

## Apartments Rental Checklist

Twin Cities Development  
1620 Broadway  
Scottsbluff, NE 69361  
308-632-2833 (phone)  
308-633-2854 (fax)

Applicant:

Email Address:

Documentation needed:

\_\_\_\_-Application

\_\_\_\_-Drivers License & Social Security Card (for every income earning tenant)

\_\_\_\_-Employer Verification

\_\_\_\_-Bank Checking/Savings Account Verification

\_\_\_\_-Social Services Verification/Child Support/Divorce Creed

\_\_\_\_-Prior Years Tax Return

\_\_\_\_-Lease Agreement

\_\_\_\_-Signed Statement of Rental Regulations & Guidelines

\_\_\_\_-Deposit

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\_\_\_\_-Income Verification

**Twin Cities Development  
Rental Housing Application  
Downtown Apartments**

Today's Date: \_\_\_\_\_ Unit Size: 1BR 2BR Move in date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Current Marital Status (Check one): Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Current Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Current Landlord: \_\_\_\_\_

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

Previous Landlord: \_\_\_\_\_

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

**Part I – Family Composition**

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive. By definition, all tenants of elementary or high school age are considered full time students.)

Names of ALL people to Occupy Unit:

	<u>Name</u>	<u>Date of Birth</u>	<u>Gender (MF)</u>	<u>Relationship</u>
1.	_____	_____	_____	<u>APPLICANT</u>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**Please complete the following questions:**

- (1.) Do you expect any changes in the household composition in the next 12 months? \_\_\_Y \_\_\_N  
If yes, why \_\_\_\_\_
- (2.) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? \_\_\_Y \_\_\_N If yes, please describe \_\_\_\_\_

## Part II – Household Income

For questions (3) through (22), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance. If no income is received, put 0.

- |  |                          |
|--|--------------------------|
| (3.) Gross Annual Wages or Salaries (include overtime, tips, bonuses, commissions, and payments received in cash)  | \$ _____                 |
| (4.) Child Support (include child support you are entitled to but may not be receiving)                            | \$ _____                 |
| (5.) Alimony (include alimony you are entitled to but may not be receiving)  | \$ _____                 |
| (6.) Social Security   | \$ _____                 |
| (7.) Supplemental Security Income (SSI)  | \$ _____                 |
| (8.) Public Assistance – ADC, TANF, and/or Aid to Families w/Dependent Children (AFDC)                             | \$ _____                 |
| (9.) Veterans Administration Benefits  | \$ _____                 |
| (10.) Pensions and/or Annuities  | \$ _____                 |
| (11.) Unemployment Compensation  | \$ _____                 |
| (12.) Disability, Death Benefits and/or Life Insurance Dividends   | \$ _____                 |
| (13.) Workers' Compensation  | \$ _____                 |
| (14.) Severance Pay  | \$ _____                 |
| (15.) Net Income from a Business (Self employment, inc rental prop., land contracts or other forms of real estate) | \$ _____                 |
| (16.) Income from Assets   | \$ _____                 |
| (17.) Regular Contributions and/or Gifts from Person not residing at unit  | \$ _____                 |
| (18.) Lottery Winnings or Inheritances (Paid as an annuity)  | \$ _____                 |
| (19.) All regular pay paid to members of the Armed Forces (Military Pay)   | \$ _____                 |
| (20.) Education Grants, Scholarships, or Other Student Benefits  | \$ _____                 |
| (21.) Long Term Medical Care Insurance Payments in excess of \$180/day   | \$ _____                 |
| (22.) Other Income _____   | \$ _____                 |
| <b>TOTAL</b>   | <b>\$ _____</b>          |
|  |                          |
| (23.) Total Gross Annual Income from Previous Year   | \$ _____                 |
|  | <i>(From Tax Return)</i> |

**Part III – Asset Income**

CURRENT ASSETS – List all assets currently held by all household members and the case value of each. The Cash Value is the Market Value of the asset minus reasonable costs incurred, or would be incurred if selling or converting the asset to cash.

