



# TENANT SELECTION CRITERIA

## SAVE, Inc.

### FAIR HOUSING AND EQUAL OPPORTUNITY LAWS

Management will not discriminate on the basis of race, color, creed, familial status, national origin, religion, sex, age (except eligibility requirements), or handicapping condition on any phase of the occupancy process. The occupancy process includes, but is not limited to, application processing, leasing, transfers, delivery of management and services, access to common facilities, and termination of occupancy.

### SUBMITTING APPLICATIONS

Applications will be accepted from any low income handicapped or disabled persons. Management will accept applications at the business office at 3026 Harrison, Kansas City, MO. The waiting list will remain open unless a notice is posted stating that no applications are being accepted.

1. Applicants must complete the application provided by management.
2. Applicants must schedule an appointment to submit the application and it must be submitted in person.
3. If the applicant is physically unable to submit the application in person, or currently resides more than (50) fifty miles from the property other arrangements can be made for submitting an application. Contact management to make special arrangements.
4. If the applicant needs assistance in completing the application:
  - a. The applicant needs to be present to provide the information to someone assisting in the completion of the form.
  - b. The person assisting the applicant must sign and date the application, indicating that it was completed at the request of the applicant, and provide identification to management.
5. Proof of identity will be required for the applicant and for all household members (valid photo id, birth certificate, and social security card). Applicant must also provide proof of disability and proof of case management.

\_\_\_\_\_ Applicant Initials

### WAITING LIST MAINTENANCE

6. The application must be completed in full with all required documentation and presented to management **IN PERSON**. At this time, the utility companies are called to verify the applicant is able to have utilities turned on. The application is then considered **complete** and the applicant's name is placed on the waiting list.
7. Each applicant's name will be placed on the waiting list based on date and time the application was **completed**. Management will maintain the waiting list. **Being placed on the waiting list does not guarantee that the applicant will be approved for occupancy. Screening takes place when a unit becomes available. PLEASE NOTE: SAVE, Inc. will conduct a criminal background check as part of the applicant screening process.**
8. If an applicant is rejected based on screening criteria, notification will be sent by mail. An applicant may reapply after 12 months.

\_\_\_\_\_ Applicant Initials

### FILLING VACANCIES

9. The size of the unit offered is determined by HUD's guidelines.
10. If an eligible applicant rejects an apartment offered of appropriate size and type, the applicant's name will be placed at the bottom of the waiting list.
11. If management is not able to contact an eligible applicant within 10 business days, the applicant's name will be removed from the waiting list. *It is the applicant's responsibility to keep management informed of any changes in contact information.*
12. Applicants receive priority if they are currently in qualifying SAVE, Inc. Residential Programs and/or living with HIV/AIDS.

\_\_\_\_\_ Applicant Initials

## SCREENING PROCESS

### **Applicants who will be rejected are those who:**

1. Do not meet HUD criteria for the property
2. Do not meet property screening criteria
3. Submit an incomplete application
4. Have a household size that does not conform to units available on the property
5. Have a household income that exceeds HUD income limits for the property
6. Provide false information necessary in the determination of eligibility
7. Have been evicted in the last three years from federally assisted housing for drug-related criminal activity
8. Are a registered sex offender
9. Are unable to turn utilities on in their own name
10. Have submitted an application that was screened and rejected within the last 12 months.

### **Applicants who will be accepted are those who:**

1. Have a verifiable history relating to previous housing experience, or other appropriate screening criteria including an existing tenant search through the Enterprise Income Verification System (EIV). EIV will be used to determine if the applicant or any applicant household members are currently being assisted at another Multifamily Housing or Public and Indian Housing (PIH) location.
2. Have a history of satisfactory and verifiable payment of fees, to include participants of other SAVE, Inc. Housing Programs (Rent must be current).
3. Past performance in meeting financial obligations, especially rent, is satisfactory.
4. Have no record of disturbance, destruction of property, living or housekeeping habits, which adversely affect the health, safety, or welfare of other residents or the continuing operations of the property.
5. Do not have a poor rental history (i.e. non-payment of rent, evictions, etc.)
6. Management will review & consider circumstances regarding poor rental history on an individual basis.
7. Have no history of criminal activity involving crimes of physical or sexual violence to persons or property, or other criminal acts which adversely affect the health, safety, or welfare of themselves, other residents, or the viability of the apartment complex. This includes but is not limited to drug-related charges (possession, sale, or use), firearms, violent crimes, property destruction, burglary and assault.
8. Management will consider the circumstances when evaluating an applicant's criminal history, including how long ago the offense took place, the seriousness of the offense, the effect of the offense on the program's integrity, the extent to which the applicant has taken responsibility and the steps the applicant has taken to prevent further offenses.
9. Have no history of allowing unauthorized persons occupying or living in rental apartments.
10. Have no history of conduct by the applicant, his family, or frequent guest that management determines detrimental.
11. Do not have a history of repeated violations of rules and regulations.
12. Have a history of maintaining the cleanliness of the dwelling unit so that it is in a decent, safe and sanitary condition (Home visits may be conducted).
13. SAVE, Inc. will take into consideration those who are homeless or living with a friend or relative regarding credit and rental history.
14. Give SAVE, Inc. permission to check credit history and criminal history.

