



DEARDORF PROPERTY MANAGEMENT, INC.



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**APARTMENT/DUPLEX APPLICATION
AND
RESIDENT SELECTION CRITERIA**

PLEASE PRINT ALL INFORMATION ON THE APPLICATION

FOR MANAGER'S USE ONLY

Date Received _____ Applicant's name _____
Time Received _____ Apartment # _____
Estimated Income _____ Move-in date _____
Income guideline _____ eligibility Level _____

This is an application for housing in the _____ Apartments/ Duplexes located in _____. Please complete and return this application to the Site Manager.

Applications are placed on the waiting list order of date and time received. Applicants will be interviewed only after the application has been completed.

\$20.00 APPLICATION FEE: (NON-REFUNDABLE)

Please have exact amount when paying the app fee; no cash left on site

Apartments – At the time the paperwork is ready to be processed, the manager will collect a \$20 application fee.

Duplex – At the time the paperwork is ready to be processed, the manager will collect a \$20.00 application fee. Application fee will be sent to DPM, Inc. by manager.

Application Fee Receipt # (Apartment only) _____

Date Application Fee paid _____

NOTE: It shall be all Applicants responsibility to determine his/her own capacity and/or their household member's capacity to occupy and function independently in the housing environment offered. Thus, the resident ASSUMES THE RISK and RESPONSIBILITY of living independently within and upon the premises.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."

ALL BLANKS MUST BE COMPLETED. NO WHITE OUT PLEASE. PLEASE PRINT

A. HEAD OF HOUSEHOLD - GENERAL INFORMATION

APPLICANT'S FULL NAME _____

Address: _____
Street Apt# City/State Zip

Telephone # _____ Presently Monthly rent _____
Present Monthly utilities _____
Number of bedrooms _____

Reason for moving: _____

Present Landlord: _____ Lived there From: _____ to _____

Landlord Telephone: _____ Landlord Address: _____

City: _____ State: _____ Zip: _____

PREVIOUS LANDLORD #1

Name _____ Monthly Rent \$ _____

Address _____
Street City/State Zip

Phone _____ Lived there From: _____ To: _____

PREVIOUS LANDLORD #2

Name _____ Monthly Rent \$ _____

Address _____
Street City/State Zip

Phone _____ Lived there From: _____ To: _____

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:

#1 Name _____

Address _____
Street City/State Zip

Phone number _____ Relationship _____

#2 Name _____

Address _____
Street City/State Zip

Phone number _____ Relationship _____

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B. CO-APPLICANT - GENERAL INFORMATION

CO-APPLICANT NAME _____

Address: _____
Street Apt # City/ State Zip

Telephone # _____ Presently Monthly rent _____
Present Monthly utilities _____
Number of bedrooms _____

Reason for moving: _____

Present Landlord: _____ Lived there From: _____ to _____

Landlord Telephone: _____ Landlord Address: _____

City: _____ State: _____ Zip: _____

PREVIOUS LANDLORD #1

Name _____ Monthly Rent \$ _____

Address _____
Street City/State Zip

Phone _____ Lived there From: _____ To: _____

PREVIOUS LANDLORD #2

Name _____ Monthly Rent \$ _____

Address _____
Street City/State Zip

Phone _____ Lived there From: _____ To: _____

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:

#1 Name _____

Address _____
Street City/State Zip

Phone number _____ Relationship _____

#2 Name _____

Address _____
Street City/State Zip

Phone number _____ Relationship _____

APARTMENT TYPE REQUESTED: _____ One Bedroom
_____ Two Bedroom
_____ Three Bedroom
_____ Handicap Accessible

C. FAMILY HOUSEHOLD COMPOSITION

LIST ALL PERSONS WHO WILL LIVE IN THE APARTMENT. LIST HEAD OF HOUSEHOLD FIRST.

| First Name, MI, Last Name | Relationship | Birth Date | Social Security # | Student Yes or No |
|---------------------------|--------------|------------|-------------------|-------------------|
| 1. | APPLICANT | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Birth Certificate(s) for all minors (under the age of 18 years of age) will be required. Please provide the manager with copies at the interview.

