

AGTS, LLC

Magnolia House Apartments

PO Box 249, New Melle, MO 63365 (Mailing Address)

Phone Number: 636-336-2851

Fax Number: 1-636-410-3339

stlmagnoliahouse@mail.com

RENTAL APPLICATION AND COMPLIANCE QUESTIONNAIRE

This apartment community participates in Section 8 Program 221(d). To qualify to live at Magnolia House Apartments an applicant must be 62 years of age or older or disabled. You will be required to provide proof of age to qualify as elderly and proof to qualify for disability. All applicants must satisfy Federal governmental requirement as to income. We do business in accordance with the Fair Housing Law. (Title VIII of the Civil Rights Act of 1968, as Amended by the Housing and Community Development Act of 1974.) IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN in the sale or rental of housing or residential units. An aggrieved person may file a complaint of a housing discrimination act with the U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, Regional Office Director of Fair Housing and Equal Opportunity Region VII, P.O. Box 17-1177 Kansas City, MO 66117-1177

____ To determine your eligibility or continued eligibility, you must provide the following information on this form. This information will be kept confidential by the Owner of Managing Agent, except as necessary to prove that you qualify. Read each item carefully and provide the information requested.

APPLICATION FOR RESIDENCY CAN NOT BE PROCESSED UNTIL COMPLETED IN FULL.

All questions that do not apply to your household must be marked: NO.

This list should include the Head of Household, all current household members and any household members temporarily living away from home. Also, please include any persons who will be added to the household within the next 12 months.

Applicant Name	
How did you hear about us?	
Gender	☐ Male ☐ Female ☐ Prefer not to disclose
Citizenship Status	☐ United States ☐ Eligible Non-Citizen ☐ Ineligible noncitizen
What is your relationship to the Head of the household?	☐ Head of Household ☐ Co-head ☐ Spouse ☐ Child ☐ Other Adult ☐ Foster adult/child ☐ Live-in Aide (live in aides complete a different application and must be approved before move in) ☐ None of the above
Current Address	
Address Line 2	
City, State, Zip	
Home Phone	()
Cell Phone	()
Email Address	
Birth Date	
Social Security Number	

If you have no Social Security Number, you claim your are exempt because: ____ You are an ineligible non-citizen ____ You are 62, as of 1/31/10 and receiving HUD housing assistance as of 1/31/10			
Are you enlisted in the US Military or are you a Veteran?		☐ Yes	☐ No
Are you a victim of a recent presidentially declared disaster?		☐ Yes	☐ No
Are you currently receiving housing assistance from HUD or a PHA?		☐ Yes	☐ No
If the head of household or co-head/spouse is not 62 or older, do you claim eligibility because the head of household or co-head is disabled?		☐ Yes	☐ No
Is anyone in your household mobility impaired? If yes, Please indicate any specific housing needs required: ____ Wheelchair accessible ____ First Floor Only Other _____		☐ Yes	☐ No
Are you a student enrolled in an institute of higher education?		☐ Yes	☐ No
Race of Head of Household		☐ Caucasian	☐ African American
Ethnicity of Head of Household	☐ Hispanic	☐ Non-Hispanic	☐ American Indian ☐ Asian

Is any member of your household subject to a lifetime sex offender registration requirement under a state sex offender registration program?	☐ Yes	☐ No
Have you ever been convicted of a crime?	☐ Yes	☐ No
If yes, indicate if the conviction/s was a felony, misdemeanor or check both boxes if you have been convicted of both.	☐ Felony	☐ Misdemeanor
Have you ever been evicted from the federally funded housing program for a lease violation including drug use or failure to report a crime?	☐ Yes	☐ No
If yes, tell when _____		
Do you or any household member, use a controlled substances, such marijuana? Yes ____ No ____		
Check ALL states where you have lived: ☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH ☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT ☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington DC		

Does anyone in the household currently receive any rental assistance?	☐ Yes	☐ No
If YES, list contact information: Agency _____ Phone # (_____) _____ Address: _____ _____ Contact Person: _____		

RENTAL HISTORY : We need to ascertain your prior housing history to determine your ability to comply with the provisions and policies of your lease. As such, please answer the following questions and furnish us with the names and contacts of your current and prior landlords.

Are you currently homeless? If yes, please skip questions about your current land lord and answer questions related to your most recent landlord.	☐ Yes	☐ No
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If you are not the Head of Household, is your current landlord the same as the head of household? (If your current landlord is NOT the same as the head of household, complete the Current Landlord information below. If your current landlord is the same as the head of household, continue to the Previous Landlord section.)	☐ Yes	☐ No
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Current Landlord Information: Complete this if you are the Head of Household currently living at a residence OR if you are not the Head of Household and your current Landlord is NOT the same as the Head of Household.

