

GARNET PLACE APARTMENTS
RESIDENT SELECTION PLAN

Effective January 1, 2024

A United Property Management, LLC (“UPM”) Community

This property is a family housing complex. The term “family” includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: 1. a single person, who may be an elderly person, displaced person, disabled person, near-elderly person or any other single person; or 2. a group of persons residing together, which such group may include, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; or (vi) the remaining member of a tenant family, as any such terms may be defined by the United States Housing Act of 1937, as amended (24 CFR 5.403, 24 CFR 945.105), or any similar applicable statute or regulation.

APPLICATION PROCESSING

Garnet Place Apartments consists of 72 units of which all units will be rented to households 60% or less of area median income. 18 units at 30% or less of area median income, 12 units at 50% or less of area median income and 42 at 60% or less of area median income.

In General

Applications for occupancy are taken on a first come, first serve basis. An application must be completed in full, dated and signed by the applicant. Everyone who will be living in the unit must be listed on the application. The property manager will note on the application the date and time the completed application is received. A non-refundable application processing fee of \$30.00 will be charged for each adult over the age of 18 listed on the application (subject to NC DHHS restrictions discussed below). All minimum income calculations will be based on the applicant’s out of pocket rental payment and utility allowance (if any). Applicants receiving rental assistance will be exempt from property’s stated minimum income limit. Current income limits are posted in the leasing office and copies are available upon request.

Using the applicable addresses found on the application, an application may be: (i) dropped off at, mailed to, faxed to, or e-mailed to the leasing office on site at the property; or (ii) mailed or e-mailed to the UPM corporate office.

Preferences and Priorities

Reliance on state and/or federal housing vouchers will not be grounds to deny an application. The property participates in a state program (the “Target Program”) in which a minimum of ten percent (10%) and a maximum of twenty percent (20%) of the units in the property are set aside as they become available to house eligible applicants receiving a referral from the North Carolina Department of Health and Human Services (“NC DHHS”). Until the aforementioned percentages of units are reached, qualified applicants in the Target Program will be offered units ahead of any other simultaneous applicant or anyone else on the waiting list; and until such percentages are reached, each vacant unit will be set aside for the Target Program until the earlier of: (a) the attempts by the housing coordinator administering the Target Program have exhausted all applicants, or (b) thirty (30) days from vacancy. Priority runs in line with the priority criteria set forth within the Target Program. Furthermore, application fees will not be charged for applicants referred by NC DHHS through the Target Program.

Applicants are selected for various rent and income levels at the property (if applicable), based on income and the date and time their application was received. When a lower rent level becomes available, it may be assigned to the current household who is paying the highest percentage of income toward rent. This determination will be based on the most recent completed certification.

Student Status Regulations

There are Section 42 eligibility requirements that must be met regarding households comprised entirely of Full-time students. If applicants are all full-time students, then they will need to discuss the composition of their household and any determinative issues affecting student tenancy with the property manager. A Household where all members are full-time students is ineligible for residency unless the household falls in any one of these exceptions.

- All members are married and entitled to file a joint tax return.
- The household is comprised of a single parent(s) with minor children where neither the parent nor at least one child is claimed as dependents on someone else’s tax return other than the absent parent of the children.
- The household receives Temporary Assistance to Needy Families (TANF).
- The student participates in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act,



- or similar federal, state, or local program.
- The student was previously in foster care.

Students who are enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate or other program leading to a recognized educational credential are **NOT ELIGIBLE** if the individual:

- is under the age of 24, or
- is not married, or
- is not a veteran of the United States Military, or
- does not have a dependent child, or
- is not a person with disabilities, as such term is defined in 3(b)(3)(e) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(e) and was not receiving section 8 assistance as of November 30, 2005), or
- is not living with his or her parents who are receiving Section 8 assistance and is not individually eligible to receive Section 8 assistance and has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance.

Note: Supplemental guidance on student eligibility may be found at 24 CFR 5.612.

Preliminary Eligibility/Waiting List

Upon receipt of an application, UPM will review the information provided by the applicant on their application to confirm eligibility in conjunction with the program guidelines (i.e. age, income limits, family composition, student requirements, citizenship, etc.). Upon completion of such review, the applicant will be notified of his/her status. If eligible, the applicant is notified that based on the information provided, they meet the preliminary eligibility requirements for housing, subject to verification of the information provided on the application, as well as satisfactory credit and criminal background checks. This notification also advises the applicant that their application will proceed with processing for a vacant unit or if there are no current vacancies.

