



<p>Application Received</p> <p>Date: _____</p> <p>Time: _____</p> <p>Initials: _____</p>
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Grand Management Services, Inc.
 Professional Property Management
 420 Park Avenue Coos Bay, Oregon 97420
 Tel: 541-269-5561 Fax: 541-269-2481 TYY: 711
 Website: www.grandmgmt.com
 Email: Kristin@grandmgmt.com



APPLICATION FOR TENANCY – Rural Development Application

- I wish to **apply for** (please identify the location of rental that you are interested in):
 - Sunburst Manor Apartments
- I desire the following **size apartment**: _____ 0 bedroom **OR** _____ 1 bedroom **OR** _____ 2 bedroom
- Household Composition.** Please complete the following table, identifying all individuals who will be occupying the apartment. Please list the head of household as the first name in the table.

Legal and Complete Name	Sex	Date of Birth	Social Security #	Occupation	Relationship to Head of Household
					<i>Head of Household</i>

- Change in Household Composition.** Do you expect a change in your household composition within the next six months? _____ Yes **OR** _____ No. Explain, if you answered yes: _____
- Handicap/Disability.** Do you need or request an apartment unit specifically designated as handicap accessible or that has features designed to benefit someone with a handicap or disability? _____ Yes **OR** _____ No Please identify any special housing needs your household has (example – downstairs unit) _____
- Full-Time Student.** Is any household member, other than dependent children, a full-time student? _____ Yes **OR** _____ No Indicate any education currently enrolled in: _____
- Income Questions.** Please indicate yes or no answers to the following questions:

Does any member of your household:	Yes	OR	No
a.) Work full-time, part-time, or seasonally?	___	OR	___
b.) Expect to work for any period during the year?	___	OR	___
c.) Work for someone who pays them cash?	___	OR	___
d.) Expect a leave of absence from work due to lay-off, medical, maternity or military leave?	___	OR	___
e.) Now receive or expect to receive unemployment benefits?	___	OR	___
f.) Now receive or expect to receive child support?	___	OR	___
g.) Have an entitlement to child support that is not currently being received?	___	OR	___
h.) Now receive or expect to receive alimony?	___	OR	___
i.) Have an entitlement to receive alimony that is not currently being received?	___	OR	___
j.) Now receive or expect to receive public assistance (welfare)?	___	OR	___
k.) Now receive or expect to receive social security or disability benefits?	___	OR	___
l.) Now receive or expect to receive income from a pension or annuity?	___	OR	___
m.) Now receive or expect to receive regular contributions from organizations or from individuals not living with you?	___	OR	___

8. **Income Summary.** Please list annual household income from all sources.

Source of Income	Household Member Name	Monthly Income	Annual Income
Employment			
Employment			
Social Security / SSI			
Social Security / SSI			
AFDC / Welfare Payments			
Alimony / Child Support			
Disability Income			
Retirement Pensions			
Unemployment			
Other			

9. **Employment Details.** Please identify details of employment for all household members that are employed.

Household Member Name _____ Employer Name _____
 Employer Address _____ Employer Phone _____
 Hourly Wage Rate _____ Hours per week _____ Gross Monthly Wages _____
 Do you receive tips? _____ Estimate \$ amount of tips per week _____
 Gross Annual Income _____ Employed Since? _____ Other relevant info: _____

Household Member Name _____ Employer Name _____
 Employer Address _____ Employer Phone _____
 Hourly Wage Rate _____ Hours per week _____ Gross Monthly Wages _____
 Do you receive tips? _____ Estimate \$ amount of tips per week _____
 Gross Annual Income _____ Employed Since? _____ Other relevant info: _____

Household Member Name _____ Employer Name _____
 Employer Address _____ Employer Phone _____
 Hourly Wage Rate _____ Hours per week _____ Gross Monthly Wages _____
 Do you receive tips? _____ Estimate \$ amount of tips per week _____
 Gross Annual Income _____ Employed Since? _____ Other relevant info: _____

