information given on this application is accurate and complete to the best of my/our knowledge and belief. I/We also understand that making false statements or providing false information are grounds for denial of rental assistance. I/We give permission to contact anyone listed above to verify information regarding rental applications.

Signature of applicant: _____ Date: _____

Signature of co-applicant: _____ Date: _____

Signature of Management: _____ Date: _____