If no units are currently available, applicants will be placed on a waiting list in an order corresponding to the time and date the completed application was received by the property manager. UPM reserves the right remove an applicant from a waitlist if their circumstances materially change making them otherwise ineligible for tenancy (i.e. income level increases over limits, criminal conviction occurs, etc.). The waiting list is never closed. All applications are processed and approved applications are placed on the waiting list. The property may have a separate waiting list for each income level.

Denial

If denied or determined ineligible, which denial or determination shall be based solely on the written criteria specified in this Resident Selection Plan, the applicant will be notified in writing the reasons for the denial and of their right to appeal, in writing, to UPM within 14 days of such notification. Should an applicant desire to appeal a denial, they will be required to submit additional information which would have a bearing on the negative decision. Such information could be, but is not limited to; receipts for satisfaction of debts that cause a negative credit decision, documentation related to criminal decisions that could have a bearing on the information provided or verified by the reporting agency, landlord or personal references, etc. The additional information will be reviewed by UPM, and applicant notified in writing of the final decision of the appeal within ten (10) days of UPM's receipt of the additional information.

Final Approval

Upon receipt of all verifications and background checks, management will determine if the applicant remains eligible. If eligible, the applicant is notified that they have been approved for occupancy, are notified as to whether a vacant unit exists, or they will be placed on a waiting list and are asked to contact management to arrange for occupancy.

Following the issuance of said notice, if a vacant unit exists, selected applicant's security deposit and first month's rent will be due in conjunction with lease signing.

If the applicant is placed on a waitlist, the applicant will be notified when a vacant unit becomes available for their spot on the waitlist. Following the issuance of said notice, a security deposit and first month's rent will be due in conjunction with lease signing. If a waitlist exists and the aforementioned security deposit and first month's rent is not received with lease signing, then the selected applicants will revert to the end of the waitlist and the next applicant on the waitlist will be offered the unit.

Apartments will be assigned to applicants according to the order in which the applications are approved and the security deposit and first month's rent is received; regardless of the date application was received, or the income tier of the applicant (50%). If a waitlist exists applicants will be removed from the waitlist and assigned units as they come available in accordance with this same priority. Notwithstanding the foregoing, approved applicants referred by NC DHHS through the Target Program may be assigned units ahead of other applicants who may already be on a waitlist.



SCREENING GUIDELINES

Criminal

UPM will conduct criminal background checks on all adults over the age of 18 listed on an application. If the criminal background report reveals negative information about an applicant and UPM proposes to deny tenancy due to the negative information, the subject of the record (and the primary applicant, if different) will be provided notice of the proposed denial and an opportunity to: (1) dispute the accuracy of the record, (2) present mitigating information, and/or (3) request a reasonable accommodation if the criminal activity was related to a disability. The notice will include the name, address, and telephone number of the agency that composed the criminal record report and inform the applicant of his or her right to dispute the accuracy of the criminal record report as well as his or her right to a free copy of the report. If the applicant does not contact UPM to dispute the accuracy of the criminal record within ten (10) days of the notice, then UPM will send a final notice of ineligibility to the applicant stating the specific reason for tenancy denial. If the applicant is unable to timely dispute the accuracy of the criminal record report due to a disability but instead notifies UPM of said disability and requests a reasonable accommodation to present such dispute, then UPM may provide a reasonable extension of time.

If an applicant has been convicted of a felony offense involving the sale or manufacture of a controlled substance, then UPM:

- Will deny admission if the conviction, or exit from incarceration, occurred within five (5) years of application;
- May deny admission if the conviction, or exit from incarceration, occurred more than five (5) years but within ten (10) years of application; and
- Will not deny admission if the conviction, or exit from incarceration, occurred more than ten (10) years before application.

If an applicant has been convicted of a violent felony offense*, then UPM:

- Will deny admission if the conviction, or exit from incarceration, occurred within five (5) years of application; and
- May deny admission if the conviction, or exit from incarceration, occurred more than five (5) years before application.

