Tenant Selection Criteria

Dear Prospective Resident:

The following summarizes the charges and the requirements necessary to qualify for an apartment in our community. In order to process your application, we must receive and verify from all applicants, a government issued photo identification. In addition, all applicants must also provide a Social Security card. If we cannot verify identity through our screening process, applicant may be required to show additional documents verifying the Social Security number.

- All applicants must be at least 18 years old.
- One application must be completed per household and a non-refundable fee of $48 for a credit and criminal background check for every person 18 or older.
- If there is more than 1 applicant, each applicant must qualify independently, as it relates to criminal and rental history. Income will be combined to determine eligibility. Your source of income must be from a verifiable source.
- Occupancy Standards states no more than 2 people per bedroom are allowed.
- Applicant must have positive past landlord verification and must have prompt payment history that is verifiable.
- Applicant must not have more than 5 outstanding balances on his or her credit report, with the exception of medical bills and student loans.
- If prior residential history is from a home with a mortgage, this will be considered in lieu of landlord history.
- No prior judged evictions.
- Proof of utilities must be obtained before move-in.
- Proof of Federal and State Tax Return must be obtained before move-in.
- No prior landlords in collections, unless they have a written payment plan with a note from that landlord.
- Applicant must not have been convicted of a felony with the exception of flagrant nonsupport of child support.
- Applicant must not have been convicted of a misdemeanor in the last 5 years, involving the use, possession or intent to distribute a controlled substance or illegal drug or convicted of a crime involving violence against any person including, but not limited to, any form of assault, battery, domestic violence, and/or harm, injury or assault.
- Applicant must not have been convicted of any crime involving sexual menacing, assault or molestation offense, including children.
- No Pets Are Allowed

_____
Prospective Resident Date

_____
Prospective Resident Date

_____
Property Manager Date

EQUAL HOUSING OPPORTUNITY

Revised 12/2017

DATE: _____ Apartment Size: _____

Madison View Apartments

3320 Madison Pike, Covington, KY 41017
Phone: (859) 268-2823
www.mlpmgt.com
TDD# 1-800-648-6056
(for Speech & Hearing Impaired)

RENTAL APPLICATION

EQUAL HOUSING OPPORTUNITY

Important: It is a requirement of the USDA to obtain a complete copy (all forms and attachments) of the most recent Federal Tax Return for ALL Adult Household Members, 18 years and older.

APPLICATION PROCESSING FEE IS $48 PER ADULT HOUSEHOLD MEMBER 18 YEARS OF AGE AND OLDER. THIS IS DUE AT THE TIME THE APPLICATION IS PROCESSED AND IT IS NON-REFUNDABLE.

Name of Head of Household	**Spouse Name, Co-Tenant, Other Adult Member**
Current Address: Street Number & Name	**City, State, Zip Code (No P.O. Box #)**
Daytime Phone Number	**Marital Status (Circle one) Single Married Divorced Separated**
Email	**Have you ever used another name? Yes or No** **If yes, please indicate name: _____**

Do you have a pet? _____ Description of Pet _____

NOTE: No pets allowed at this property.

Where did you hear about our apartments? Apartments.com_____ Craigslist_____
Facebook_____ Newspaper_____ Zillow.com_____ Walk-in_____
Resident Referral_____ Company Website_____ Other _____

Family Composition: List ALL members of your household below, including part-time residents:

Member Number	Name	Relationship To Head	Birthday MM/DD/YY	Social Security #	Sex F/M	Full-Time Student
1		HEAD				
2						
3						
4						
5						
6						

Anticipated change(s) in family size?_____ Anticipated changes in student status? _____

Anticipated Income: Present employment and all income received by all household members:

Member Number	Source of Income: Indicate Name of Source: Employer, Social Security, SSI, Child Support Address and telephone number	Position	Dates Employed	Gross Monthly

Bank References:

Member Number	Bank Name & Location	Checking Or Savings	Avg Balance	Interest Earned? Yes/No

Assets:

Member Number	Describe type (Stocks/Bonds, Property/Real Estate, IRA, etc.)	Value
		$
		$

Credit References: (Credit Cards, School Loans, Car Payment, Mortgage Payment, etc.):

Member Number	Company Name (Creditor)	Monthly Payment	Balance Due

Vehicles: (Including company cars, motorcycles, etc.)

