

Thank you for applying for housing with Hope Communities! It is our policy to require a credit check, criminal background investigation report, rental verification and employment verification for all Gardens of Hope Communities applicants. A non-refundable fee of \$30.00 for each adult member 18 years of age and older who intend to reside in the apartment (money order only) is to be submitted with the application in order for us to obtain this information. **All applicants will be screened for eligibility based on the Tenant Selection Plan.**

**You may be denied housing if any of the following appear on any of these reports:**

### **Rental and Employment Verification**

1. Eviction from a previous housing unit within the last two years
2. Any court awarded judgments for non-payment, rental damages, with no evidence of payment plan acceptable to creditor and current status (within the last two (2) years).
3. Falsification of any employment or residency history
4. A rental history showing the inability to conform to the terms of the lease and/or a history of late payments

### **Criminal Background Investigation**

1. Conviction of any violent, sexually criminal or drug related activity

### **Application Requirements**

Copies of the following documents must be provided for EVERY person who will reside in the apartment:

1. Birth certificate
2. Driver's license/State ID
3. Social Security card must be provided for head of household

### **Locations**

Please send application to:

**4919 E Thrill Place**  
Denver, Colorado 80207  
Phone: 303-394-3756  
Fax: 303-355-5196

### **Student Screening**

For purposes for determining eligibility for a LIHTC unit, any financial assistance in excess amounts received for tuition that an individual receives under the higher Education Act of 1965, from private sources or from an institution of higher education (as defined under the Higher Education Act), shall be considered annual income to that individual unless the individual is over the age of 23 with dependent children. Financial assistance includes amounts paid directly to the student or to the educational institution. Financial assistance a student received while residing with a parent or guardian is excluded from annual income. This applies to both part-time and full-time students. Verification of tuition assistance amount and tuition costs for students 23 years old or less with no dependents will be required as part of the screening.



## General Information

- Initial lease is for one year.
- Coin-operated laundry on-site
- Managers are on site and 24-hour emergency service is provided
- Rent includes water, sewer and trash services; electricity is the resident’s responsibility and those accounts must be transferred to the tenants’s name before move-in. At the Gardens, natural gas is included in the rent.
- Appliances are electric
- HUD vouchers (Section 8) are accepted
- No pets are permitted without permission of the landlord or owner.
- Waterbeds are not permitted

**All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973.**

1. One (1) family head, age 18 or older
2. Occupancy limit – no less than one person per bedroom, no more than 2 persons per bedroom.
3. Current income limits used for the LIHTC Program: 04/2019

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
30% AMI	\$19,500	\$22,290	\$25,080	\$27,840	\$30,090	\$32,310	\$34,530	\$36,750
40% AMI	\$26,000	\$29,720	\$33,440	\$37,120	\$40,120	\$43,080	\$46,040	\$49,000
50% AMI	\$32,500	\$37,150	\$41,800	\$46,400	\$50,150	\$53,850	\$57,550	\$61,250
60% AMI	\$39,000	\$44,580	\$50,160	\$55,680	\$60,180	\$64,620	\$69,060	\$73,500
80% AMI	\$52,000	\$59,440	\$66,880	\$74,240	\$80,240	\$86,160	\$92,080	\$98,000





# Rental Housing Application

**Date of Application:** \_\_\_\_\_

**Time/Date Application Received:** \_\_\_\_\_

Please put me on the waiting list for:  The Gardens of Hope Communities (2-bedroom townhouses only)

Number of people moving in: \_\_\_\_\_

Do you require a handicapped accessible unit?  Yes  No

*If handicapped-accessible is marked "Yes," the procedures for verification of need must be followed.*

Have you lived at any Hope Communities locations before?  Yes  No

If "yes," where: \_\_\_\_\_

Year you moved out: \_\_\_\_\_

**Applicant A**

**Applicant B**

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

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

Street Apt.

Street Apt.

City State ZIP

City State ZIP

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Landlord References (The past TWO FULL YEARS of landlord references are REQUIRED)**

**Current Landlord**

**Previous Landlord**

Rental Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rental Dates: From \_\_\_\_\_ To \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

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

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

Street Apt.

Street Apt.

City State Zip.

City State Zip.

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_



**Person(s) to reside in apartment**

This information is requested only in order to determine eligibility for housing; all persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973.

Name	Sex	Birth Date	Social Security #	Relationship to Applicant(s)

**Income**

ALL income must be shown. List any income from overtime, tips, bonuses, commissions, or other sources under "Other." If you have a second job, list that income under "Wages."

