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

Rev. RR 05-05-17
Nombres usados previamente:

Dirección Presente:

Dirección postal (si es diferente a la anterior):

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

Escriba Todos los miembros del hogar: Escribe todos los profesionales que solicitan vivir en el departamento.

<table>
<thead>
<tr>
<th>Nombre de todas las personas</th>
<th>Numero de Seguro Social</th>
<th>Relación al jefe de la casa</th>
<th>sexo M/F</th>
<th>Fecha/avenimiento</th>
<th>Estudiante</th>
<th>Tiempo Completo</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Por favor, de dar su información de ingresos: Escribe 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.)

<table>
<thead>
<tr>
<th>Nombre del miembro del hogar</th>
<th>Fuente de ingreso:</th>
<th>Cantidad de ingresos mensuales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X 12 = $</td>
</tr>
</tbody>
</table>

El total de ingresos anuales = $

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

<table>
<thead>
<tr>
<th>Cuenta de Cheques:</th>
<th>Balance:</th>
<th>$</th>
<th>%</th>
<th>Institución:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuenta de Cheques:</td>
<td>Balance:</td>
<td>$</td>
<td>%</td>
<td>Institución:</td>
</tr>
<tr>
<td>Cuenta de Ahorros:</td>
<td>Balance:</td>
<td>$</td>
<td>%</td>
<td>Institución:</td>
</tr>
<tr>
<td>Cuenta de Ahorros:</td>
<td>Balance:</td>
<td>$</td>
<td>%</td>
<td>Institución:</td>
</tr>
<tr>
<td>Otras Cuentas:</td>
<td>Balance:</td>
<td>$</td>
<td>%</td>
<td>Institución:</td>
</tr>
<tr>
<td>Otras cuentas:</td>
<td>Balance:</td>
<td>$</td>
<td>%</td>
<td>Institución:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cuenta de Cheques:</th>
<th>Balance:</th>
<th>$</th>
<th>%</th>
<th>Institución:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Otras Cuentas:</td>
<td>Balance:</td>
<td>$</td>
<td>%</td>
<td>Institución:</td>
</tr>
</tbody>
</table>
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:
Teléfono: __________ 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:
Teléfono: __________ 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:
Teléfono: __________ 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: __________
Teléfono: __________ Relación: __________ Años Conocido: __________

En caso de emergencia por favor Contactuar:
Nombre: __________ Dirección: __________
Teléfono: (______) (______) (______) O __________

** 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 __________

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

Esta Aplicación: Aprobada ☐ Rechazada ☐ por: ________________ Especialista de cumplimiento ________________ Dote __________

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

Aplicante Notificado Por: ________________Gerente de Residencia ________________ Fecha __________

[Signature]

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

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Application #</th>
<th>BPHH#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit Size:</th>
<th>1 2 3 4 (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Head of Household Name:**

**Previous Names Used:**

**Present Address:**

Number and Street

Mailing Address (if different from above):

Phone #s: Home (____) ______ Work (____) ______ Cell (____) ______

**How did you hear about us? Website[ ] Agency Refer[ ] 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.

<table>
<thead>
<tr>
<th>Name of Household Member</th>
<th>Sex</th>
<th>SS#</th>
<th>Relationship to Head of Household</th>
<th>Sex (M/F)</th>
<th>DOB</th>
<th>Student (Y/N)</th>
<th>Full or Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>HEAD OF HOUSEHOLD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Monthly Gross Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>x 12 = $</td>
</tr>
<tr>
<td>$</td>
<td>x 12 = $</td>
</tr>
<tr>
<td>$</td>
<td>x 12 = $</td>
</tr>
<tr>
<td>$</td>
<td>x 12 = $</td>
</tr>
<tr>
<td>$</td>
<td>x 12 = $</td>
</tr>
</tbody>
</table>

**Grand Total Yearly Income** = $

**NAME AND ADDRESS OF EMPLOYERS (if employed):**

Household Member | Name of Employer | Address and Fax of Employer |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Checking Account</th>
<th>Balance:</th>
<th>Interest Rate: %</th>
<th>Institution:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Checking Account</th>
<th>Balance:</th>
<th>Interest Rate: %</th>
<th>Institution:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Savings Account</th>
<th>Balance:</th>
<th>Interest Rate: %</th>
<th>Institution:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Savings Account</th>
<th>Balance:</th>
<th>Interest Rate: %</th>
<th>Institution:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Accounts:</th>
<th>Type</th>
<th>Balance:</th>
<th>Interest Rate: %</th>
<th>Institution:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Accounts:</th>
<th>Type</th>
<th>Balance:</th>
<th>Interest Rate: %</th>
<th>Institution:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:**
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:**
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: ___________________
Phone: (__________) OR (__________)

** 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: ____________

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 reapply 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 is 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

TR - 8/16/17