If an applicant has been convicted of a nonviolent felony offense**, then UPM:

- May deny admission if the conviction, or exit from incarceration, occurred within seven (7) years of application; and
- Will not deny admission if the conviction, or exit from incarceration, occurred more than seven (7) years before application.

If an applicant has been convicted of a violent misdemeanor offense***, then UPM:

- Will deny admission if the conviction, or exit from incarceration, occurred within two (2) years of application; and
- May deny admission if the conviction, or exit from incarceration, occurred more than two (2) years before application.

If an applicant has been convicted of a nonviolent misdemeanor offense****, then UPM:

- May deny admission if the conviction, or exit from incarceration, occurred within five (5) years of the application; and
- Will not deny admission if the conviction, or exit from incarceration, occurred more than five (5) years before the application.

* A violent felony is a Class A, B, C, D, E, F, or G felony, or any felony requiring registration on the sex offender registry.

** A nonviolent felony is a class H or I felony.

*** A violent misdemeanor is a Class A1 misdemeanor or a misdemeanor requiring registration on the sex offender registry.

**** A nonviolent misdemeanor is a Class 1, 2, or 3 misdemeanor.

In any instance where UPM “may deny” admission based on a criminal conviction or pending criminal charge, UPM will conduct an individualized assessment of the criminal record and its impact on the applicant household’s suitability for admission. The individualized assessment will include consideration of the following factors: (1) the seriousness of the criminal offense; (2) the relationship between the criminal offense and the safety and security of residents, staff, or property; (3) the length of time since the offense, with particular weight being given to significant periods of good behavior; (4) the age of the applicable applicant at the time of the offense; (5) the number and nature of any other criminal convictions; (6) evidence of rehabilitation, such as employment, participation in a job training program, education, participation in a drug or alcohol treatment program, or recommendation from a parole or probation officer, employer, teacher, social worker, or community leader; and (7) tenancy supports or other risk mitigation services the applicant will be receiving during tenancy.

UPM will not consider an arrest or charge that was resolved without conviction, nor will UPM consider expunged or sealed convictions. Notwithstanding the foregoing, UPM may deny admission if an applicant has charges pending at the time of application. Reasonable accommodations will be considered where a criminal conviction is related to a disability.

Credit

UPM may run credit reports on all adults over the age of 18 listed on an application. The credit report must demonstrate that the applicant has paid financial obligations as agreed. The application may be rejected if the report demonstrates a history of bad credit with no effort to address the bad credit. Student loans and medical debts are not looked upon negatively. Examples of unfavorable credit history:

- Landlord collections or utility collections within the last five (5) years. The applicant must provide written proof that any outstanding balances are paid in full prior to consideration.
- Any eviction records within the last five (5) years (including judgments and dismissals, particularly if a habitual pattern is shown).
- Any legal items (including tax lien, repossession, or other public records) against the applicant that are less than three (3) years old.
- Bankruptcy that is less than three (3) years old (unless discharged or good credit established since).
- Foreclosure of a previously owned home within the last three (3) years.
- Failure to be in good standing with local utility companies (electric, gas, and/or water; excluding cable and internet).

The credit screening criteria will be waived for applicants – including additional household members, if any – participating in programs or receiving assistance which provides UPM with the ability to recover any economic losses related to the tenancy (i.e. risk mitigation tools such as HUD Special Claims and Targeting Program Special Claims).

Landlord Reference

A satisfactory rental history is required. Any applicant who has been evicted for nonpayment of rent, damages, or material noncompliance may not be accepted. Any applicant who owes past due funds to a previous landlord may be rejected until all funds have been paid in full (proof of payment required). Other examples of unfavorable rental history are late rental payments, disturbances or complaints from other residents, and **bad housekeeping**. Notwithstanding the foregoing, negative landlord references will not be held against applicants participating in any programs or receiving assistance which provides UPM with the ability to recover any economic losses related to the tenancy.

REASONABLE ACCOMMODATIONS

A “reasonable accommodation” is a change in rules, policies or practices or a change in the way services are provided to accommodate a legitimate disability. With a few exceptions, the Fair Housing Act (FHA), Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (ADA) require landlords to grant reasonable accommodations in order to enable a person with a disability to have an equal opportunity to use and enjoy a dwelling unit or any of a development’s public areas.

