

## 1-2-3 BEDROOM APARTMENTS AFFORDABLE RENTS

Rent Levels have "Maximum Income Limits" (Gross Household Income) based on the number of persons in the household. For "Maximum Income Limits" specific to your household, contact the Office (above).

### Effective 01-01-18

- **1- Bedroom Apartments: \$436.00 Security Deposit \$436.00**  
"Occupancy Standards": minimum 1 person & maximum 3 persons
- **2-Bedroom Apartments: \$ 553.00 Security Deposit \$553.00**  
"Occupancy Standards": minimum 2 persons & maximum 5 persons
- **3-Bedroom Apartments: \$633.00 Security Deposit \$633.00**  
"Occupancy Standards": minimum 4 persons & maximum 7 persons

#### Shotover Inn Apartments has 21 units:

- 2- 1 bedroom unit
- 15- 2 bedroom units
- 4- 3-bedroom units

Each unit is furnished with refrigerator, range, garbage disposal, central heat and air conditioning, and ceiling fan. Tenant pays gas and electricity. Owner pays water, sewer and garbage. Community features ample parking, central laundry room, large lawn area. Property is located adjacent to park and Community Hall. Convenient location near school and Ampla Health.

## HOUSEHOLD APPLICATION PACKET

- All Application Packets **must** be completely filled out. Do not leave any blanks. ***If the information does not pertain to you, please write "None" or "N/A" in the blank.***
- All Application Packets **must include:**
  - Each adult must provide a copy of a valid Driver's License or Photo ID, and Social Security Numbers or Individual Taxpayer I.D. Numbers should be disclosed. (The Management Office can make copies of IDs and Social Security Cards.)
  - The Rental Application form **must be signed and dated by all adult household members.**
  - If a Household includes adult(s) in addition to Head of Household, each additional adult must complete an Additional Adult Application Packet, and **include** with the main Application Packet. (Additional Adult Application Packets are located in back of "Application Box" outside Office door.)

Applications are placed on the Shotover Inn Apartments Waiting List, and are processed on a 'first come, first served' basis as Apartments become available. For more information on the Waiting List, please contact the Resident Manager. Applications may be submitted during Office Hours Only.

#### OFFICE HOURS

8:30 AM TO 12:00 NOON - MONDAY-WEDNESDAY-FRIDAY  
12:30PM TO 3:00PM TUESDAY-THURSDAY



**APLICACIONES INCOMPLETAS NO VAN HASER PROCESADAS.** Por favor revise la informacion previsto en la "Criteria de Selección" y la "Lista de Espera".

SOLO PARA USO DE OFICINA  
 Aplicación #: \_\_\_\_\_  
 Fecha: \_\_\_\_\_ Horario: \_\_\_\_\_  
 Tamaño de unidad calaficadó: 1 2 3 4 (circle)

Nombre del jefe de la casa: \_\_\_\_\_

Nombres usados previamente: \_\_\_\_\_

Dirección Presente : \_\_\_\_\_

Numero y Dirección Ciudad Estado Codigo Postal

Dirección postal (si es diferente a la anterior): \_\_\_\_\_

Numero de Telefono's: Casa (\_\_\_\_) \_\_\_\_\_ - Trabajo (\_\_\_\_) \_\_\_\_\_ - Cell (\_\_\_\_) \_\_\_\_\_

¿Como supiste de nosotros? Sitio Web[ ] agencia de referencia [ ] Pasando por[ ] Amigo/Inquilino[ ] Autoridad de vivienda [ ]  
 Está solicitando una Unidad de acceso para personas discapacitadas? Sí[ ] No[ ] silla de ruedas [ ] Visión[ ] Audición[ ]  
 ¿Tiene una Sección 8 de Cupón de Vivienda? Yes[ ] No[ ]

**Escriba Todos los miembros del hogar:** Escriba todas las personas que solicitan vivir en el apartamento.

Nombre de todas la personas	Numero de Seguró Social	Relación al jefe de la casa	sexo M/F	Fecha/nacimiento	Estudiante	Tiempo Completo
		Jefe de la Casa				

**Por favor, de dar su información de ingresos:** Escriba debajo de **todas** las fuentes de ingresos recibidos. (Las fuentes pueden incluir el empleo, las pensiones, SSI, Seguridad Social, Desempleo, TANF, manutención de los hijos, etc.)

