

- < The Gardens
- < Five Points
- < Hidden Brook



Dear Prospective Resident,

Thank you for your interest in Hope Communities Properties. We provide Affordable housing and Tax Credit housing. Our attractive complexes, support services, caring staff, and convenience of living in beautiful Five Points, Northeast Parkhill, and Freedom Park area.

We build communities of opportunity in greater Denver through supportive and affordable rental housing providing pathways that make it possible for children and adults to achieve their personal and economic goals.

We are committed to preserving the rich cultural diversity of the neighborhoods we serve and doing our part to ensure Denver remains a city of opportunity for all.

Each individual contributes to making Hope Communities properties unique, so we look forward to the prospect of having you join our community.

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:

1. Rental and Employment Verification
2. Eviction from a previous housing unit within the last two years
3. 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).
4. Falsification of any employment or residency history
5. 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 cards must be provided for the head of the household.



Availability:

Apartments currently are waitlisted. You may contact the Leasing Department of choice listed below for the estimated wait time or for a status update.

The Gardens of Hope Communities

4919 E Thrill Place | Denver, Colorado 80207

Leasing Office: 303-394-3756 | 303-355-5196 (fax)

800-659-2656 (TDD)

thegardens@hopecommunities.org

Welton Homes of the Point

Carolton Arms Apartments

2550 Washington St | Denver, CO 80205 | 303-830-1223

Management Office: 303-830-1223 | 303-830-1229 (fax) | 800-659-2656 (TDD)

fivepoints@hopecommunities.org

Hidden Brooks Apartments

1313, 1350 & 1370 Xenia St | Denver, Colorado 80220

Leasing Office (1313 Xenia St) 303-355-2575 | 303-355-1061 (fax) | 800-659-2656 (TDD)

hiddenbrook@hopecommunities.org

Hope Communities offers affordable apartment homes which require income, assets, and student status to be verified to determine eligibility. Please return the following applicable items to the office along with your completed application to begin your application review process.

Proof of income (if applicable)

- Eight (8) current, consecutive paystubs
- Proof of child support (if applicable)
- Public assistance award Letter
- Housing Choice Voucher w/ approved unit size
- Current Social Security and/or SSI award letter (Benefit Letter must be within the current year).
- Unemployment stubs/award letter reflecting weekly benefit amount (printout from website)
- Current pension or retirement benefit letter noted gross earnings received and effective date.
- Any other income
- If self-employed, a copy of most current tax returns and Schedule C or other applicable Schedule(s)
- If paid by cash, copy of tax returns with 1099 (*IRS considered independent contractor*).
 - If claiming no tax return previously filed, IRS Form 4506-T (*can be signed at the leasing office*)

Proof of Assets (if applicable)

- Six (6) months current and consecutive checking account statements
- One (1) current savings account statement or Money Market Account statement
- 401(k) current statement for all accounts
- IRA, stocks, bonds, and other current statement for all accounts



- Current Whole life statement
- If you own a house.
- provide the current mortgage statement that includes the balance owed and a current appraisal.
- If you are selling your house, the realtor can provide you with a letter with the current market value and estimated closing costs listed.
- If you are renting your home, please supply the above and a copy of the executed lease, and expenses to rent the property over the next 12 months (taxes, insurance, maintenance, utilities, and mortgage interest)
- If you have sold a house within the past two (2) years, provide the closing settlement statement.
- If you have had a foreclosure, provide the Release of Debt documentation from the lender or a copy of the executed trustee's deed of sale.

Verification of student status for all adults aged 18 and older.

- Verification from the Admissions or Registrar's Office or dean, counselor, advisor, etc., or from VA Office **or**
- School records, such as paid fee statements that show enough credits to be considered a full-time student by the educational institution attended. *educational institutions time student from the educational institution can usually be found on their website.*

*** Applications cannot be fully processed unless all applicable items are received. Verifications that are subject to change are valid for 120 days from the move-in date. Once the 120-day period has expired, new verifications must be obtained.**



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|---|
| **Office Use Only** Date Received Complete: _____ Time: _____ Staff Initials: _____ |
|---|

Standard/Subsidy Application with PTSR

All applications and information will be reviewed on an impartial basis and will be kept confidential. All information, including age, legal status, and social security number, will be verified. Applicant must present documentation.