Applicants and tenants, at any time, may ask for a reasonable accommodation with regard to any rule, policy or procedure, as long as the need for the requested change is linked to a disability. The *Reasonable Accommodation Request Form* which is available from the property manager, is the preferred form upon which to request a reasonable accommodation; however such form is not required and the applicant/tenant may request the reasonable accommodation in any manner reasonably conveying the request. The request will be reviewed and the “reasonableness” determined in order to grant approval. Reasonable Accommodations are usually able to be reviewed and a determination reached within fourteen (14) days of submission by the resident/applicant, and an available unit will be held while the request is under review. If the request for reasonable accommodation is denied, a unit (if available) will be held for eight (8) business days for the applicant to appeal a decision.

COMPLIANCE WITH STATE & FEDERAL LAW

Fair Housing Compliance

It is UPM’s intention to comply with the federal Fair Housing Act, which prohibits “any preference, limitation, or discrimination because of race, color, religion, sex, handicap, familial status, or national origin, or intention to make such preference, limitation or discrimination.” UPM intends to comply with all similarly applicable state and federal laws concerning housing, including but not limited to the 1988 Fair Housing Amendments, the Civil Rights Act of 1964, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and the Equal Credit Opportunity Act.



VAWA

On March 7, 2013, President Obama signed into law the Violence Against Women Reauthorization Act of 2013 (Pub. L. 113–4, 127 Stat. 54) (VAWA 2013). UPM complies with the VAWA regulations. For more information regarding VAWA regulations and how they may pertain to you and your application/tenancy at a UPM community, you can obtain the documentation outlining VAWA at **Federal Register** /Vol. 78, No. 151.

Limited English Proficiency

UPM takes reasonable steps to ensure meaningful access to the property and its programs by people with Limited English Proficiency (“LEP”). If any applicant possesses LEP and feels that Oral Language Services and/or Written Language Services are necessary for their application process, then they should notify the property manager. For further information about LEP requirements applicable to public housing, please see the final guidance issued by the Department of Housing and Urban Development at <https://www.gpo.gov/fdsys/pkg/FR-2007-01-22/pdf/07-217.pdf>

MISCELLANEOUS

Pet Policy

All UPM properties are pet free, except for service and therapy animals approved as part of a reasonable accommodation request.

Smoking Policy

All UPM properties constructed after 2015 are completely smoke-free, as required by applicable law. For pre-2015 properties, please see the property manager for specific information regarding smoking.

Transfer Policy

Residents are permitted to transfer for change in family composition, need for reasonable accommodation, households residing in an accessible unit that do not need the accessibility features, accessibility issues, and/or for medical reasons. All requests for transfers will be evaluated on a case-by-case basis, and in accordance with HOME and/or HUD requirements if applicable. The transfer request will be processed as a new application in accordance with the procedures outlined above. If a resident would like to transfer as a result of a disability, the resident should submit an accommodation request in accordance with the procedures outlined above.

RENTS

% of Median Income	<u>1 BR</u>	Minimum Income*
30%	\$390	\$11,700
50%	\$682	\$20,460
60%	\$801	\$24,030

% of Median Income	<u>2 BR</u>	Minimum Income*
30%	\$475	\$14,250
50%	\$811	\$24,330
60%	\$950	\$28,500

% of Median Income	<u>3 BR</u>	Minimum Income*
30%	\$550	\$16,500
50%	\$916	\$27,480
60%	\$1,070	\$32,100

* Total household GROSS (pre-tax) annual income must be at or above minimum income amount.

* Applicants receiving rental assistance will be exempt from the property's stated minimum income limit.

OCCUPANCY STANDARD

BR	Minimum # Occupants	Maximum # Occupants
1	1	2
2	1	4
3	1	6

GARNET PLACE APARTMENTS



TC Effective - 4/01/2024 * Home Effective - 6/01/2024

MAXIMUM INCOME LIMITS

(Total household GROSS (pre-tax) annual income must fall below these based on number of people in your household to qualify at that particular rent level.)

