

# Timber Ridge

## Cottages & Apartments

3810 E Freeport Place, Broken Arrow, OK 74014

### Rent Amounts:

Two Bedroom/One Bath: \$365-\$950

Security Deposit: \$400

Application Fee: \$12.00 per adult

**Return completed packet and supporting documents to:**

**Krystal Gibbs c/o Timber Ridge  
524 W Will Rogers Blvd  
Claremore, OK 74017**

Email: Krystal Gibbs at [kgibbs@metroplains.com](mailto:kgibbs@metroplains.com)  
Phone Number: 918-550-2983

**\*\*\*MUST INCLUDE A COPY OF SOCIAL SECURITY CARD, DRIVERS LICENSE, AND 6 MOST RECENT PAYSTUBS FOR EVERY OCCUPANT\*\*\***



## RESIDENT SELECTION CRITERIA

**INTRODUCTION:** MetroPlains is committed to providing, managing, and promoting quality affordable housing to diverse communities in diverse locations. Residents will be impartially selected based upon the criteria specified below.

**Appropriate Family Size** – It is important that housing units are maximized to ensure that as many individuals as possible are housed. Therefore, the household size must be appropriate for the available unit – at least one person per bedroom and not more than two people per bedroom - See Appendix attached.

- A. Legal age** - You must be 18 years or older if applying for occupancy as head of household or co-head of household.
- B. Income** - The household income must fall within the established guidelines under the Section 42 Tax Credit program or other Federal or State program requirements. (See Appendix).
- C. Applicant Must Demonstrate Good Rental History** – We understand that life happens, so we are looking for “good” rental history, not “perfect” rental history. We will consider only three years prior to the date of application. Good rental history includes, for example, honoring the obligations of prior leases, honoring the rules of the community, engaging in a pattern of respectful conduct toward other community members, and leaving the community in the same condition as it was when it was initially rented.

Evictions filed within one year and resulting in a judgment, or two within five years resulting in a judgment, from date of application will be cause for denial of rental application. If the eviction is filed in connection with a foreclosure of the primary residence, it will not result in denial.

**APPEAL OR REVIEW:** Applicant may request an appeal or review if the only reason for denial is rental history and if they can show that the reported history is false or there were extenuating circumstances such as serious illness or loss of job. An apartment will not be held for the applicant during the appeal process.

- D. Credit History** – An applicant’s past financial performance in the form of credit history will be used to determine their likelihood of rental success. The following criteria will be applied on an individual basis and is limited to debts incurred within the twelve (12) month period preceding the application

At least five negative credit items or negative credit items totaling \$5,000.00 or more within one year of the application may result in a denial. A negative credit item is defined as a charge-off, bad debt, or a current late account over 90-days past due.



*Court actions for collections resulting in judgements, either pending or levied, may result in denial if the cumulative total, including negative credit items, exceeds \$5,000.00.*

Balance owed to a previous landlord within three (3) years from the application (except within the managed portfolio of MetroPlains), will result in denial. The balance must be paid in full to be considered for housing. Payment plans will not be considered.

**POLICY:** If there is a balance owing to a community that MetroPlains currently manages, the balance must be paid in full prior to lease approval. There is no time limit in this circumstance. MetroPlains will not approve a rental application if money is owed to current clients of MetroPlains.

**EXCEPTIONS:** Discharged bankruptcy proceedings, and the debts that have been discharged thereunder, past due medical bills, student loans, or a foreclosure of your primary residence will not be considered a negative credit item.

**APPEAL OR REVIEW:** Applicant may request an appeal or review if the only reason for denial is credit history and if they can show that the reported history is false or there were extenuating circumstances, for example, a serious illness. An apartment will not be held for the applicant during the appeal process.

- E. Criminal History** - Only conviction history will be considered for denial. All timeframes are determined from the date of the application.

The following criminal convictions, or convictions for conspiracy, will result in a fifteen (15) year denial period: murder; kidnapping or false imprisonment; weapons crimes; arson; crimes against children; sex crimes; robbery; assault and/or battery; theft/larceny.

Other felony convictions not listed above will result in a seven (7) year denial period.

Felony convictions relating to distribution of illegal drugs will result in a five (5) year denial period.

Gross misdemeanor convictions will result in a three (3) year denial period. Gross misdemeanor convictions involving operation of a motor vehicle will not be considered.

Incarceration (defined as more than 12 consecutive months of incarceration) will result in denial for two (2) years from the date of release.

