EQUAL HOUSING OPPORTUNITY

HOLIDAY HOUSE
Independent Living Community

Holiday House of Woodbury
310 S. Dillon Street
Woodbury, TN 37190
(615) 563-2500
HolidayHouseWoodbury@rhlmgmt.com

Tenant Application

Please Note:

-All applicants must be 62 years of age or older OR Legally Disabled.
-All Applicants must pass criminal background checks, credit checks (both at no charge) and previous landlord references.
-Security Deposit is $475.00. This can be paid in full or paid in 5 installments of $95 each to be paid monthly upon move-in.
-Pre-approved Pets are permitted with a $200.00 Pet Security Deposit. However, Visitors and Guests are not permitted to bring pets on the property.
-We are a NON-SMOKING property. Smoking is ONLY allowed in one specially designated area on the property.

With your application you will need to provide:

- A copy of your Driver's License or State issued ID, Social Security Card and Birth Certificate.

- Proof of Income such as your Award Letter from the Social Security office.

- Six Months Bank Statements

- Signed Landlord Verification Form giving us permission to run a check (included in Application).

-Proof of any out of pocket medical expenses for the previous 12 months. This is used to calculate any allowable expenses and possibly lower your rent.

HOLIDAY HOUSE OF WOODBURY RENTAL APPLICATION

****WE ARE A NON-SMOKING FACILITY****

For Office Use ONLY
Application #_____ Date Received:___/____/_____ Time: __:__ AM/PM
Approved: ____ Rejected:_____ Withdrawn:____

APPLICANT'S NAME:

(First)_____(Middle)_____(No legal middle initial)____ (Last)_____

Telephone: Home (____) _____-_____ Cell (____)_____-_____

Date of Birth: _____/_____/_____ Social Security Number _____-_____-_____

Present Address: _____

_____

(City) (State) (Zip)

Marital Status: ____ Married ____ Single ____ Separated ____ Divorced ____Widowed

Driver's License: State_____ #_____

**If no driver's license, please fill out appropriate forms of identification below:*

U.S. Photo ID #_____ State _____U.S. Government ID#_____

U.S. Military ID#_____ State _____Canadian DL#_____

SPOUSE OR CO-APPLICANT NAME:

(First)_____(Middle)_____(No legal middle initial)____ (Last)_____

Telephone: Home (____) _____-_____ Cell (____)_____-_____

Date of Birth: _____/_____/_____ Social Security Number _____-_____-_____

Present Address: _____

_____

(City) (State) (Zip)

Marital Status: ____ Married ____ Single ____ Separated ____ Divorced ____Widowed

Driver's License: State_____ #_____

**If no driver's license, please fill out appropriate forms of identification below:*

U.S. Photo ID #_____State____ U.S. Government I.D.#_____State____

U.S. Military ID#_____State____ Canadian DL#_____ State____

****Do you smoke____yes____no If approved you will only be allowed to smoke in the provided outdoor smoking areas, nowhere else.**

1. Are you now living on a USDA/HUD property? ___ yes ___ no
2. Have you ever applied for a Government subsidized unit? ___ yes ___ no
   If yes, where? _____
3. Have you ever lived at any Holiday House Property? ___ yes ___ no
   If yes, where _____ and When_____
4. Do you know anyone who lives here? ___ yes ___ no
   If yes, name and apartment number _____
5. Have you ever been convicted of a felony? ___ yes ___ no
   In which state? _____
   If yes, please explain:
   _____
   _____
6. Have you been evicted within the last three years from federally assisted housing?
   for drug related criminal activity? ___ yes ___ no
7. Do you currently use illegal drugs? ___ yes ___ no
8. Are you a sex offender with lifetime registration requirements? ___ yes ___ no
9. Do you abuse or have a pattern of abuse of alcohol that would interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents? ___ yes ___ no
10. Have you ever been evicted from any leased premises? ___ yes ___ no
11. Does anyone live with you now who will not be listed on this application? ___ yes ___ no
12. Does anyone plan to live with you in the future that you now know? ___ yes ___ no
13. Do you, or anyone in your household, require special housing needs? ___ yes ___ no
    If yes, please explain:
    _____
14. Do you or anyone in your household benefit from the features of a handicapped accessible unit? ___ yes ___ no
15. As per the USDA RD guidelines are you or the co-tenant requesting an elderly-handicapped status and adjustment to income? ___ yes ___ no
16. Do you require a Resident Assistant? ___ yes ___ no
17. Do you or any member of you household:
    a. Work full-time, part-time or seasonally? ___ yes ___ no
    b. Expect to work for any period during the next year? ___ yes ___ no
    c. Work for someone who pays you in cash? ___ yes ___ no
    d. Expect a leave of absence from work due to lay-off, medical, maternity or military leave? ___ yes ___ no
    e. Now receive or expect to receive unemployment benefits? ___ yes ___ no
    f. Now receive or expect to receive alimony? ___ yes ___ no
    g. Now receive or expect to receive public assistance? ___ yes ___ no
    h. Now receive or expect to receive Social Security Benefits? ___ yes ___ no
    i. Now receive or expect to receive income from a pension or annuity? ___ yes ___ no
    j. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? ___ yes ___ no

