

Rental Application Criteria

NON-DESCRIMINATION

Jack Hall Waipahu ("Management") operates in accordance with the Federal Fair Housing Act, as well as all state and local fair housing and civil rights laws. We do not discriminate against any person based on race, color, religion, gender, national origin, age, sex, familial status, handicap, disability, veteran status, or any other basis protected by applicable state or local laws. The Rental Criteria below outlines some of the policies for this community with regard to standards that may be required by each applicant in order to be approved for residency.

Applications

All applicants must be of legal age. All parties 18 years of age or older are required to complete an application and pay any and all applicable fees. Applications are to be completed in full; applications containing untrue, incorrect, or misleading information will be denied. The application fee is non-refundable unless otherwise provided by state or local law.

Identity Verification

ALL applicants are REQUIRED to show at least one of any of the following forms of identification:

- A valid military identification, driver's license or passport
- · A valid age of majority card

Rental Score

<u>CREDIT HISTORY</u> We obtain a credit report on each applicant. Our credit reporting agency evaluates credit (which may include rent payment history) as an indicator of future rent payment performance. An unsatisfactory or insufficient finding will result in the requirement of an additional deposit or denial. Applicants are responsible for ensuring their credit history is accurate.

Jack Hall Waipahu does not accept Comprehensive Reusable Tenant Screening Reports.

Guarantors and Co-signers

Guarantors/Co-Signers are not allowed at this time.

Income Verification

Written verification of income with a Rent-to-Income Ratio of 50% of the monthly rent per household will be required, along with any necessary supporting documents.

Residence Verification

Management reserves the right to verify the applicant's residence history.

Criminal Charges and Convictions

Applicants charged convicted for certain felony and misdemeanor offenses may not be approved for residency, depending upon the pre-established criteria set by Management.

Evictions

Applicants who have been a party to an eviction proceeding may not be approved for residency, depending upon the preestablished criteria set by Management.

Denial Policy

If your application is denied due to unfavorable information received on your screening report you may:

- Contact RentGrow to discuss your application and identify any unfavorable information.
- Supply RentGrow with proof of any incorrect or incomplete information.
- Initiate a dispute with RentGrow to adjust or remove any inaccurate information. A successful dispute may result in an update to your application result.



How you can improve your rental score

Your rental score results from information found in your credit report, criminal history, references, and application data. Such information may include your history of paying bills and rent, the accounts you have, collections and delinquencies, income and debt.

Your rental score may change if the underlying information it is based upon changes. To improve your score, concentrate on paying your bills on time, paying down outstanding balances, and removing incorrect information. Your chances of approval may also improve if you apply for an apartment with lower monthly rent.

How you can remove incorrect information

RentGrow is committed to accuracy and will investigate any information you dispute. Contact the consumer relations team at www.rentgrow.com or by phone at 800-898-1351. If you provide proof of your claim, we will promptly make appropriate adjustments. Download the form on our site for details.

94-827 Kuhaulua St. Waipahu, HI 96797 P: (808) 468-5102 F: (808) 501-0450 Jackhallwaipahu.com



| Office Use Only Rcvd by: Time: | W | ΔΙΤΙ Ιςτ Δ | PPLICATIO | NI | | |
|---|------------------------|------------------------------------|-----------------|-----------------------|---------------|-----------------------------------|
| Every line of this applic The application must b with before you can be | ation mus e complet | et be filled in. ted, signed, a | If an item does | s not ap _l | | |
| Head of Househ | old Info | rmation: | | | | |
| Head of Household N | Head of Household Name | | Phone Number | | Email Address | |
| Street Address | | City, State | | Zip | Code | |
| Bedroom Preference: List all persons t | | ne Bedroom l reside ir | □ Two Bed | | □ Acc | cessible Unit |
| <u> </u> | | | I | | adata | Student |
| Name | | elationship | SSN | | ndate | Student Status (FT, PT, NA) |
| <u> </u> | | | I | | ndate | Status (FT, |
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Please answer all of the following questions concerning your household

| Do you have any pets? List here: | Yes | No |
|---|-------------|----------------|
| Is any member of the household a student enrolled in an institute of higher education? | | |
| Are you and/or any other household member a US citizen, OR are you and/or other household members non-citizens who have eligible immigration status? | | |
| Have you or co-applicant served in the U.S. Armed Forces? | | |
| Have you ever been convicted of a crime against any person or property? | | |
| Are you or anyone named on this application subject to State Lifetime Sex Offender registration in any state? | | |
| Have you ever been evicted? If so, when? | | |
| Have you ever been convicted of the illegal manufacture or distribution of a controlled substance? | | |
| Are you currently living in HUD subsidized housing? | | |
| Do you currently have a Section 8 Voucher? | | |
| Has your tenancy or subsidy ever been terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures? | | |
| Were you or anyone in your household older than 62 as of 1/31/2010 who do not have a Social Security Number? If yes, were you a person in our household receiving HUD rental | | |
| assistance as of 1/31/2010? Yes No Please provide a complete listing of all states where the applicant and mapplicant's household have resided: | nembers | of the |
| How did you learn about this apartment community? Is there a resident referring you? | we can t | hank for |
| This pre-application must be signed and dated to be complete. Incomplete applications will not | be placed (| on the waiting |

list. Refer to property's Tenant Selection Plan for eligibility requirements for this apartment community.

Individuals with disabilities have the right to request reasonable accommodation in all written notices given to applicants and tenants.

I/We understand that upon receipt of the completed application for tenancy, our name will be placed on the waiting list, processed for admission, or may be rejected based on preliminary eligibility determination. If placed on the waiting list, this application will be recorded by date and time received by Management.

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I/We certify that to the best of my/our knowledge, all statements made herein are true and correct. False, fraudulent, and or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

Indigo Real Estate Services and Jack Hall Waipahu are committed to providing equal opportunity in the provision of housing. We do not discriminate on the basis of race, color, religion, sex, disability, national origin or familial status. If you have any questions about the application process, please call the Manager of the building(s) to which you applied.

I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED.

| Head of Household | Signature | Date |
|----------------------------|-----------|------|
| Co-Head/Spouse/Other Adult | Signature | Date |

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update**, **remove**, **or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| Applicant Name: | | | |
|---|---|--|--|
| Mailing Address: | | | |
| Telephone No: | Cell Phone No: | | |
| Name of Additional Contact Person or Organization: | | | |
| Address: | | | |
| Telephone No: | Cell Phone No: | | |
| E-Mail Address (if applicable): | | | |
| Relationship to Applicant: | | | |
| Reason for Contact: (Check all that apply) Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent | Assist with Recertification P Change in lease terms Change in house rules Other: | rocess | |
| Commitment of Housing Authority or Owner: If you are approarise during your tenancy or if you require any services or special issues or in providing any services or special care to you. | | | |
| Confidentiality Statement: The information provided on this for applicant or applicable law. | rm is confidential and will not be discl | osed to anyone except as permitted by the | |
| Legal Notification: Section 644 of the Housing and Community requires each applicant for federally assisted housing to be offered organization. By accepting the applicant's application, the housing requirements of 24 CFR section 5.105, including the prohibitions programs on the basis of race, color, religion, national origin, sex age discrimination under the Age Discrimination Act of 1975. | d the option of providing information g provider agrees to comply with the on discrimination in admission to or | regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing | |
| Check this box if you choose not to provide the contact | information. | | |
| | | | |
| Signature of Applicant | | Date | |

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- **Prohibited** from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You <u>must</u> include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI 451 7th Street, SW Washington, DC 20410