% Median Income	1 person	2 person	3 person	4 person	5 person	6 person
30% TC & Home	\$19,770	\$22,590	\$25,410	\$28,230	\$30,510	\$32,760
50% TC	\$32,950	\$37,650	\$42,350	\$47,050	\$50,850	\$54,600
60% TC	\$39,540	\$45,180	\$50,820	\$56,460	\$61,020	\$65,520



Garnet Place Apartments

3972 Garnet Place Dr.

Shallotte, NC 28470

Phone: 910-721-5061

Email: garnetplace@upmapartments.com

OFFICE USE ONLY: DATE AND TIME OF RECEIPT: _____
ID AND SS CARDS VERIFIED: _____ UNIT SIZE REQUESTED: _____

PLEASE ANSWER ALL QUESTIONS. WRITE "NO" OR "N/A" WHERE APPROPRIATE. DO NOT USE WHITE-OUT. INITIAL ALL CHANGES, CORRECTIONS AND/OR CROSS-OUTS.

Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more 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 months need not be consecutive.)

1. HOUSEHOLD COMPOSITION

NAME (First, Middle (or initial), Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #	FULL TIME STUDENT (Y/N)
1.	HEAD				
2.					
3.					
4.					
5.					
6.					

PRESENT ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____
PROPERTY / LANDLORD'S NAME: _____ LANDLORD'S PHONE: _____
LENGTH AT ADDRESS: _____ AMOUNT OF RENT: _____ REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PROPERTY / LANDLORD'S NAME: _____ LANDLORD'S PHONE: _____
LENGTH AT ADDRESS: _____ AMOUNT OF RENT: _____ REASON FOR MOVING: _____

Will all of the above household members reside in the household 100% of the time? (Yes / No) _____
If no, please list those not living in the household 100% of the time and provide an explanation: _____

Are there any anticipated changes in household size within the next 12 months? (Yes / No) _____
If yes, please explain: _____

Are there any anticipated changes in number of students within the next 12 months? (Yes / No) _____
If yes, please explain: _____

Would any household member benefit from an accessible unit? (Yes / No) _____
If yes, please explain: _____



2. HOUSEHOLD INCOME

Is any income received from any of the following? Please check “Yes” or “No” for each type of income.

TYPE OF INCOME	HEAD OF HOUSEHOLD	OTHER OCCUPANTS
Employment (Salary or Hourly Wage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business / Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security / SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability (not SSI) / Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Assistance (AFDC, Work First, TANF, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurring Monetary Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worker’s Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pensions / Annuities / Retirement Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Armed Forces Regular, Special Pay / Allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scholarships / Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Assistance (voucher or other rental assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “Yes” marked above, please complete the following:

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME (Company / Name)	START DATE	CONTACT INFO	ANNUAL INCOME <i>BEFORE TAXES</i>

3. HOUSEHOLD ASSETS

Does anyone in the household have any of the following assets? Please check “Yes” or “No” for each type of asset.

TYPE OF ASSET	HEAD OF HOUSEHOLD	OTHER OCCUPANTS
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks / Bonds / Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate (Land, Home, Property)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property Held as Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capital Investments or Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash On Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crypto Currency (Bitcoin, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Payment Services (Cash App, Venmo, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “Yes” marked above, please complete the following:

HOUSEHOLD MEMBER NAME	SOURCE OF ASSET (Company / Name and Contact Info)	VALUE OF ASSET

SIGNATURE PAGE / AUTHORIZATION FOR RELEASE INFORMATION
(to be signed by all household members over the age of 18)

Organization Requesting Release of Information:

Garnet Place Apartments
Attn: Site Manager
3972 Garnet Place Dr.
Shallotte, NC 28470
Phone: 910-721-5061
Email: garnetplace@upmapartments.com

I understand that the preceding information is being collected to verify my household's eligibility for residence at a government-regulated, tax credit housing program. I also understand that this Application and all related inquiries will be used only for its relevance to occupancy at this property. I certify that I have revealed all income and assets currently held and that I have no other income or assets than those listed on this Application (other than personal property). I further certify that the statements made in this Application are true and complete to the best of my knowledge and belief, and I am aware that false statements are punishable under federal law.

I hereby authorize the owner/manager to verify the information provided on this Application, and to run a second credit report if needed after a lapse between initial application and application approval including contacting any agencies, local police departments, credit bureaus, references and groups or organizations to obtain any information and materials which are deemed necessary to complete this application, and my signature below is my consent to obtain such verification.

