

# CONIFER VILLAGE AT OAKCREST

## Application Checklist

If you have interested in applying for a brand new one or two bedroom apartment at *Conifer Village at Oakcrest*, **please follow the instructions listed below:**

- Review and Sign the Resident Selection Criteria**  
(return Page 5 with completed application)
  
- Complete, Sign and Date Application**
  
- Submit \$35 Application Fee for each household member**  
(money order or certified check) made payable to *Conifer Village at Oakcrest*



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[www.conifervillageatoakcrest.com](http://www.conifervillageatoakcrest.com)

2011 BROOKS DRIVE, CAPITOL HEIGHTS, MD 20747



# CONIFER VILLAGE AT OAKCREST

## RESIDENT SELECTION CRITERIA

June 1, 2018

### Introduction

*Welcome to Conifer Living!* Thank you for applying to live at our community. This resident selection criteria has been formulated and are enforced in accordance with local, state, federal and all applicable fair housing laws.

### State of Non-Discrimination

It is the policy of Oakcrest Village Associates, LLC, aka **Conifer Village at Oakcrest** and Conifer Realty, LLC, to promote equal opportunity and non-discrimination in compliance with, but not limited to, the federal and state constitutions and legislative enactments addressing discrimination in housing includes, Civil Rights legislation (1964, 1968, 1988), The Fair Housing Amendments Act of 1988, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975 and Title VI of the Civil Rights Act of 1964 and, to the extent applicable, the Americans with Disabilities Act. Further this community complies with the state and local fair housing regulations of the jurisdictions in which it is located.

### Fair Housing and Section 504

The same selection criteria will be used for all applications, without regard to race, color, national origin, religion, sex, disability, familial status, marital status, sexual orientation, gender identity, age, creed, occupation, political opinion, and personal appearance. To allow all applicants the opportunity to pursue the application process, Conifer Realty, LLC has a 504 Policy that address reasonable accommodations. For more information, please see the Community Manager.

### Violence Against Women and Justice Department Reauthorization Act (VAWA)

VAWA protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence is reported and confirmed. Agent, responding to an incident of actual or threatened domestic violence, dating violence or stalking that could potentially have an impact on a tenant's participation in the housing program, may request that an individual complete, sign and submit the HUD certification form (HUD-91066) within 14 business days of the request. Alternatively, in lieu of the certification form or in addition to it, Agent may accept (i) a federal, state, tribal, territorial, or local police record or court record or (ii) documentation signed and attested to by a professional (employee, volunteer of a victim service provider, an attorney, medical personnel, etc.) from whom the victim has sought assistance.



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## Non-Smoking Community

Conifer Village at Oakcrest does not allow smoking in apartments, common areas or on the grounds. All leaseholders will be required to sign a non-smoking lease addendum agreeing to these rules prior to occupancy.

## Property Eligibility

This community is designated for a special population. Applicants must meet the restrictions as indicated below in order to proceed with the application process.

### Senior housing with all household members at least 62 years of age or older.

To be considered for selection, applicants must submit a completed application and relevant consent forms. Eligibility does not constitute acceptance and further screening is required to determine an applicant's ability to maintain successful residency.

Valid identification with a picture will be required (photo copy may be kept on file). Applicants must disclose social security numbers (SSN) for all household members. Valid SSN card issued by the Social Security Administration is the necessary documentation required. However, the community will accept a letter from the Social Security Administration verifying the number and acknowledgement a new card has been applied for. Where applicable an assigned Federal Identification Number may be used.

## Students

This community follows the student regulations written in Section 42 of the Internal Revenue Code. The regulation states that a household comprised of all full time students will not be eligible for this program. However, four exceptions exist to this rule. See the Community Manager for additional information.

## Occupancy Standards

Occupancy standards are established to allow residents to select the apartment size appropriate to their individual needs. Maximum occupancy standards are as follows:

<u>Unit Size</u>	<u>Minimum Occupants</u>	<u>Maximum Occupants</u>
1 Bedroom	1 Person	2 Persons
2 Bedroom	1 Person	4 Persons



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## Income Requirements

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program (LIHTC). This program requires us to certify all of your income sources and the value of your eligible assets as a part of determining your household's eligibility.

Since we are part of the LIHTC Program, there are income guidelines that must be followed first and foremost to determine eligibility to live in Oakcrest Village Associates, LLC. The income guidelines are set by federal and state agencies and can be confirmed from those sources.

