

## RENTAL APPLICATION for OSBORN POINTE

The information on the Application is necessary to determine if your household is eligible for residency based on the Rental Criteria. Please complete the application, responding to all areas and leaving **NO BLANKS**. Do Not Use **WHITE OUT**. If a question does not apply, please list "N/A" or "None". **Each page must be initialed, and you MUST SIGN the application. All INCOME MUST BE DECLARED on this application.**

CONTACT INFORMATION		
Primary Phone Number	Alternate Phone Number	Other Contact <i>(please list contact, i.e. friend, relative, etc.)</i>
Email Address		
Native American Connections to communicate information related to Property Management, Newsletters, information on events and community resources. This is for internal use only by NAC and your email address will not be shared or sold.		

Have you been referred to us by any specific agency:       No       Yes – list referring agency: \_\_\_\_\_

HOUSEHOLD COMPOSITION							
	Full Name <small>State ID or Driver License No.</small>	Relationship <small>To Head of Household</small>	Date of Birth <small>(MM/DD/YYYY)</small>	Last 4 of SSN or Alien Registration Number	U.S. Citizen	Right to Reside in U.S.	Receiving any source of income?
<b>1</b>	NAME  <small>State ID or DL No.</small>	<b>HEAD OF HOUSEHOLD</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

STUDENT STATUS:	
<i>Please indicate if you are currently, will be, or have been enrolled in an educational institution (including elementary or high school, online schools, technical/trade school, college, university) that has a regular faculty and students.</i>	
<input type="checkbox"/> Not a Student	<input type="checkbox"/> FT →      Have you attended an educational institution for 5 or month in a 12-month calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> PT →
Are you receiving job training/assistance under the Job Training Partnership Act (any program funded with federal, state or local gov funding that provides training to overcome a barrier enabling the individual to work)? <input type="checkbox"/> No <input type="checkbox"/> Yes	

SPECIAL POPULATIONS	
<i>Some properties have set aside specific apartments for household that meet some or all of the criteria asked below. If you choose to not answer some of these questions, it will not affect your ability to rent an apartment. However, if the only apartment available is required to have a household with a specific set-aside requirement listed below, you will be placed on the waiting list for the next available non-restricted apartment.</i>	
1. Are you a past victim of domestic or dating violence, sexual assault, stalking or human trafficking?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Are you a recovering substance abuser?	<input type="checkbox"/> No <input type="checkbox"/> Yes:
4. Are you currently or have you <b>previously been</b> homeless?	<input type="checkbox"/> No <input type="checkbox"/> Yes – When?
5. Does any member of your household have a special need, or are they handicapped and require a special accommodation?	
<input type="checkbox"/> No <input type="checkbox"/> Yes - Please choose one and provide medical documentation:	
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Health <input type="checkbox"/> Other describe): _____	
Are any household members a live-in attendant?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
6. Are you, or is anyone in your household a Veteran?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	



SOURCES OF INCOME			
Please respond "YES" or "NO" to every potential Source of Income listed below that you will receive during the next 12 months. CHECK MARKS ARE NOT ACCEPTABLE AS AN ANSWER – you must write in "yes" or "no" for each. If you respond "yes", please complete the unshaded columns to the right for each income source, listing the name of the household member receiving income, name of business providing the income and the amount & frequency of the income received.			
Source of Income	Yes No	Name of Business / Agency / Government Entity	Amount Paid and Frequency Received
<b>Employment</b>			\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week # of hrs worked/week: _____
<b>Self-Employment</b> This may include: working for Uber, Lyft, DoorDash, or other various "web-based" or "gig-economy" employers. You typically receive an IRS Form 1099 for this type of work.			\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month
<b>Other Income:</b> This may include money received from odd jobs, selling items on E-Bay, selling homemade food, sewing, baby-sitting, etc.			\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month
<b>Unemployment Compensation</b>			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
<b>Workers Compensation or Other Disability Benefits</b> <i>(i.e. Short or Long Term Disability)</i>			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
<b>Recurring Monetary Gifts or Money from Relatives (Cash)</b>			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
<b>Social Security / SSI / SSD Benefits</b> <i>Check all that apply</i> <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSDI		US Social Security Administration	\$ _____ per month
<b>Veterans Administration Benefits</b>		US Veterans Administration	\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
<b>Child Support / Alimony</b>			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
<b>Tribal Per Capita</b>			\$ _____ per <input type="checkbox"/> month <input type="checkbox"/> annual <input type="checkbox"/> quarter
<b>Welfare</b> TANF OR CASH ASSISTANCE			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month
<b>Other - Please list (i.e. Food Stamps/SNAP Benefit)</b>			\$ _____ per _____

**ASSETS FOR HOUSEHOLD**  
Please respond "YES" or "NO" to every Asset Type listed below. CHECK MARKS or SLASHES ARE NOT ACCEPTABLE ANSWERS – you must answer "yes" or "no" to each item. If you answer "yes", please complete the blanks in all columns to the right for each asset type. You must disclose all assets that any member in the household has. Assets include: Checking and Savings accounts, revocable trusts, equity in rental property or other capital investments, stocks, bonds, treasury bills, certificate of deposit, mutual funds, money market accounts, whole life policies, real estate, retirement and pension accounts)