Misdemeanors or petty crimes will result in denial if there are two or more within three years. Misdemeanor or petty crimes involving operation of a motor vehicle will not be considered.

Any convictions for possession of marijuana will not be considered.

In the case of domestic violence, dating violence, sexual assault, or stalking convictions, where the applicant is a victim, determination of tenancy or occupancy will be made on a case-by-case-basis in compliance with the Violence Against Women Act or state law.

**APPEAL OR REVIEW:** Applicant may request an appeal or review if they believe a denial based on criminal background is based upon incorrect or insufficient information. An apartment will not be held for the applicant during the appeal process.

**F. Student Status** – A household that is comprised of only full-time students will not be eligible for occupancy unless: This restriction applies to Section 42 Tax Credit properties.

- a) Students are married and entitled to file a joint tax return;
- b) At least one (1) student is a single parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent;
- c) At least one student is receiving Temporary Assistance for Needy Families (TANF) (formerly known as Aid to or in Minnesota, the Minnesota Family Investment Program (MFIP)); or
- d) At least one student participates in a program receiving assistance under the Job Training Partnership Act (JTPA), Workforce Investment Act or under other similar federal, state or local laws.
- e) At least one student of the household was, within five (5) years of the effective date of the initial income certification, in foster care.

**G. Behavior and Conduct** - If applicant exhibits any of the following, Management has the right to deny their application for housing: display of uncooperative, abusive or belligerent attitude towards Management and/or members of an interviewing committee during the application process, providing information on application or in an interview which is false, misrepresented, incomplete or non-verifiable.

**H. State and Federal Laws** - Applicants shall meet the eligibility requirements imposed by applicable State and Federal laws and any regulations.

**I. Denial of Application:** In the event any application is not approved, the applicant shall be notified, in writing, by first class mail as to the reasons for non-selection and whom to contact for additional information.

**J. VAWA (Violence Against Women Act):** Applicant may not be denied tenancy solely on the basis of criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking if the applicant otherwise qualifies for admission or occupancy.

**K. Holding a Unit:** If an applicant prefers a specific unit and they want that unit to be taken off the market, they must pay a holding fee. Any holding fee paid at this time will be applied to the security deposit when the applicant leases the unit. Unless the holding fee is paid, there is no guarantee that the applicant will secure the desired unit. Management will continue to process other applications for the unit. Prior to move-in, the security deposit and first month's rent must be paid in full.

**L. Verification:** Information provided on your application will be verified. For required verification purposes, applicants must sign a written authorization and release of information. Applications are not considered complete until all required verifications have been obtained.

**M. Reasonable Accommodation:** If you require a reasonable accommodation, please inform the community manager. A response will be provided within 10 days of the receipt of the request.

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date



**APPENDIX**

**Timber Ridge**

Name of Community

- Denial of Application: The tenant will be notified promptly.
- Waiting List: A waiting list will be maintained and tenants will be selected from the list in chronological order of application, insofar as is practicable.

**I. INCOME GUIDELINES: Tulsa, OK HMFA (Wagoner County)**

**MINIMUM INCOME:** Must have verifiable income equal to two times the monthly rent or assets at least equal to six months' rent.

<b>FAMILY SIZE</b>	<b>MAXIMUM INCOME 30%</b>	<b>MAXIMUM INCOME 50%</b>	<b>MAXIMUM INCOME 60%</b>	<b>MAXIMUM INCOME 80%</b>
1 Person	\$15,120	\$25,200	\$30,240	\$40,320
2 People	\$17,280	\$28,800	\$34,560	\$46,080
3 People	\$19,440	\$32,400	\$38,880	\$51,840
4 People	\$21,600	\$36,000	\$43,200	\$57,600

**II. DEFINITION OF GROSS ANNUAL INCOME**

Annual income is the gross amount of income anticipated to be received by the family during the twelve months following the effective date of occupancy.