10. **Asset Summary.** Please identify your assets and the annual income that you will receive from these assets. **You must list all accounts and assets whether or not any income is received from those assets.** The following are considered assets: a.) The current cash balances held in checking accounts, savings accounts, safety deposit boxes, cash on hand, etc. b.) The current value of stocks, bonds, certificates of deposit, money market accounts, treasury bills, etc. c.) Personal property held as an investment. d.) Principal portions of contracts of sale, deeds or mortgages held e.) Current value of equity in real property (current market value less balance of loans secured against property and reasonable costs incurred in selling) f.) Cash value of whole life insurance. g.) Retirement and pension funds h.) Lump sum payment inclusive of settlements, inheritances and lottery winnings in one payment. i.) Trust accounts except for irrevocable trusts j.) Assets disposed of for less than market value.

Asset Identity	Household Member Name	Name of Bank or Institution	Address of Bank or Institution	Account # or Policy #	Current Asset Value or Balance	Annual Income from Asset
Checking Acct						
Checking Acct						
Savings Acct						
Savings Acct						
Stocks or Bonds						
Stocks or Bonds						
Money Market						
Capital Invest						
Real Estate						
Real Estate						
Life Insurance						
Annuity						
Other						

Please list the name, address and phone number of your current bank, credit union or financial institution, so that we may verify your current asset information.

Bank Name: _____ Phone Number: _____

Bank Address: _____

11. **Asset Details.** Please answer the following questions.

a.) Does any household member receive any income from assets including interest on checking or savings accounts, interest and/or dividends from certificates of deposit, stocks or bonds, or income from rental property?
 ____Yes OR ____No

b.) Does any household member own real estate or any assets for which you receive no income?
 ____Yes OR ____No

c.) Has any household member sold or given away real property or other assets (including cash) in the past two years?
 ____Yes OR ____No If yes, please indicate type of property/asset, the date sold or disposed of, and the amount received from the asset. _____

d.) Please list any assets disposed of for less than their fair market value during the past two years and provide the fair market value of the asset at the time of disposal: _____

12. **Debt Information.** Please identify your debt sources, balances, and monthly payments.

Credit Source – Company Name/Address	Account #	Current Balance	Minimum Monthly Payment	Current on Payments? Yes or No

a.) Has any household member ever declared bankruptcy or does any member plan to declare bankruptcy within the next year? ____Yes OR ____No

b.) Has any household member had property repossessed within the previous 3 years? ____Yes OR ____No

13. **Child Care Expenses.** Please identify child care expenses for the care of children age 12 or younger and whether such child care enables a family member to work or go to school. Child care expenses must be reasonable and the amount should not exceed the amount earned at work. The time of child care should not exceed the time spent attending and traveling to school. Expense deductions can only be considered when no adult member of the household is capable of providing care, when the amount is not paid to a family member living in the unit, and/or when the amount is not reimbursed by an agency or individual. This information is voluntary and needed to provide adjustments to income if so requested by applicant.

Child Care Provider Name _____ Child’s Name _____

Child Care Provider Address _____

Child Care Provider Phone _____

Hourly Wage Rate _____ Hours per week _____ Gross Monthly Child Care Expense _____

Gross Annual Expense _____

Why is child care being utilized – i.e. Are you going to school or work? _____

14. **Medical Expenses.** If you are over the age of 62 and/or if you are requesting a handicap/disability adjustment to your income, please list any medical expenses not covered by Medicare or other insurance that you pay on a regular basis. Medical expenses are those costs ANTICIPATED for the next 12 months following the effective date of the certification that are NOT covered by insurance nor reimbursed. Total medical expenses in excess of 3% of annual income may be deducted for a tenant or co-tenant who is age 62 or older, handicapped or disabled. If the household is considered “elderly” (which includes handicapped and disabled individuals under the age of 62), then all members of the household (except foster children) qualify for medical expenses. Medical expenses include the following: 1.) Doctors visits/physicals, travel & related expenses 2.) Dental expenses 3.) Prescription medicine and non-prescription medically needed items 4.) Medical & health insurance premiums (including Medicare deducted from social security payments 5.) Eyeglasses 6.) Hearing aids and batteries 7.) Cost of a live-in resident assistant 8.) Monthly payments required on accumulated major medical bills. This can include that portion of the spouse’s or children’s nursing home care paid from tenant family income.

