Tenant Selection Criteria

Dear Prospective Resident:

The following summarizes the charges and the requirements necessary to qualify for an apartment in our community. In order to process your application we must receive and verify from all applicants, a government issued photo identification. In addition all applicants must also provide a Social Security card. If we cannot verify identity through our screening process, applicant may be required to show additional documents verifying the Social Security number.

- All applicants must be at least 18 years old.
- Each Applicant must complete his or her own application and pay a non-refundable fee of \$18 per adult over 18.
- If there is more than 1 applicant, each applicant must qualify independently, as it relates to criminal and rental history. Income will be combined to determine eligibility. Your source of income must be from a verifiable source.
- Applicant must have given proper notice to last landlord; must have positive past landlord verification, cannot currently be under eviction or under the threat of eviction and must have prompt payment history that is verifiable.
- If prior residential history is from a home with a mortgage, this will be considered in lieu of landlord history.
- No prior evictions.
- Utilities must be put into your name and verified before you will be allowed to move in.
- No prior landlords in collections.
- Applicant must not have been convicted of a felony.
- Applicant must not have been convicted of misdemeanor in the last 5 years, involving the use, possession or intent to distribute a controlled substance or illegal drug or convicted of a crime involving violence against any person including, but not limited to, any form of assault, battery, domestic violence, and/or harm, injury or assault.
- Applicant must not have been convicted of any crime involving sexual menacing, assault or molestation offense, including children.
- Pets are NOT allowed except in Elderly and Disabled Properties. Service animals with **approved** paperwork will be accepted.

Prospective Resident

Date

Prospective Resident

Date



Property Manager

Date



POPLAR PLAINS APARTMENTS, LTD.

420 McDavid Blvd., Grayson, KY 41143

Phone 606 474-5074 TDD# 1-800-648-6056 (for Speech & Hearing Impaired) DATE

Apartment Size _____ (Number of Bedrooms)

RENTAL APPLICATION

IMPORTANT: It is a requirement of the United States Department of Agriculture to obtain a complete copy (all forms and attachments) of the most recent FEDERAL TAX RETURN for ALL ADULT HOUSEHOLD MEMBERS, 18 years and older. If your household is exempt from filing a federal tax return, please indicate by checking the box following this statement. EXEMPT [] APPLICATION PROCESSING FEE IS \$18 PER ADULT HOUSEHOLD MEMBER 18 YEARS OF AGE AND OVER. THIS IS DUE AT THE TIME THE APPLICATION IS PROCESSED. ONCE PROCESSED, THIS FEE IS NON-REFUNDABLE.

DUE AT THE TIME THE APPLICATION IS PROCESSED. ONCE PROCESSED, THIS FEE IS NON-REPORDAD

Name of Head of Household	Spouse Name, Co-Tenant, Other Adult Member	
Current Address: Street Number, Street Name	e, City, State, Zip Code (Please do not use PO BOX#)	

Telephone Contact Number Daytime () -	Marital Status: (Circle one)	Single Divorced	Married Separated
	Have you ever used another r	name? Y/N	-
Evening () -	If yes, please indicate name:		

Family Composition: List all members of your household below including part-time residents:MemberName(s)RelationshipBirthdaySoc Sec #SexFull TimeNo.To HeadMM/DD/YY(M/F)Student Y/N

1	HEAD			×
2				
3			·	
4				
5				1 F 10
6				

Anticipated change(s) in family size? (Y/N) _____ Any anticipated changes in # of students? (Y/N) _____

Anticipated Income: Present employment and all income received by all household members:

Member # (from above)	Source of Income: Indicate Name of Source: Employer Social Security, Child Support, Address & Telephone	Position	Dates From/To	Gross Monthly
- y				
S	1			1

ASSETS:

Member #	Describe type (Bank Account, Stocks/Bonds, Property/Real Estate).	VALUE
		\$
		\$

CREDIT REFERENCES: (Credit Cards, School Loans, Car Payment, Mortgage Payment, etc):

Member #	Company Name (Creditor)	Monthly Payment	Balance Due
2 ₅			

BANK REFERENCES:

Member #	Bank Name Location	Type of Account Checking/Savings	Avg. Balance	Interest Earned? Y/N
	2 2			

Vehicles: (Including company cars, motorcycles, etc.)