Name	Wages (monthly)	Social Security/SSI	Disability	TANF	Other

**Employment Information**

If you are unemployed or non-employed and anticipate becoming employed in the next 12 months, please provide information for your last employer.

Name	Employer	Employer Address	Phone	Dates Employed



**Assets (Current Value)**

You will need verification of these at the time of move-in certification.

Applicant Name	Property Value	Checking Acct.	Savings Acct.	Trust	CDs	Stocks & Bonds	Other

**Income from Assets**

You will need verification of these at the time of move-in certification. Income is often earned from interest or dividends, and is usually shown on any periodic (monthly, quarterly, or annual) statements.

Applicant Name	Property Income	Checking Income	Savings Income	Trust Income	CDs Income	Stocks & Bonds	Other Income

**I/We have disposed of assets for less than market value in the last two (2) years.**

Yes       No (If Yes, verification needs to be provided)

Please note that assets **include** bank accounts (use 6-month average for checking account); trust funds (excluding irrevocable trusts); equity in real estate or other capital investments, stocks, bonds, treasury bills, certificate of deposit, money market funds, IRA, Keogh Accounts, retirement, pension funds and life insurance policies (available to the family); lump sum receipts, mortgage or deed of trust held by a resident/applicant; and personal property held as an investment.

Please note that assets **do not include** necessary personal property, interest in Indian Trust Land, life insurance policies with no cash value, equity in the cooperative unit in which the family lives, assets that are a part of an active business, assets that are not effectively owned by the resident/applicant, and assets that are not accessible to the resident/applicant and provide no income to the resident/applicant.

The Gardens of Hope Communities are operated under the LIHTC (low-income housing tax credit) program and any falsification or misrepresentation will be considered a material breach. Giving fraudulent or misrepresented information will invalidate this application.

I/we acknowledge that I have not given any misinformation in this application.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





The Gardens of Hope Communities
Managed by Hope Communities

Tenant Release and Consent

I/We \_\_\_\_\_, the undersigned, hereby authorize
\_\_\_\_\_ (employer or other source), to release without liability, information regarding
my/our employment, income, and/or assets to Hope Communities, 2543 California, Denver, CO 80205 (owner or agent) 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. 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 groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers • Welfare Agencies • Veterans Administration
• Previous Landlords (including Public Housing Agencies) • State Unemployment Agencies • Retirement Systems
• Support and Alimony Providers • Medical and Child Care Providers • Banks and other Financial Institutions

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 prove is incorrect. By signing below, I give permission to Hope Communities to run a background check on my credit history, run a background check on my criminal history, verify my employment, and verify my landlord references.

Signature and name fields for Head of Household, Spouse, and Other Adult Members.

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 Copy of Tax Form," must be prepared and signed separately.



## CERTIFICATION OF STUDENT STATUS

Resident Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Move-in Date: \_\_\_\_\_  
(MM/DD/YYYY)

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

Please choose the option below that best describes your situation:

- I am not a full-time student and I have not been a student for **five months or more out of the current calendar year.**
- The household contains at least one occupant who is not a student and has not been *and/or* will not be a student for five months or more out of the current calendar year (*months need not be consecutive*). Name of occupant(s) who are NOT student(s) \_\_\_\_\_
- The household contains all students, but is qualified because at least one occupant is a PART TIME student. Please list the names of all PART TIME students: \_\_\_\_\_  
**Verification of part time student status is required for at least one occupant.**
- The household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (*months need not be consecutive*). Please answer questions 1-5 below:

	<b>YES</b>	<b>NO</b>
1. Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	<input type="checkbox"/>	<input type="checkbox"/>
2. Is at least one student is a single-parent with child(ren), <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

**A separate form needs to be signed by each household member age 18 or older.**

Signature	Date	Signature	Date
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**Resident Selection Criteria**  
**Rental Properties**  
**(Non-Subsidized Property)**

**FAIR HOUSING** - Hope Communities does not discriminate against any person or persons on any basis prohibited by law, including, but not limited to: race, color, religion, national origin, ancestry, sex, disability, source of income, sexual orientation, age or familial status. Screening criteria will be uniformly applied to all applicants.

Application materials will be made to assist the applicant in completing the required forms. Such arrangement may include use of auxiliary devices and/or the use of an interpreter.