Member Number	Driver's License #	Make/Model	Year/Color	Car Plate #	Monthly Payment

Residence History and Current, Previous Landlords:

Current Address	Monthly Rent	Utilities/month	Move-In Date	Reason for Leaving

Landlord Name	Landlord Address	Landlord Phone #

Previous Address	Monthly Rent	Utilities/month	Move-In Date	Reason for Leaving

Landlord Name	Landlord Address	Landlord Phone #

Emergency Contacts: (In the event of an emergency, designate someone to contact on your behalf)

Name	Address	Relationship	Phone #

Medical/Disabled/Handicap Assistance Expenses

Do you wish to apply for an elderly exemption? (to meet the definition of elderly, the head of household or the spouse/co-tenant of the head of household must be age 62 or older or disabled or handicapped.) YES_____ NO_____

Medical Costs:

1. Head of Household Medicare Premiums – Monthly Amount $_____
   Spouse/Co-Tenant Medicare Premiums – Monthly Amount $_____
2. Medical Insurance Coverage – List NAME of Insurance Company and premium.
   Head of Household _____ $_____
   Spouse/Co-Tenant _____ $_____
3. Anticipated Medical/Drug/Prescription costs NOT covered by insurance or reimbursed for the next 12 months: _____ $_____
4. Medical Bills or Outstanding Costs you are making monthly payments for:
   Payments are being made to: _____
   Balance Due $_____ Monthly Payment Amount $_____
5. Are you seeing a Physician regularly? (Y/N) _____
   Name of Dr._____ Address _____
6. Any other medical expenses not included above? Explain below and include payment amount.
   _____ $_____
   _____ $_____

Disability and/or Handicap Assistance Expenses. Complete ONLY if Disability/Handicap Expenses allow the disabled/handicapped or another household member to WORK:

List type of expenses, paid to whom and weekly amount:

_____ $_____

Child Care Expenses

Is Childcare expense due to Employment or Education? (Y/N) _____

Name(s) of Children Cared For:

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Reasonable unreimbursed child care expenses for the care of children age **13 and under** are deducted from annual income if (1) the care enables a household member to work or go to school; (2) no other adult household member is available to care for the children; and (3) in the case of child care that enabled a household member to work, the expenses deducted do not exceed the income generated by that household member. If the child care provider is a household member, the cost of the children's care cannot be deducted.

Breakdown of Costs Incurred:

Name & Address of Person and/or Agency caring for the Children:

_____

_____

Weekly cost for Childcare $_____

Criminal Background/Criminal History

Do you have a criminal, civil or small claims record? (Y/N) _____

If yes, please explain: _____

_____

Special Needs

Does anyone in your family/household have special needs? (Y/N) _____

Special living accommodations required? (Y/N) _____

Please explains: (ground floor apartment, grab bars in bathrooms, modified/removed cabinetry around sinks in kitchen and/or bathroom, doorbell signaler for hearing impaired, etc.) _____

_____

_____

AUTHORIZATION

I/We authorize MLP Management Company, to verify information in this application. I/We further agree that a full disclosure of pertinent facts may be made to MLP Management Company, income, assets, credit history, criminal background and resident history. This application may be rejected as a result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon MLP Management Company until application is approved in writing.