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

CASH ON HAND CERTIFICATION

One form per household is completed when certifying the amount of cash held outside of a financial institution.

Development Name: _____

Head of Household Name: _____

Unit No: _____

Certification Type: ☐ Initial ☐ Recertification (Effective Date: _____)

PLEASE COMPLETE:

HH MEMBER NAME	AMOUNT OF CASH ON HAND

Total Household Cash on Hand: \$_____

All household members age 18 or older must sign and date.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date



ANNUAL STUDENT CERTIFICATION

Complete one form per household.

Development Name: _____

Head of Household Name: _____

Unit No: _____

Certification Type: ☐ Initial ☐ Recertification (Effective Date: _____)

SELECT ONE OPTION:

****Note:** Students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses:

☐ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **(If selected, STOP and sign bottom of form)**

☐ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full-time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant.* **(If selected, STOP and sign bottom of form)**

☐ 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 selected, questions 1-5 below must be completed)**

1.	Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Is at least one student a single parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*Full-time student households that satisfy one of the above conditions are considered eligible.
If questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered ineligible.*

All household members age 18 or older must sign and date.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date



NON-EMPLOYMENT CERTIFICATION

To be completed by each adult household member declaring non-employment. (not applicable to minors)

Development Name: _____

Head of Household Name: _____ Unit No: _____

Certification Type: ☐ Initial ☐ Recertification (Effective Date: _____)

PART 1 – SELECT ONE OPTION:

☐ I am not currently employed in any capacity nor receiving income from any source, and **DO NOT** intend to become employed within the next twelve (12) months.

☐ I am not currently employed in any capacity; however

☐ I **DO** receive benefits from _____ (benefit verification required).

☐ I **DO** intend to become employed within the next twelve (12) months, but not currently employed. **(COMPLETE PART 2)**

☐ I have been offered/promised a job to start within the next twelve (12) months (attach offer letter if available).

Anticipated start date: _____ **(COMPLETE PART 2)**

PART 2 – ANTICIPATED INCOME:

Employer or Job Type: _____

Gross Wages/Salary: \$ _____

Frequency (select one): ☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Annually ☐ Other: _____

Average # of regular hours per week: _____

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Printed Name

Signature

Date



DISPOSED ASSETS CERTIFICATION

Assets listed as disposed of during the past two (2) years for less than the fair market value prior to this certification/recertification, will be counted as assets if the difference in the value of the asset and the amount received for the asset exceeds \$1,000.00.

Development Name: _____

Head of Household Name: _____

Unit No: _____

Certification Type: ☐ Initial ☐ Recertification (Effective Date: _____)

PART 1 – SELECT ONE OPTION:

Fair Market Value is the market value of the asset minus reasonable cost incurred in selling/converting the asset into cash. Such costs include: 1- penalties for early withdrawal; 2- broker/legal fees for the sale of assets, and 3- settlement costs for real estate transactions.

☐ I HAVE NOT disposed of any assets for less than fair market value in the past two (2) years. **(If selected, STOP and sign bottom of form)**

☐ I HAVE disposed of assets for less than fair market value in the past two (2) years. **(If selected, complete part 2 and sign bottom of form)**

PART 2 – COMPLETE:

Please list any assets disposed of within the past two (2) years for less than fair market value:

ASSET DESCRIPTION	DATE DISPOSED	FAIR MARKET VALUE	AMOUNT SOLD FOR

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

CHILD SUPPORT CERTIFICATION

One form to be completed per household when applicable.

Development Name: _____

Applicant/Resident Name: _____

Unit No: _____

Certification Type: ☐ Initial ☐ Recertification (Effective Date: _____)

PART 1 – SELECT ONE OPTION:

☐ **Yes** Child Support **IS** being collected and distributed to this household through a child support enforcement agency.
(Include CSE printout as documentation of child support received over the past 12 months.)

☐ **No** Child Support is **NOT** being collected and distributed to this household through a child support enforcement agency.

PART 2 – CHECK ALL THAT APPLY:

☐ In addition to any child support disclosed in Part 1, support/compensation **IS** being received for the following:

NAME	AMOUNT	FREQUENCY
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:

☐ Support/compensation is **NOT** being received from any source for the following:

NAME

NAME

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature _____

Date _____