k. Now receive or expect to receive Child Support? ___ yes ___ no

l. Receive income from assets including interest on checking or savings accounts, interest and dividend from certificates of deposit, stocks, bonds, or income from rental property? ___ yes ___ no

m. Own real estate or any assets for which you receive no income? ___ yes ___ no

18. Have you sold or given away real property or other assets for less than fair market value in the past two years? ___ yes ___ no

19. Do you own a car? ___ yes ___no

Make _____ Model _____ Year _____

Tag #: _____ State: _____

20. Do you have a pet? ___ yes ___ no

21. How did you hear about our property? _____

22. Have you been displaced by government action or a presidential declared disaster? ____yes ____no

24. Is your current or previous residence with a parent or relative? ____yes ____no

If yes, please explain:

_____

25. Do you now, or have you ever owned a home or had/have a mortgage? ___yes ___no

If yes, please list the name(s) of the mortgage company.

_____

_____

Market Value of your home $_____

LANDLORDS *NOT* RELATED TO YOU

Present Landlord/Complex Name: _____ Telephone # (____) - _____-_____

Your Address: _____ City, State, Zip: _____

Dates from: _____ to _____ Monthly Rent: _____

Reason for Moving: _____

Landlord/Complex Name: _____ Telephone # (____) - _____-_____

Your Address: _____ City, State, Zip: _____

Dates from: _____ to _____ Monthly Rent: _____

Reason for Moving: _____

Landlord/Complex Name: _____ Telephone # (____) - _____-_____

Your Address: _____ City, State, Zip: _____

Dates from: _____ to _____ Monthly Rent: _____

Reason for Moving: _____

ELIGIBILITY, INCOME, AND DEDUCTION CHECKLIST

List all household members:

Name (First, M.I., Last)	**Relationship**	**Date of Birth**	**Sex**	**Social Security #**
_____	_____	___/___/_____	_____	____/____/_____
_____	_____	___/___/_____	_____	____/____/_____

ELIGIBILITY:

1. I have a household member who is absent from the home due to:

Employment	____yes ____no
Military service	____yes ____no
Placement in foster care	____yes ____no
Temporarily in nursing home or hospital	____yes ____no
Permanently confined to nursing home	____yes ____no
Other	____yes ____no

2. I have a live –in attendant ____yes ____no

3. Expected changes in household:

Baby due on _____	____yes ____no
Adopting a child(ren) on _____	___yes ____no
Obtaining custody of a child(ren) on _____	____yes ____no
Obtaining joint custody of a child(ren) on _____	____yes ____no
Receiving a foster child(ren) on _____	____yes ____no
Away at school	____yes ____no

INCOME, ASSETS and DEDUCTIONS

INCOME:

1. Are you or any other member of the household currently receiving income from the following resources:

Wages and salaries	____yes ____no
Service Employment Program, AmeriCorps?	____yes ____no
If yes which one_____	
Tips, bonuses or commissions	____yes ____no
Overtime pay	____yes ____no
Income from operation of a business	____yes ____no