YES	NO		INSTITUTION	CASH VALUE
<b>Do You or Anyone in Your Household Have:</b>				
(25.) _____	_____	A Savings Account?	_____	\$ _____
(26.) _____	_____	A Checking Account?	_____	\$ _____
(27.) _____	_____	Certificates of Deposit?	_____	\$ _____
(28.) _____	_____	Money Market Account?	_____	\$ _____
(29.) _____	_____	A Safety Deposit Box?	_____	\$ _____
(30.) _____	_____	Trust Account?	_____	\$ _____
(31.) _____	_____	Any Stocks or Securities?	_____	\$ _____
(32.) _____	_____	Any Treasury Bills?	_____	\$ _____
(33.) _____	_____	A Retirement Fund? <small>(Include IRA's, Keogh accounts)</small>	_____	\$ _____
(34.) _____	_____	Mutual Funds?	_____	\$ _____
(35.) _____	_____	Savings Bonds?	_____	\$ _____
(36.) _____	_____	Have any Whole or Universal Life Insurance Policies?		

If so, who is this listed with?: \_\_\_\_\_  
Cash Value \$ \_\_\_\_\_

(37.) \_\_\_\_\_ Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques etc.)?  
Cash Value \$ \_\_\_\_\_

(38.) \_\_\_\_\_ Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?  
 If yes, Type of Property: \_\_\_\_\_  
 Location of Property: \_\_\_\_\_  
 Appraised Market Value: \_\_\_\_\_  
 Mortgage or Outstanding loans & Balance Due: \_\_\_\_\_

Amount of Annual Insurance Premium: \_\_\_\_\_  
Amount of most recent tax bill: \_\_\_\_\_

(39.) \_\_\_\_\_ Have you sold or disposed of any property in the last 2 years?

If yes, type of property: \_\_\_\_\_  
Market Value when sold or disposed: \_\_\_\_\_  
Amount sold or disposed for: \_\_\_\_\_  
Date of Transaction: \_\_\_\_\_

(40.) \_\_\_\_\_ Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
Where are Funds Held? \_\_\_\_\_

(41.) \_\_\_\_\_ Have you disposed of any other assets in the last 2 years (Example: given money away to relatives, set up Irrevocable Trust Accounts)?

If yes, describe the asset: \_\_\_\_\_  
Date of Disposition: \_\_\_\_\_  
Amount disposed: \_\_\_\_\_

(42.) \_\_\_\_\_ Do you have any other assets not listed above (excluding personal property)?

If yes, please list: \_\_\_\_\_

<b>Part IV – Employment History</b>
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(43.) Applicant's Current Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City State Zip*  
Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

(44.) Applicant's Previous Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City State Zip*  
Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

(45.) Co-Applicant's Current Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City State Zip*  
Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

(46.) Co-Applicant's Previous Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City State Zip*  
Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

**Part V – Credit References**

	<u>Name</u>	<u>Address / Phone</u>	<u>Monthly Payment</u>
(47.)	_____	_____	\$ _____
(48.)	_____	_____	\$ _____
(49.)	_____	_____	\$ _____

**Part VI – Other**

(50.) Do you have full custody of your child (ren)? Explain the custody arrangements: \_\_\_\_\_  
\_\_\_\_\_

(51.) Would you or any members of your household benefit from a handicapped-accessible unit?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

(52.) Will your household be receiving Section 8 rental assistance at the time of move-in? Yes \_\_\_\_\_ No \_\_\_\_\_

(53.) Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No Explain: \_\_\_\_\_

(54.) Will this be your only place of residence? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_  
\_\_\_\_\_

(56.) What is the condition of your current housing?  
\_\_\_\_\_ Standard  
\_\_\_\_\_ Unsafe or Unhealthy  
\_\_\_\_\_ Living with Parents  
\_\_\_\_\_ No indoor Plumbing/Kitchen  
\_\_\_\_\_ Currently without Housing

**Part VIII – Special Needs**

(57.) Does anyone in your household have special needs? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

(58.) Are special living accommodations required? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Part VIII – In Case of Emergency, Notify: To be completed by applicant**

Name/Relationship	Address	Phone

**Part X – Resident’s Statement**

(59.) Do you have a legal right to be in the United States: (Check one that applies)

Yes, because I am a United States Citizen  
 Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)  
 No

*If you answered “YES” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a non-citizen with eligible immigration status.*

(60.) The Federal Government requests the following information. You are not required to furnish this information, but are encouraged to do so.

