

The Carina

AFFORDABLE PRE-APPLICATION

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS PRE-APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Instructions for Head of Household:

Complete all sections by printing in **ink**. Please do not leave any section blank, including sections which do not apply to you. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g., "Whiteout").

1. All household members (aged 18 or older) must sign and date the Pre-Application. All information must be complete and correct. **False, incomplete, or misleading information will cause your household's pre-application to be declined.**
2. As long as your pre-application is on file with us, it is your responsibility to contact us whenever there is a change in your address, telephone number, income situation, or household composition (if you need to add or remove a person from your pre-application). It is also your responsibility to respond to all waitlist updates within 14 days of receipt. These updates will be sent to the address we have on file.
3. After we receive your pre-application, we will make a preliminary determination of eligibility. If your household does not appear eligible, you will receive a denial letter and will not be placed on our waitlist. If your household appears to be eligible for housing, your pre-application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your pre-application will be declined. We will process your pre-application according to our standard procedures, which are summarized in the Tenant Selection Plan. If there is no wait for an apartment and your pre-application appears to be eligible, we will contact you to continue processing your pre-application.
4. Filling out a pre-application does not guarantee eligibility for an apartment at our community.
5. Return completed pre-application to the management office via email, fax, or in person.

NOTE: Upon request to the Management Agent, you have the right to receive a copy of the Tenant Selection Plan which summarizes the pre-application process including eligibility and screening requirements for occupancy in this Community.



This is an important document, if you require language interpretation, please call the telephone number below or come to our Leasing and Management Center.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

នេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីយល់កម្ពុក ចាំបាច់ត្រូវចង់បានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬអញ្ជើញទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dokumenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayad.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه، أو تفضل بزيارتنا في مكاتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (412) 744-2540 or TTY 711



Affordable Pre-Application for The Carina

327 N. Negley Avenue, Pittsburgh, PA 15206

TEL: (412) 744-2540 TTY: 711

EMAIL: TheCarina@BeaconCommunitiesLLC.com

*This form must be filled out in English. Please print neatly in ink. All fields are required.
Read the instructions on the cover page before completing each item.*

1. Name and address of head of household (HOH)

Last Name First Name Middle Initial

Mailing Address Apartment Number

City State Zip Code

() -- Home Cell Work
Area Code / Telephone Number

Email Address

2. What bedroom size(s)/type are you requesting? 1-BR 2-BR 3-BR Accessible

3. List all the States where all household members have lived:

Note: If your and/or your household member(s) criminal record is SEALED, you may answer "NO" to the applicable questions asked below.

4. Have you or any household member been convicted of, found guilty, or pled guilty or no contest to a Felony, Drug-related criminal offense, or Sexual offense? Yes No

5. Have you or any family member been convicted of, found guilty, or pled guilty or no contest to the manufacture of methamphetamines on the premises of a federally assisted unit? Yes No

6. Are you or any member of your household a lifetime registered sex offender? Yes No

If "Yes", for which States: _____

7. Does the household currently have a section 8 (mobile) voucher (e.g., Housing Choice Voucher, MRVP, HUD-VASH, etc.)? Yes No

If Yes, list Agency: _____

8. List yourself and all others who will live with you. Include all unborn children and live-in aides.						
#	Relation	Last Name	First Name	Social Security Number	Birthdate (mm/dd/yyyy)	Student Status (Y/N) (FT/PT)
1	Head of Household					
2						
3						
4						
5						
6						
7						
8						

8a. Do you anticipate a change in your household composition in the next 12 months? Yes No

If "Yes," please explain: _____

8b. Are any family members temporarily absent from the home? Yes No

9. Optional Information: Gender, Ethnicity, Race and Disability Status of Household Members				
#	Gender (Male, Female, Decline)	Ethnicity (Hispanic, Non-Hispanic, Decline)	Race (White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other or Decline)	Disabled (Y/N)
1				
2				
3				
4				
5				
6				
7				
8				

10. Income and assets for all household members. Provide gross (not net) amounts for all questions.

10a. Total monthly income \$ _____

Include income from all family members. You may estimate. Put zero (0) if no income.

10b. Income Source(s): *Check all that apply.*

- Wages SSA SSI – Federal SSI – State
- Child support/Alimony Pension Unemployment Public Assistance
- Interest/annuity income Worker’s Compensation Someone pays my bills/gives me money
- Other income source: _____ Household has no income

10c. Value of household assets \$ _____

Assets include bank accounts, investments, and real estate of all household members.

11. Do you anticipate a change in your household income in the next 12 months? Yes No

If Yes, please explain _____

12. How did you hear about this Beacon Community? _____

13. Smoke-Free Community

I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and all locations of this community. _____ (initial here)

14. What is your current monthly rent or mortgage payment? \$ _____

15. Reasonable Accommodation

Do you or any member of your household require any reasonable accommodation to be made to your apartment (i.e., wheelchair access, apparatus for the hearing impaired, visual aids (Braille), etc.)?

If yes, please describe: _____

16. Rental History

Current Address

Years at Current Address Rental Amount Landlord Name Landlord Phone Number

Previous Address

Years at Previous Address Rental Amount Landlord Name Landlord Phone Number



Previous Address

Years at Previous Address	Rental Amount	Landlord Name	Landlord Phone Number
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If you need additional space for your rental history, please check this box and attach a blank sheet of paper.

Certification of applicant: I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must complete an application. In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and character standing. Applicant authorizes any person or background checking agency having any information on him/her to release all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever. Beacon Residential Management Limited Partnership or NDC Real Estate Management LLC, Agent for this community, does not discriminate based on any state, federal, or local protected class in the access or admission to its programs or employment, or in its programs, activities, functions, or services.

X _____
Signature of Applicant Date

X _____
Signature of Applicant Date

X _____
Signature of Applicant Date

X _____
Signature of Applicant Date

If you are signing this application electronically, the Head of Household must check this box and complete the statement below:

I, _____, acknowledge and understand that by signing this rental application electronically, that all electronic signatures are the legal equivalent of your manual/handwritten signature, and I consent to be legally bound to this agreement.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based 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 HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and, as a result of that disability, you need:

- A **change or waiver in the rules or policies** of the community to afford equal access and full enjoyment of your apartment home, the common facilities or to participate in special programs located at the community;
- A **physical modification** in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your apartment home or use of the facilities located at the community; or
- A **more effective means of communication** to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange **and** this request will provide you with improved use of your apartment home or the common facilities of the community, then we will try to fulfill your request.

You may make this request in writing by completing a Reasonable Accommodation Request Form, or by contacting Management to initiate the process. If you require additional information about our procedures, we will be happy to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of receiving documentation that provides sufficient information to be able to issue a decision on your Reasonable Accommodation Request. If we require additional time, we will notify you and explain the reason for the delay. We will let you know if we require additional information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If for any reason we are unable to fulfill your accommodation request, we will provide you with an explanation. You will then have ten (10) working days from the date of denial to provide additional information before we consider the matter closed.

You may obtain a Reasonable Accommodation Request Form at the management office. If you have a disability and have any comments on your experience at the community, please contact the onsite Property Manager who will make arrangements for you to be contacted to discuss your experience.

Applicant/Resident Signature

Date