I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this Property. If approved, I certify that the apartment that I/We lease will function as my/our primary residence. I/We also understand that this application for occupancy at a Low-Income Housing Property will require annual recertification of my/our household. I/We understand that eligibility for housing will be based on Rural Development, Section 8, Tax Credit and/or by managements tenant selection criteria. I/We certify that all questions on this application have been completed truthfully to the best of my/our knowledge and belief; and that any misrepresentation of information will lead to the rejection of my/our rental application.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Head of Household	Date	Spouse/Other Adult	Date
Other Adult	Date	Other Adult	Date

In order to process your application, there is a $48 processing fee for each adult member of the household. This fee is due at the time your application is processed for tenancy. Processing consists of obtaining a Credit Report, Landlord Reference, Criminal Records Check, Verification of Income and Assets. Make sure all items are completed and the application and Tenant Release and Consent Forms are signed by all adult household members. The application fee is collected when the application is processed. THIS FEE IS NON-REFUNDABLE.

The information regarding race, ethnicity and sex designation solicited on this application is required in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, familial status, marital status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race (Mark one or more): American Indian/Alaskan Native _____ Asian _____

Black/African American _____ Native Hawaiian/Pacific Islander _____ White _____

Male _____ Female _____

FOR OFFICE USE ONLY:
Date & Time Received: _____ Signature of Representative: _____

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TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize _____, to release without liability, the information regarding my/our employment, income, assets, credit report and criminal background check to **Madison View Apartments,** for purposes of verifying information provided as part of my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income and assets; medical or child care allowances; credit report, property ownership and criminal background check. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The group or individuals that may be asked to release the information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks/Financial Institutions
Medical and Child Care Providers	Credit/Criminal Background Agencies	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that I/we can provide is incorrect.

Signatures:

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Co-Tenant	(Print Name)	Date
_____	_____	_____
Other Adult Member	(Print Name)	Date
_____	_____	_____
Other Adult Member	(Print Name)	Date

Note: This general consent may not be used to request a copy of a tax return, if a copy of a tax return is needed, IRS form 4506 "Request for a copy of Tax Form" must be prepared and signed separately.

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VERIFICATION OF U.S. CITIZENSHIP
LEGAL U.S. RESIDENCE STATUS

Complete one (1) form for every adult household member (18 years of age or older).

In order to verify your identity and legal U.S. Citizenship status, we are required to make copies of two (2) forms of Personal Identification. One form of ID must have a photograph on it.

Photo Identification:

PHOTO ID HERE
Driver's License, State Issued ID Card, Military Identification Card, Passport. Be sure the ID Includes your CURRENT ADDRESS information as Well as DATE OF BIRTH.

Place ID above and photocopy

Secondary Identification:

2ND IDENTIFICATION HERE
Secondary ID must be Social Security Card (signed)

Place SS Card above and photocopy

I hereby certify that my legal given name is: _____.

I further certify that my CURRENT residence is located at: _____

_____.

_____ _____
Signature Date

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Sworn Statement of Federal Income Tax Return

COMPLETE ONE FORM PER ADULT HOUSEHOLD MEMBER 18+ YEARS OF AGE!

I have submitted my _____ (year) U.S. Federal Income Tax Return, including all attachments and schedules.

I hereby swear and attest that this is my FULL FEDERAL INCOME TAX RETURN including ALL ATTACHMENTS SCHEDULES for _____ (year). There are _____ total pages that make up this FULL COPY of my Federal Return.

_____ _____
Resident (Tenant/Co-Tenant) Date

Received by:

_____ _____
Apartment Manager Date

-OR-

EXEMPT FROM FEDERAL INCOME TAX RETURN

I hereby certify that I am EXEMPT from filing a U.S. Federal Income Tax return. (Check appropriate box below).

☐ **1.** My income is exempt from Federal Taxes (Circle One)
- A Social Security
- B SSI
- C Other (specify)_____

-OR-

☐ **2.** I am not exempt from filing Federal Taxes; however, I have not filed a Federal Tax Return since _____ (year), a copy of which is attached. (This full copy includes _____ pages.)

_____ _____
Adult Household Member Date

Received by:

_____ _____
Manager Date