APPLICANT #1 (Head of Household)

| | | | |
|------------------------|---------------|---------------------|---------------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Middle Name | Email Address |
| _____ | _____ | _____ | _____ |
| Current Street Address | City | State | Zip |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Age | Date of Birth | City/State of Birth | |
| _____ | _____ | _____ | _____ |
| Social Security Number | | Telephone Number | |

APPLICANT #2

| | | | |
|------------------------|---------------|---------------------|------------------------------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Middle Name | |
| _____ | _____ | _____ | _____ |
| Current Street Address | City | State | Zip |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Age | Date of Birth | City/State of Birth | Relationship to Applicant #1 |
| _____ | _____ | _____ | _____ |
| Social Security Number | | Telephone Number | |



Person (s) to reside in the Apartment:

This Information is requested only in order to determine eligibility for housing; all persons will be treated fairly and equally without regards 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 | Gender | Birth Date | Social Security Number | Relationship to applicant (S) |
|------|--------|------------|------------------------|-------------------------------|
| | | | | |
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| | | | | |
| | | | | |

What is your preferred method(s) of contact? Circle all that apply:

USPS Mail | Email | Home Phone | Cell Phone

What is your preferred language(s)? _____

Please indicate what size apartment you are interested in:

___ Studio ___ One Bedroom ___ Two Bedroom ___ Three Bedroom

Please indicate what Property or Properties you are interested in:

___ Gardens of Hope of Communities (2-Bedrooms)

___ Hidden Brook (Studio, 1 Bedroom, 2-Bedrooms)

___ Welton Homes at the Point (1 Bedroom, 2 Bedrooms, 3 Bedrooms)

___ Carolton Arms Apartments (1 Bedroom, 2 Bedrooms, 3 Bedrooms)



Reasonable Accommodation/Modifications:

Does the applicant or any member of the household have an assistance animal or require reasonable accommodation to use and enjoy the dwelling?

Yes No

If yes, list all that apply-

Do you have a pet? Hope’s properties do not accept pets. However, Service Animals/Emotional Support Animals (ESP) though the Service Animal/ Emotional Support Animal (ESP) Agreement requirements must be met. Agreement is available upon request. Assistance animals are not pets.

Yes No

Do you own a vehicle for which a parking space will be required?

Yes No

Are you or any member of the household currently enrolled as a student at an institution of higher education?

Yes No

Are you or any member of the household currently employed?

Yes – FT or PT No

Employment Information:

| Company | Address | Contact Number | Supervisor Name | Employed Since | Position |
|---------|---------|----------------|-----------------|----------------|----------|
| | | | | | |

Other Employer:

| Company | Address | Contact Number | Supervisor Name | Employed Since | Position |
|---------|---------|----------------|-----------------|----------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |



Are your ANNUAL Income from the following sources:

___ Salaries \$ _____

___ Wages \$ _____

___ Commissions

___ Payment received as an independent contractor, Bonuses.

___ Housing Subsidies (Voucher) \$ _____

___ Money derived from any other public or private source Cash assets. \$ _____

Assets (Current Value)

Please check what is applicable to you. Use **“N/A”** to those assets that do not apply to you.

| 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 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 documentation needed)

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.

Hidden Brooks Apartment, Welton Home at the Point, and Carlton Arms Apartments 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.

Have you or any member of the household been evicted within the last Two years?

Yes No

If yes, please expand on rental history or provide mitigating circumstances. _____

Have you or any member of the household been convicted of a felony or drug or alcohol related offence in the past (5) five years?

Yes No

If yes, please expand on criminal history or provide mitigating circumstances. _____



Are you or any member of the household subject to any state lifetime sex offender registration requirement?

____ Yes ____ No- Please note: a “Yes” answer will result in an automatic denial of the Rental Application.

Are you currently facing prosecution for any felony, or felony/misdemeanor sex offers?

____ Yes ____ NO

Are you presently receiving a rent subsidy from HUD?

____ Yes ____ No

Notice Regarding Government Assistance Inquiry. In order to ensure that we comply with the law, please check the corresponding box if you receive any of the following:

Supplemental Security Income

Social Security Disability Insurance under Title II of the Federal “Social Security Act”, 42 U.S.C. Sec. 401 et seq., as amended.

Cash Assistance through the Colorado Works Program Created in Part 7 of Article 2 of Title 26

BED BUGS

Are you aware of any facts or circumstances that you, your personal property, or your current or previous residences were exposed to bed bugs?

____ YES ____ NO

If YES, Applicant makes the following disclosures regarding Applicant’s exposure to bed bugs: (if more room is necessary attach sheet).

If you have been exposed to bed bugs within the last two years:

Do you represent and warrant that all of your personal property has been inspected, professionally treated if warranted, and that no bed bugs are present in your personal property? ____ YES ____ NO

Do you authorize Landlord to obtain for review documentation regarding such exposure, and will you upon Landlord’s request make all of your personal property available for inspection to confirm the absence of bed bugs? ____ YES ____ NO

* PLEASE NOTE – If you have been exposed to bed bugs, and are unwilling to give the above representations, warranties, and authorizations, your application could be Denied.