Asset Type	Y/N	Financial Institution	Value	Interest	Asset Type	Y/N	Financial Institution	Value	Interest
Checking			\$		Brokerage Acct <i>i.e. Mutual funds</i>			\$	
Checking			\$		Stocks/Bonds			\$	
Savings			\$		CD/Money Market			\$	
Debit Express			\$	N/A	Annuities			\$	
Internet Based Acct		<input type="checkbox"/> CashApp, <input type="checkbox"/> Venmo, <input type="checkbox"/> PayPal, <input type="checkbox"/> Other	\$		Whole Life Insurance			\$	
CryptoCurrency <i>Bitcoin</i>			\$		Other: Please List			\$	
<b>Tax Return/Refund</b> Have you received a tax return or refundable tax credit in the last 12 months that was deposited into an account listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes ----->					<b>Which Account was it deposited:</b>		<b>Refund Amount</b>	\$	<b>N/A</b>

**Non-Necessary Property (Non-Account Based)**  
Please respond Yes or No that any non-necessary assets are owned. If yes, please list each Non-Necessary Asset held by a household member along with its current value and if any interest is anticipated. Non-Necessary Assets include: Recreational Vehicles (motorhome/RV, ATV); Boats, antique cars, collectibles (stamp or coin collections, artwork)

<input type="checkbox"/> No <input type="checkbox"/> Yes – listed here->	<b>Description: Please List Item Owned</b>	<b>Value</b>
		\$

**Real Estate**  
Please respond Yes or No that any Real Property/Real Estate is owned by applicant or is used as rental property with income received.

Description of Property	Cash Value <i>Current market value minus cost to convert to cash</i>	Income
<input type="checkbox"/> No <input type="checkbox"/> Yes – listed here->	\$	\$

Within the past two year, I have sold or given away assets (including cash, real estate, etc) for more than \$1000 below their fair market value (FMV):  
 No  Yes - Date of Disposal: \_\_\_\_\_ Difference between Market Value & Amount received: \_\_\_\_\_



BACKGROUND/CRIMINAL HISTORY			
1.	Do you have any outstanding/open warrants for arrest?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
2.	Do you engage in the distribution or sale of illegal drugs?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3.	Have you ever been convicted of a felony or any crime related to harm caused to a person or property, including but not limited to arson, assault, intimidation, sex crimes, drug related offenses, theft, dishonesty, obscenity and related violations?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
4.	Are you a convicted sex offender?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
5.	If yes to question 4 above, are you subject to a lifetime sex offender registration requirement in any state?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

EMERGENCY CONTACT PERSON(S)			
Name:	Address	Phone	Relationship
Name:	Address	Phone	Relationship

VEHICLE:					
Year	Make	Model	Color	License Plate Number	State

Current Residency				
From	To	Address	City & State	Landlord Name Landlord Contact

**I am in receipt of the Notice of Occupancy Rights under the Violence Against Women Act and Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation provided by the U.S. Department of Housing and Urban Development.**

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

Applicant represents that all of the above statements are true and complete, and hereby authorize verification of above information, references, and background and credit reports. Applicant acknowledges that false information herein constitutes grounds for rejection of the application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in. Management reserves the right to verify application information after move-in and if false or misleading information is contained in this Application Management Reserves the Right to Immediately Evict the Household for falsification of this Application. Applicant agrees to the terms of the "Deposit to hold Agreement". This application is preliminary only and does not obligate the owner or owner's representative to execute a lease or deliver possession of the proposed premises.

Approval of this application by Management does not guarantee the availability of an apartment. Approval of this application shall place the applicant onto the Waiting List for the above referenced property. All applicants are taken from the Waiting List and the earliest approved date shall be offered first right of refusal of available apartment. Failure of applicant to provide all information necessary for Management to properly review the application for Rental Criteria shall result in the delay of application being reviewed for approval.

**THIS APPLICATION CONSISTS OF (3) PAGES. THE SIGNATURES AND INITIALS SET FORTH HEREIN AND BELOW ACKNOWLEDGES THAT THE BELOW SIGNED INDIVIDUAL HAS READ AND UNDERSTANDS ALL THREE (3) PAGES OF THIS APPLICATION.**

\_\_\_\_\_ **Applicant's Signature**                      \_\_\_\_\_ **Date**

**This Agency and this Community does not discriminate on the basis of race, color, religion, sex, national origin, or handicapped status**



## **RENTAL CRITERIA**

Osborn Pointe is a 55 and older single occupancy community designed to specifically serve individuals that meet the criteria listed below. Before you complete a Rental Application, we encourage you to review the following requirements to determine if you are eligible.

Applicants must complete and sign a rental application and provide appropriate state issued identification reflecting the date of birth and/or age of the individual.