Member #	Drivers License #	Make/Model	Year Color	Car Plate #	Monthly Pmt

RESIDENCE HISTORY AND CURRENT, PREVIOUS LANDLORDS:

Current Address		Rent Monthly	Utilities/Mo	Move-In Date	Reason for Leaving
	1	· · ·			
Landlord Name	Landlo	ord Address			Landlord Phone #
Previous Address		Rent Monthly	Utilities/Mo	Move-In Date	Reason for Leaving
Landlord Name	Landlo	ord Address		-	Landlord Phone #
Previous Address		Rent Monthly	Utilities/Mo	Move-In Date	Reason for Leaving

EMERGENCY CONTACTS: (In the event of an emergency, designate someone to contact on your behalf) Name Address Phone #

Name	Address	Phone #
	· · · · · · · · · · · · · · · · · · ·	

MEDICAL / DISABLED / HANDICAP ASSISTANCE EXPENSES

DO YOU WISH TO APPLY FOR AN ELDERLY EXEMPTION? (to meet the definition of elderly, the head of household or the spouse of the head of household must be age 62 or older or disabled or handicapped, or the head or spouse of the head of household must be age 18 or older and disabled or handicapped.) YES______ NO_____

Medical Costs:

1.	Head of Household	Medicare Premiums – Monthly Amount \$
	Spouse	Medicare Premiums – Monthly Amount \$

2	Medical Insurance Coverage – List NAME and ADDRESS of Insurance Co	ompany and
	premium.	

Head of Houshold_____\$____

Spouse	\$ <u> </u>

3 Anticipated Medical/Drug/Prescription costs NOT covered by insurance or reimbursed for the

next 12 months:_____\$____

4 Medical Bills or Outstanding Costs you are making monthly payments for:

Payments are being made to:_____

Balance Due \$_____ Monthly Payment Amount \$_____

5 Are you seeing a Physician regularly? (Y/N) _____ Name of Dr._____ Address

6 Any other medical expenses not included above? Explain below and include payment amount.

\$_____\$

\$_____

\$

Disability and/or Handicap Assistance Expenses: Complete ONLY if Disability/Handicap Expenses allow the disabled/handicapped or another household member to WORK:

List type of expenses, weekly amount, paid to whom:

CHILD CARE EXPENSES

Is Childcare expense due to Employment or Education? (Y/N) _____

Name(s) of Children Cared For:		Reasonable unreimburse	
	Age	for the care of children a deducted from annual in	ge 13 and under are
	Age	enables a household me	mber to work or go to
	Age	school; (2) no other adul available to care for the	children; and (3) in the
		 case of child care that en member to work, the exp 	penses deducted do not
	Age	exceed the income gene member. If the child car	
Breakdown of Costs Incurred:		household member, the care cannot be deducted	cost of the children's
Name & Address of Person and/or Agen	icy caring for C	children:	-
	9 I		
Weekly cost for Childcare \$	а С		
CRIMINAL BACK	(GROUND / CR	IMINAL HISTORY	
Do you have a criminal, civil or small cla explain:	aims record? (\	(/N)	If YES,
	-		
		2 6	· · · · · · · · · · · · · · · · · · ·
	2		
	SPECIAL NEED	<u>S</u>	
Does anyone in your family/household	have special ne	eeds? (Y/N)	-
Special living accommodations required	d? (Y/N)		
Please explain: (ground floor apartment around sinks in kitchen and/or bathroor	t, grab bars in I m, doorbell sig	bathrooms, modified/n naler for hearing impa	emoved cabinetry aired, etc.)
-			

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<u>AUTHORIZATION</u>

I/We authorize <u>MLP MANAGEMENT COMPANY</u>, to verify information in this application. I/We further agree that a full disclosure of pertinent facts may be made to <u>MLP MANAGEMENT</u> <u>COMPANY</u>, income, assets, credit history, criminal background, and resident history. This application may be rejected as a result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon <u>MLP MANAGEMENT</u> <u>COMPANY</u> until application is approved in writing.

I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this Property. If approved, I certify that the apartment that I/We lease will function as my/our primary residence. I/We also understand that this application for occupancy at a Low Income Housing Property will require annual recertification of my/our household. I/we understand that eligibility for housing will be based on Rural Development, Section 8, Tax Credit and/or by managements tenant selection criteria. I/we certify that all questions on this application have been completed truthfully to the best of my/our knowledge and belief; and that any misrepresentation of information will lead to the rejection of my/our rental application.