Race/National Origin:

I do not wish to furnish this information.       Hispanic  
 Black, not of Hispanic origin       Asian or Pacific Islander  
 White, not of Hispanic origin       Female       Male

**Part XI – Applicant’s Signatures**

I /We certify that the application contained herein is true and correct. Falsification of information will constitute the breach of all contracts. I/We hereby acknowledge and agree that the Program Administrator may contact all persons listed on this application, and I/we have no objections in checking my/our application for the purposes of verification and credit-processing. I understand that this application is for purposes of consideration for the Twin Cities Development Rental Housing Program and the Program Administrator shall have absolute discretion to accept or reject my/our application.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant

**Twin Cities Development**  
  
 Scottsbluff, NE 69361  
 308-632-2833

**Twin Cities Development**  
1620 Broadway  
Scottsbluff Nebraska 69361  
308-632-2833 (phone)  
308-633-8254 (fax)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

*I authorize the above named organizations to obtain information pertinent to my eligibility and income qualification for participation in affordable housing programs as administered by Twin Cities Development & Western Nebraska Housing Opportunities. I also understand that this information will be shared with the United States Department of Agriculture Rural Development Division to further ascertain my credit worthiness and income eligibility for participation in these programs. Furthermore, I realize that pertinent information pertaining to my credit worthiness and eligibility for this program submitted to the United States Department of Agriculture will be shared with Twin Cities Development and Western Nebraska Housing Opportunities.*

***I authorize Twin Cities Development to obtain information on the following:***

- *Employment History.*
- *Employer Verification.*
- *Military Pay Verification.*
- *Verification of income received by any of the residents (pension, workers compensation, unemployment, etc.).*
- *Prior tax returns.*
- *6 consecutive pay check stubs.*
- *Information on all bank and/or savings accounts.*
- *Bank and/or savings account verifications.*
- *Student and status history.*
- *School transcripts.*
- *Independent valuation of any assets held in Resident's name.*
- *Divorce decree.*
- *Court orders (child support, alimony etc.).*
- *Payment history from Social Services (including payments SSI, AFDC, etc.).*
- *Section 8 rental assistance agreement.*
- *Drivers license, social security card and/or birth certificate.*
- *Live in care attendant affidavit; and*
- *Obtain information regarding previous rental history.*
- *Any other reasonable information needed to properly verify applicant's income for ability to pay rent.*
- *Landlord reference information.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*





# United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

<input type="checkbox"/> I am a citizen of the United States.
— OR —
<input type="checkbox"/> I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

**I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.**

<b>PRINT NAME</b>	_____
	<u>(first, middle, last)</u>
<b>SIGNATURE</b>	_____
<b>DATE</b>	_____

## **Resident Rules and Regulations Twin Cities Development**

Downtown Apartments - 1620 Broadway, Scottsbluff, NE  
Northfield Apartments- 2350 Five Rocks Road, Gering, NE

It is the goal of Twin Cities Development (TCD) to provide rental units that are affordable, decent, safe and appropriate housing to benefit low-and-moderate-income persons and market rate units that are also decent, safe and appropriate housing to non-qualified households.

The following resident rules and regulations are to be read and followed. Failure to abide by these rules is cause for non-renewal of your lease or immediate eviction, depending upon the severity of the rules violation.

1. This is a non-smoking facility. No smoking is allowed in the entire building and entry/exits of building. If a tenant violates the smoking policy, it is grounds for termination of the lease.
2. Tenants are responsible for having the utilities changed into their name effective the date the lease is signed and prior to receiving keys to the unit.
3. Tenants are responsible to keep the complex neat and clean and free of debris. Please keep trash picked up and disposed of in the proper trash receptacles.
4. Tenants are not allowed to have any stored items outside of the building. Additional storage may be rented at an additional fee upon request by the tenant.
5. Rent is due and payable on the first day of the month and delinquent on the fifth day of the month. A \$25 late fee will be assessed if rent is not received by the fifth day of the month in which it is due. An additional \$25 per each 5 day period will be assessed until the rent and all late fees are paid in full.
6. If a tenant becomes delinquent on rent, an official notice will be sent informing the tenant of the amount due that must be paid in full to prevent termination of the lease. This does not release the tenant from past due rent obligations or obligations of fulfilling the lease terms. All efforts to collect rent and lease obligations will be pursued including but not limited to court proceedings and garnishment of wages.
7. Absolutely no pets will be tolerated on the premises. If an unauthorized animal is found on the premises, a \$50 fine will be assessed. If the animal is not removed from the premises within 2 days, the animal control dept. will be contacted.
8. As a tenant in a multi-family unit, it is important to be considerate of your neighbors. Noise should be kept at reasonable levels. This includes but is not limited to TV, radio, stereo, music, voices, etc. All volumes of media need to be lowered to a minimum after 9 pm on weekdays and 11 pm on weekends. Use of headphones is another option.
9. If a tenant has a check returned for non-sufficient funds, a \$25 fee will be assessed. After two returned checks, the resident must pay rent with cash, cashiers check or money order thereafter.
10. Repairs and/or maintenance of vehicles are not allowed on the premises or in the public parking lots. Any vehicle with leaks cannot be parked in the parking lots. City code does not allow unlicensed, non-working vehicles to sit in the parking lot or on the street. A 48 hour notice will be given to residents to remove non-working vehicles. Any leaks caused by a tenant's vehicle will be cleaned and the expense of cleaning will be charged to the tenant.
11. If a tenant is locked out of their apartment, they will need to contact the TCD office during business hours to unlock at 308-632-2833. If someone has to come

to the apartment building after hours to unlock a unit, there will be a \$25 fee assessed to the tenant.

