

## Gemini Apartments – Washington Building

Application fee - \$25 per person age 18 or older. Application fee is non-refundable.

Security Deposit - \$300 up to 1 months' rent

Unit Reservation fee - \$200 – applied towards security deposit at move in – Refundable if cancelled before 48 hours of reservation.

Pet Deposit - \$250 per pet - refundable – 2 pet limit, weight limit up to 30 pounds.

Pet Rent - \$30 month for 1<sup>st</sup> pet and \$20 a month for 2<sup>nd</sup> pet

Pet registration is required – proof of vaccination records

Utilities: Water/Sewer/Trash Removal included – Resident responsible for Gas Heat/Hot Water/Cooking and Electric.

Smoke Free Building

### Rental Rates:

The Heritage	\$649	560 sf / 1 bedroom
The Colfax	\$670	600 sf / 1 bedroom
The Washington	\$740	750 sf / 1 bedroom
The Jefferson	\$780	850 sf / 1 bedroom + study

### Resident Selection Criteria

**LANDLORD HISTORY** - *Favorable for a minimum of two consecutive years*

**CREDIT REPORT** – *Accepted by Rentgrow screening software or Accept with Additional Deposit by Rentgrow screening software*

**UTILITIES** - *Utilities must be established in the household's name*

**NATIONAL CRIMINAL/SEX & VIOLENT OFFENDER DIRECTORY** – *Acceptable/Clear Criminal History*

### ~ **REJECT RENTAL APPLICATION** ~

**FINANCIAL ABILITY TO MEET RENTAL OBLIGATIONS** – *Households income is insufficient to meet the rent and any utility obligations and does not have rental assistance available. When rental assistance is not available household's gross monthly income will be 2.5 times the monthly rent.*

**LANDLORD HISTORY** - *Evicted from Housing within the Past 2 Years, Owes Previous Landlord Rent or Damages, Poor Landlord References, Cannot Verify Residency for the Past 2 Years, Evicted from Federally Subsidized housing for drug related criminal activity within the last 2 Years*

**CREDIT REPORT**- *Rentgrow rejection, Collections, Judgments, and Bankruptcy not discharged*

**UTILITIES** – *Cannot provide proof that utilities can be established in own name*

*An applicant may still be denied if the applicant does not meet program restrictions for the specific unit/property they have applied for (age, disability, homeless status, etc). Discuss specific restrictions with the Property Manager before applying.*

### **NATIONAL CRIMINAL/SEX & VIOLENT OFFENDER DIRECTORY**

Admission is *strictly prohibited* to any Applicant whose criminal history includes a conviction for one or more of the following offenses, regardless of the date of such offense:

- *Murder or similar felony-level homicides, Arson, Assault or similar crimes of violence, Kidnapping, Burglary, robbery or similar felony-level offenses, Violent crimes involving children, Felony-level sexual offenses, Crimes involving explosives, Crimes involving terrorism or other crimes against the state; and/or Crimes involving the manufacture, distribution, or sale of illegal or controlled*



## Rental Application

Date of Application \_\_\_\_\_ Desired Move-In Date \_\_\_\_\_

Type & Size Desired: \_\_\_\_\_

Head of Household's Name: \_\_\_\_\_

Would anyone in your Household benefit from the features of a handicap-accessible unit?  Yes  No

Is your household displaced due to a Presidentially Declared Disaster?  Yes  No

Are you or any household member a Veteran?  Yes  No

If yes, who? \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

Are you or any household members including live-in aides, or foster child/adults **subject to a lifetime sex offender registration requirement in any state?**  Yes  No

*List the Head of Household and all other members who will be living in the unit. Give the relationship of each household member to the head. Applicants for admission into this community must provide a complete list of **ALL** states in which any household member has resided.*

Names of Household Members (First, Middle Initial, Last)	Relationship	Birth Date	Age	Sex (optional)	Social Security Number	Previous States Resided (use abbreviation)
	Head					

Home Telephone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Telephone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

Are there currently any plans to add anyone to the household? \_\_\_\_\_

If so, Who? \_\_\_\_\_ When? \_\_\_\_\_

Do you hold a Housing Choice Voucher and wish to use it at this community?  Yes  No

### ANIMALS

Will your household have an assistance animal?  Yes  No

Will your household have a pet?  Yes  No

Please give description of the assistance animal or pet? \_\_\_\_\_





**HOUSING INFORMATION:**

Beginning with your current address, list all required information for the last three-years (3). Please attached a separate page explaining any gaps in housing history or additional housing references.