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

HEAD of household	Date	Spouse/Other Adult	Date
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Other Adult	Date	Other Adult	Date

In order to process your application, there is a \$18 processing fee for each adult member of the household. This fee is due at the time your application is processed for tenancy. Processing consists of obtaining a Credit Report, Landlord Reference, Criminal Records Check, Verification of Income and Assets. Make sure all items are completed and the application and Tenant Release and Consent forms are both signed by all adult household members. The Application Fee is collect when the application is processed. THIS FEE IS NON-REFUNDABLE once the application is processed.

"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: Hispanic or Lat	ino	Not Hispanic	or Latino		ೆ ಕ್ಷಿಸ್ ಕರ್ಷಕ್ರಿ ಇದ್ದು ಸಂಗ್ರೆ
Race (Mark one or more):	1. Amer	ican Indian/Alaska	n Native _	2. As	sian
3. Black/African Americar	1 4. Na	ative Hawaiian/Othe	er Pacific	Islander	5. White
MALE	FEMALE		1	1 00 0 4	
뒷가 가 가슴 것 ㅋㅋㅋ		5		÷	

FOR OFFICE USE ONLY:		
Date & Time Received:	Signature of Representative	
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Poplar Plains Apartments, Ltd.

420 McDavid Blvd., Grayson, Kentucky 41143 TDD# 1-800-648-6056 for Speech & Hearing Impaired Tel. (606) 474-5074 Fax (606) 474-5074

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize

, to release without liability, the

information regarding my/our employment, income, assets, credit report and criminal

background check to **Poplar Plains Apartments, Ltd.**, for purposes of verifying

information provided as part of my/our apartment rental application.

INFORMATION COVERED

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers Previous Landlords (including Public Housing Agencies)

Support and Alimony Providers

Welfare Agencies State Unemployment Agencies Social Security Administration Medical and Child Care Providers Veterans Administration Retirement Systems Banks and Financial Institutions

CSC Credit Bureau for Credit Report, Criminal Background Check and Property Ownership searches.

CONDITIONS

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

Signatures

Head of Household	(Print Name)	Date
Spouse	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date

Note: This general consent may not be used to request a copy of a tax return, if a copy of a tax return is needed, IRS form 4506 "REQUEST FOR A COPY OF TAX FORM" must be prepared and signed separately.

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VERIFICATION OF U.S. CITIZENSHIP LEGAL U.S. RESIDENCE STATUS

COMPLETE ONE (1) FORM FOR EVERY ADULT HOUSEHOLD MEMBER (18 YEARS OF AGE AND OLDER).

In order to verify your identity and legal U.S. Citizenship status, we are required to make copies of two (2) forms of Personal Identification. One form of ID must have a photograph on it.

Photo Identification:

PHOTO ID HERE. Drivers License, State Issued ID Card, Military Identification Card, Passport. Be sure the ID includes CURRENT ADDRESS information as well as DATE OF BIRTH.

Place ID above and photocopy.

Secondary Identification:

2ND IDENTIFICATION HERE Secondary ID must be Social Security Card (signed), Medical Insurance Card, State Issued ID or Military ID (if not used above) or Major Credit Card (blank out account number/expiration date) or GREEN CARD

Place ID above and photocopy.

I hereby certify that my legal given name is _____

I further certify that my CURRENT residence is located at _____

Signature

Date

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M.L.P. MANAGEMENT COMPANY

2828 East Hills Drive, Lexington, Kentucky 40517-4171 TDD# 1-800-648-6056 for Speech & Hearing Impaired Tel. (859) 268-2823 Fax (859) 266-3286

Sworn Statement of Federal Income Tax Return

COMPLETE ONE FORM PER ADULT HOUSEHOLD MEMBER 18+ YEARS OF AGE!

I have submitted my ______ (year) U.S. Federal Income Tax Return, including all attachments and schedules.

I hereby swear and attest that this is my FULL FEDERAL INCOME TAX RETURN including ALL ATTACHMENTS SCHEDULES for ______ (year). There are ______ total pages that make up this FULL COPY of my Federal Return.

Resident (Tenant/Co-Tenant)

Date

Received by:

Apartment Manager

Date

-**O**R-

EXEMPT FROM FEDERAL INCOME TAX RETURN

I hereby certify that I am EXEMPT from filing a U.S. Federal Income Tax return. (Check appropriate box below).

□ 1. My income is exempt from Federal Taxes (Circle One)

- A Social Security
- B SSI

C Other (specify)_

-OR-

Adult Household Member

Date

Date

Received by:

Manager

Equal Opportunity Housing