The household's total yearly income cannot exceed the established maximum below. All sources of household income must be disclosed and verified. Plus, minimum income requirements will apply. Should a household fail to meet the minimum income requirement, verifiable, demonstrated ability to pay rent may be used if approved by our Compliance Department, i.e., cash from sale of real estate or guarantor with verifiable income at 70 X Rent Rate, plus guarantor must submit to credit screening.

## Taking Applications

**The Application:** Applications will only be accepted if completed on original forms and bear the original signatures of the adult household members. Applications can be submitted in person at the property management office, by mail to the management office address or applicants requiring reasonable accommodations may contact the community manager to make necessary arrangements. Once a completed application has been received, management will determine income eligibility and household composition. If an appropriate unit size is available, the application process will continue. Otherwise, the applicant will be placed on the appropriate waiting list(s).

**Screening:** The agent will enter the applicant's information into a third-party Resident Screening software system in order to determine compliance with credit and criminal requirements in an objective manner. This screening will secure background information regarding the following:

- Record of prior criminal history
- References from a credit bureau
- Landlord Collection records
- Landlord/Tenant Court records

References from landlords in the last three years or from the last two successive residences, which is more inclusive, will be obtained via third party verifications for all Accept with Conditions approval.

Applicant must be able to establish the necessary utilities with the appropriate utility provider. Failure to provide proof of service will be grounds for rejection.

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## **Additional Rental Requirements:**

- Ability and willingness to pay rent in a timely manner
- Ability and willingness to abide by the terms of the lease
- Conduct interview with all household members present
- No history of drug abuse or other criminal activity

If any information provided by the applicant proves to be untrue during the verification process, the application will be denied on the basis of attempted fraud.

## **Rejection Procedures**

If an applicant disputes the accuracy of any information provided by a screening service or credit reporting agency, the applicant may contact the screening company that supplied the information within 60 days of the denial to obtain a free copy of their credit report. The name and address of the screening company will be provided in the denial letter. Additional information and instructions on how to pursue the appeal process will be detailed in the denial letter.

## **Pet Policy**

Small pets are welcome with a maximum of 35 pounds full grown. Maximum of one pet per household is allowed and requires a non-refundable pet fee of \$300. This fee applies to non-caged animals such as dogs and cats.

## **Required Fees and Deposits**

<b>Application Fee:</b>	\$35 per adult (non-refundable)
<b>Reservation Fee:</b>	\$100 (refundable only if application is denied or cancelled within 72 hours of approval)
<b>Security Deposit:</b>	One Month's Rent (based on scoring decision)



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**Acknowledgment/Receipt**

By signing below I/We acknowledge that we were given and have received a copy of the Resident Selection Criteria for Conifer Village at Oakcrest.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management

\_\_\_\_\_  
Date





# RENTAL APPLICATION



**Conifer Village at Oakcrest**  
 2011 Brooks Dr.  
 Capitol Heights MD 20747  
 Phone: (800) 735-2258, TTY: (800) 735-2258

**ALL ADULTS 18 YEARS OF AGE OR OLDER MUST BE INCLUDED ON THE APPLICATION.**

APPLICANT CONTACT INFORMATION			
APPLICANT NAME		STREET ADDRESS (Present)	
HOME PHONE ( )		CITY, STATE, ZIP	
MOBILE PHONE ( )	WORK PHONE ( )	CURRENT MONTHLY RENT \$	
REASON FOR MOVING		EMAIL	
HOW DID YOU HEAR ABOUT US? PLEASE DESCRIBE:			

HOUSEHOLD INFORMATION
<p><i>Please list all household members that are applying to live in the apartment with you. Also list any new members that you anticipate will be living in the apartment in the next 12 months. (Please include unborn children.) Please list <b>all</b> states in which <b>every</b> household member has lived. (This disclosure is mandatory under HUD rules; criminal screening will be reviewed for each state via national criminal and sex offender databases. Failure to provide a complete list will result in rejection of the application.)</i></p>

\*S = SINGLE / M = MARRIED / W = WIDOWED / SEP = SEPARATED / D = DIVORCED

**FOR THE HEAD OF HOUSEHOLD:** *Please complete this section for the Head of Household only.*

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD <b>HEAD</b>	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:** *Please complete each of the following sections for each individual household members.*

