



AWI

Management Corporation
Always With Integrity

How did you hear about us?

- ☐ Newspaper or Magazine Ad
- ☐ Internet Ad or AWI Website
- ☐ Drove by the Property
- ☐ Referred by a Friend or Relative
- ☐ Flyer or Brochure

Welcome To

Nupchi Xo'oy
648 W Mulberry Avenue
Porterville CA 93257
(559) 239-9115
☎ TDD: 711

**WE ARE A
SMOKE-FREE & MARIJUANA-FREE
COMMUNITY.**



**SMOKING, INCLUDING E-CIGARETTES, IS
NOT PERMITTED AT THIS PROPERTY.**

**THE USE AND/OR POSSESSION OF
MARIJUANA IS STRICTLY BANNED FROM
THIS FEDERAL ASSISTED PROPERTY.**

**ANOTHER APARTMENT COMMUNITY PROUDLY MANAGED BY
AWI MANAGEMENT CORPORATION**

"Dedicated To Quality Property Management"



APPLICANT INFORMATION

These apartments provide housing for low income households under the Tax Credit Program. This property may also be subject to Home Program regulations such as: the *Home Investment Partnership Program* or the *Housing Trust Funds Program*. This is an Equal Housing Opportunity complex and all are welcome to apply. We accept Section 8 certificates and vouchers.

For complexes with a senior designation, occupancy is limited to individuals who are 55 years of age or older (exceptions may apply at some properties). Please inquire with the manager as to the requirements specific to this property.

Pets are permitted at those complexes designated as either a pet-friendly community or a senior community. Inquire with the manager as to the requirements specific to this property.

Our occupancy guidelines are as follows:

<u>Unit Size</u>	<u>Minimum</u>	<u>Maximum</u>
Studio	1 person	2 persons
1 Bedroom	1 person	3 persons
2 Bedroom	2 persons	5 persons
3 Bedroom	3 persons	7 persons
4 Bedroom	4 persons	9 persons

To apply for an apartment you must complete an application. To complete an application, at minimum, the following information will be needed.

- Income and assets of the household (total gross income and assets)
 - household income must be sufficient to cover rent, utilities and reasonable living expenses, while also meeting the tax credit eligibility requirements for income. Please inquire with the manager as to eligibility requirements and tax credit income limits for this property.
- Household Composition
 - name(s) of all household members
 - number in household
 - household's current address and contact telephone number (identify contact person)
 - birth date of household members
 - full-time student information
 - unborn verification (for the purpose of determining household size)
- Copies of Social Security Cards or other proof of SSN
- Copies of Driver's License or other picture identification
- Prior and present landlord information (for all adult household members)
- Credit History (for all adult household members)
- Criminal Background Check (for all adult household members)
- Unlawful Detainer (eviction) Check
- Personal References (preferably business/professional acquaintances)
- Legible copy of the most recent Federal Income Tax Return (1040) with all attachments for each tenant who is not exempt from filing a return.
- The application must be signed by all adults applying for occupancy.

You will be notified in writing that you have been placed on a waiting list. The Resident Manager can give you an estimate of when a unit may be available. The full application verification process will be postponed until your name is near the top of our waiting list.

For those households that move in at a qualifying income and rent level, if at recertification it is verified that their income has increased above one of the higher income levels, their rent will be increased to the correlated rent level, as it becomes available by unit size.

NON-DISCRIMINATION STATEMENT – "In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (not all prohibited bases apply to all programs.)" To file a complaint of discrimination, write: U.S. Department of Housing and Urban Development, 451 7th Street S.W., Washington, DC 20410 or call toll-free, Telephone: (800) 669-9777 or TTY: (800) 927-9275.



NOTICE TO ALL TENANTS / APPLICANTS OPTIONS FOR PERSONS WITH DISABILITIES

Attachment to Application for Admission

This apartment community is managed by AWI Management Corporation. AWI provides housing to qualified families and/or individuals and does not discriminate against applicants or residents on the basis of race, creed, color, sex, religion, age, national origin, familial status, sexual orientation, political beliefs, or disability. In addition, AWI Management Corporation has a legal obligation to provide "reasonable accommodations" to applicants and tenants if they or any family members have a disability.

A reasonable accommodation is some modification or change that the Company can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program, as long as the change does not create discrimination elsewhere. Compliance actions may include reasonable accommodations as well as structural modifications to the apartment or premises, to the extent that these reasonable accommodations can be implemented without creating undue financial or administrative burdens to the property.