Current Landlord		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long have you lived at this address?		
Reason for leaving		
Are you now living in a government subsidized unit (e.g. Section 8, Section 236 or Section 221 (d) (3)?	☐ Yes	☐ No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (Including bedbugs, roaches, rodents)	☐ Yes	☐ No
Do you currently have any outstanding overdue balances owed to this landlord?	☐ Yes	☐ No
Have you given this landlord notice that you will be moving?	☐ Yes	☐ No
What is the condition of your present housing?	☐ Standard	☐ Unsafe/unhealthy
Are you currently being displaced from your present home?	☐ Yes	☐ No
If yes, is this by government or landlord action?	☐ Government	☐ Landlord
Have you been evicted or is this landlord attempting to evict you or another person living with you?	☐ Yes	☐ No
Why do you want to move from your present dwelling? _____		

Previous Landlord Information: Only complete this if you are homeless OR if you are not the Head of Household and your current landlord is the same as the Head of Household's landlord.

Previous Landlord	
Address	
Address	
City, State, Zip	
Contact Name (if known)	

Phone Number		
How long have you lived at this address?		
Reason for leaving		
Was this a government subsidized unit (e.g. Section 8, Section 236 or Section 221 (d) (3)?	☐ Yes	☐ No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (Including bedbugs, roaches, rodents)	☐ Yes	☐ No
Did you owe this previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	☐ Yes	☐ No
Were you or any member of your household evicted from this property? If yes, when did this happen? _____	☐ Yes	☐ No

Utility Providers: You will need to be able to establish utility service in the unit before move-in.

Do you have any overdue/outstanding balances owed to any utility provider?	☐ Yes	☐ No
Will you be able to establish utilities in your unit?	☐ Yes	☐ No
Electric – Ameran	☐ Yes	☐ No
UE.....	☐ Yes	☐ No
Gas –		
Laclede/Spire.....		
Do you receive any assistance in paying your utility bills?	☐ Yes	☐ No

Household Composition and Characteristics: If you are the Head of Household (HOH), complete this section which provides information about other household members.

If you are not the HOH, please continue to the next question about vehicles.

Will anyone else live in the unit with you? If yes, please complete the following and note that all adults must complete their own application. If no, please continue onto the question about vehicles.	☐ Yes	☐ No
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Household member's full name: _____	☐ Co-head ☐ Spouse ☐ Child ☐ Other Adult ☐ Foster adult/child ☐ None of the above
Social Security Number _____	Date of Birth _____
Indicate each state where this household member has lived: ☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH ☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT ☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington DC	

Will you or a household member have a vehicle? ☐ Yes ☐ No

If yes, complete table below:

Household Member/s Name	Make and Model	Year	Color	State and License Plate Number

PLEASE LIST NEAREST RELATIVE/CHARACTER REFERENCES

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone # _____

Phone # _____

Reference for _____

Reference for _____

Income and Asset Information: In order to determine eligibility and to ensure that you receive the correct assistance please provide the following information.

Are you employed?	☐ Yes	☐ No
If yes, please provide the Name and address of your present employer: Employer: _____ Address: _____ City, State, Zip: _____ Phone: _____ How much employment income do you expect to receive in the next 12 months? \$ _____		

Complete the following to show regular payments of income that you will receive in the next 12 months:

Social Security	☐ Yes ☐ No	Gross Annual Amount \$ _____
SSI	☐ Yes ☐ No	Gross Annual Amount \$ _____
Pension	☐ Yes ☐ No	Gross Annual Amount \$ _____
VA Benefits	☐ Yes ☐ No	Gross Annual Amount \$ _____
Unemployment Benefits	☐ Yes ☐ No	Gross Annual Amount \$ _____
Workman Compensation	☐ Yes ☐ No	Gross Annual Amount \$ _____
Annuity Payments	☐ Yes ☐ No	Gross Annual Amount \$ _____
Disability Benefits (not SSI)	☐ Yes ☐ No	Gross Annual Amount \$ _____
Long term care insurance, Death Benefits	☐ Yes ☐ No	Gross Annual Amount \$ _____
Child Support	☐ Yes ☐ No	Gross Annual Amount \$ _____
Alimony	☐ Yes ☐ No	Gross Annual Amount \$ _____

Public Assistance	☐ Yes ☐ No	Gross Annual Amount \$ _____
Organizations or individuals not living with you	☐ Yes ☐ No	Gross Annual Amount \$ _____
Contributions from family for rent, child care or other bills	☐ Yes ☐ No	Gross Annual Amount \$ _____
Other	☐ Yes ☐ No	Gross Annual Amount \$ _____

Any lump sum amounts from delay of payments for SSI or VA Disability?	☐ Yes ☐ No
Have any household members received any lump sum payments in the last 24 months from inheritances, lottery winnings, insurance settlements, capital gains, or unemployment benefits or any other source? If yes, write amount.	☐ Yes ☐ No \$ _____
Annual amount of any educational assistance	\$ _____
Other income amount	\$ _____

Assets:

Have you sold or given away real property or other assets valued at \$1,000.00 or more (including cash donations) in the past 24 months?	☐ Yes	☐ No
Do any household members hold any assets jointly with someone outside the household? If yes, please explain: _____	☐ Yes	☐ No
Have you given any money to charities in the past two years?	☐ Yes	☐ No
Are any benefits deposited into a Direct Express Debit Card account?	☐ Yes	☐ No
Do you have a checking account?	☐ Yes	☐ No
If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.		