NOMBRE DEL MIEMBRO DEL HOGAR	FUENTE DE INGRESO:	CANTIDAD DE INGRESOS MENSUALES
_____	_____	\$ _____ X 12 = \$ _____
_____	_____	\$ _____ X 12 = \$ _____
_____	_____	\$ _____ X 12 = \$ _____
_____	_____	\$ _____ X 12 = \$ _____
_____	_____	\$ _____ X 12 = \$ _____
<b>EL TOTAL DEL INGRESOS ANUALES</b>		<b>= \$ _____</b>

**NOMBRE Y DIRECCIÓN DE EMPLEADORES (si se emplea):**

El Miembro de la Casa	Nombre de Empleador	Dirección de Empleador
_____	_____	_____
_____	_____	_____

**Por Favor, de dar Su Información de Bienes:** una lista a continuación **todos** los Bienes que tiene. No incluya su VEHÍCULOS. Las fuentes pueden incluir cheques, de ahorros, dinero en efectivo, seguro de vida entera, etc. Escribe NINGUNO si no tiene activos.

Cuenta de Cheques: Balancé: \$ _____	Reditos de Interés: _____ %	Institución: _____
Cuenta de Cheques: Balancé: \$ _____	Reditos de Interés: _____ %	Institución: _____
Cuenta de Ahorros: Balancé: \$ _____	Reditos de Interés: _____ %	Institución: _____
Cuenta de Ahorros: Balancé: \$ _____	Reditos de Interés: _____ %	Institución: _____
Otras Cuentas: Tipo _____	Balancé: \$ _____	Reditos de Interés: _____ % Institución: _____
Otras Cuentas: Tipo _____	Balancé: \$ _____	Reditos de Interés: _____ % Institución: _____



**Favor, que sus antecedentes de residencia durante los últimos 3 años a contar con la mayoría actual (No hay apartados de correos):**

**RESIDENCIA ACTUAL:**

Renta  ó ser Dueño de  Alquiler por mes / Pago Hipoteca: \$ \_\_\_\_\_ de: (mes) \_\_\_\_\_ (año) \_\_\_\_\_ hasta (mes) \_\_\_\_\_ (año) \_\_\_\_\_

Nombre del propietario / Alquiler Propiedad Prestamista / hipoteca: \_\_\_\_\_

Telefono: ( \_\_\_\_\_ ) \_\_\_\_\_ Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Motivo de Salirse: \_\_\_\_\_

**RESIDENCIA ANTERIOR:** Numero y calle: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Renta  ó ser Dueño de  Alquiler por mes / Pago Hipoteca: \$ \_\_\_\_\_ de: (mes) \_\_\_\_\_ (año) \_\_\_\_\_ hasta (mes) \_\_\_\_\_ (año) \_\_\_\_\_

Nombre del propietario / Alquiler Propiedad Prestamista / hipoteca: \_\_\_\_\_

Telefono: ( \_\_\_\_\_ ) \_\_\_\_\_ Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

motivo de salirse: \_\_\_\_\_

**RESIDENCIA PREVIA:** Numero y calle: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Renta  ó ser Dueño de  Alquiler por mes / Pago Hipoteca: \$ \_\_\_\_\_ de: (mes) \_\_\_\_\_ (año) \_\_\_\_\_ hasta (mes) \_\_\_\_\_ (año) \_\_\_\_\_

Nombre del propietario / Alquiler Propiedad Prestamista / hipoteca: \_\_\_\_\_

Telefono: ( \_\_\_\_\_ ) \_\_\_\_\_ Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

motivo de salirse: \_\_\_\_\_

**¿Ha sido desalojadas durante los últimos cinco (5) años? SI [ ] NO [ ]**

**Por favor, dar una referencia personal (no utilizar Familiares):**

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Telefono: ( \_\_\_\_\_ ) \_\_\_\_\_ Relación: \_\_\_\_\_ Años Conosido: \_\_\_\_\_

**En caso de emergencia por favor Contactar:**

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Telefono: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

**\*\* Yo / nosotros certifico que la información contenida en este documento es exacta, completa y verdadera. Yo / Nosotros entiendo que si cualquier información que yo / nosotros hemos dado resulta ser falsa o engañosa, se negará la solicitud. Yo / nosotros estoy / la presente se le autorizo Shotover Inn Apartamentos para verificar toda la información proporcionada.**

Firma del Aplicante \_\_\_\_\_ Fecha \_\_\_\_\_ Firma del Aplicante \_\_\_\_\_ Fecha \_\_\_\_\_

Firma del Aplicante \_\_\_\_\_ Fecha \_\_\_\_\_ Firma del Aplicante \_\_\_\_\_ Fecha \_\_\_\_\_

**USO DE LA OFICINA SOLAMENTE- POR FAVOR NO ESCRIBA DEBAJO DE ESTA LÍNEA**

Esta Aplicación: Aprobada  Rechasad  por: \_\_\_\_\_, Especialista de cumplimiento \_\_\_\_\_ Date \_\_\_\_\_

Si no es aprobado, especifique la razón (s): \_\_\_\_\_

Aplicante Notificado Por: \_\_\_\_\_, Gerente de Residencia \_\_\_\_\_ Fecha \_\_\_\_\_



**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.** Please review information provided regarding the "Selection Criteria" and "Waiting List".

