

Application for SAVE, Inc. Managed Properties

At the time of application, you will need to provide copies of the following:

- Picture ID for all household members over the age of 18
- Income Verification less than 90 days old for anyone over the age of 18 (If you have zero income, you must provide a statement to this effect.)
- Social Security Card for all household members
- Birth Certificate for all household members
- Verification of Disability for the head of household
- Verification of Case Management

Your application will not be considered complete until all of these documents are attached and all questions on the application are answered.

Instructions for completing an application:

1. Fill out all forms completely.
2. Collect all of the documents listed above.
3. **Submit application via email (tcasey@saveinckc.org) or fax (816-709-1144).**
4. For questions about the properties or vacancies, call Toni Casey: 816-531-8340 x340

Office Use Only:

Preferences: Diagnosis: Yes No On Property: Yes No

Applicant Name on Sex Offender Registry: Yes No Date Sex Offender Registry Checked: _____

If yes, is this a Lifetime Registration? Yes No State Registered? _____

Spire Eligible: Yes No Everyg Eligible: Yes No

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 specific 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. 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.
4. Management will review & consider circumstances regarding poor rental history on an individual basis.
5. 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 (distribution and/or manufacturing), firearms, violent crimes, property destruction, burglary and assault.
6. 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.
7. Have no history of conduct by the applicant, his family, or frequent guest that management determines detrimental.
8. Do not have a history of repeated violations of rules and regulations.
9. SAVE, Inc. will take into consideration those who are homeless or living with a friend or relative regarding credit and rental history.
10. Give SAVE, Inc. permission to check credit history and criminal history.

_____ Applicant Initials

PROJECT ELIGIBILITY REQUIREMENTS

Income limits: "Total Household Income: at or below 50% of AMI

Disclosure of SSN or exemption:

Consent Form HUD 9887-A

Restrictions to Assistance to Non-Citizens:

Restrictions on Eligibility of Students for Section 8 Assistance:

Disabled as defined for HUD 811

Not a lifetime registered sex offender

Not convicted of methamphetamine production on housing authority property

_____ Applicant Initials

Disclosure of Social Security Numbers

Applicants and tenants must disclose and provide verification of the complete and accurate SSN assigned to each household member. Failure to disclose and provide documentation and verification of SSNs will result in an applicant not being admitted or a tenant household's tenancy being terminated.

Exceptions of Disclosure of Social Security Numbers

- Individuals who do not contend eligible immigration status
 - a) Mixed Families: For projects where the restriction on assistance to noncitizens applies and where individuals are required to declare their citizenship status, proration of assistance or screening for mixed families must continue to be followed. In these instances, the owner will have the tenant's Citizenship Declaration on file whereby the individual did not contend eligible immigration status to support the individual not being subject to the requirements to disclose and provide verification of a SSN.
 - b) For Section 221(d)(3) BMIR, Section 202 PAC, Section 202 PRAC and Section 811 PRAC properties, the restriction on providing assistance to noncitizens does not apply. At these properties, individuals who do not contend eligible immigration status must sign a certification, containing the penalty of perjury clause, certifying to that effect. The certification will support the individual not being subject to the requirements to disclose or provide verification of a SSN. The certification must be retained in the tenant file
- Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010
 - a) The exception status for these individuals is retained even if there is a break in his or her participation in a HUD assisted program.
 - b) When determining the eligibility of an individual who meets the exception requirements for SSN disclosure and verification, documentation must be obtained that verifies the applicant's exemption status. A certification from the tenant is not acceptable verification of the exemption status. This documentation must be retained in the tenant file.

_____ Applicant Initials

Eligibility of Students

Owners must determine a student's eligibility for assistance at move-in, initial or annual recertification, and at the time of an interim recertification if one of the changes reported is that a household member is enrolled as a student, at an institution of higher education.

- The student must meet all of the following criteria to be eligible. The student must:
 1. Be of legal contract age under state law;
 2. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy, or

3. Meet the U.S. Department of Education’s definition of an independent student. (See the Glossary for definition of Independent Student);
 4. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
 5. Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.
- The full amount of financial assistance paid directly to the student or to the educational institution and amounts of scholarships funded under title IV of the Higher Education Act of 1965, including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs, are excluded from annual income for the programs listed in 1, above (see paragraph 5-6 D and Exhibit 5-1.)*

_____ Applicant Initials

Selection of Tenants

Owners/management agents will screen applicants based on the property’s approved Tenant Selection Plan for the property, which shall comply with PRA Demo requirements, including the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA). This may include completing a criminal background, credit check and rental history check. Owners/Management will inform the applicant of the results of the screening results and advise the applicant of their appeal rights. Owners/Management will offer the unit to the approved applicant with the highest priority and first date/time stamp.