**The Point Apartments • Carolton Arms Apartments
• Hidden Brook Apartments, 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** (*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 childcare 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
- Social Security Administration
- Banks and other
- Financial Institutions
- Support and Alimony Providers
- Medical and Childcare Providers

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.

| | | |
|------------------------------|-------------------------------|-------|
| _____ | _____ | _____ |
| Head of Household Signature | Head of Household Print Name | Date |
| _____ | _____ | _____ |
| Spouse Signature | Spouse Print Name | Date |
| _____ | _____ | _____ |
| Other Adult Member Signature | 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 Copy of Tax Form," must be prepared and signed separately.





Certification of Student Status

Head of Household Name: _____ Unit Number: _____

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 one option below that best describes your household.

- The household contains **at least one occupant who is not a student** and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive).

List non-student here:

- The household contains **all students** but is qualified because at least one occupant is a **part time** student. Verification of part time student status is required.

List part-time student here:

- The household contains **all students who were, are, or will be full time** for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If yes, you must answer all five questions below.**

If forms are completed electronically, one of the following must be checked:

| | Yes | No |
|--|--------------------------|--------------------------|
| Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return) | <input type="checkbox"/> | <input type="checkbox"/> |
| Is at least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is at least one student receiving Temporary Assistance to Needy Families (TANF)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| 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"/> |

_____ **This form was completed electronically by the resident.**

_____ **Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist is attached).**



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. This form must be signed by each household member aged 18 and older.

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date





DEPOSITS AND FEES

I understand the application fee is a non-refundable payment for a background and criminal check and processing charge of this application and such sum is not a rental payment or security deposit. This amount will be retained by Landlord to cover the cost of processing the application as furnished by the Applicant, regardless of if the Applicant is approved or denied. **Portable Tenant Screening Reports (PTSR): 1) You have the right to provide Landlord with a PTSR that is not more than 30 days old, as defined in § 38-12-902(2.5), Colorado Revised Statutes; and 2) if you provide Landlord with a PTSR, the Landlord is prohibited from: a) charging you a rental application fee; or b) charging you a fee for Landlord to access or use the PTSR.**

Colorado Revised Statute, C.R.S. § 38-12-902(2.5) defines a Portable Screening Report (PTSR), and any PTSR submitted by you must meet the following definition. (2.5) "Portable tenant screening report" or "screening report" means a consumer report prepared at the request of a prospective tenant that includes information provided by a consumer reporting agency, which report includes the following information about a prospective tenant and the date through which the information contained in the report is current:

(a) Name;

(b) Contact information;

(c) Verification of employment and income;

(d) Last-known address

(e) For each jurisdiction indicated in the consumer report as a prior residence of the prospective tenant, regardless of whether the residence is reported by the prospective tenant or by the consumer reporting agency preparing the consumer report.

(I) A rental and credit history report for the prospective tenant that complies with section 38-12-904(1)(a) concerning a landlord's consideration of a prospective tenant's rental history; 092623 Tschetter Sulzer. All Rights Reserved and (II) A criminal history record check for all federal, state, and local convictions of the prospective tenant that complies with section 38-12-904(1)(b) concerning a landlord's consideration of a prospective tenant's arrest records.

Further, pursuant to C.R.S. § 38-12-904(1.5) (b), landlords may require: (I) That the screening report was completed within the previous thirty days;

(II) That the screening report is made directly available to the landlord by the consumer reporting agency for use in the rental application process or provided through a third-party website that regularly engages in the business of providing consumer reports and complies with all state and



federal laws pertaining to use and disclosure of information contained in a consumer report by a consumer reporting agency.

(III) That the screening report is made available to the landlord at no cost to access or use in the rental application process; and (IV) A statement from the prospective tenant that there has not been a material change in the information in the screening report, including the prospective tenant's name, address, bankruptcy status, criminal history, or eviction history, since the report was generated. Pursuant to Landlord's Rights, except for applicant's credit history, Landlord insists that any PTSR provided by you meets these additional requirements.

DISCLOSURE OF INFORMATION

I warrant and represent the information provided on this application and/or PTSR to be true and correct. I authorize Landlord to make such investigation into Applicant/Tenant/Occupant's employment, rental, and criminal history, as Landlord may deem appropriate, and release all parties from liability for any damage that may result from furnishing such information to Landlord. Landlord shall have the continuing right to review and obtain this criminal information, rental application, payment history and occupancy history for account review, improving application review methods, and all other purposes. If approved, Applicant shall have a continuing and on-going duty to update all of the information provided on the application and/or PTSR. Applicant acknowledges that Landlord may enter into a Lease in reliance on the information contained in Applicant's rental application and any and all other information provided to Landlord by Applicant. Applicant/Tenant shall promptly notify Landlord in writing of any subsequent change in the information provided by Applicant on Applicant's application or PTSR. If Applicant is approved, Landlord shall have the right to terminate Applicant's tenancy on three days' notice to quit: 1) if it is determined that Applicant provided false or misleading information on this application, or 2) if the application information is no longer correct, for example, Applicant is convicted of a sexual offense after moving into the Premises. Landlord does not have a duty to verify and does not represent or promise that it will verify, the accuracy or the answers provided in the application of any applicant. Furthermore, Landlord has no duty, and expressly disclaims any obligation, to perform a criminal background check on each applicant. Landlord does not represent or guarantee that all tenants have no prior criminal record or background. Landlord's approval or denial of this Application is based on information provided by independent third parties. Landlord makes no representation as to the accuracy of the information that Landlord obtains from third parties in approving or denying this application. Landlord hereby disclaims any liability for the accuracy of such information that Landlord obtains pursuant to Applicant's consent.