Social Security ____yes ____no

Disability/SSI ____yes ____no

Death benefits ____yes ____no

Pension/Retirement funds ____yes ____no

Annuities or non-revocable trust ____yes ____no

Unemployment ____yes ____no

Military pay ____yes ____no

Worker's Compensation ____yes ____no

Public Assistance/TANF ____yes ____no

Alimony ____yes ____no

Child Support ____yes ____no

Income from sale or rent of property ____yes ____no

Periodic payment from lottery winnings ____yes ____no

Wages earned through a government program such as Senior Aides, Older American Community

Regular recurring contributions from persons or agencies outside of home ____yes ____no

Insurance Policy ____yes ____no

Severance Pay ____yes ____no Other ____yes ____no

2. Are there any adult members of the household (over 18 years of age or older) receiving income not listed above? ____yes ____no

   If yes, specify the source of the income_____

ASSETS:

Do you or any other members of the household have any of the following:

Checking accounts ____yes ____no

Savings account ____yes ____no

Certificate of deposit ____yes ____no

Money market funds ____yes ____no

IRA/Keogh account ____yes ____no

Stocks ____yes ____no

Bonds ____yes ____no

Treasury bills ____yes ____no

Trust funds (do you have access to the funds?) ____yes ____no

If yes, is the trust irrevocable? ____yes ____no

Real estate ____yes ____no

Whole life or universal life insurance policy (term not included) ____yes ____no

Cash held in safety deposit boxes or at home ____yes ____no

Assets held in another state or foreign country ____yes ____no

Other ____yes ____no

1. Have you or any other members of the household received any lump sum payments, such as:
   Inheritance ____yes ____no Lottery winnings____yes ____no
   Insurance settlement ____yes ____no
   Other ____yes ____no
2. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years? ____yes ____no
3. Do you or any other household members have any assets that are held jointly with another person? ____yes ____no

DEDUCTIONS:

1. Are there any full time students 18 years of age or older in the household? ____yes ____no
2. Does any household member qualify for elderly deduction (age 62 or older or a person with disabilities? ____yes ____no
3. Do you have medical expenses that are not paid for by an outside source such as insurance (applicable to elderly/disabled)? ____yes ____no
4. Do you have disability expenses that are not paid for by an outside source?____yes ____no
   If yes, is this service necessary to enable a household member (including the member with the disability) to be employed? ____yes ____no
5. Do you have attendant care expenses? ____yes ____no
   If yes, is this service necessary to enable a household member (including the member with the disability) to be employed? ____yes ____no
6. Do you currently pay for childcare services for any children under the age of 13 residing in your household? ____yes ____no
   If yes, is this service necessary for you to be employed or to attend school? ___yes ____no
   If yes, are any of these expenses reimbursed by an outside source? ____yes ____no

NAMES OF ALL PEOPLE WHO WILL OCCUPY THE APARTMENT:

(First)_____(Middle)_____(No legal middle initial)____ (Last)_____

Relationship: _____Date of Birth: _____/_____/_____Place of birth:_____

Social Security Number _____-_____-_____ Sex:_____ Nationality:_____

U.S. Photo ID #_____ State____ U.S. Government I.D.#_____ State ____

U.S. Military ID #_____State____ Canadian DL#_____ State ____

(First)_____(Middle)_____(No legal middle initial)____ (Last)_____

Relationship: _____Date of Birth: _____/_____/_____Place of birth:_____

Social Security Number _____-_____-_____ Sex:_____ Nationality:_____

U.S. Photo ID #_____ State____ U.S. Government I.D.#_____ State ____

U.S. Military ID #_____State____ Canadian DL#_____ State ____

APPLICANT EMPLOYMENT REFERENCES

Present Company: _____ Telephone #: (____) - _____

Address: _____ City, State, Zip: _____

Position: _____ Supervisor: _____Gross Monthly Salary: $_____

Dates of Employment - From: _____ to _____

SPOUSE OR CO-APPLICANT EMPLOYMENT REFERENCES

Present Company: _____ Telephone #: (____) - _____

Address: _____ City, State, Zip: _____

Position: _____ Supervisor: _____Gross Monthly Salary: $ _____

Dates of Employment - From: _____ to _____

CREDIT REFERENCES

BANK/LOAN COMPANY/CHARGE ACCOUNTS

NAME	**ADDRESS**	**TYPE**
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME AND ASSET INFORMATION

NAME SOURCE OF INCOME	TYPE OF INCOME	GROSS MONTHLY INCOME(Wages, SS, SSI, AFDC)
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

LIST: All checking and savings accounts (including IRA's, Keogh Accounts, and Certificates of Deposit) for all household members below.