Address	Landlord's Name	Landlord's Complete Address & Phone Number	Rent/Own/Live with Someone	From/To
Current:				From/To
Former:				From/To

**EMPLOYMENT INCOME:** Is any member of the household employed?  Yes  No

List all family members who are employed, the source of wages or salaries, the address of the employer and total annual amount.

Employed Family Member	Employer	Employer's Address/Phone	Gross Annual Amount

**ADDITIONAL INCOME:**

Does any member of the household receive additional income?  Yes  No

List all other sources of re-occurring income, such as Social Security, SSI, pensions, annuities, disability, alimony, child support, welfare, ADC, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, lottery, etc.

Persons Who Receive Income	Source of Income	Address/Phone of Income	Gross Annual Amount

Is any member of your household entitled to child support or alimony that he/she is not now receiving?  
 Yes  No

If YES, then the household must fill out the CHILD (or SPOUSAL) SUPPORT CERTIFICATION.

**ASSETS INFORMATION** Does any member of the household have assets?  Yes  No

List all types of checking and/or savings accounts held by all household members.

Type of Account	Account in Name Of (Interest Paid To)	Account Number	Name of Bank	Address of Bank







**INCOME CERTIFICATION QUESTIONNAIRE**  
 (\*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: \_\_\_\_\_

Initial Certification     Recertification     Addition of Household Member

YES    NO

1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 rental assistance. If yes, list the housing authority below: _____	Amount of monthly rental assistance \$ _____
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**INCOME INFORMATION**

*Include all income sources, including unearned income of minors.*

YES    NO

**MONTHLY GROSS INCOME**

(use net income from business)

\$ \_\_\_\_\_

2. <input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
3. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  Name of Employer 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
4. <input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
5. <input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) <b>DO NOT INCLUDE FOOD STAMPS</b>	\$ _____
12. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____	\$ _____ \$ _____ \$ _____
13. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
15. <input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/>	<input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester
17. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income.	



**ASSET INFORMATION**

Include all asset sources, including assets of minors.

YES	NO		INTEREST RATE	CASH VALUE
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # of accounts held _____ If yes, list bank(s) 1) _____ % 2) _____ % 3) _____ %	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # of accounts held _____ If yes, list bank(s) 1) _____ % 2) _____ % 3) _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have a debit card or paycard for direct deposit of benefits. # of cards held _____ 1) _____ 2) _____ 3) _____	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____ %	\$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose	\$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ % 2) _____ % 3) _____ %	\$ _____ \$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # of accounts held _____ If yes, list sources/bank names 1) _____ % 2) _____ % 3) _____ %	\$ _____ \$ _____ \$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ % 2) _____ %	\$ _____ \$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____	\$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.	\$ _____



28. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT/TENANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT

\_\_\_\_\_  
DATE





**COVER SHEET / FAX TRANS.**  
**AUTHORIZATION TO RELEASE INFORMATION**

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

Number of pages including cover sheet: \_\_\_\_\_

**To be completed by property management office:**

The undersigned individual(s) has applied for residency at \_\_\_\_\_. The property is operated under federal affordable housing regulations, which require that we obtain written confirmation of the eligibility of all applicants and household members. In order to comply with federal regulations, please complete the following form in full and return it to the sender at your earliest convenience.

**Verifications and inquiries that may be requested include, but are not limited to:**

Credit and Criminal Activity	Identity and Marital Status	Previous Residences and Rental Activity
Employment, Income, and Assets	Medical Allowances	Student Status

**The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include, but are not limited to:**

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

**To be completed by applicant/resident**

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original signed copy of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the federal affordable housing program.

Applicant/Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