An applicant or tenant may request an exception to the rules, policies, or lease by completing a Request for Reasonable Accommodation Form. A Verification of Need for Reasonable Accommodation Form must be completed by a medical professional unless the disability related need is obvious to a reasonable person. The form will be mailed and/or faxed to the third party for verification by the Community Manager. If the request is made verbally Hope Communities staff will document the request in the file. The request will be approved if the need is verified and does not cause an undue financial or administrative burden on the property or Hope Communities Inc. If the request is denied the tenant will be notified in writing within 14 days. Denied requests can be appealed in writing within 14 days.

**APPLICATION PROCESS** - Requests for applications can be made in person at the leasing office, by phone, in writing or on Hope Communities website: [www.hopecommunities.org](http://www.hopecommunities.org). Applicants must complete an application form and submit it directly to the community management office on-site. Incomplete applications **WILL NOT** be accepted or placed on property waiting list. *All household members age 18 and above must sign the application and all required documentation.* Completed applications will be date & time stamped upon receipt. For an application to be placed on the waiting list, the applicant must pay a \$30.00 application fee and pass the background check. The application fee must be in the form of money order or certified funds. No cash please.

**INTERVIEW REQUIREMENTS** - The Community Manager will schedule an interview with all adult household members. At that time, all background information will be verified by an outside agency and all documentation of income, assets and family composition will be required.

**DENIAL AND APPEAL PROCEDURES** – If an applicant does not meet the eligibility requirements of the Resident Selection Criteria, a written notice of denial stating the reason of denial will be mailed to the applicant along with a copy of the Grievance & Appeal Procedure. An applicant has 14 days to request an appeal in writing.

**INCOME ELIGIBILITY** –

- Family gross income must be at least two times the monthly rent and applicant(s) must be able to provide written proof of income.
- **Tax Credit Program and HOME units Only** – The family must not exceed the maximum gross household income, upon initial occupancy, as required by the income limits for the unit as published annually by HUD. See individual property information for property specific income limits.
- **Housing Vouchers** – Income requirements are waived but applicant must meet the criminal, rental and credit check background requirements.

**FULL-TIME STUDENT RULE** – Tax Credit Program and HOME units only –

The Full-Time student rule must be considered if a student who is head, co-head or spouse is enrolled in an educational organization for at least five (5) months during the calendar year. The five (5) months need not be consecutive. The family **MUST have at least one person** who is **NOT** a student. (School age children are considered as full-time students).

- **Full-Time Student Exceptions: a household comprised of Full-Time students will qualify if one or more of the following criteria are met:**
- A student receives assistance under Title IV of the Social Security Act, also known as Temporary Assistance to Needy Families (TANF).
- A student is enrolled in a job training program receiving assistance under the Workforce Investment Act (formerly known as the Job Training Partnership Act) or under a similar Federal, State, or local program.
- A student was previously under the care and placement responsibility of the State agency responsible for administering a plan under title IV of the Social Security Act (Foster Care).
- A student is a single parent with children and is NOT a dependent of another individual and the children are NOT dependents of anyone other than a parent.

**ACCESSIBLE UNITS** – Applicants requiring a unit accessible to or adaptable for persons with mobility impairments will have first priority when an accessible unit becomes available in accordance with rules under Section 504 of the Disability Act.

**HOUSEHOLD SIZE** – Household size may not exceed two persons per bedroom plus one.



Example: 1 Bedroom 3 people; 2 Bedroom 5 people; 3 Bedroom 7 people

**Security Deposit Requirements** – Hope Communities Inc. and the Community Manager determine the amount of the security deposit required based on the apartment/town home size. Amount may vary from unit to unit based on location, size, amenities, and marketing promotions.

- Security deposit will be required to be paid in full at the time of move in along with prorated rent for the month of move in.
- The purpose of the security deposit is to provide Hope Communities with some financial protection if a tenant moves out of the unit and fails to fulfill their obligations under the lease. The security deposit cannot be used to pay current rent obligations.
- Within 45 days after move out date Hope Communities will 1) refund the full security deposit to a tenant that does not owe any amounts under the lease and the unit has no damage or 2) provide the tenant with an itemized list of any unpaid rent, damages to the unit, and an estimated cost of repair.
- In order to receive a refund of the security deposit, a tenant must provide the owner with a forwarding address or arrange to pick up the refund.
- Move out inspection – when the tenant has completely vacated the unit, turned in unit keys and cleaned the unit, management will conduct a move out inspection. The Property Manager will list all damages beyond normal wear and tear on the inspection form. The tenant will be given prior notice of the move out inspection and allowed to accompany the Property Manager.