Description of Medical Expenses (use additional sheet of paper as required).	Annual Amount
ESTIMATE ANNUAL MEDICAL EXPENSES TOTAL	\$

15. **Rental History.** Provide at least three (3) landlord references, or five years of the most current rental history, including your current residence in lieu of a mortgage. If you are related to your landlord by blood, marriage, or other close ties, you must provide additional rental history and/or additional personal and credit references.

Current Residence

Apartment Complex Name _____ Apt # _____ Your Complete Address here _____
 _____ Manager Name _____
 Manager Phone _____ Manager Address _____
 Length of Residency from _____ (month/year) to _____ (month/year) Amount of rent paid: _____/mo
 Reason for moving _____
 Was this Manager/Landlord a friend or relative?: _____

Prior Residence

Apartment Complex Name _____ Apt # _____ Your Complete Address here _____
 _____ Manager Name _____
 Manager Phone _____ Manager Address _____
 Length of Residency from _____ (month/year) to _____ (month/year) Amount of rent paid: _____/mo
 Reason for moving _____
 Was this Manager/Landlord a friend or relative ? : _____

Prior Residence

Apartment Complex Name _____ Apt # _____ Your Complete Address here _____
 _____ Manager Name _____
 Manager Phone _____ Manager Address _____
 Length of Residency from _____ (month/year) to _____ (month/year) Amount of rent paid: _____/mo
 Reason for moving _____
 Was this Manager/Landlord a friend or relative ? : _____

16. **Personal References.** Please list individuals who could provide personal references for you when asked questions about your history of financial obligations, your history of adhering to rental agreements, and other questions related to our processing of your rental application to determine if you meet our residency standards. No family members!

Reference Name	Reference Address	Reference Phone	Relationship to You

17. **Applicant Questions.** Please disclose yes or no answers to the following questions.

- a.) Has any household member ever been convicted of a felony? ____Yes OR ____No
 b.) Does any household member currently use, possess, manufacture, sell or distribute illegal controlled substances (as defined by local, state or federal law)? ____Yes OR ____No
 c.) Has any household member ever been convicted of using, possessing, manufacturing, selling or distributing illegal controlled substances (as defined by local, state or federal law)? ____Yes OR ____No
 d.) If you answered yes to b.) or c.) above, has the household member successfully completed a controlled substance abuse recovery program or is the household member presently enrolled in such a program? ____Yes OR ____No
 e.) Has any household member ever been evicted? ____Yes OR ____No If yes, what were the circumstances?

 f.) Do you have a waterbed? ____ If yes, do you have insurance? ____ Policy Name/# _____
 g.) Please identify any pets that you own.

Name of Pet	Breed	Age	Years Owned

- h.) Please provide information regarding your automobiles, recreational vehicles, boats, equipment.

Make/Model	Color	Year	License #	State

- i.) Please provide us with a relative or friend that could serve as an emergency contact.

Name of Contact	Address	Phone	Relationship to You

- j.) Have you ever lived in a Rural Development, HUD, or LIHTC apartment complex? ____ If yes, please give name of apartment complex and city. _____

- k.) Where did you hear about this apartment complex? _____
- l.) Do you have a Section 8 certificate or voucher or a HOME voucher? ___Yes OR ___No Please detail which program you are involved with. _____
- m.) Are you enrolled in any type of case management (example – Battered Persons Advocacy)? ___Yes OR ___No Please detail which program you are involved with. _____
- n.) Are you a victim of domestic violence? ___Yes OR ___No Please provide information. _____

18. **Signature Clause.** I/We hereby certify that this apartment will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location. I/We agree to the landlord's representative the authority to investigate and obtain my/our credit rating, current and previous rental history, personal references, criminal background, current/past utility records, income verifications, and any other information necessary to determine my/our eligibility for this housing. My/our signature below certifies that the statements made on this application are true and correct and gives management consent to verify the information provided in this application. I/we understand that if it is determined that I/we have provided false information, I/we may be denied occupancy or may be evicted after occupancy. I/we understand that due to changes in circumstances, additional information may be requested at a later date to complete the processing of this application.