ASSETS

NAME	BANK NAME	TYPE OF ACCOUNT	BALANCE
_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____

List the values of all stocks, bonds, trusts, pensions, or other assets owed by any household members:

_____

_____

_____

List the value of any assets disposed of for less than their fair market value during the past two years:

_____

_____

_____

NAME AND ADDRESS OF NEAREST RELATIVES *NOT* IN HOUSEHOLD

Name: _____ Relationship: _____ Telephone #: (____) _____

Address: _____ City_____ State____ Zip Code____

Name: _____ Relationship: _____ Telephone #: (____) _____

Address: _____ City_____ State____ Zip Code____

NAME AND ADDRESS OF PERSONAL FRIENDS KNOWN OVER ONE YEAR

Name: _____ How Acquainted: _____ Telephone #: (____) _____

Address: _____ City_____ State____ Zip Code____

Name: _____ How Acquainted: _____ Telephone #: (____) ____-_____

Address: _____ City_____ State____ Zip Code____

PERSON(S) TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY

Name: _____ Relationship: _____ Telephone #: (____) ___-_____

Address: _____ City_____ State____ Zip Code____

Name: _____ Relationship: _____ Telephone #: (____) ___-_____

Address: _____ City_____ State____ Zip Code____

INSURANCE INFORMATION

Name of your health insurance company:_____ Cost per year: $_____ Do

you have Medicare: _____yes _____no Tenncare:_____yes _____no Other_____

List your Health care expenses ***not*** covered by insurance:
Physicians: $_____mo/yr **Dental**: $_____mo/yr **Vision**: $_____mo/yr **Prescriptions**: $_____mo/yr

OUR BASIC RENT INCLUDES:

Carpet, electric range, refrigerator, water heater, air conditioner/heating units and shades. Water, Sewer and Trash Service is included in the rent amount.

BASIC RENT DOES NOT INCLUDE:

Electricity, Telephone, internet or Cable Television.

Type of apartment desired:

_____handicapped _____no special preference

I give my permission for Holiday House to run a criminal background, credit and reference checks on me.

Signature of Applicant _____ Date: _____/_____/_____

Signature of Co-Applicant_____ Date: _____/_____/_____

***(Failure to agree to a criminal background check and credit and reference checks may be possible grounds for application denial.)*

I understand if there are increases / decreases or changes in any of the above figures, I must notify Holiday House immediately. I do swear and attest to the accuracy of the above information. I certify the housing I occupy will be my permanent resident and I will not maintain a separate subsidized or other rental unit in a different location.

Signature of Applicant_____ Date: _____/_____/_____

Signature of Co-Applicant_____ Date: _____/_____/_____

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

Ethnicity:
(A) Hispanic or Latino____
(B) Not Hispanic or Latino____

Race: (Mark one or more)

1) American Indian/Alaska Native____
2) Asian____
3) Black or African American_____
4) Native Hawaiian or Other Pacific Islander____
5) White_____

Gender: Male_____ Female_____

*Owner/Manager entered information. Initials ____

TO BE COMPLETED BY MANAGER OF THE HOLIDAY HOUSE

____approved _____disapproved

If disapproved give reason:
_____
_____

Signature of Manager: _____ **Date:**_____/_____/_____

Date the letter of results:

Sent____/_____/_____ Hand Delivered____/_____/_____Other:_____

EQUAL HOUSING OPPORTUNITY / HANDICAP ACCESSIBLE

Holiday House
310 S. Dillon Street
Woodbury, TN 37190
Phone: 615.563.2500
E-Mail: HolidayHouseWoodbury@rhlmgmt.com

TO: _____

_____

_____

To whom it may concern:

The individual(s) named below has applied for residency at our complex. They have stated that you are a present or former landlord. Your assistance is required to complete the application and return it to me via mail, as soon as possible. The information you provide will be used only for the purpose of determining the individual(s) eligibility for the program and will be kept in strict confidence.