**FOR OFFICE USE ONLY**  
 Application # \_\_\_\_\_ BPHH# \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Unit Size: 1 2 3 4 (circle one)

Head of Household Name: \_\_\_\_\_

Previous Names Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Phone #s: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

How did you hear about us? Website [ ] Agency Referral [ ] Drive By [ ] Friend/Resident [ ] \_\_\_\_\_ Housing Authority [ ]

Are you requesting a Handicapped-Accessible Unit? Yes [ ] No [ ] Wheelchair [ ] Vision [ ] Hearing [ ]

Do you have a Section 8 Housing Choice Voucher? Yes [ ] No [ ]

List All Household Members: List all persons applying to live in the apartment.

Name of Household Member	Soc. Sec. #	Relation to Head of Household	Sex (M/F)	DOB	Student (Y/N)	Full or Part Time
		HEAD of HOUSEHOLD				

Please Give Your Income Information: List below all sources of income received. (Sources may include Employment, Pensions, SSI, Social Security, Unemployment, TANF, Child Support, etc.)

NAME OF HOUSEHOLD MEMBER	SOURCE OF INCOME:	MONTHLY GROSS AMOUNT
_____	_____	\$ _____ X 12 = \$ _____
_____	_____	\$ _____ X 12 = \$ _____
_____	_____	\$ _____ X 12 = \$ _____
_____	_____	\$ _____ X 12 = \$ _____
_____	_____	\$ _____ X 12 = \$ _____
<b>GRAND TOTAL YEARLY INCOME</b>		<b>= \$ _____</b>

NAME AND ADDRESS OF EMPLOYERS (if employed):

Household Member	Name of Employer	Address and Fax of Employer
_____	_____	_____
_____	_____	_____

Please Give Your Asset Information: List below all assets that you have. **DO NOT INCLUDE YOUR VEHICLES.** Sources may include Checking, Savings, Cash on Hand, Whole Life Insurance, etc. Write **NONE** if you have no assets.

Checking Account:	Balance: \$ _____	Interest Rate: _____ %	Institution: _____
Checking Account:	Balance: \$ _____	Interest Rate: _____ %	Institution: _____
Savings Account:	Balance: \$ _____	Interest Rate: _____ %	Institution: _____
Savings Account:	Balance: \$ _____	Interest Rate: _____ %	Institution: _____
Other Accounts:	Type _____	Balance: \$ _____	Interest Rate: _____ % Institution: _____
Other Accounts:	Type _____	Balance: \$ _____	Interest Rate: _____ % Institution: _____



**Please Give Your Housing History for the Past 3+ Years Beginning With Most Current (No P.O. Boxes):**

**CURRENT RESIDENCE:**

Rent  or Own  Monthly Rent/Mortgage Payment: \$ \_\_\_\_\_ From: (month) \_\_\_\_\_ (year) \_\_\_\_\_ to (month) \_\_\_\_\_ (year) \_\_\_\_\_  
Name of Landlord/Rental Property/Mortgage Lender: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**PREVIOUS RESIDENCE: Street:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Rent  or Own  Monthly Rent/Mortgage Payment: \$ \_\_\_\_\_ From: (month) \_\_\_\_\_ (year) \_\_\_\_\_ to (month) \_\_\_\_\_ (year) \_\_\_\_\_  
Name of Landlord/Rental Property/Mortgage Lender: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**PRIOR RESIDENCE: Street:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Rent  or Own  Monthly Rent/Mortgage Payment: \$ \_\_\_\_\_ From: (month) \_\_\_\_\_ (year) \_\_\_\_\_ to (month) \_\_\_\_\_ (year) \_\_\_\_\_  
Name of Landlord/Rental Property/Mortgage Lender: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Have you been **EVICTED** during the past five (5) years? YES [ ] NO [ ]

**Please Give A Personal Reference (Do Not Use Relatives):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**In An Emergency Please Contact:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ OR \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**\*\* I/we hereby certify that the information contained herein is accurate, complete and true. I/we further understand that if any information I/we have given is found to be false or misleading, this application will be denied. I/we am/are hereby authorizing Shotover Inn Apartments to verify all the information provided.**

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

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

**OFFICE USE ONLY - PLEASE DON'T WRITE BELOW THIS LINE**

This Application: APPROVED  DENIED  By: \_\_\_\_\_, Compliance Specialist \_\_\_\_\_ Date \_\_\_\_\_