Signature of Applicant _____	Co-Applicant _____
Printed Name _____	Printed Name _____
Date _____	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: Hispanic or Latino _____ Not Hispanic or Latino _____
Race: ___ American Indian/Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian /Pacific Islander ___ White
Gender Of Head Of Household: ___ Male ___ Female

The Owner of this housing project does not discriminate against individuals with handicaps for the admission or access to, or treatment or employment in this federally assisted housing opportunity. If auxiliary aids, oral interpreters, readers, or Braille materials are needed to understand and participate in this program, they will be provided. Interested participants can call Kristin Smith at 541-269-5561 or 711 TTY Operator to coordinate compliance with non-discrimination requirement.

Grand Management Services does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing & Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Kristin Smith
420 Park Avenue, Coos Bay, OR 97420
541-269-5561 phone 541-269-2481 Fax

For Housing Communities receiving assistance under subsidy from or associated with The Department of Housing & Urban Development, Grand Management Services is required to inform you (the applicant) of the regulations set forth in the 2000 Admission & Occupancy Provisions of the Quality Housing & Work Responsibility Act of 1998 (QHWRA) as outlined in Notice 00-18. Grand Management Services is required to modify our tenant selection policy to conform with these statutory and program requirements. These requirements specify that Grand Management Services must put forth a reasonable effort to ensure that the property is adequately marketed to families with incomes that do not exceed 30 percent of the area median income at time of move-in. Available units will be rented according to applicants who are already on the waiting list for the property who's income does not exceed 30 percent of the area median income. Grand Management Services is required to market at least 40% of the available units and to fill these available units to applicants who are already on the waiting list for the property who's income does not exceed 30 percent of the area median income. You can request a copy of the most current income limits for the property you are applying for at any time by calling Kristin Smith @ Grand Management Services at 541-269-5561. If you would like a written copy of the income limits for the property or if you would like a written copy of the HUD notice 00-18, please send your request to Kristin Smith c/o Grand Management Services, 420 Park Avenue, Coos Bay, Oregon 97420. Grand Management Services is an equal housing opportunity provider. This institution is an equal opportunity provider.

How Can We Reach You?

Street Address _____	Home Phone _____
City, State, Zip _____	Work Phone _____
Email Address _____	Message Phone _____

What You Need to Provide In Order for the Application to be Complete and to Allow Processing.

- This application with all requested information provided and signatures affixed.
- A money order, payable to Grand Management Services, in the amount of \$45 for each adult member of the household. This fee is for the cost to acquire each adult member's credit history, criminal history, eviction history, landlord references, income verification and eligibility determination.
- A signed Authorization of Release of Information form (attached).
- Photo and legal identification for each adult member of the household.
- Mail, fax or deliver this application to Grand Management Services – 420 Park Avenue, Coos Bay, Oregon 97420. Fax is 541-269-2481. Any questions, please call 541-269-5561. Hearing impaired individuals can call the TTY relay operator at 711.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any federal, state, or local agency, or any organization, business, or individual to release to Grand Management Services any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

- | | | |
|--|--|--|
| 1. USDA Rural Housing Services
RRH, RCH, LH programs
Section 515 Assistance Programs | 4. Section 8 Housing Assistance
5. All Section 8 Housing Assistance
Payment Programs
Rent Assistance Payments (RAP) | 7. Oregon Housing and
Community Services
programs
8. LIHTC programs |
| 2. Section 221 (d)(3) BMIR | 6. Section 236 | |
| 3. Rent Supplement | | |