MARITAL STATUS:

APPLICANT Single Never Married ___ Married ___ Divorced ___ Widowed ___ Separated ___
 CO-APPLICANT Single Never Married ___ Married ___ Divorced ___ Widowed ___ Separated ___

D. PROGRAM INFORMATION

How did you hear about this housing?

Have you ever been evicted ?

Applicant ___ yes ___ no Co-Applicant ___ yes ___ no

If YES, Where _____ Address: _____

When _____ Describe reason _____

Have you ever lived in a DPM, Inc. property?

Applicant ___ yes ___ no Co-Applicant ___ yes ___ no

If YES, Where _____ When _____

Are you a current illegal user of a controlled substance?

Applicant ___ yes ___ no Co-Applicant ___ yes ___ no

D. PROGRAM INFORMATION - Continued

Have you ever been convicted of a Felony?

Applicant ____ yes ____ no Co-Applicant ____ yes ____ no

(as part of the selection criteria you will need to give authorization to release a police report)

Have you ever been required to register as a sex offender?

Applicant ____ yes ____ no Co-Applicant ____ yes ____ no

E. OTHER REQUIRED INFORMATION

If there is any change in the information below during your residency, you will need to notify the manager right away.

VEHICLES: List any cars, trucks or other vehicles owned. There is no assigned parking spaces, so any additional vehicles may need to be parked in the designated "Visitor" section.

Type of Vehicle _____ Year/Make _____

Color _____ License Plate # _____

Additional Vehicles:

Type of Vehicle _____ Year/Make _____

Color _____ License Plate # _____

Do you own any Pets? ____ yes ____ no If YES, Type _____

Note: Federal law states those residents of "Elderly Housing" communities with federal funding not be denied the right to have a domestic pet in their household.

Federal law states those residents of "Open Family" communities with federal funding where a member requires a service or assistance animal in their household.

IF YOU OWN A PET, YOU WILL NEED TO REQUEST A COPY OF THE COMPLEX PET AGREEMENT BEFORE MOVING IN.

F. Childcare Costs:

Complete this section for children who have child care services. Include costs that are not reimbursed by any agency. This amount may only be used in the calculation of adjustment to rent, if parent(s) is/are working OR attending school.

Do you have to pay any childcare expenses in order to be gainfully employed or attending school? Yes _____ No _____

Name of person or agency caring for Child(ren) _____

Address _____ Phone _____

Street City/State Zip

Revised: 3-1-09

G. ASSETS: (For any assets you do not have you must place a "0" in each column)

REAL ESTATE:

Do you own any property? Yes _____ No _____
 If yes, type of property: _____ Location: _____
 Appraise Market Value: \$ _____

Do you have any land contracts? Yes _____ No _____
 If yes, type of property: _____ Location: _____
 Terms of Contract: _____

Do you receive any rent from your property? Yes _____ No _____
 If yes, type of property: _____ Location: _____

| Type of Assets | Value | Account # | Organization Name, Phone & Address |
|--|-------|-----------|------------------------------------|
| Checking Account | | | |
| Checking Account | | | |
| Savings Account | | | |
| Savings Account | | | |
| Cash on Hand/At Home | | | |
| Trust Accounts/ Revocable or Irrevocable | | | |
| CD's | | | |
| CD's | | | |
| Credit Union | | | |
| IRA's/Pensions/401K/Mutual funds | | | |
| Stocks/ Bonds/ Money Mkts. | | | |
| Whole Life | | | |
| Money in a safety deposit box | | | |
| Savings Bonds | | | |
| Personal Property held as an investment | | | |
| Other (Describe) | | | |

Amount received per month: _____

ASSETS DISPOSED OF: Applicant/ residents must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification/recertification. This includes but is not limited to assets or money given away or sold for less than their true value if offered for sale to the public.