_____ and I _____
(Applicant) (Co-applicant)

hereby authorize the release of all pertinent information on my behalf to the Holiday House. This includes permission to check my references as well as you releasing any information concerning me and my time spent as a resident at your facility.

ALL REPLIES WILL BE KEPT CONFIDENTIAL EXCEPT UPON THE REQUEST OF THE APPLICANT(S).

Signature of Applicant_____ Date: _____/_____/_____

Signature of Co-Applicant_____ Date: _____/_____/_____

Name of person(s) applying for apartment:

A. _____ **B._____**

-How long did the above person(s)/resident live in your apartment? _____

-Has the above person or persons been evicted from your property?
Yes___ No___ If yes, reason for eviction?
_____
_____

-Was the above person or persons ever asked to move? Yes___ No___ If yes, reason for asking to move.
_____
_____

-Have the above person or persons paid their rent on time? Yes___ No___

-Did the above person or persons interact well with neighbors? _____If not, what problems occurred?

_____

_____

-Has the above person ever been written up? Yes___No___ If yes, please explain

_____

_____

-Has the above person(s) kept the apartment clean and sanitary? Yes___ No___ If no, please explain

_____

_____

-Has the above person(s) had trouble with the police, sheriff's department or other law enforcement agencies while a resident? Yes ___ No___ If yes, what kind(s) of trouble?

_____

_____

-Would you rent an apartment to the above person or persons again? Yes ___ No___ If no, why not?

_____

_____

-Did they move out owing rent or damages? _____If yes, please explain.

_____

_____

-Is there any other information I need to know that hasn't been asked that would aid us in our decision for application?

_____

_____

_____

Form completed by: _____(Please print.)

Title_____ Date_____/_____/_____

Contact Phone Number: _____Fax Number: _____

Thank you in advance, Emily Brett, CPO FHC /Property Manager

Holiday House
310 S. Dillon Street
Woodbury, TN 37190
Phone: 615.563.2500
E-Mail: HolidayHouseWoodbury@rhlmgmt.com

TO: _____

_____

_____

To whom it may concern:

The individual(s) named below has applied for residency at our complex. They have stated that you are a present or former landlord. Your assistance is required to complete the application and return it to me via mail, as soon as possible. The information you provide will be used only for the purpose of determining the individual(s) eligibility for the program and will be kept in strict confidence.

_____ and I _____
(Applicant) (Co-applicant)

hereby authorize the release of all pertinent information on my behalf to the Holiday House. This includes permission to check my references as well as you releasing any information concerning me and my time spent as a resident at your facility.

ALL REPLIES WILL BE KEPT CONFIDENTIAL EXCEPT UPON THE REQUEST OF THE APPLICANT(S).

Signature of Applicant_____ Date: _____/_____/_____

Signature of Co-Applicant_____ Date: _____/_____/_____

Name of person(s) applying for apartment:

A. _____ **B._____**

-How long did the above person(s)/resident live in your apartment? _____

-Has the above person or persons been evicted from your property?
Yes___ No___ If yes, reason for eviction?
_____
_____

-Was the above person or persons ever asked to move? Yes___ No___ If yes, reason for asking to move.
_____
_____

-Have the above person or persons paid their rent on time? Yes___ No___

-Did the above person or persons interact well with neighbors? _____If not, what problems occurred?

_____

_____

-Has the above person ever been written up? Yes___No___ If yes, please explain

_____

_____

-Has the above person(s) kept the apartment clean and sanitary? Yes___ No___ If no, please explain

_____

_____

-Has the above person(s) had trouble with the police, sheriff's department or other law enforcement agencies while a resident? Yes ___ No___ If yes, what kind(s) of trouble?

_____

_____

-Would you rent an apartment to the above person or persons again? Yes ___ No___ If no, why not?

_____

_____

-Did they move out owing rent or damages? _____If yes, please explain.

_____

_____

-Is there any other information I need to know that hasn't been asked that would aid us in our decision for application?

_____

_____

_____

Form completed by: _____(Please print.)