I give my consent for the releases also for the minor children in my care, who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Oregon Housing and Community Services (OHCS) agency or the U.S. Department of Housing and Urban Development (HUD) or USDA Rural Development in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquires that may be released, include but are not limited to:

- | | | |
|------------------------|-----------------------------|------------------------------------|
| 1. Identity | 5. Medical Expenses | 9. Child Care Expenses |
| 2. Employment | 6. Income sources | 10. Income Amounts |
| 3. Credit History | 7. Criminal background | 11. Residences and Rental Activity |
| 4. Social Security #'s | 8. Utility Consumption data | 12. Assets |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | | | |
|-----------------------|---|------------------------------|----------------------------------|
| 1. Previous Landlords | 6. State Unemployment Agencies | 11. Schools and Colleges | 16. <u>Social Security Admin</u> |
| 2. Welfare Agencies | 7. Support and Alimony Providers | 12. Utility Companies | |
| 3. Medical Providers | 8. Child Care Providers | 13. Past & Present Employers | |
| 4. Retirement Systems | 9. Banks & Other Financial Institutions | 14. Veteran's Administration | |
| 5. Post Offices | 10. Credit Providers and Credit Bureaus | 15. Public Housing Agencies | |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that OHCS or HUD or RD or a Public Housing Authority (PHA) may conduct computer matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. OHCS or HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

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

SIGNATURES

Head of Household	(Print Name)	Date
Social Security	Date of Birth	
Adult Member	(Print Name)	Date
Social Security	Date of Birth	
Adult Member	(Print Name)	Date



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Website: www.grandmgmt.com
Email: Kristin@grandmgmt.com

ELIGIBILITY CRITERIA, RULES & PROCEDURES

Application Processing

In order for a residency application to be processed, it must be returned complete. An application that is incomplete will not be processed and the applicant will not be considered for tenancy until the application is complete. If an incomplete application is received, the applicant will be informed in writing a list of items necessary to complete the application. A completed application must include:

1. All blanks must be filled in. All requested information must be provided.
2. All names, birth-dates and social security numbers of the applicant, co-applicant, and all others seeking occupancy under this application.
3. A mailing address, a current physical address and (if available) a contact phone number for the applicant.
4. Photo and legal identification for each adult member of the household.
5. At least two (2) verifiable personal and/or credit references.
6. At least three (3) verifiable previous landlord references in lieu of a mortgage or references accounting for 5 consecutive years of occupancy. In the absence of two landlord references, a co-signer may be accepted upon management discretion and approval. The appointed person in charge of making this decision is the property manager.
7. A current accounting of all sources of income, as detailed in the application.
8. A signed Authorization for Release of Information form for each adult in the household.
9. A money order or cashier's check, made payable to Grand Management Services, in the amount of \$45 for each adult member of the household. This is a pass through expense to check criminal background, credit history, eviction history, income verification, landlord references and eligibility determination. If you are renting an apartment through Housing and Urban Development, this fee will not be charged. Cash will also be accepted as legal tender for this fee.
10. The signature of the applicant and any other adult members of the household and the date they signed the application.