Did you dispose of any assets for less than fair market value in the last two years? Yes ___ No ___

Please list assets disposed of:

| ASSET | MARKET VALUE | AMOUNT RECEIVED | DATE DISPOSED OF |
|-------|--------------|-----------------|------------------|
| | | | |

H. INCOME:

RURAL DEVELOPMENT, USDA and Section 42 of the Internal Revenue Codes regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in this RURAL DEVELOPMENT, USDA property must complete this disclosure form by filling in the requested information and certifying this form. This form must be completed in its entirety. Please provide the mailing address and phone number for each of these sources in the area provided. Should you need assistance completing this form, feel free to ask your Resident Manager for assistance.

To determine your eligibility to occupy a unit in this project, we need the total amounts of all income sources earned by your household. You must list any income in which you and your household member receive. (You must place a "0" in each column from which no income is received)

| INCOME SOURCES | HOUSEHOLD MEMBER WHO RECEIVES THE INCOME | MONTHLY GROSS AMT. RECEIVED (a "0" must be marked in each column in which you do not receive income from that source) | PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM (Please provide) |
|--|--|---|---|
| Salary/Wages/Employment/Tips/Bonuses | | | |
| Salary/Wages/Employment/Tips/Bonuses | | | |
| Self Employment/Unearned Income/Workers Compensation | | | |
| Social Security Benefits | | | |
| Social Security Benefits | | | |
| SSI | | | |
| Disability Pension / Death Benefits | | | |
| Pension / Retirement Funds | | | |
| Welfare | | | |
| AFDC/ TANF/ OWF | | | |
| Rental Income | | | |
| Unearned income from a family member under 17 years of age | | | |
| Alimony / Child Support | | | |
| Military Payments/GI Bill/ VA | | | |
| Unemployment | | | |
| Net Farm/ Business Income | | | |
| Recurring gifts/ monetary or not | | | |
| Other | | | |

Do you anticipate any changes in income during the next 12 months? Yes _____ No _____
 Explanation: _____

CHILD SUPPORT:

We must count court ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather received directly from payor.

Are you or any member of your household entitled to receive child support payments? Yes _____ No _____

If yes, are you currently receiving any child support payments? Yes _____ No _____

If yes, are your child support payments court ordered? Yes _____ No _____

If money is not actually received, are you taking legal action to remedy? Yes _____ No _____

Explanation: _____

I. ELDERLY OR DISABLED, HOUSEHOLD ELIGIBILITY:

Are you applying for status as an "Elderly" household where the Resident or Co-Resident is age 62 years of age or older; or disabled regardless of age? ____ yes ____ no

If YES, you may qualify for a \$400.00 adjustment to your household income. Please note that your eligibility as an elderly or disabled will need to be third party verified by the manager.

J. MEDICAL: THIS SECTION IS APPLICABLE FOR APARTMENTS ONLY, NOT DUPLEXES

Complete this section only if Applicant or Co-Applicant is age 62 or older; or disabled, regardless of age. This information will be used in calculating the adjustments to your rent and is required to be verified.

Health insurance coverage? Name of company _____

Address _____
Street City/State Zip

Monthly insurance premiums
Applicant \$ _____ Co-Applicant \$ _____

Anticipated Medical/Prescription costs NOT covered by insurance or other reimbursements.
Medical (i.e. physician, optometrist, hospital, etc)

Monthly Medical Costs/Payments \$ _____

Monthly Prescription Costs/Payments \$ _____

You will need to provide your manager with the names and address of all sources of medical/prescription services. Please have them all listed before the interview.

Handicap Assistance Expenses complete only if Handicap expenses allow the handicapped or another household member to work. (i.e. Van with lift, amount it cost to pay someone to drive household member to work, etc.)

List type of expenses _____ Monthly amount \$ _____

_____ Monthly amount \$ _____

_____ Monthly amount \$ _____

K. SPECIAL NEEDS

Does your household have any special needs? (i.e. handicap adapted unit, another bedroom for live-in attendant, etc.)