**BACKGROUND INFORMATION -**

**CREDIT HISTORY** – The following will result in denial of application:

- Any court awarded judgment for non-payment of rent or rental damages within the last two (2) years.
- Any money owing a previous landlord at move-out.
- Any unpaid utility bills from previous places of residency.
- Any bankruptcy that has not been discharged.
- If applicant can show proof of a current/acceptable re-payment plan for any of the above, except owing Federal or State housing programs, application will be processed on a case-by-case basis.

**RENTAL HISTORY** – The following could result in denial of application:

- Any eviction within the past two (2) years.
- Any written negative landlord references within the past (2) years as to unwillingness to comply with lease requirements, record of disturbance of neighbors, destruction of property, or housekeeping habits which may affect the health, safety or welfare of other residents, or cause damage to the unit or property.

**CRIMINAL HISTORY - Any of the following will result in denial of application. Criminal background and sex offender checks will be conducted on all adults ages 18 and older prior to any rental application being accepted and prior to any lease renewal being processed.**

- Any household member that has been evicted from Federally-assisted housing for drug-related criminal activity within three (3) years from the date of eviction.
- There is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol or illegal use or pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises or other residents.
- Any household member that is subject to the lifetime registration requirement under a State Sex Offender registration program - No exceptions.
- **Any conviction, deferred adjudication, or unresolved charge of a felony which involved allegations of misconduct with a child or sexual misconduct.**
- Any member of the household that has one or more felony convictions, deferred adjudication, or unresolved charge for any drug-related criminal activity, including, but not limited to: possession, usage, distribution, transport, sale, manufacture, or storage of illegal drug and/or drug paraphernalia, or conviction for violating any State or Federal laws relating to illegal drugs and/or drug paraphernalia, or any violent criminal activity in the past seven (7) years.
- Any member of the household that has a felony conviction, deferred adjudication, or unresolved charge for criminal activity that would threaten the health, safety, or peaceful enjoyment of the premises by other residents, or other criminal activity that would threaten the health and safety of the owner and employees, contractors, or agent who is involved in the housing operation within the past (7) years.

**LANDLORD REFERENCES** – a positive prior landlord reference indicating ability to care for the property and pay rent on time, as well as the ability to live peacefully with other residents is required. Eviction history and references for the past two (2) years will be checked. If applicant does not have any rental history, then two written professional references on letterhead are required.

**ADDITIONAL REQUIREMENTS** – An applicant must indicate a willingness to comply with all lease requirements, house rules and unit inspections. Income eligibility is verified annually, and residents are required to report changes in their income, assets and household composition when they occur. **A background check will be conducted on all residents 18 and over annually at Hope Communities expense.**

- **For Tax Credit & HOME Properties** - The applicant also agrees that on an annual basis they will be required to complete an annual recertification that will determine their eligibility and rental amounts for each year. *They understand that if they do not recertify annually, their participation in the Tax Credit & HOME Programs will be terminated and they will be required to move from their unit.*

**Pet Policy** – No Pets are allowed without documentation and permission of the landlord. However, residents may have fish, 1 aquarium and it may not be larger than 50 gallons; 2 domestic birds. Under no circumstances will management allow residents to keep rodents, snakes or other reptiles nor will management authorize any animal that has been banned by any local municipality.

**Waiting List Selection** - Applicants deemed preliminarily eligible for residency will be placed on the wait list if no appropriate unit is available. When a unit becomes available, applicants will be offered the unit based on the date the application was received and/or need for accessible unit. Physically disabled persons are given preference for accessible units.

It is the applicant's responsibility to ensure that the Community Manager has current and correct contact information on file. Community Management will periodically update the waiting list by sending a letter to all active parties on the waiting list. Applicants that wish to remain on the active waiting list must respond to this contact within 14 days of the date on the letter. Applicants that do not respond within this timeframe will be understood to no longer be

interested in remaining on the active waiting list, and a new application must be submitted for consideration of future tenancy or, if requested by the applicant, the application moves to the bottom of the waiting list.