If not Approved, Specify Reason(s): \_\_\_\_\_

Applicant Notified By: \_\_\_\_\_, Resident Manager \_\_\_\_\_ Date \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RELEASE OF INFORMATION

The person named below has applied for housing at \_\_\_\_\_.  
They have given your name as a source of needed information. The information requested will be kept in strictest confidence. This property receives funding from \_\_\_\_\_, which requires us to verify the information requested. Submission of this information is mandatory for evaluating their eligibility to reside here. Failure to submit it will result in denial of their application for housing. Please return the requested information in the enclosed self-addressed stamped envelope, or by email to: \_\_\_\_\_, or, fax to: \_\_\_\_\_ within "**five (5) business days.**"  
Thank you for your co-operation and assistance in this matter.

\_\_\_\_\_  
**Representative Agent for**  
\_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_, do hereby authorize the release of the requested information, which is necessary to:

- \_\_\_\_\_ Process my application for residency
- \_\_\_\_\_ Complete my annual recertification

I understand that this release also grants permission for \_\_\_\_\_ to perform a credit check, background check and collect information on my Residential/ Housing History.

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

\_\_\_\_\_  
Date



## WAITING LIST

Shotover Inn Apartments maintains a Waiting List in accordance with funding regulations and requirements. Community Interest Forms are processed on a "first come, first served" basis in accordance with the Selection Criteria below as vacancies become available.

Completed Community Interest Forms meeting the mandatory requirements of the funding source(s) are placed on the Waiting List according to date and time received in the Management Office. When a unit becomes available, the first eligible applicant will be contacted by phone. If unable to contact by phone, the applicant will be notified by mail and directed to respond within (7) seven business days. If no response is received within (7) seven business days, the Community Interest Form will be withdrawn (removed) from the waiting list. Applicants must notify the office in writing when address or phone number changes occur. If management attempts to contact an Applicant and is not successful due to address and phone numbers that were not current or accurate, the Community Interest Form will be withdrawn (removed) from the Waiting List. The applicant may re-apply by completing a new Community Interest Form and will be placed on the list according to the new date and time received.

Persons with disabilities who require "accessible" units (i.e. mobility, vision, or hearing) will receive preference over all applicants when filling vacant units designated as "accessible".

Vacant units may be offered to current Residents in order to comply with occupancy standards or to provide a reasonable accommodation to persons with a disability. Restrictions and regulations governing in-house transfers are uniformly enforced.

Applicants will be allowed to pass on a unit offer only **twice** before being removed from the waitlist.

## SELECTION CRITERIA

Once an applicant has been pulled from the Waiting List, an appointment will be scheduled to complete an application packet to ensure the household qualifies based on the following criteria established for Shotover Inn Apartments.

1. Applicants must complete a rental application, sign all other required forms and provide all requested documentation to determine eligibility.
2. All household adult members must have positive housing history for the past (3) Three years. Positive housing history is defined as:
  - No more than (3) three late pays in a (12) twelve month period
  - No outstanding debt to a previous landlord
  - No evictions (exceptions may include no outstanding balance and a positive rental reference is given by the evicting landlord or all debt is paid and a positive rental history has been established for the last (3) three years.)
  - No substantial violations of the lease/rental agreement including but not limited to: interference with the use, possession, or quiet enjoyment of their unit by other tenants of the property; adversely affecting the health and safety of any person; interference with the management, maintenance; operation of the property; failure/refusal to pay rent or other charges in a timely manner or failure to maintain the unit in a safe/sanitary condition to include poor housekeeping habits.

If an applicant is unable to provide residence references due to homelessness, (2) two letters of recommendations from a reputable source may be acceptable.

3. All household adults must have acceptable credit histories. Acceptable credit history for an individual will be defined as:
  - No Credit
  - At least (0) zero current account in good standing (no outstanding balance, paid "as agreed")
  - No more than (5) five "collection" or "charge-off" accounts within the past (5) five years (excluding medical and student loans)
  - No current utility (gas / electric) collection accounts
  - A bankruptcy within the last (3) three years may be acceptable if currently there are no more than (8) eight "collections" or "charge-off accounts and at least (1) one current account.
4. Household must meet minimum income requirements of at least two times the monthly rent but not more than the maximum income limits in accordance with funding requirements. (Minimum income requirements may not apply to households involved in a Section 8 program)

CHIP complies with the letter and spirit of the Fair Housing Act that prohibits housing discrimination against persons based upon race, color, religion, national origin, sex, familial status, disability or other protected classes.

By signing below, the applicant understands the Waiting List and Selection Criteria for Shotover Inn Apartments. A complete Tenant Selection Plan is posted in the rental office for your review should you have further questions.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date