_____ Applicant Initials

Non-Selected Applicants

Applicants who were not selected to lease the offered unit will be returned to the waitlist with the same priority status and date/time stamp. These applicants will be the first to be offered the newly available units in the county in which they desire to live provided their then current information indicates that they remain eligible/SAVE, Inc. will provide updates regarding pending applicants and their position in the waitlist upon request.

_____ Applicant Initials

Refusing a Unit

Applicants may refuse an offered unit. These applicants will return to the registry with the same priority status and date/time stamp. Should an applicant refuse 3 units, SAVE, Inc. will review the circumstances of each refusal. If it is determined that insufficient reasons led to refusing units, the applicants will be removed from the waitlist. SAVE, Inc. will notify the applicant of the review process and determination. Applicants may re-apply at any time.

_____ Applicant Initials

Unit Transfer Policy

With limited exceptions, transfers among units are not permitted and vacant units will be filled from the waitlist. A request for an exception to this policy shall be reviewed and approved by SAVE, Inc. and requires a consensus. Exceptions shall be limited to situations that address a request for reasonable accommodation or for the other emergency or significant housing or health need.

_____ Applicant Initials

Reasonable Accommodation and Modification Requests

Owners of properties with PRA Demo Units must comply with Section 504 of the Rehabilitation Act of 1973. See HUD Occupancy Handbook 4350.3, section 2-8 for more detail. SAVE, Inc. will assist the applicant and case manager with possible reasonable accommodation and/or modification requests. SAVE, Inc. will comply with legal and regulatory provisions concerning such requests, including applicable provisions of HUD Occupancy Handbook 4350.0. If it is determined that an applicant wishes to request a reasonable accommodation or modification, SAVE, Inc. assistance may include providing a possible template for making requests in writing, a summary of Reasonable Accommodation and Modification Policy for the property and information regarding possible strategies for meeting the needs of the applicant. At no time will SAVE, Inc. interfere with the applicant's decision to request an accommodation or modification. If the applicant concurs, a request for reasonable accommodation will be communicated to the property as soon as possible, ideally prior to completion of construction. A determination of whether the request will be accommodated will be made by the property owner/designee.

_____ Applicant Initials

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

APPLICATION FOR SAVE, INC. HOUSING

APPLICANT & HOUSEHOLD INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name: _____ Pronouns: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Other Contact Info: (____) _____

Social Security No.: ____ - ____ - ____ Date of Birth: ____ / ____ / ____ Sex: M F OT

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: (____) _____

Will there be a live-in aide in this unit who is not a family member? Yes No

If yes, please list full name of live-in aide: _____

HOUSING NEEDS: Accessibility Needs A household member needs a unit that (check all that apply):

Has no stairs Has a ramp
 Has access in unit to accommodate wheelchair Has access for visual disability
 Has access for hearing disability

Other. Please describe: _____

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)	Sex 'M' or 'F'	Date of Birth	Social Security Number

ALL Household Member(s) Special Status:

Household Members	Relationship to Head of Household (spouse, mother, son, live-in aid, etc.)	Student Status (Leave blank if not a student)	Disability Status	Special Status
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Displaced <input type="checkbox"/> Joint Custody
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Displaced <input type="checkbox"/> Joint Custody
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Displaced <input type="checkbox"/> Joint Custody
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Displaced <input type="checkbox"/> Joint Custody

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 Is this a Lifetime Status? Yes No

If yes, please list date register: _____ If yes, please list state register: _____

Do you own a pet? Yes No If yes, please list type/status: _____

How did you hear about this property? _____

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

Substance abuse treatment facility

Other _____

Hotel

Transitional or group housing

Hospital or psychiatric treatment facility

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: _____

PREVIOUS STATE RESIDENCE(S) FOR ALL HOUSEHOLD MEMBERS

Household Member's Name & Relation to HOH	State of Residence	Dates Resided

Was any Household member 62 or older as of January 31, 2010, who does not have a SSN, and whose initial determination of eligibility was prior to January 31, 2010? Yes No

If yes, who and where?: _____

Have you or any member lived in any assisted housing? Yes No

If yes, list where and when: _____

Do you or any member of your household owe money to a Public Housing Authority? Yes No

If yes, please explain: _____

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: _____

Are you are anyone in your household SELF EMPLOYED?: Yes No

ASSETS: PLEASE CHECK ALL THAT APPLY

Household Member's Name	Checking/Savings	Real Estate	Life Insurance	Stocks/Bonds	IRA/KEOGH	Money Market	Personal Property
	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____
	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____
	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____
	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____
	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____	<input type="checkbox"/> \$:_____

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: _____