**III. UNIT SIZE**

<u>Number of Bedrooms</u>	<u>Number of Persons</u>	
	<u>Minimum</u>	<u>Maximum</u>
2 Bedroom	1	4

**IV. APPLICANT SCREENING**

Each applicant for occupancy will be screened through the following consumer credit reporting agency:

RentGrow, Inc. dba Yardi Resident Screening  
For a free copy of your report: [www.yardi.com/yrs](http://www.yardi.com/yrs)  
Questions about your report: 1800-736-8476 x2



## APPLICATION for AFFORDABLE HOUSING TAX CREDIT (LIHTC) PROPERTY

Property Name:	Bedroom Size Requested:
Applicant Phone Number:	Applicant Email Address(es):
Applicant Current Address:	
For Office Use Only: Date/Time Received:	Agent Signature:
<b>THIS APPLICATION MUST BE COMPLETED AND RETURNED WITH A \$ _____ NON-REFUNDABLE APPLICATION PROCESSING FEE. ALSO ENCLOSE COPIES OF ALL SOCIAL SECURITY CARDS.</b>	

**\*\*PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS. Do not leave any space or blanks. Write "NO or N/A" where appropriate\*\***

Directions to Applicant: Please complete the table below for each member of your household, whether those members are related. A separate application is required for each adult with the exception of head and spouse. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive the application or call to schedule assistance. Applications must be filled completely to be accepted for processing. Incomplete applications will be returned. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

HOUSEHOLD COMPOSITION - NAME ALL PEOPLE TO OCCUPY UNIT					
Last Name, First, MI	Relationship	Sex (Optional)	Date of Birth	Social Security #	Full-Time Student Yes or No
1.	<b>HEAD</b>				
2.					
3.					
4.					
5.					
6.					

If Divorced or Separated in the last 5 years, list the year (also attach copy of divorce decree): \_\_\_\_\_

If any member of the household has used another name, please list this below (maiden name, former name, etc)

Former Name Used: \_\_\_\_\_

1. Do you expect any changes in the household composition in the next 12 months (expecting a child)? If yes, please explain:	Yes	No
2. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why: _____	Yes	No
3. Are you a Veteran? (Applicable for Texas properties only) Important information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <a href="https://veterans.portal.texas.gov/">https://veterans.portal.texas.gov/</a> .	Yes	No





**PART II - STUDENT QUESTIONS - TO BE COMPLETED BY APPLICANT**

All family members 18 or over listed as Full-Time Students provide the following information:	
School Name & Address:	
School Name & Address:	

<p>3. I certify, under penalty of perjury, that I am NOT a full-time or part-time student and have not been a full-time or part-time student in the last calendar year. I will notify management if I become a full-time or part-time student in the future and understand that my student status could affect my eligibility to live in this complex.</p> <p>I AM a full-time or part-time student. (Student eligibility requirements apply to applicants enrolled at an institution of higher education who are under 24 years of age, unless the applicant is a student who is living with his/her parents who are applying for Section 8 assistance.)</p>	
(a) Are the students married and entitled to file a joint tax return?	Yes No
(b) Is the student a title IV recipient?	Yes No
(c) Is the student enrolled in a job training program receiving assistance under the Job Training Partnership Act?	Yes No
(d) Is the student a TANF/MFIP recipient?	Yes No
(e) Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent?	Yes No
(f) Does the household consist of at least one student who was previously under foster care within 5 years of the effective date of the initial income certification? (provide verification of participation)	Yes No

**PART III - OTHER - TO BE COMPLETED BY APPLICANT**

4. Do you have full custody of your child (ren)? Explain the custody arrangements:	Yes	No	N/A
5. Have you ever been evicted? If yes, explain:	Yes	No	
6. Have you ever been convicted of a felony? If yes, explain:	Yes	No	
7. Does your household have a pet?	Yes	No	
8. Will your household be eligible, currently receiving, or are you applying to receive Section 8 rental assistance or any other rental assistance in the next 12 months? Explain:	Yes	No	
9. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, please explain	Yes	No	
10. Have you ever lived with or applied for housing with MetroPlains Management? If so, when and where?	Yes	No	
11. Have you or any member of your household lived in any other states? If yes, Please list.	Yes	No	





**PART IV – RENTAL HISTORY - TO BE COMPLETED BY APPLICANT**

12. Residence History: Current & Previous Landlords: (Past 3 years' residence including any owned by applicants.)

Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address	Landlord Phone	
When did you move in:	When did you move out:		Rent    Own
Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address	Landlord Phone	
When did you move in:	When did you move out:		Rent    Own
Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address	Landlord Phone	
When did you move in:	When did you move out:		Rent    Own

**PART V - PERSONAL REFERENCES - ONLY NEEDED IF THERE IS NO LANDLORD HISTORY**

13. Personal Reference #1: Name and Address of a Personal Reputable Reference (Ex. Employer, teacher etc.) (No Relatives)

Name	Reference's Phone #
Address	
How many years have you known the applicant(s)?	What is your relationship to the applicant?
Name	Reference's Phone #
Address	
How many years have you known the applicant(s)?	What is your relationship to the applicant?