Do you have a savings account?	☐ Yes ☐ No	Current Value: \$ _____
Do you have cash that is not deposited in an account?	☐ Yes ☐ No	Current Value: \$ _____
Do you have a 401K or other employment savings account?	☐ Yes ☐ No	Current Value: \$ _____
Do you own an IRA or other retirement account?	☐ Yes ☐ No	Current Value: \$ _____
Do any of your retirement accounts have a Required Minimum Distribution?	☐ Yes ☐ No	Current Value: \$ _____
Do you own a home or other property?	☐ Yes ☐ No	Current Value: \$ _____
Do you have business income?	☐ Yes ☐ No	Current Value: \$ _____
Do you own stocks/bond/certificates of deposit (CDs)	☐ Yes ☐ No	Current Value: \$ _____
Do you own a life insurance policy?	☐ NO	☐ Yes - which type? ☐ Whole ☐ Term ☐ Universal Current Value: \$ _____
Do you own an annuity?	☐ Yes ☐ No	Current Value: \$ _____

Is there a trust fund in your name or have you established a trust fund for someone else?	☐ Yes ☐ No	Current Value: \$ _____
Do you have a safety deposit box?	☐ Yes	☐ No
Are assets stored in the safety deposit box, such as US Savings bonds, cash, stocks, etc.?	☐ Yes	☐ No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	☐ Yes	☐ No
If you have a savings account, you will be required to provide the most recent three months' bank savings statements. You will need to provide verifications of other assets. This information is needed to estimate the value of the assets in accordance with HUD requirements. Please save your bank statements.		

DEDUCTIONS: Households in which the Head of Household, co-head, or spouse are disabled or at least 62 years old qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any other members of your household have out-of-pocket expenses for the following:

Health Insurance - Head of Household – ☐ Medicare ☐ Medicaid Annual Premium	\$ _____	
Other Health Insurance - Head of Household Annual Premium	\$ _____	
Health Insurance – Cohead or Spouse – ☐ Medicare ☐ Medicaid Annual Premium	\$ _____	
Other Health Insurance – Cohead or Spouse Annual Premium	\$ _____	
If yes, are you on a spend-down program? ☐ Yes ☐ No Annual Premium	\$ _____	
Dr. Visits/Medical treatments – annual out-of-pocket expense	\$ _____	
Prescription Drugs – annual out-of-pocket expenses	\$ _____	
Do you have an HMO, medical plan, or health insurance policy which pays all or part of the cost of your medications?	☐ Yes	☐ No
If yes, please give the name of the HMO plan, or insurance company: _____		
If the medical plan pays part of the cost of your medications, what amount (or percentage) of the cost must YOU pay?	\$ _____	% _____
If you must pay for prescriptions yourself, are you later reimbursed for all or part of the cost?	☐ Yes	☐ No
If Yes, who reimburses you? _____		

Please provide information on any of the following medical expenses which apply to you:

Over-the-counter medical expenses prescribed by a medical professional to treat a specific medical conditions (ie. aspirin, calcium supplements)	Annual out-of-pocket expense: \$ _____
Personal use items (ie. Glasses, hearing aids, incontinent supplies)	\$ _____
Cost/Care for Assistance/Companion animals	\$ _____
Mileage to and from medical appointments	\$ _____
Please list any other medical expenses, which you pay, that we should consider when calculating your rent:	\$ _____

Child Care: HUD allows you to deduct a certain amount of child care expense to allow a resident living in the unit to work, look for work, or go to school. Please indicate any child expenses for any child living with you who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled and such expenses is necessary to allow an adult household member to work

Do you pay for Child Care for a minor 12 years of age or younger?	☐ Yes	☐ No
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If no, please go to the next section.