12. Tenant is responsible for replacing light bulbs, smoke detector batteries and other expendable items after moving into the apartment. Property manager will replace all furnace filters on a scheduled bases.
13. Tenant must notify the property manager or TCD in writing if they have a guest staying in the unit for more than 14 consecutive days. Beyond the 14 day period, the guest could be considered an additional tenant and must fill out an application to be approved by TCD. Under no circumstances shall another occupant move into the apartment without proper approval and authorization.
14. TCD understands that there will be normal wear and tear on the unit. If there are any problems with plumbing, electrical, maintenance, etc., please notify the property manager as soon as possible so that repairs can be made. If repairs are due to carelessness of the resident or damage from a resident's guests, the tenant will be charged for the repair.
15. If a tenant loses their keys, they will be charged \$25 for the cost issuing new keys.
16. Management will give a tenant 24 hours notice to enter a resident's apartment, unless there is an emergency. If the tenant cannot be present when repairs need to be made, management will need the tenant's permission to enter the unit to make repairs.
17. No satellite dishes, outdoor lights or other objects may be attached to the exterior of the building.
18. A periodic inspection of the rental units will be done to assess any damages or repairs that are needed. Units will be selected at random to be inspected. Residents will be given a 24 hour notice of the inspection. If the tenant is not able to be present for the inspection, the person doing the inspection shall enter the unit and conduct the inspection. Notification will be given to the tenant stating whether or not the unit passed inspection. If the unit failed inspection a notification will be given with a deadline given for needed repairs. A re-inspection will be made to insure the repairs have been made.
19. Tenants are responsible for any bills incurred due to failure to report a problem. (Example: leaking faucets or toilets that run continuously and cause a high water bill or water damage).
20. Tenant agrees that the Management will have the carpet professionally cleaned at the tenants cost upon vacating the property. The cost shall be actual costs incurred. This amount will be deducted from the deposit.
21. If the tenant vacates the premises without notice and keys are not returned, a \$75 fee will be assessed to replace the apartment locks and \$25.00 to replace the mail box lock.
22. Absolutely no illegal activities shall be conducted on the premises. If illegal activities are discovered by TCD staff, termination of the lease can be a result.

I have read and understand the above rules and regulations:

\_\_\_\_\_  
Resident tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident tenant

\_\_\_\_\_  
Date

# **TENANT SELECTION POLICY**

## **Statement of Purpose**

The property identified was established to provide safe, affordable housing for low income and moderate-income individuals as defined in the eligibility criteria listed in this document. Western Nebraska Housing Opportunities (WNHO) has signed a Regulatory Agreement with a state agency restricting the use of the property to eligible households.

## **Policy for Changes to the Resident Selection Criteria**

Changes to the Tenant Selection Criteria may occur from time to time. The changes could occur at the discretion of management. Changes in the Tenant Selection Criteria will be posted at the property.

## **Project Specific Requirements**

The property identified above has agreed to a Regulatory Agreement. Applicants for income qualified units must have household incomes below the stated limits in the Regulatory Agreement to reside at this property. The income limits for Scotts Bluff County are posted in the leasing office and are available at **[www.huduser.org](http://www.huduser.org)**. The income limits are adjusted based upon household size. Income limits are established by a HUD/State Agency and are updated annually. To qualify, this property must be the sole residence of the applicant. Applicants must sign the Authorization for Release of Information and complete the Application and Income Certification Forms prior to approval for a unit and move-in and on an annual basis thereafter. The Authorization for Release of Information and Application and Income Certification Forms are needed to comply with the HOME and Nebraska Affordable Trust Funds Programs and can be reviewed by the applicant, in advance, if requested. The Authorization form and Application & Income Certification forms must be signed by the head of household, the spouse or co-head of household and any other family members who are 18 years of age or older and reside in the unit.

Additionally, all adult members of an applicant household must sign individual verification forms authorizing WNHO to verify household income and other applicable eligibility factors. WNHO will comply with the provisions of the federal Privacy Act as well as any state or local laws relating to confidentiality.