**PART VI - SPECIAL NEEDS - TO BE COMPLETED BY APPLICANT**

14. Does anyone in your household have special needs?	Yes    No
15. Special living accommodations required? If yes, please explain:	Yes    No
16. Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing, or visual impairments?	Yes    No



**PART VII - IN CASE OF EMERGENCY, NOTIFY: - TO BE COMPLETED BY APPLICANT**

Name/Relationship	Address	Phone

**PART VIII - HOUSEHOLD INCOME - TO BE COMPLETED BY APPLICANT**

Indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12-month period beginning this date. Do you or any one in your household have:

INCOME	YES	NO	MEMBER #	GROSS MONTHLY	SOURCE OF INCOME & CONTACT INFORMATION
(17) Wages or Salaries (gross income)				\$	
(18) Child Support (court ordered amount)				\$	
(19) Alimony				\$	
(20) Social Security and/or Railroad Pension				\$	
(21) Supplemental Security Income (SSI)				\$	
(22) Public Assistance - TANF, General Assistance				\$	
(23) Veterans Administration Benefits				\$	
(24) Pensions, IRA, and/or 401 (k) (Keogh Accounts) (regular periodic payments)				\$	
(25) Annuities (regular periodic payments)(RMD's)				\$	
(26) Unemployment Compensation				\$	
(27) Disability, Death Benefits, Adoption Assistance and/or Life Insurance Dividends				\$	
(28) Worker's Compensation				\$	
(29) Severance Pay				\$	
(30) Net Income from a Business (Self-Employment, including rental property/land)				\$	
(31) Long Term Medical Care Insurance Payments in Excess of \$180.00 per day				\$	
(32) Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies, or individuals not living in the unit (not including groceries)				\$	
(33) Lottery Winnings or Inheritances				\$	
(34) All regular pay paid to members of the Armed Forces				\$	
(35) Education, Grants, Scholarships or other Student Benefits				\$	
(36) Other Income (Cash Payments)				\$	
(37) Are any changes of income expected within the next 12 months? If yes, please explain:					Yes No



**PART IX - ASSETS - TO BE COMPLETED BY APPLICANT**

CURRENT ASSETS – List all assets currently held by all household member and the cash value of each. The cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

Do you or anyone in your household have:

ASSET	YES	NO	MEMBER #	CASH VALUE	NAME OF BANK OR INSTITUTION & CONTACT INFORMATION
(38) Savings Account				\$	
(39) Checking Account (Demand Deposit Account) (6 Month Average Balance)				\$	
(40) Certificate of Deposit				\$	
(41) Prepaid Debit Card (Direct Express, NetSpend, Citibank, reloadable Wal-Mart cards, red or green dot cards, Etc.)				\$	
(42) Trust Account				\$	
(43) Real Estate or Contract for Deed				\$	
(44) Retirement Fund / Annuities (Include 401k, IRA's or Keogh Accounts) (ONLY INCLUDE IF YOU HAVE ACCESS TO)				\$	
(45) Mutual Funds				\$	
(46) Saving Bonds				\$	
(47) Money Market Account				\$	
(48) Personal Property held as investment (Collector or show car, stamp or coin collection, antiques, etc)				\$	
(49) Whole or Universal Life Insurance?				\$	
(50) Lump sum payments? (lottery winnings, inheritances, etc)				\$	
(51) Online donation accounts? (GoFundMe, Kickstarter, Fundly, local bank)				\$	
(52) Other					

53. Have you sold or disposed of any other assets in the last 2 years? (given money away, set up Irrevocable Trust Account, property, etc.) If yes, type of asset: _____  Market Value when sold or disposed: _____ Amount sold or disposed for: _____  Date of Transaction: _____	Yes    No
54. Are any accounts held jointly with someone not in the unit?  If yes, which account _____ Percentage of ownership _____	Yes    No

**\*\* Before you complete the next section of the application, were all questions above completely answered? All blanks filled in? If not, please go back through the application and complete the sections that were left blank. \*\***



**PART X - DEMOGRAPHIC INFORMATION**

The following questions are voluntary to be used for statistical purposes only. You are not required to answer, nor does your answers affect your eligibility.