By signing this application, Applicant acknowledges receiving Landlord's disclosure of application-related costs, any pest control disclosures, if applicable, and a receipt for all application fees paid by Applicant. Applicant also agrees to receive via email communications from Landlord regarding the decision on this application. If Applicant is approved and a lease is executed by Applicant and Landlord, Applicant agrees to receive an electronic copy of the fully executed lease from Landlord. THIS APPLICATION HAS



IMPORTANT LEGAL CONSEQUENCES. PARTIES TO THIS APPLICATION SHOULD CONSULT LEGAL COUNSEL BEFORE EXECUTION.

Applicant's Signature

Date

Applicant's Signature

Date

Landlord/Hope Agent's Signature

Date





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 an 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. 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 the property waiting list. *All household members aged 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 application fee and pass the background check. The application fee must be in the form of a check, 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 within 20 days of the decision along with a copy of the Grievance & Appeal Procedure. An applicant has 14 days from the date of the denial letter 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 moving 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 damage 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 an 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. However, residents may have fish, 1 aquarium and it may not be larger than 50 gallons: 2 domestic birds, or a turtle with prior written permission from management. Under no circumstances will management allow residents to keep rodents, snakes, or other reptiles.

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 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 an 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 one year or less, we will re-open the waiting list. Upon opening the waiting list, a 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 households 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 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 the time of move out; tenants will be responsible for all damage 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 overcrowding. The management office will keep an in-house transfer list for residents that need 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 stamped on the 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 damage. 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 damage 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





EMERGENCY CONTACT:

Name _____

Relationship _____

Address (Full)

_____ Phone# _____

Name _____

Relationship _____

Address (Full)

_____ Phone# _____

Emergencies are defined as: An emergency is an urgent, unexpected, and usually dangerous situation that poses an immediate risk to health, life, property, or environment and requires immediate action.

By signing below, I give permission to Hope Communities to share emergencies information to person (s) list above.

Head of Household Signature Head of Household Print Name Date

Spouse Signature Spouse Print Name Date

Other Adult Member Signature Other Adult Member Print Name Date





AMI is Area Median Income and is a calculation completed for all counties and household sizes across Colorado. The Area Median Income (AMI) varies by County and is dependent on household size.

2023 MANDATORY AFFORDABLE HOUSING INCOME LIMITS

| | <i>(Effective: June 15, 2023)</i> Area Median Income | | | HOUSEHOLD SIZE | | |
|------|--|-----------|-----------|----------------|-----------|-----------|
| | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person |
| 120% | \$104,280 | \$119,160 | \$134,040 | \$148,920 | \$160,920 | \$172,800 |
| 115% | \$99,935 | \$114,195 | \$128,455 | \$142,715 | \$154,215 | \$165,600 |
| 100% | \$86,900 | \$99,300 | \$111,700 | \$124,100 | \$134,100 | \$144,100 |
| 95% | \$82,855 | \$94,335 | \$106,115 | \$117,895 | \$127,395 | \$136,800 |
| 90% | \$78,183 | \$89,352 | \$100,521 | \$111,690 | \$120,625 | \$129,560 |
| 80% | \$69,520 | \$79,440 | \$89,360 | \$99,280 | \$107,280 | \$115,200 |
| 60% | \$52,740 | \$60,240 | \$67,800 | \$75,300 | \$81,360 | \$87,360 |
| 50% | \$43,950 | \$50,200 | \$56,500 | \$62,750 | \$67,800 | \$72,800 |
| 40% | \$35,160 | \$40,160 | \$45,200 | \$50,200 | \$54,420 | \$58,240 |
| 30% | \$26,370 | \$30,120 | \$33,900 | \$37,650 | \$40,680 | \$43,680 |

The above incomes are applicable to, but not limited to, the following affordable housing programs.

- Mandatory Affordable Housing
- Dedicated funding for affordable housing
- CHFA LIHTC/HUD Multifamily Tax Subsidy (low Income Housing Tax Credits)
- Rezones (Limited)

Source Data:

Multifamily Tax Subsidy Income Limits/HUD User
www.chfainfo.com