Applicants will be notified of available apartments by the following procedure:

- The first five (5) applicants on the waiting list will be contacted via phone and in writing for the purpose of notifying them of an available unit and their position on the waiting list.
- Each applicant will have seven (7) business days to respond to this contact, view the apartment if they so choose, and accept an offer of tenancy. If they, the applicant does not respond to this contact in (14) days they will be removed from the wait list.
- Each applicant that accepts an offer of tenancy will be offered the unit in the order that they appeared on the waiting list.
- When the unit is filled each applicant that was not offered a unit will be placed back on the waiting list in their original order.
- If an applicant responds after seven (7) days, they will forfeit any rights to be offered the unit in the order that they appeared on the waiting list. However, they will not lose their place on the waiting list for future offers.
- If no response is received from the first five (5) applicants on the waiting list with the seven (7) day timeframe then the next five applicants on the waiting list will be processed according to the procedures listed above.
- If an applicant rejects an available unit twice, the applicant will be removed from the waiting list. If applicant wishes to be considered for future tenancy a new application must be submitted or the current application updated.
- If an applicant rejects the unit based on extenuating medical circumstances which may be cured, thereby allowing the applicant to consider subsequent openings, the applicant will not be removed from the waiting list, and will retain their position on the waiting list.
- Applicants must meet with the Community Manager to complete the application process and sign necessary verification releases. A final eligibility determination will be made at that time.
- Tenancy will be denied for misrepresentation of the application.
- Once an applicant has been approved for tenancy, the applicant must be available to move into the unit by the first of the month following a 30-day notice to his or her current landlord. A unit will not be held for any additional length of time. If the applicant is unable or unwilling to move within this timeframe, he or she will be removed from the waiting list and will need to reapply to be considered for future tenancy.

**Opening and Closing Waiting List** – In the event that the same ten (10) applicants on the waiting list is equal to three (3) years or more, the waiting list will be closed. Upon closing the waiting list, notification will be published in the local paper advising the public that applications are no longer being accepted due to the high number of applicants currently waiting. At that time, we will deny any additional applications.

When the estimated waiting time is reduced to the one (1) year or less, we will re-open the waiting list. Upon opening the waiting list, notification will be published in the local newspaper advising the public that we are once again accepting applications and advising of when and where to apply.

**UNIT TRANSFER POLICY** - Unit transfers may be done for the following reasons only:

- Change in number of household members;
- Medical reasons verified by a licensed medical professional;
- Reasonable accommodations for a disability, verified by a licensed medical professional;
- Property management and/or owner may request a unit transfer to refurbish an aging unit.
- Tenants are responsible for all moving costs incurred for a unit transfer that is requested by the tenant unless the transfer is a reasonable accommodation.
- The owner will incur the moving costs when the unit transfer is requested by the owner or management representative.
- A move out inspection will be completed at time of move out; tenants will be responsible for all damages incurred over and above normal wear and tear regardless of who requested the transfer.
- Preference will be given to a current tenant's request for an available unit based on the above criteria prior to applicants on the waiting list.

Certain reasonable criteria (transfers) may apply to avoid over-crowding. The management office will keep an in-house transfer list for residents that are in need of a transfer. When a unit becomes available and there is a need to transfer a resident, the resident will then transfer and their unit will be leased to the next applicant for that size unit on the waiting list.

Should a resident wish to transfer units they must put their request in writing to the Community Manager. The request will then be time and date stamped and added to the transfer list. The request will then be handled with the same criteria as the wait list selection process.

**Unit Inspections** – Move in inspections are performed with the tenant and Community Manager on the date of move in to assure that the unit is in livable condition and free of damages. Tenants are shown how to operate appliances in the unit. Both the Community Manager and the tenant must sign and date the inspection form. If any additional deficiencies are found within seven (7) days of the initial move in inspection, the Property Manager will add them to the inspection form.

Periodic inspections – at minimum, annual inspections will be performed by the Community Manager. Housekeeping inspections are performed to determine any housekeeping issues, damage to the unit and/or identify any items needing repair. Costs to repair damages beyond normal wear and tear will be billed to the tenant. In addition to housekeeping inspections other government agencies such as; housing, health and fire are authorized to inspect individual units and common areas of the property. These inspections assure that Hope Communities is fulfilling their obligations under the regulatory agreement that the residents are provided with decent, safe, and sanitary housing.

**Hope Communities reserves the right to inspect any unit after serving proper notice (24 hours). Hope Communities reserves the right to conduct these inspections on a daily, weekly, or monthly basis if there is reasonable suspicion that members of the household are in non-compliance with lease requirements or project rules regarding, but not limited to, unsanitary or unsafe living conditions, unreported household composition, or criminal activity.**

I have read and understand the Resident Selection Criteria for Hope Communities, Inc. Rental Properties.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Manager/Hope Agent

\_\_\_\_\_  
Date