An applicant or current resident household that has a member with a disability must still be able to meet the essential obligations of the Tenant Screening Process. They must be able to pay rent in a timely manner, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, and to maintain sanitary and safe conditions in their living space. However, there is no requirement that they be able to perform these functions without assistance.

If you or a member of your family has a disability and feel you might need or want a unit specially equipped with design features that are beneficial to wheelchair users, individuals with hearing/vision impairments or a reasonable accommodation that relates to a disability, please complete the **REASONABLE ACCOMMODATION / MODIFICATION VERIFICATION** form. You may request it at any time in the application process or after admission. This is your choice to make. If you would prefer not to discuss your situation with management, that is your right.

USDA-RD Properties: Non-Discrimination Policy – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

Tax Credit or HUD Properties: To file a complaint of discrimination, write: U.S. Department of Housing and Urban Development, 451 7th Street S.W., Washington, DC 20410 or call toll-free, Telephone: (800) 669-9777 or TTY: (800) 927-9275.



Office Use Only	
Date:	_____
Time:	_____
Apt. Size:	0 1 2 3 4

APPLICATION FOR ADMISSION

Office Use Only	
Gross Income:	_____
☐ Addition to Existing Household	Unit #: _____
Application #:	_____

GENERAL INFORMATION

Name of Head of Household	Social Security #	Driver's License #	Birth Date (mm/dd/yyyy)	Sex	Attending School?
1.	_____	_____	____/____/____	☐ M ☐ F	☐ Yes ☐ No

List all others who will occupy the unit.						
Name	Social Security #	Driver's License #	Birth Date (mm/dd/yyyy)	Sex	Relationship to Head of Household	Attending School?
2.	_____	_____	____/____/____	☐ M ☐ F		☐ Yes ☐ No
3.	_____	_____	____/____/____	☐ M ☐ F		☐ Yes ☐ No
4.	_____	_____	____/____/____	☐ M ☐ F		☐ Yes ☐ No
5.	_____	_____	____/____/____	☐ M ☐ F		☐ Yes ☐ No
6.	_____	_____	____/____/____	☐ M ☐ F		☐ Yes ☐ No
7.	_____	_____	____/____/____	☐ M ☐ F		☐ Yes ☐ No

Have you or has any member of your household ever used another name and/or Social Security number? ☐ Yes ☐ No

If yes, describe: _____

Do you own a pet? ☐ Yes ☐ No If yes, please inquire with the manager as to the Pet Policy at this community.

Do you wish to have priority for an apartment with special design features for persons with disabilities? ☐ Yes ☐ No

Do you or anyone in your household request "Reasonable Accommodations" to be made? ☐ Yes ☐ No See attached 'Notice to All Tenant/Applicants'

Do you anticipate any changes in household composition in the next 12 months? ☐ Yes ☐ No If yes, please explain: _____

APARTMENT SIZE REQUESTED: (Not all sizes available at every location.) ☐ Studio ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom ☐ 4 Bedroom

RENTAL HISTORY - Management's policy is to have 5 years of continuous landlord history. If additional space is needed, please use the back page of this application or attach an additional sheet.

1. (Head of Household) CURRENT Address: _____
Street Apt. # City County State Zip

Phone: (____) _____ - _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

MAILING Address (if different from above): _____
Street Apt. # City State Zip

CURRENT Landlord: _____ Address: _____

Phone: (____) _____ - _____ If apt., name of complex: _____

Reason you want to move: _____

Do you ☐ Rent or ☐ Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? ☐ Yes ☐ No

Are you being displaced? ☐ Yes ☐ No If yes, why? _____

Are you being, or have you been evicted? ☐ Yes ☐ No If yes, explain: _____

PREVIOUS Address: _____
Street Apt. # City County State Zip

If apt., name of complex: _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

PREVIOUS Landlord: _____ Phone: (____) _____ Reason for Moving: _____

Address: _____
Street Apt. # City County State Zip Did you ☐ Rent or ☐ Own?

ALL OTHER ADULT APPLICANTS NOT RESIDING WITH THE HEAD OF HOUSEHOLD APPLICANT FOR THE PAST 5 YEARS MUST PROVIDE CURRENT AND PREVIOUS ADDRESSES.