Check all that apply:

RACE	ETHNICITY	SEX	MARITAL STATUS
American Indian or Alaska Native	Hispanic or Latino	Is the Head of Household Male      Female	Married
Asian	Non-Hispanic or Latino	Is the Co-Head of Household Male      Female	Single
Black or African American			Divorced
Native Hawaiian or Other Pacific Islander			Widowed
White			Separated

**PART XI - RESIDENT'S STATEMENT - TO BE COMPLETED BY APPLICANT**

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

Any applicant, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing.

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:**

\_\_\_\_\_  
Applicant Signature (Head) Date

\_\_\_\_\_  
Applicant Signature (Co-Head) Date

\_\_\_\_\_  
Other Applicant Signature Date

Signature of Management

Representative: \_\_\_\_\_ Date \_\_\_\_\_

This applicant required assistance in completing the Application due to:	
Assistance was provided by	Date



## AFFIDAVIT OF UNEMPLOYMENT – SEASONAL EMPLOYMENT

Our apartment community provides affordable housing under Section 42 of the Internal Revenue Code. Households applying for occupancy are required to disclose their employment status and future intentions for purposes of determining income eligibility.

**Who should complete this form:** If you are age 18 or older or an emancipated minor and you are not employed, this form must be completed. Note that intentionally supplying false information is punishable under the Statute of Frauds.

The US Government requires the following: All questions must be answered Yes, No or N/A. If a question does not apply, put N/A. If uncertain, provide best available information. Use of "White Out" and pencil is prohibited. If information must be changed, strike through initial change. The signature of person completing this form and the date signed is required.

**A separate form must be completed by each non-employed adult member of the household.**

Applicant Name		SSN <sup>1</sup>
Address		Phone
City	State	ZIP Code

Choose the appropriate statement below:

1.  I am currently unemployed and I do not intend on becoming employed in the next 12 months due to: \_\_\_\_\_

(Please check one)

- a.  I am currently receiving unemployment benefits.
- b.  I am not currently receiving but **do anticipate** receiving unemployment benefits.
- c.  I am not currently receiving and **do not anticipate** receiving unemployment benefits.

2.  I am not currently employed but I anticipate becoming employed in the next 12 months. I have accepted a position with \_\_\_\_\_ (employer) that will begin on \_\_\_\_\_ (date).

3.  I am a seasonal employee.

(Please check one)

- a.  I verify that I am a seasonal employee and that I plan on seeking other employment, but have no confirmed employment.
- b.  I verify that I am a seasonal employee and have no plans to seek additional employment.

4.  Other (explain): \_\_\_\_\_

By my signature below, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move in, I will notify management of any changes to these circumstances.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<sup>1</sup> In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.

OKLAHOMA SUPPLEMENTAL FORM

FELONY QUESTIONNAIRE

**ATTACHMENT TO:**    **Application**  
                                  **Lease**  
                                  **Re-certification Paperwork**

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Has anyone in the household ever been convicted of a felony?

\_\_\_\_\_ or \_\_\_\_\_  
**Yes**            **No**

**I yes, this gives us the right not to rent to your household, or if  
This occurs after move-in, it gives us the right to terminate your  
occupancy.**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_



**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

Housing Tax Credit Program, Rural Development, and HOME

9/19

Property Name: \_\_\_\_\_

Unit: \_\_\_\_\_

As a condition of participating in an affordable housing program, I understand the property owner is required to initially and annually certify each resident's eligibility for such program. Consequently, I understand it is necessary for me to give authorization for specific income, asset, medical, and childcare expense information to be provided on one or more of the following forms:

- |                                |                       |
|--------------------------------|-----------------------|
| Employment                     | Military Pay          |
| Unemployment                   | Veteran's Benefit     |
| Self-Employment                | Worker's Compensation |
| Social Security/SSI            | Bank                  |
| Public Assistance              | Pension/Annuity       |
| Regular Contributions          | Stocks/Bonds          |
| Alimony/Child Support          | Real Estate           |
| Student Status & Financial Aid | Disability Status     |
| Landlord Verification          | Medical Providers     |
| Life Insurance                 | Trust Accounts        |

This authorization is limited to the forms listed above and expires 365 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose my specific income, asset and medical information as requested on the forms above. No other information may be released without my express written authorization.