\_\_\_\_\_ Applicant Initials

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

# APPLICATION FOR SAVE, INC. HOUSING

## APPLICANT & HOUSEHOLD INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Other Contact Info?: (\_\_\_\_) \_\_\_\_\_

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / 19\_\_\_\_ Gender:  M  F

Race: American Indian/Alaska Native   
 Asian   
 Black/African American   
 Native Hawaiian/Pacific Islander   
 White   
 Multi-Racial   
*(Specify multi-racial by checking relevant boxes.)*

Marital Status: Single  Married   
 Divorced  Separated

What is your primary language? \_\_\_\_\_

Can you speak limited English?  Yes  No  
 Are you a US citizen?  Yes  No

Are you Hispanic?  Yes  No

Is the head of the household disabled?  Yes  No Is the head of the household a veteran?  Yes  No

What is the head of the household's highest level of education completed? \_\_\_\_\_

Case Manager's Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Case Manager's Phone: (\_\_\_\_) \_\_\_\_\_

**Other Household Members (List ONLY if they reside with you):**

Full Name of <u>other</u> household members	Race	Hispanic? Yes or No	Relationship to Head of Household (spouse, mother, son, etc.)	Marital Status (single, married, divorced, separated)	Gender 'M' or 'F'	Date of Birth	Social Security Number

Are you able to turn utilities on in your name? Gas  Yes  No Electric  Yes  No

Do you have a history of drug or alcohol use (crack cocaine, marijuana or any other illegal substance)?

Yes  No If yes, how have you addressed this? \_\_\_\_\_

Have you ever been arrested?

Yes  No If yes, please explain: \_\_\_\_\_

Are you a registered sex offender?  Yes  No

Do you own a pet?  Yes  No If yes, please list type: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Other Contact Info: \_\_\_\_\_

**REFERENCES**

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

**CURRENT LIVING SITUATION**

If you are currently renting:

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

Can we contact this person as a reference? \_\_\_\_\_

Is your landlord a relative?  Yes  No If yes, please list relationship: \_\_\_\_\_

How long have you rented from this landlord? \_\_\_\_\_

Move in date: \_\_\_\_\_ Rent Paid: \_\_\_\_\_

Why do you want to move? \_\_\_\_\_

Are you being evicted?  Yes  No  
If yes, please explain: \_\_\_\_\_

If you are currently staying with a friend/relative:

Friend/relative's name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long have you been staying with them? \_\_\_\_\_

Do you contribute to the rent or expenses?  Yes  
 No If so, how much and how often? \_\_\_\_\_

Can we contact this person as a reference? \_\_\_\_\_

If you are not currently renting or staying with a friend/relative, what is your current living situation:

- Non-housing (street, park, bus station, etc.)
- Emergency shelter
- Transitional or group housing
- Substance abuse treatment facility
- Hotel
- Hospital or psychiatric treatment facility
- Other: \_\_\_\_\_

**PREVIOUS LIVING SITUATION**

If you previously rented:

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

Can we contact this person as a reference? \_\_\_\_\_

Is your landlord a relative?  Yes  No If yes, please list relationship: \_\_\_\_\_

How long did you rent from this landlord? \_\_\_\_

Move in date: \_\_\_\_\_ Rent Paid: \_\_\_\_\_

Why did you move? \_\_\_\_\_

Were you evicted?  Yes  No  
If yes, please explain: \_\_\_\_\_

If you previously stayed with a friend/relative:

Friend/relative's name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long did you stay with them? \_\_\_\_\_

Did you contribute to the rent or expenses?  Yes  
 No If so, how much and how often? \_\_\_\_\_

Can we contact this person as a reference? \_\_\_\_\_

If you did not previously rent or stay with a friend/relative, what was your living situation:

- Non-housing (street, park, bus station, etc.)
- Emergency shelter
- Transitional or group housing
- Substance abuse treatment facility
- Hotel
- Hospital or psychiatric treatment facility
- Other: \_\_\_\_\_

**INCOME INFORMATION**

Household Member's Name	Source or Type of Income (i.e. job, Social Security Disability)	Monthly Amount

Employer (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**APPLICANT CERTIFICATION:** I/We certify that all information given on this application is accurate and complete to the best of my/our knowledge and belief. I/We also understand that making false statements or providing false information are grounds for denial of rental assistance. I/We give permission to contact anyone listed above to verify information regarding rental applications.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Management: \_\_\_\_\_ Date: \_\_\_\_\_