2. (Applicant #2) CURRENT Address: _____
Street Apt. # City County State Zip
Phone: (____) _____ - _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy
CURRENT Landlord: _____ Address: _____
Phone: (____) _____ - _____ If apt., name of complex: _____
Reason you want to move: _____
Do you ☐ Rent or ☐ Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? ☐ Yes ☐ No
Are you being, or have you been evicted? ☐ Yes ☐ No If yes, explain: _____
PREVIOUS Address: _____
Street Apt. # City County State Zip
If apt., name of complex: _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy
PREVIOUS Landlord: _____ Phone: (____) _____ - _____ Reason for Moving: _____
Address: _____
Street Apt. # City County State Zip Did you ☐ Rent or ☐ Own?

3. (Applicant #3) CURRENT Address: _____
Street Apt. # City County State Zip
Phone: (____) _____ - _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy
CURRENT Landlord: _____ Address: _____
Phone: (____) _____ - _____ If apt., name of complex: _____
Reason you want to move: _____
Do you ☐ Rent or ☐ Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? ☐ Yes ☐ No
Are you being, or have you been evicted? ☐ Yes ☐ No If yes, explain: _____
PREVIOUS Address: _____
Street Apt. # City County State Zip
If apt., name of complex: _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy
PREVIOUS Landlord: _____ Phone: (____) _____ - _____ Reason for Moving: _____
Address: _____
Street Apt. # City County State Zip Did you ☐ Rent or ☐ Own?

4. (Applicant #4) CURRENT Address: _____
Street Apt. # City County State Zip
Phone: (____) _____ - _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy
CURRENT Landlord: _____ Address: _____
Phone: (____) _____ - _____ If apt., name of complex: _____
Reason you want to move: _____
Do you ☐ Rent or ☐ Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? ☐ Yes ☐ No
Are you being, or have you been evicted? ☐ Yes ☐ No If yes, explain: _____
PREVIOUS Address: _____
Street Apt. # City County State Zip
If apt., name of complex: _____ Dates you lived here: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy
PREVIOUS Landlord: _____ Phone: (____) _____ - _____ Reason for Moving: _____
Address: _____
Street Apt. # City County State Zip Did you ☐ Rent or ☐ Own?

PERSONAL REFERENCES (Do not list relatives. Business or professional friends/acquaintances are preferred.):

Applicant #1	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #2	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #3	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #4	Name	Address	Phone #	Relationship
			() -	
			() -	

EMERGENCY CONTACT PERSON(S):

Applicant #1	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #2	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #3	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #4	Name	Address	Phone #	Relationship
			() -	
			() -	

AUTOMOBILE(S):

Make:	Model:	Color:	Year:	License Plate #:
Make:	Model:	Color:	Year:	License Plate #:
Make:	Model:	Color:	Year:	License Plate #:
Make:	Model:	Color:	Year:	License Plate #:

Per the terms of the lease agreement at this complex, trailers, boats and campers are not permitted.



HOUSEHOLD FINANCIAL OBLIGATIONS: List ALL credit card payments, car payments, child support, alimony, loans, etc.
NOTE: THIS SECTION MUST BE COMPLETED.

Payable To: (company name)	Monthly Payment

Payable To: (company name)	Monthly Payment

INCOME: Do you or any member of your household anticipate receiving income from any of the following sources during the next 12 months? (Please mark every question YES or NO. If you answer any questions with a YES, complete the blanks on the right.)

	Yes	No	Amount Received (per time period)	Received By Which Household Member	Source of Income (name, address & phone)
Employment (Earned Income)	☐	☐	\$_____ per □ hour □ week □ month		_____
Employment (Earned Income)	☐	☐	\$_____ per □ hour □ week □ month		_____
Employment (Earned Income)	☐	☐	\$_____ per □ hour □ week □ month		_____
Alimony	☐	☐	\$_____ per □ hour □ week □ month		_____
Child Support	☐	☐	\$_____ per □ hour □ week □ month		_____
Disability Benefits (worker's compensation disability income)	☐	☐	\$_____ per □ hour □ week □ month		_____
Monetary Gifts	☐	☐	\$_____ per □ hour □ week □ month		_____
Pension or Retirement Benefits	☐	☐	\$_____ per □ hour □ week □ month		_____
Public Assistance	☐	☐	\$_____ per □ hour □ week □ month		_____
School Grants or Scholarships	☐	☐	\$_____ per □ hour □ week □ month		_____
Social Security / SSI	☐	☐	\$_____ per □ hour □ week □ month		_____
Unemployment Compensation	☐	☐	\$_____ per □ hour □ week □ month		_____
Veterans Administration	☐	☐	\$_____ per □ hour □ week □ month		_____
Other: _____	☐	☐	\$_____ per □ hour □ week □ month		_____