____ yes ____ no If YES, please describe _____

Are you Displaced? (i.e. your home has been condemned, fire, tornado, landlord sold the building etc.)

____ yes ____ no If YES, Name of displacement agency _____

I do hereby certify that the information listed on this form and the questions answered are true and complete to the best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. Some Rural Development offices has also established a process to match resident wage and benefit dates with federal and state records to assure that applicants/ residents are fully disclosing income. I hereby consent to release wage matching data to applicable Rural Development offices and Landlord. I hereby certify that if I am applying for a federally subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

I also certify by my signature below that I have the legal capacity to enter into a lease agreement. (18 or older)

Applicant's signature _____ Date: _____

Co-Applicant's signature _____ Date: _____

DATA COLLECTION
Title VI Civil Rights Act of 1964

Under Title VI Civil Rights Act of 1964 recipients of Rural Development assistance must maintain, for compliance review and discrimination complaint investigation purposes by Rural Development and other appropriate agencies, various types of data by race and national origin. The recipient must maintain this data to show the extent to which members of protected groups are participants and beneficiaries of the Rural Development assisted program. The following statement and data collection should be used on all application forms.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. 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, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

APPLICANT: () I do not wish to furnish this information

Ethnicity: () Hispanic or Latino () NOT Hispanic or Latino

Race / National Origin: () American Indian or Alaska Native (not Alaskan) () Asian () Native Hawaiian or other Pacific Islander
() Black or African American () White

Gender: () Female () Male

RESIDENT SELECTION CRITERIA
EFFECTIVE 4-1-07

STUDENT **If the complex is in the Low Income Housing Tax Credit Program the applicant(s) must meet IRS Section 42 requirements for a full time student, in order to be considered for resident selection. The definition of a full time student is someone who meets all of the following criteria:**

1. Attends School/College five months out of twelve
 2. Number of credit hours as defined by School/College considers you full-time
-

If the complex is in the Rural Development Section 515 Program the applicant(s) must meet the Rural Development Handbook requirements for students. This includes full and part time students.

You may request both of the above guidelines from the complex Manager.

YOU WILL NEED TO PROVIDE THE MANAGER WITH THE SCHOOL NAME, ADDRESS, AND PHONE NUMBER.

CREDIT "APPROVED" credit rating based on a credit check with the local credit bureau. Proceed with interview.

OR

"GUARANTOR NEEDED" denied credit rating within the last 12 months based on a credit rating with the local credit bureau. Provide an "APPROVED" guarantor for rent and damages.

If AN "APPROVED GUARANTOR" IS NOT PROVIDED WITHIN 3 DAYS, THE APPLICANT WILL BE REMOVED FROM WAITING LIST.

GUARANTOR The definition of a guarantor is someone who will sign the One-Year Guarantee holding them responsible for rent and damages to the unit, and will be named (along with the applicant) in any legal action taken to recover rent and/or damages. A "Guarantor" must have approved credit rating (i.e. credit report must be run on them just like the applicant). An application fee is not applicable to the Guarantor. The Guarantor must personally meet the on-site manager and must sign the one-year guarantee in presence of the site manager. The Guarantor must be present for the move-in inspection, must read the lease and the Resident Information Guide, and must be present for the move-out inspection.

REFERENCE Provide an approved reference from a current and/or previous Landlord(s)/ Mortgage Holder/Guardian concerning status of residency. (i.e. rented, owned home, lived at home etc.)

History of eviction will be further reviewed.

INCOME Third party verification is needed to verify the applicant has sufficient household income to afford rent and utilities. Third party verification of income is also needed to verify eligibility to meet the income guidelines of the complex.

Household income will be used as part of the calculation to determine the amount of rent the applicant will be paying.