If yes, what is the monthly amount that enables you to ☐ work ☐ seek employment ☐ got to school \$ _____ Child's Name _____

Families with Disabled Members

Do you or any member of your household pay for a personal attendant or for any medical equipment for a disabled member of your household, necessary to permit that person or someone else in the family to work?	☐ Yes ☐ No	Amount paid monthly: \$ _____
Do you pay for equipment that allows an adult family member to work? E.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work?	☐ Yes ☐ No	Amount paid monthly: \$ _____

PETS

Pets are allowed at Magnolia House Apartments. There is a pet deposit of \$200.00 which may be paid \$50.00 at move in and \$50.00 per month for the next 3 months, or as mutually agreed upon on move-in. Any damages upon move out that may exceed the pet deposit of \$200.00; the owner of the pet will be charged accordingly. Only one type of pet per apartment. Dogs/cats must weigh not more than 20 pounds at maturity and stand no more than 15 inches at the shoulder. Limit – One dog/cat per household. Small household birds are allowed and limited to two. Fish tanks may not exceed 30 gallons. No member of the rodent family, snakes, birds of prey or other dangerous species are allowed. Dog/cat must be spayed or neutered. Proof of inoculations, vaccinations, neutering and licensing will be required. You will be asked to provide an Emergency Pet Caretaker Form and picture of your pet.

Do you currently have a pet that you will be bringing to Magnolia House?	☐ Yes	☐ No
If you do not have a pet, do you plan to get a pet while living at Magnolia House? ☐ Yes ☐ No		
If yes, please be sure to first notify the property manager prior to obtaining any pet first.		

IF NO, please go to ASSISTANCE ANIMALS section.

If you have a pet, what type of pet? _____
What is the age of your pet? _____
Is your pet spayed or neutered? ☐ Yes ☐ No
What is the weight of your pet? _____
What is the height of your pet? _____
Do you have the proper licenses? ☐ Yes ☐ No
Has your pet had its annual inoculations and vaccinations? ☐ Yes ☐ No

ASSISTANCE ANIMALS

Assistance Animals are not considered pets. They are animals that work, provide assistance, or perform tasks for the benefit of a person with a disability, or animals that provide emotional support that alleviates one or more identified symptoms or effects of a person's disability. The fact that a person has a disability does not automatically entitle him or her to an assistance animal. There must be a relationship between the person's disability and his or her need for the animal. AGTS, LLC Magnolia House Apartments cannot charge a fee or a security deposit as a condition of allowing an applicant or tenant to keep an assistance animal. However, if the individual's assistance animal causes damage to the applicant's unit or the common areas of the dwelling, the owner of the assistance animal will be charged accordingly. You will be asked to provide an Emergency Assistance Animal Caretaker Form and picture of your Assistance Animal.

Do you currently have an Assistance Animal that you plan to bring to Magnolia House? ☐ Yes ☐ No

If no, please go to next section.

If yes, what type of assistance animal? _____
What is the age of your assistance animal? _____
Is your assistance animal spayed or neutered? ☐ Yes ☐ No
What is the weight of your assistance animal? _____
What is the height of your assistance animal? _____
Do you have the proper licenses? ☐ Yes ☐ No
Has your assistance animal had its annual inoculations and vaccinations? ☐ Yes ☐ No

ALL APPLICANTS MUST READ AND INITIAL EACH OF THE FOLLOWING PRARRGRAPHS. The bottom of the application must be signed by all household members before returning the application to us.

Applicant(s) Certification. I/We certify that the information provided in all portions of this application is true and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable.

_____ Applicant #1

Initial

_____ Applicant #2

Initial

False Claims Statement. Warning: US Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the government by getting a false or fraudulent claim allowed or paid.

_____ Applicant #1

Initial

_____ Applicant #2

Initial

Certification. I/We certify and warrant that this is an accurate statement of my/our total income and assets/savings and that all information contained herein is true and correct to the best of m/our knowledge. I/We further understand that any deviation between the above figures and my/our actual financial status can affect my/our final admission.

_____ Applicant #1

Initial

_____ Applicant #2

Initial

The applicant(s) hereby authorizes AGTS, LLC to procure an investigative consumer credit report and criminal background check, whereby information is obtained through personal interviews with third parties such as but not limited to employers,

landlords, credit sources, law enforcement agencies, or others whom I/We are acquainted with. This inquiry includes information as to my/our character, general reputation, personal characteristics and mode of living.

_____ Applicant #1 Signature _____ Date

_____ Applicant #2 Signature _____ Date

I WOULD LIKE TO REQUEST A COMPLETE COPY OF THE OWNER/AGENTS RESIDENT SELECTION CRITERIA.

- ☐ YES IF YES, WHICH OPTION WOULD YOU PREFER? ☐ PAPER COPY ☐ ELECTRONIC COPY
- ☐ NO

FOR OFFICE USE ONLY

Date Application was Taken: _____ Time Application was Taken: _____

Application was: _____ Approved OR _____ Rejected (Reason for rejection)

Applicant/s informed on _____

Deposit owed on Apartment \$ _____

Rent owed at move in \$ _____

Total due at move in \$ _____