Do you anticipate any change in this income in the next 12 months? ☐ Yes ☐ No If yes, please explain: _____

Does an outside party pay your utilities, phone service or other household expenses? ☐ Yes ☐ No If yes, amount paid per month \$ _____

Name and address of outside party: _____
 Name Address City State Zip

FEDERAL INCOME TAX RETURNS: Are you or any member of your household exempt from filing a Federal Income Tax Return? ☐ Yes ☐ No

If yes, which members: _____, _____, _____, _____
Name Name Name Name

ASSETS: Assets include cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc.) and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.). Please mark every question either YES or NO. If you answer with a YES, complete the blanks on the right. Do not include necessary personal property such as furniture, automobiles and clothing.

DO YOU HAVE . . . ?

	Yes	No	Name on Account	Account #	Balance/Value	Bank (name & address)
Checking Account(s)	☐	☐				_____
Checking Account(s)	☐	☐				_____
Checking Account(s)	☐	☐				_____
Savings Account(s)	☐	☐				_____
Savings Account(s)	☐	☐				_____
Money Market Account(s)	☐	☐				_____
Certificate/Time Deposit	☐	☐				_____
Safety Deposit Box	☐	☐				_____
Trust Account(s)	☐	☐				_____
Stocks or Bonds	☐	☐				_____
IRA/Keough/Life Insurance or other retirement account	☐	☐				_____
Rental Property	☐	☐				_____
Other Real Estate	☐	☐				_____
Other: _____	☐	☐				_____

SUBSIDIZED HOUSING:

Have you or any member of your household lived in subsidized housing? ☐ Yes ☐ No If yes, which household member(s): _____

_____ Has your household's tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with the recertification process? ☐ Yes ☐ No If yes, please explain the circumstances: _____

STATE REGISTERED LIFETIME SEX OFFENDERS HOUSING NOTICE:

Prior to admission into assisted housing programs, applicants must provide a complete list of all states in which EVERY adult household member has resided. Please provide the residency information below for each adult household member. If additional space is needed, please use the back page of this Application.

Head of Household	Co-Tenant	Co-Tenant	Co-Tenant	Co-Tenant	Co-Tenant	Co-Tenant
All States Resided	All States Resided	All States Resided	All States Resided	All States Resided	All States Resided	All States Resided

Yes No

☐ ☐ Are you or any adult member of your household subject to a lifetime sex offender registration requirement in any state?

If yes, which household member(s):

Name and State Registered

Name and State Registered

If any applicant erroneously omits that they or a member of their household are subject to a lifetime sex offender registration requirement, it would be cause for eviction and/or termination of assistance for the household member.

I/We certify that the information given is accurate and complete and understand any misrepresentation will disqualify the applicant. I/We understand the responsibility, as applicant, to keep Management notified of any changes. This includes a change in household size, current address, income and/or assets. I/We also authorize the owner to obtain credit and criminal background reports, verify income, assets and employment and to contact current and previous landlords.

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

How did you hear about this complex? ☐ Drove By ☐ Tenant Referral ☐ Internet Search ☐ Craigslist ☐ Newspaper Ad☐ Phone Book/Yellow Pages ☐ Other: _____

DEMOGRAPHIC INFORMATION

RRH and FLH Borrowers are required to keep track of the demographics of their applicants and tenants (even though their participants may decline to cooperate in the gathering of this data).

"The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with."

"You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Please check (✓) the applicable Ethnicity of Head of Household:

- ☐ Hispanic or Latino (any race)
- ☐ Not Hispanic or Latino

Please check (✓) the applicable Race/National Origin of Head of Household:

1. ☐ American Indian or Alaskan Native
2. ☐ Asian
3. ☐ Black or African American
4. ☐ Native Hawaiian or Other Pacific Islander
5. ☐ White

"In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (not all prohibited bases apply to all programs.)"

To file a complaint of discrimination, write: U.S. Department of Housing and Urban Development
451 7th Street S.W.
Washington, DC 20410

Or call toll-free, Telephone: (800) 669-9777 or TTY: (800) 927-9275