*Notice to applicant/resident: Do not sign this document unless the authorized management agent's signature appears at the bottom of this page.*

\_\_\_\_\_  
 Signature of Applicant/Resident

\_\_\_\_\_  
 Printed Name of Applicant/Resident

\_\_\_\_\_  
 Date

By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:

1. Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property;
2. The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by property administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and
3. The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.

\_\_\_\_\_  
 Signature of Authorized Management Agent

\_\_\_\_\_  
 Printed Name of Agent

\_\_\_\_\_  
 Date

This institution is an equal opportunity provider and employer. We do not discriminate against any person because of race, color, sex, religion, national origin, handicap, familial status, age, marital status, or receipt of public assistance as provided under applicable State laws and Section 504 of the Rehabilitation Act of 1973 coordinator available. ND TDD 800.366.6888



Equal Housing Opportunity





**GENERAL CONSENT RELEASE**

The following named individual has made application with:

\_\_\_\_\_ Property

Please PRINT complete Legal Name:

\_\_\_\_\_ Last First Middle  
Date of Birth

\_\_\_\_\_ Maiden/Former Name Month/Day/Year

Drivers License \_\_\_\_\_ State \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment \_\_\_\_\_

Current job \_\_\_\_\_ (years) Current Job Income \_\_\_\_\_ (monthly)

I authorize RENTBUREAU and MetroPlains to investigate my criminal history, residential, employment and income history, and bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: Credit Bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records, county or state criminal records as follows, or other sources required. It is understood that a photocopy or facsimile copy of this form will serve as authorization.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

\_\_\_\_\_ Applicant's Signature Date

**ADDITIONAL SEARCH REQUESTED**

Out of state search , County (If you lived in any other state, please list city, state & county)

1. \_\_\_\_\_  
City County State

2. \_\_\_\_\_  
City County State



This institution is an equal opportunity provider and employer. We do not discriminate against any person because of race, color, sex, religion, national origin, handicap, familial status, age, marital status, or receipt of 1973 public assistance as provided under applicable State laws and Section 504 of the Rehabilitation Act of coordinator available. TDD 800.366.6888







## ANNUAL STUDENT CERTIFICATION

Effective Date: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_  
(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
\_\_\_\_\_ Building Address: \_\_\_\_\_

Check A, B, C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. \_\_\_\_\_ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. \_\_\_\_\_ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:
- |   |     |    |
|---|-----|----|
| 1. Are the students married and entitled to file a joint tax return?<br>(attach marriage certificate or tax return)   | YES | NO |
| 2. Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)?<br>(provide release information for verification purposes)  | YES | NO |
| 4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under similar, federal, state, or local laws? (attach verification of participation)  | YES | NO |
| 5. Does the household consist of at least one student who was, within 5 years of the effective date of the initial income certification, under the care and placement responsibility of the state agency responsible for administering foster care?<br>(provide verification of participation)  | YES | NO |

*Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date



Equal Housing Opportunity

This institution is an equal opportunity provider and employer. We do not discriminate against any person because of race, color, sex, religion, national origin, handicap, familial status, age, marital status, or receipt of public assistance as provided under applicable State laws and Section 504 of the Rehabilitation Act of 1973 coordinator available. ND TDD 800.366.6888





**HOLDING FEE AGREEMENT**  
(Market Rate or Tax Credit)

Date: \_\_\_\_\_

This agreement between Owner (legal name): \_\_\_\_\_,

and the undersigned, (applicant name(s)): \_\_\_\_\_.

hereby agree to the following:

1. The total amount of security deposit for the unit located at (full address):

\_\_\_\_\_ is \$ \_\_\_\_\_.

2. The tentative effective Lease date is: \_\_\_\_\_ Rent amount is \$ \_\_\_\_\_.

3. Minimum holding fee is \$250.00.

4. Applicant has three days from the date of application to rescind this agreement. After the three day period, if applicant chooses not to lease the unit, the fee will be kept to offset the Landlords cost in processing the application. If applicant is not approved for occupancy, the fee will be refunded (\_\_\_\_\_ initial).

6. If Applicant is approved for occupancy, the money paid will be applied towards the Security Deposit. It is understood that the balance of the security deposit and first month's rent must be paid prior to signing the Lease Agreement.

**UPON MOVE-OUT, RETURN OF THE SECURITY DEPOSIT IS SUBJECT TO STATE LAW.**

\_\_\_\_\_  
*Signature*                      *Date*                      *Signature*                      *Date*

\_\_\_\_\_  
*Signature*                      *Date*                      *Management Signature*                      *Date*