Selection Criteria

1. Applications will be accepted from anyone who wishes to apply for residency. Based on the information submitted on the application and verified by the Management Agent, the applicant will be notified that they appear eligible and will be placed on the waiting list OR they will be notified that they are not eligible with the reasons for the rejection of the application and information concerning the procedures for appeal of this decision. Applicants will be selected for residency on a first come, first serve basis, as modified by a preference system established for renting to families that qualify under federal guidelines regarding income levels as well as for a preference system for particular units, including units designed to accommodate disabled individuals or individuals that would benefit from a modified unit. An applicant will be offered an available unit or rejected before the unit is offered to the next applicant on the waiting list. If an applicant turns down an available apartment, for a non-medical reason, their name will be withdrawn from the waiting list and they will be required to reapply for residency. An applicant, who rejects a unit for medical reasons, may only turn down an available apartment three times before their name is removed from the waiting list. If an applicant is removed from the waiting list, such notification will be made in writing and mailed to the applicant. A copy of such proof will be kept in the central office of Grand Management Services Inc.
2. The household must have enough disposable income to pay all debts, rent, and normal household expenses. As a general guideline, the applicant's after-tax net income must be at least two and a half (2.5) times the rent level. Food stamps will be included in meeting this income requirement. This requirement will be waived for applicants who currently have a HUD based certification or voucher, or other form of tenant-based assistance. This assistance includes Rural Development rental assistance. The applicant's total debt, including rent payments, should not exceed 70% of the household gross income. The sources of income and employment must be verifiable.
3. This complex is financed through the U.S. Department of Agriculture Rural Development Multifamily housing program or The Department of Housing and Urban Development. Under regulations, eligibility is restricted to households whose gross annual income or adjusted gross annual income falls below the median income limits for the area. A copy of the income limits are available, upon request, by contacting Grand Management Services at 541-269-5561.
4. The household must meet the occupancy guidelines for the project. In the 2-bedroom units, there shall be no less than 1 adult. A single person can only occupy a two bedroom unit when there are no other qualifying applicants with a minimum household size of two household members or if the single person would somehow benefit from the two bedroom (example: if the two bedroom was modified for a disabled person and a single would benefit from the modifications). If a single is allowed to move into a two bedroom unit simply because there are no other eligible qualified applicants, the single individual could reside in the unit only until

an eligible family applies and is approved for the unit – in this instance, the single individual will be required to move to a smaller size unit in the project when such a unit becomes available.

5. Potential tenants must indicate a purposeful intention to report information in a true and complete manner. Potential tenants who provide inaccurate or false information will be deemed ineligible for occupancy. Using false names or social security numbers is an example of dishonesty in reporting.
6. Each potential tenant is required to list three previous landlord references or verification of a mortgage. These landlord references may not include landlords related to the potential tenant by blood, marriage, or other close ties. At least the previous five years of occupancy must be reported. In the absence of these three landlord references a co-signer may be needed, if management will accept a co-signer. In regard to landlord references, potential tenants or members by be rejected according to:
 - A history of unjustified and chronic nonpayment of rent and financial obligations.
 - A history of violence and harassment of neighbors.
 - A history of disturbing the quiet enjoyment of neighbors.
 - A history of violations of the terms of previous rental agreements such as the destruction of a unit or failure to maintain a unit in a sanitary condition.
 - An FED eviction
7. Each potential tenant is required to list at least two personal or credit references. These reference individuals must not be related to the potential tenant by blood, marriage, or other close ties. The applicant shall not have a national credit risk rating of more than 3 non-medical delinquent credit accounts or collection accounts to qualify. Potential tenants may be rejected for:
 - A history of unjustified and chronic nonpayment of rent and financial obligations.
 - Negative Credit. Negative credit is defined as: a) Bankruptcy reported within 1 year of date of application. b) Bankruptcy reported prior to 1 year from the date of application and negative information or no credit information reported following the bankruptcy c) Involuntary repossession or voluntary repossession within the last 10 years. d) More than 3 non-medical collection accounts. e) only negative accounts – medical or non-medical with no positive credit reported.
8. No applicant that uses, possesses, manufactures, sells or distributes illegal controlled substances (as defined by local, state or federal law) or has been convicted and/or jailed, within the last five years, of using, attempting to use, possessing, manufacturing, selling or distributing illegal controlled substances (as defined by local, state or federal law) shall be eligible for tenancy. Any applicant currently using illegal drugs, possessing illegal drugs or reporting a conviction by any court of competent jurisdiction for the illegal manufacture, possession or distribution of a controlled substance shall be denied occupancy. If our review of this application indicates that the applicant may constitute a direct threat to the health and safety of our residents or management staff or whose tenancy would adversely affect the physical condition and reputation of the complex, then the applicant will be denied tenancy. Any applicant that has been convicted of and/or jailed for murder, rape, arson, child molestation, felony assault, or manufacturing and delivery of controlled drugs, within the last ten years will be denied occupancy. These crimes are examples and our residency standards are not limited to this negative history, but may also include other examples which will be considered in the analysis as to whether an applicant will pose a health or safety concern at this project.