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**A. General Information:**

Do you own a pet?	TYPE	BREED	WEIGHT	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you benefit from special features of an accessible apartment?	Check all that apply: <input type="checkbox"/> WHEELCHAIR ACCESSIBLE <input type="checkbox"/> HEARING IMPAIRED <input type="checkbox"/> VISUALLY IMPAIRED			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been evicted from or are in the process of being evicted from an apartment?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been convicted or are in the process of being convicted of a felony?	If YES, date of conviction: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been convicted for or are in the process of being convicted for manufacturing and/or distribution of a controlled substance?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been evicted from Federally Assisted housing for drug-related activity in the last 3 years?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is anyone listed on this application subject to any state lifetime sex offender registration requirement?				<input type="checkbox"/> YES <input type="checkbox"/> NO

**B. Household Composition:**

If applicable, do all of the children in the household live with you 50% or more of the time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any absent household members who under normal conditions would live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you or any adult household member require a live-in care attendant to live independently?	NAME RELATIONSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO

**C. Additional Household Eligibility:**

What size bedroom are you applying for?	Check all that apply: <input type="checkbox"/> STUDIO <input type="checkbox"/> 1 BEDROOM <input type="checkbox"/> 2 BEDROOM <input type="checkbox"/> 3 BEDROOM <input type="checkbox"/> OTHER
Would you consider yourself or your spouse frail elderly?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you enlisted in the US Military or a veteran of the US Military?	Check all that apply: <input type="checkbox"/> ENLISTED <input type="checkbox"/> RESERVE <input type="checkbox"/> VETERAN
Are you the spouse of a deceased veteran of the US Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you displaced from a recent presidentially declared disaster, a government action or a Covered Storm?	Please explain: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive any assistance in paying your utility bills?	Check all that apply: <input type="checkbox"/> HEAP <input type="checkbox"/> LEAP <input type="checkbox"/> OTHER _____
Are you currently receiving housing assistance from HUD or a Public Housing Authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently on a Public Housing or subsidized housing waitlist?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently homeless or living in a homeless shelter?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your reason for moving due to a domestic violence situation?	<input type="checkbox"/> YES <input type="checkbox"/> NO



**D. Emergency Contact:** (Not someone listed on the application. Please list someone in the immediate area if possible.)

CONTACT NAME(S)		RELATIONSHIP	
HOME PHONE ( )	MOBILE PHONE ( )	WORK PHONE ( )	

**INCOME AND ASSETS**  
Include income and assets for ALL household members, including children's income and assets.

**A) LIST ALL INCOME SOURCES.**

*This includes, but is not limited to, Full- and/or Part-time Employment, Self-Employment, Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces/Reserves, Unemployment, Child Care, Alimony, Child Support, Student Grants/Stipends, Rental income, Gift Income, and Regular Payouts from Annuities, 401ks and IRAs.*

HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT

**B) LIST ALL ASSETS.**

*This includes, but is not limited to, Accounts for Checking, Savings, Money Market, 529 (College Savings), and UTMA's, CDs, Brokerage accounts, Stocks, Bonds, Retirement accounts including IRA, Roth, Keogh, 401k, and 403b, Annuities, Whole Life Insurance policies, Funded/Pre-paid Debit cards, and Online accounts (PayPal, DraftKings, etc.).*

CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CD <input type="checkbox"/>	STOCK <input type="checkbox"/>	RETIREMENT <input type="checkbox"/>	LIFE INSURANCE <input type="checkbox"/>	FUNDED DEBIT <input type="checkbox"/>	OTHER <input type="checkbox"/>	TOTAL VALUE OF ASSETS:
DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MARKET VALUE	IF "OTHER" SELECTED ABOVE, PLEASE EXPLAIN:						

Signature Clause: (please read)  
My/Our signature(s) below serves as written permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I understand that management is relying on this information to prove my household's eligibility for an apartment. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. The Resident acknowledges that the Owner is also relying on information provided by the Resident, or by employers and others on the Resident's behalf, and the Resident agrees that if any information relied on by the Owner in approving residency, regardless of its source, including, without limitation, any information contained in the Application or the Certification or any re-certification, is incorrect or untrue, this constitutes a material breach of the Lease and the Owner may evict the Resident from the premises and exercise any other remedies permitted by law. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Program requirements. I understand the responsibility to report to management any changes in family composition for the changes in eligibility, income and assets they represent, whenever they occur. Submission of false statements of information are punishable under Federal Law, and could result in the cancellation of a lease agreement.

**APPLICANT SIGNATURES:**

_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date

**FOR OFFICE USE ONLY**

DATE RECEIVED	TIME RECEIVED	RECEIVED BY:	CHECK ALL THAT APPLY: <input type="checkbox"/> WAITLIST <input type="checkbox"/> LOTTERY <input type="checkbox"/> OTHER _____
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