Items A through K apply to the applicant responsible for paying the rent under the Apartment Rental Agreement:

- A. NAC and Osborn Pointe prioritize households for occupancy based on:
  - i. Households that are currently homeless, have experienced homelessness, or are at-risk of becoming homeless and have adequate income
  - ii. Households that are currently in an over-occupancy situation
  - iii. Households that are in non-subsidized housing whose rent is greater than 35% of their annual income
  - iv. Households who are not currently living in a home or apartment under a lease in their name
- B. NAC and Osborn Pointe prioritizes households housing stability that qualify under one of the following populations:
  - i. Are homeless, or are at-risk of homelessness
  - ii. Are a victim of or are fleeing/attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking
  - iii. Require supportive services or assistance to prevent homelessness or are at risk of housing instability
  - iv. Are a veteran that meets one of preceding criteria
- C. **INCOME:** Maximum annual income must not exceed the published HUD income set-aside for the specific apartment desired. Our leasing advocate can further explain the income guidelines that are currently in place (subject to change without notice based on HUD publishing of income guidelines).  
**Applicant must have sustainable earned and/or benefit income at the time of application. Households average monthly earned/benefit income must be at least 1.5 times the average monthly rent in order to qualify.**
- D. **CREDIT HISTORY:** Credit reports will be obtained and reviewed to evaluate the applicant's ability to pay rent. Judgments by other housing communities must have a payment plan in place at least 90-days prior to a rental application at NAC. Past non-payment history to landlords may disqualify an applicant or may require a higher security deposit (not to exceed 1.5 times the monthly rent).
- E. **PAST LANDLORD REFERENCE:** Applicant may be denied if an eviction has occurred in the past 3 years; if a past landlord is owed rent – a pre-existing payment plan must have been in place at least 90-days prior to a rental application at NAC.
- F. **OCCUPANCY GUIDELINES:** All residents and occupants must be listed on the Rental Application and Rental Agreement. No more than one (1) occupants in a one-bedroom apartment unit. Visitors and overnight guests are restricted.
- G. **CRIMINAL HISTORY:** All occupants over the age of 18 will be subject to a criminal background check. Background history must reflect:
  - i. No felony convictions for crimes against persons in the past five (5) years;
  - ii. No misdemeanor convictions for a crime against a person in the past three (3) years;
  - iii. No felony or misdemeanor drug sales, manufacturing, distribution or trafficking convictions in the past three (3) years;
  - iv. No Sex Offense or Sex Offender History;
  - v. No Deferred adjudication for a felony crime against persons, sex offense, or a misdemeanor for a crime against a person for the same periods

Any outstanding warrants will disqualify an applicant for occupancy.

This property participates in the City of Phoenix Crime Free Multi-housing Program.

H. **PETS:** Pets are not allowed.

ANIMALS THAT ARE ASSISTIVE SERVICE ANIMALS ARE NOT CONSIDERED PETS UNDER THIS POLICY – documentation for the need of a service animal is required and a SERVICE Animal agreement is required. Advise the leasing advocate if you have a need for a SERVICE Animal and they will provide you with the proper legal documents, that will be required.

Advise the leasing advocate if you or any household member has an Emotional Support Animal so they may provide you with the documentation that is required.

I. **PARKING:** Osborn Point encourages all residents to utilize the Light Rail, Buses, and Bicycle transportation. On-site parking at Osborn Point is limited and requires a parking permit for all vehicles. Only one (1) parking permit is allowed per apartment unit and parking is first come, first served. All other vehicles must be parked legally off property. At no time may a vehicle be stored on the property. A stored vehicle is one that is not used on a regular basis or is inoperable, without current tag/registration or with a flat tire.

J. **APPLICATION FEES:** An application fee of \$40 per adult applicant is required at the time of full application and is nonrefundable. A holding fee of a minimum of \$250 is required at the time of application. The holding fee is refundable only if the apartment type requested is not available, or if the applicant withdraws the application within 72 hours (three (3) calendar days) of approval, or if the application is denied. If the applicant withdraws the application more than 72 hours of approval, or fails to move into the unit, the holding fee will be forfeit, nonrefundable and nontransferable. At move-in, the holding fee will be credited to the Applicant’s ledger to offset moving-in costs.

K. **FALSE INFORMATION:** Any falsification of information on the application will automatically disqualify the applicant and all deposits and application monies will be forfeited.

L. **QUALIFICATION PROCESS:** This property is funded through one or more funding sources that require annual disclosure and verification of income, asset and student status. Applicant understands that they will be required to comply with all application verification requirements, and that landlord will verify in writing, through a third-party when necessary, the information provided on the application and any documentation

Applicant acknowledges that they meet one of the housing stability populations listed below:

- Homeless or at-risk of homelessness
- Victim of, or are fleeing/attempting to flee: Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking
- Requires supportive services or assistance in order to prevent homelessness or are at-risk of housing instability
- Veteran that meets one or more of the preceding criteria.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
NAC Representative

\_\_\_\_\_  
Date

**Please note that these are our current rental criteria and nothing in these requirements shall constitute a guarantee or representation by our community that all residents and occupants currently residing in our community have met these requirements.**