Eligibility at Initial Occupancy

When an apartment becomes available, the tenant information will be verified again and updated. The tenant/applicant will be required to:

1. Sign a Tenant Certification.
2. Sign a Written lease and all attachments.
3. Sign the project occupancy rules.
4. Pay, in advance, a Security Deposit, the balance of which will not be carried over 90 days.
5. Pay the first month's rent.
6. Have utilities immediately placed in your name and provide the Management Agent with verification that this action has been completed.
7. Complete and sign a move-in inspection form, verifying the condition of the apartment upon move-in.

Continuing Eligibility

Continuing occupancy at the project is subject to additional rules and regulations.

1. This complex is financed through the U.S. Department of Agriculture Rural Development multifamily housing program or The Department of Housing and Urban Development. Under regulations, eligibility is restricted to households whose gross annual income or adjusted gross annual income falls below the median income limits for the area. A copy of the income limits are available, upon request, by contacting Grand Management Services at 541-269-5561.
2. The household must meet the occupancy guidelines for the project. In the 2-bedroom units, there shall be no less than 2 adults. A single person can only occupy a two bedroom unit when there are no other qualifying applicants with a minimum household size of two household members or if the single person would somehow benefit from the two bedroom (example: if the two bedroom was modified for a disabled person and a single would benefit from the modifications). If a single is allowed to move into a two bedroom unit simply because there are no other eligible qualified applicants, the single individual could reside in the unit only until an eligible family applies and is approved for the unit – in this instance, the single individual will be required to move to a smaller size unit when such a unit becomes available. If the property only has two bedroom units, a single occupant may remain in the unit. The maximum number of people per unit is 2 people per bedroom plus 1 (example: 3 people to a one bedroom unit, 5 people to a two bedroom unit). Should a unit become over-crowded, the household would need to transfer to a larger size unit when one becomes available. If there are no larger size units available, the household would need to vacate the unit.
3. Tenant eligibility is restricted by a preference system established for renting to families that qualify under federal guidelines regarding income levels as well as for a preference system for particular units, including units designed to accommodate disabled individuals. An existing tenant may be asked to transfer or move to accommodate this preference system. A lease agreement attachment will be signed at the time of move-in that informs a Tenant if they are currently ineligible for the unit they will be

occupying, lists the reasons for this ineligibility, and advises them of the procedure for transfer or move-out if a qualifying applicant is waiting for this apartment unit.

4. A tenant who does not personally reside in a rental unit for a period exceeding 60 consecutive days, for reasons other than health or emergency, is considered ineligible and shall be required to pay market rent. If the tenant continues to be absent from the unit, the Management Agent will notify the tenant by first class mail at least 30 days prior to the end of the lease period, advising the tenant that he/she must occupy the living unit or shall be required to vacate the unit as per the lease agreement.
5. Tenants must indicate a purposeful intention to report information in a true and complete manner. Tenants who provide inaccurate or false information, or fail to promptly report a change in household income or makeup, will be deemed ineligible for occupancy. Using false names or social security numbers is an example of dishonesty in reporting.
7. Tenants may be considered ineligible for continued occupancy according to the following criteria:
 - A history of unjustified and chronic nonpayment of rent and financial obligations.
 - A history of violence and harassment of neighbors.
 - A history of disturbing the quiet enjoyment of neighbors.
 - A history of violations of the terms of the rental agreement such as the destruction of a unit or failure to maintain a unit in a sanitary condition.
8. No tenant that uses, possesses, manufactures, sells or distributes illegal controlled substances (as defined by local, state or federal law) or has been convicted and/or jailed, within the last five years, of using, attempting to use, possessing, manufacturing, selling or distributing illegal controlled substances (as defined by local, state or federal law) shall be eligible for tenancy. Any tenant currently using illegal drugs, possessing illegal drugs or reporting a conviction by any court of competent jurisdiction for the illegal manufacture or distribution of a controlled substance shall be denied continued occupancy. If our review of the tenant's file indicates that the tenant may constitute a direct threat to the health and safety of our residents or management staff or whose tenancy adversely affects the physical condition and reputation of the complex, then the tenant will be denied continued occupancy. Any tenant that has been convicted of and/or jailed for murder, rape, arson, child molestation, felony assault, or manufacturing, possession and delivery of controlled drugs, within the last ten years will be denied occupancy. These crimes are examples and our residency standards are not limited to this negative history, but may also include other examples which will be considered in the analysis as to whether a tenant will pose a health or safety concern at this project.
9. Tenants must abide by the covenants of the lease agreement and all attachments, or they will be considered ineligible for occupancy and will be notified to vacate the unit as explained in detail through the lease agreement.