Additional verifications may be required by the applicant(s), depending upon the Following examples:

- HOUSEHOLD STATUS (elderly, familial, student)
- MARITAL STATUS (single parent, divorced, never married, custody)
- REAL ESTATE and ASSETS (home, trailer, land rental income, CD's, bank accounts)
- INCOME ADJUSTMENTS (minors, medical, childcare, or disabled)

PERSONAL INTERVIEW

A personal interview will be held when the application is brought to the complex manager to process. At that time the manager will need the applicant(s) to bring all addresses needed to send out third party verifications. (ie. Bank, childcare, employer, etc.)

It is important that both the applicant and co-applicant be present for the personal interview. Anyone 18 or older signing the lease should be present also.

You will be required to verify eligibility status by providing a copy of your photo I.D/Social Security Card to the complex manager at the interview for the following reasons:

1. Documentation of eligibility to reside in an "Elderly Complex".
(62 years of age or older, or disabled regardless of age)
2. Documentation that the applicant(s) signing the application are the same people returning the application.

If proper identification is not provided, THE APPLICATION WILL BE REJECTED.

THIRD PARTY ELIGIBILITY

Verification will be required for proof of disability to be eligible to reside in an "Elderly Complex" and/or receive medical adjustments. Satisfy one of the following:

1. Provide the printout from Social Security Administration showing the Disabled Status.

OR

2. Authorize the release of information on the form provided by the complex.
This form may be filled out by anyone having the knowledge of the Disability.

HANDICAP MODIFICATION

In order to comply with the provisions of the 1988 Amendments to the Fair Housing Act (Section 504), additional modifications may need to be made at the request of the applicant/resident. The applicant/resident will need to submit specific needs in writing on the form provided by the complex.

The Third party eligibility form will need to be verified before any request can be approved.

CRIMINAL REPORT

Authorization will be required to release police records of any convictions of a Felony.

If conviction of a higher class felony, the application is rejected.

If conviction of a lower class felony, the application will be further reviewed.

If conviction of a sex offender, the application is rejected.

If history of drug use, the manufacture of and/or distribution of illegal drugs, the application is rejected.

OCCUPANCY STANDARDS

In selecting the appropriate bedroom size, the following guidelines should be used as the ideal "Occupant Density Range". (the quantity per unit volume, unit area, or unit length)

| Number of Bedrooms | Occupant Density Range | |
|--------------------|------------------------|-------------------|
| | Minimum | Maximum Person(s) |
| 1 | 1 | 2 |

| | | |
|---|---|----|
| 2 | 2 | 4 |
| 3 | 3 | 6 |
| 4 | 5 | 8 |
| 5 | 7 | 10 |

Households with more than the maximum number of occupants would be considered overcrowded and subject to unit transfer. Households with less than the minimum number of occupants would be considered to be underutilizing the subsidy and subject to unit transfer.

WAITING LIST PROCEDURES

All prospective applicants have the right to file an application. All applications must be completed and all questions answered truthfully to the best of the applicant's knowledge.

When an application is returned, whether complete, eligible, or ineligible, the prospective resident(s) will be placed on the waiting list. Steps will then be taken to determine eligibility. An eligible applicant will be selected from the waiting list identifying the category on basis of the applicant's unit size needed, income level (very low, low, or moderate income) or from a priority waiting list.

The applicant(s) who have submitted an application will be notified in writing that he or she have been selected for immediate occupancy, placed on a waiting list, or rejected.

APPEAL RIGHTS

The following applies only to applicants for Rural Development 515 Apartments:

If you receive written response that you have either been withdrawn or rejected for an apartment, you may present your written request to appeal the management decision in accordance with Rural Development's Resident Grievances and Appeal Procedure, which is available at the complex office. At your request, the manager will provide you with a copy of Attachment A to Exhibit A of the Instruction, which is an explanation of the procedure for obtaining an appeal.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."

LEASE REQUIREMENTS

Applicant(s) (Applicant and Co-Applicant) must have the legal capacity to enter into a lease agreement. Legal capacity being 18 years of age or older.