Title_____ Date_____/_____/_____

Contact Phone Number: _____Fax Number: _____

Thank you in advance, Emily Brett, CPO FHC/Property Manager

Tenant Selection Criteria and Occupancy Standards

The following guidelines will be used by the Managing Agent of Holiday House in selecting residents who otherwise meet the income eligibility requirements as set forth by the applicable governmental agency (Rural Development and/or HUD).

Eligibility and selection requirements are established by the Management to avoid concentrations of persons whose conduct in present or prior housing has been such as to likely interfere with other tenants in such a manner as to diminish their enjoyment of the premises by adversely affecting their health, safety, welfare or to affect adversely the physical environment of the financial stability of the complex.

Conditions Governing Eligibility For Admission Requirements for Admission:

1. Social Security Numbers - The head of the household must disclose Social Security numbers for all family members in the form of a Social Security card issued by the Social Security Administration or other acceptable evidence of Social Security number as defined by the U. S. Department of Housing and Urban Development
2. Citizenship - Applicants are required to declare U.S. Citizenship, nationalization or immigrant eligibility status for each household member.

RESIDENT SELECTION & SCREENING CRITERIA

Eligibility requirements have been established with federal guidelines in order to house acceptable qualified applicants. In the selection of applicants for admission, all applicants will be screened carefully and the following eligibility standards shall be applied

A. Applicants must qualify under the income Limits for Admission guidelines established by HUD.

B. Applicants must fill out the application in its entirety.

C. All applicants must have satisfactory previous household records, including demonstrated ability to conform to rules and regulations, and respecting the rights of others. Such records should indicate that the applicant would not be a detriment to the health or safety of the neighbors or the community. Records should also indicate that the applicant would not have an adverse influence upon sound family and community life and would not be a source of danger to the peaceful occupancy of the other residents.

D. All applicants must have a satisfactory history in meeting financial obligations; including rent, and utilities.

E. Applicants may be rejected if they have a history of unsanitary or hazardous housekeeping which includes generally creating any health or safety hazard through acts of neglect and causing or permitting any damage to or misuse of premises and equipment, if the applicant is responsible for such hazard, damage, or misuse, including but not limited to, causing or permitting infestation, foul odors or other problems injurious to other persons' health, welfare or enjoyment of the premises; depositing garbage improperly; failing to use in a reasonable and proper manner all utilities,

facilities, services, appliances and equipment within the dwelling unit or failing to maintain them in a clean condition; or any other conduct or neglect which could result in health or safety problems or in damage to the premises.

F. Applicants may be rejected if there is reasonable cause to believe that an applicant's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety and right to peaceful enjoyment by other residents.

G. Applicants may be rejected for failure to cooperate with recertification requirements during previous tenancy at federally subsidized properties.

H. In order for acceptance, history may not include any type of eviction (including moving to avoid eviction proceedings), any record of disturbances, destruction of property, or living or housekeeping habits at prior residences which would adversely affect the health, safety, and welfare of other residents, or current use, sale, possession, or manufacturing of illegal drugs.

I. A credit report shall be obtained on each applicant. An applicant shall be rejected for unpaid accounts to current or previous landlords, and/or General Sessions Court judgments relative to landlords, and to utility companies. However, the applicant will not be rejected for having no credit experience

J. All applicants will submit to a criminal background check.
Applicant must not be subject to a state sex offender lifetime registration requirements.

K. Applicants must not be currently engaged in drug related or criminal activity. Applicants must not have been convicted of a drug related crime and/or other criminal activity. Applicants may also be rejected if there is reasonable cause to believe that there is a pattern of abuse of drugs and/or criminal offenses. Applications will be rejected to convicted felons.

L. Applicants must not have been convicted of or incarcerated for acts of physical violence to person or property.

M. Applicants must not have been convicted of or incarcerated for a crime which would threaten the health, safety and right to peaceful enjoyment of the property by other residents or the health and safety of the owner, employees, contractors, subcontractors or agents of the owner.

I/we have read through the Tenant Selection Criteria and Occupancy Standards and we meet all standard and Criteria for tenancy

_____

Applicant

_____

Co-Applicant