Family members who refuse to sign the Authorization for Release of Information documents and/or refuse management the ability to verify program eligibility for the household will cause the application to be denied for housing eligibility.

## **Program Eligibility Criteria/Priority Selection**

The property's Affirmative Fair Housing Marketing Plan will be designed to attract residents in accordance with the property's Regulatory Agreement.

### **Application Process**

- A.** Applications will be accepted during regularly scheduled office hours Monday through Friday.
- B.** Persons requiring special accommodations should contact the management office.
- C.** Applications will be screened in accordance with the program eligibility requirements and the criteria set forth in the tenant selection policy.
- D.** Upon completion of the Application & Income Certification and the Authorization to Release Information, management will meet with the applicant to review the application for accuracy and completeness.
- E.** Management will review the eligibility requirements and tenant selection criteria with the applicant.
- F.** Should the applicant fail to meet the income restrictions or other screening criteria WNHO will provide a denial letter to the applicant.

### **Applicant Selection**

All applicants who meet the program eligibility requirements and tenant selection criteria will be offered housing on a first come first serve basis. All rental applications will be signed and dated by the applicant and by WNHO.

### **Wait List Procedure**

- A.** Applicants are chosen from the waiting list based upon a first come first serve basis. Applicants who have submitted applications that fit the # of bedrooms requested will be contacted and informed a unit is available. Multiple applicants, on a waiting list, will be notified of a vacancy. Units will go to the first applicant to complete the necessary documentation.
- B.** If an applicant refuses a unit that is available, their name will be removed from the waiting list. The applicant can resubmit their name to the waiting list at a later date.
- C.** When an applicant's name rises to the top of the waiting list, the applicant will be notified by mail, email or telephone that a vacancy exists.
- D.** Periodically, applicants on the waiting list will be contacted via mail, email or telephone to determine the status of their continued interest in the units.
- E.** It is solely the applicant's responsibility to report changes in address, email address and/or telephone numbers listed on the waiting list.

## **Changes to Family Composition after Move-In**

The family may request a change in unit size due to the addition or subtraction of a family member. Families must inform management within 30 days when such a change occurs. Adult additions to the family must be approved for occupancy according to the property Tenant Selection Criteria prior to occupying the unit. Adult members' income and assets must be verified to determine income eligibility for the HOME or NATF Program. New adult household members must be added to the lease. Members of a household not reported to management and not added to the Lease Agreement is in direct violation of the federal regulations outlined by the HOME and NATF Programs.

## **Unit Transfer Policy**

Generally, unit transfers are not allowed to same size units within the same property. In accordance with Section 504, a unit transfer request will be considered as a reasonable accommodation. Before a transfer is approved, the tenant must demonstrate a satisfactory rental payment history. There shall be no outstanding balances for rent or other charges and the tenant shall have no lease violations within six months prior to a transfer.

## **Ability to Contract**

Applicants for housing must include at least one member who is legally able to contract in the applicable state. In Nebraska the age is 19, unless the person is an emancipated minor.

## **Citizenship**

Western Nebraska Housing Opportunities will comply with HUD Regulation Title 24, Part 5, Subpart E regarding restrictions on rental assistance to non-citizens. Applicants will be required to verify their citizenship status as a part of the qualification process at this property. Applicants are required to provide a Social Security card or other appropriate documentation in this regard.

## **CREDIT POLICY**

### **A. Landlord Reference**

Applicant may be asked by WNHO to provide a reference and rental history from a previous landlord. If applicant refuses or a negative reference is received, the application can be denied. If a landlord cannot be contacted for any reason, it is the applicant's responsibility to obtain the reference.

### **B. Procedures for Approval**

The procedure for approval of an applicant for housing managed by Western Nebraska Housing Opportunities will be as follows:

1. Applicants will be screened to insure they meet income qualifications allowed for the property.
2. Applicants will be reviewed based on unit size availability and family composition.
3. Applicants may be screened for rental history, occupancy standards and ability to contract in accordance with Western Nebraska Housing Opportunities tenant selection policy.

**Non-Discrimination**

WNHO does not discriminate on the basis of race, color, religion, creed, national origin, familial status, disability, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract). Additionally WHNO will not discriminate against applicants whose income derives from any public assistance program or because the applicant has in good faith exercised his or her rights.

\_\_\_\_\_  
WNHO Representative

\_\_\_\_\_  
Date

I have read and understand the Tenant Selection Policy described above.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