Failure to Respond

Your application will be withdrawn without further notice if:

- Our notice to you is returned as being undeliverable.
- Our attempts to reach you by telephone are unsuccessful.
- We offer you a unit and you refuse to accept it without good cause.
- You are deceased or become incarcerated.
- The tenant fails to respond to our request for more information, to sign a tenant certification, to verify eligibility, to sign a lease agreement, or to complete other necessary paperwork, within a reasonable time frame. If tenant fails to respond to a notice for more information, we will send you a notice of intent to withdraw your application.

Tenant Grievance and Appeals

Any notice of adverse action will be delivered to you by certified or first class mail. We will give you a specific reason for the rejection of your application or for a determination of ineligibility. We are advising you that you have the right to respond to these notices within 10 calendar days after receipt of the notice. You shall personally present to the management designee, either orally or in writing, any grievance or response. The Management designee is Kristin Smith, c/o Grand Management Services, 420 Park Avenue, Coos Bay, Oregon 97420. The phone number is 541-269-5561. The fax number is 541-269-2481. The TTY number is 711. If requested, Ms. Smith or another management designee shall meet with you within 5 working days of the request in an attempt to resolve the grievance. If the grievance is not resolved to your satisfaction, the management designee shall prepare a summary of the problem within 10 calendar days. You shall receive two copies, and additional copies will be provided to the Owner of this housing complex as well as the supervising governmental agency. If you desire a hearing, a written request for a hearing must be submitted to the management designee at the address detailed above, within 10 calendar days after receipt of the summary. The written request must specify the reasons for the grievance or contest of the management's proposed action and the action or relief sought. The management agent will provide you with a detailed copy of the grievance procedure upon request.

Disclosure:

This is a document testifying to accuracy or truth. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements to any department of the United States Government. USDA Rural Development, the Department of Housing and Urban Development, Public Housing Authorities, the Oregon Housing and Community Services Department, and any owner (or any employee of these agencies or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of these agencies or the owner responsible for the unauthorized disclosure of improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h). The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, USDA Rural

Development, Washington, D.C. 20250. Grand Management Services does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing & Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988). Grand Management Services Inc. is an equal opportunity provider and employer. If you wish to file a civil rights program complaint of discrimination, complete the USDA Program discrimination complaint form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 by fax (202) 690-7442 or email at program.intake@usda.gov.

Kristin Smith
420 Park Avenue, Coos Bay, OR 97420
541-269-5561 phone 541-269-2481 Fax
711 TTY

Tenant Signature: _____



OFFICE USE ONLY

Applicant #: _____ Date: ___/___/___ Time: _____ #of Units Available: _____ Credit Fee \$_____

Examined picture identification? _____ Type of identification: _____

Property Address: _____ Monthly Rent: \$_____ Deposit: \$_____

Move-in Date _____ Date of Rejection _____