

HORIZON AT THE WELLS
Tenant Selection Criteria
Revised January 1, 2021

Vasil Management Company, Inc's., d/b/a Village Management Company, policy is to thoroughly evaluate everyone making an application for an apartment at our community.

Each resident living in our apartment homes must qualify on his/her own account. We will request a copy of your credit and criminal report through a professional reporting agency. Management reserves the right to deny any application based on poor landlord, credit, criminal, or employment reference. We shall make a final decision regarding the approval of your lease application based upon information received. By law we are not allowed to give you a copy or share information with you regarding your credit report. You may contact the credit agency to request a copy of your credit report. We will evaluate the following on each adult (18 or older) household member:

1. **Credit History:** A full history will be requested. Bankruptcies must be discharged. Applicants with utility collections on their credit reports may be asked to show proof of payment in full. Multiple charge-offs or unpaid medical charges may be cause for denial.
2. **Criminal History:** Any criminal history will be reviewed on a case-by-case basis. Applicants with felony convictions, sexual offenses, or drug offenses will be denied. This policy will also apply to any caregiver residing in the unit and any other adult members requested as additions to the initial household. Multiple misdemeanors may be cause for denial.
3. **Landlord Reference:** Applicants must provide the name, address, and telephone number of all current and previous landlords for a three-year period. Failure to list consecutive occupancy history may result in denial of application. Any record of evictions, delinquent payments, unpaid landlord judgments, disturbances, property damage, poor housekeeping habits or inappropriate behavior may be cause for denial.
4. **Income:** In order to qualify for an apartment at this community, the applicants combined (from all sources) gross monthly household income must exceed the monthly rental rate by 2 ½ times the desired apartment. A copy of your last 3 months of paystubs or most recent tax return is required.

Example: Monthly Rent is \$1,200 X 2.5 = \$3,000 required gross monthly income x 12 = \$25,000 required gross yearly income.
5. Please include a copy of your driver's license or government ID
6. We will give prompt written notification to any rejected applicant of the grounds for any rejection; applicant has the right to appeal an adverse decision. Upon appeal, management may request additional information to reevaluate the decision.

Units will be leased on a first-come first-served basis with tenants selected in chronological order from the waiting list.

It is imperative the household is qualified based on information provided in the initial application. Management may require more information to properly qualify a household; failure to provide that information may result in denial of the application. Certain changes to the initial application will not be allowed once processing begins. Application fees are non-refundable and are required each time a household applies for residency.

Priorities and Preferences for Admission

Units with accessibility features must be occupied by households that would benefit from such amenities. Verification from a third party medical professional may be required to occupy the unit.

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act)

We will comply with the Fair Housing Act, as amended, and will not discriminate based on race, color, national origin, religion, sex, familial status and disability.

Violence Against Women Reauthorization Act of 2013

No applicant may be denied admission to housing on the basis that the applicant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the applicant otherwise qualifies for occupancy.

This Institution is an Equal Opportunity Provider
Professionally Managed by Vasil Management Co., Inc d/b/a Village Management Company



ALL FORMS AFTER THIS PAGE
MUST BE FILLED OUT AND
MAILED ALONG WITH
APPLICATION FEE OF \$25 PER
APPLICANT TO:

HORIZON AT THE WELLS
860 E. 86TH STREET # 5
INDIANAPOLIS, IN 46240

Unit Preference

Units will be rented on a first come, first serve basis. We cannot guarantee the unit you prefer will be available. Rents are based on income limits, household size and unit size.

Applicant Name: _____

Co-Applicant Name: _____

1. When are you looking to move in? _____
2. What unit size are you looking for?
3. Do you have a floor preference?

**COVER SHEET / FAX TRANS.
AUTHORIZATION TO RELEASE INFORMATION**

Date: _____

Number of pages including cover sheet: _____

To be completed by office:

To: _____
 Attn.: _____
 Company: _____
 Address: _____

 Phone: _____
 Fax: _____

From: _____

 Phone: _____
 Fax: _____
 Email _____

The undersigned individual(s) has applied for residency at our apartment community. The property is operated under the Rural Development and/or LIHTC program within Section 42 of the Internal Revenue Code which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of Rural Development and/or LIHTC housing, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Residences and Rental Activity
Employment, Income, and Assets	Medical Allowances	Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand I/we have a right to review my/our file and correct any information that can proven is incorrect.

The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the Rural Development and/or LIHTC program.



To be completed by applicant

Applicant/Resident Name (Printed): _____
 Social Security Number: _____
 Authorizing Signature: _____
 Date: _____

Co-Applicant/Co-Resident Name (Printed): _____
 Social Security Number: _____
 Authorizing Signature: _____
 Date: _____

This institution is an equal opportunity provider and employer



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HORIZON AT THE WELLS- APPLICATION

APPLICANT

Full Name	Cell Phone Number
Date of Birth	Social Security #
Driver's License & State	E-mail Address

CO-APPLICANT

Full Name	Cell Phone Number
Date of Birth	Social Security #
Driver's License & State	E-mail Address

OTHER APPLICANTS (list all others who be occupying the apartment)

Name	Age
Name	Age
Name	Age

APPLICANT CURRENT ADDRESS

Address	Apt #	City	State	Zip
Own	Rent	Monthly Rate \$	Date from-to	
Landlord or Mortgage Company Information				
Name	Address		Phone #	

APPLICANT PREVIOUS ADDRESS

Address	Apt #	City	State	Zip
Own	Rent	Monthly Rate \$	Date from-to	
Landlord or Mortgage Company Information				
Name	Address		Phone #	

APPLICANT PREVIOUS ADDRESS

Address	Apt #	City	State	Zip
Own	Rent	Monthly Rate \$	Date from-to	
Landlord or Mortgage Company Information				
Name	Address		Phone #	

CO-APPLICANT CURRENT ADDRESS

Address	Apt #	City	State	Zip
Own	Rent	Monthly Rate \$	Date from-to	
Landlord or Mortgage Company Information				
Name	Address		Phone #	

CO-APPLICANT PREVIOUS ADDRESS

Address	Apt #	City	State	Zip
Own	Rent	Monthly Rate \$	Date from-to	
Landlord or Mortgage Company Information				
Name	Address		Phone #	

CO-APPLICANT PREVIOUS ADDRESS

Address	Apt #	City	State	Zip
Own	Rent	Monthly Rate \$	Date from-to	
Landlord or Mortgage Company Information				
Name	Address		Phone #	

FOR OFFICE USE ONLY

Apt. Type _____

Move-In _____

Rent _____

Deposit _____

Pet Rent _____

Credit _____

Employment _____

Income _____

Present Res. _____

Past Res. _____

Approved

Conditional

Denied

APPLICANT CURRENT EMPLOYER

Employers Name		Position	
Address	City	State	Zip
Employed Since	Phone Number	Monthly Salary (must provide proof) \$	

APPLICANT PREVIOUS EMPLOYER

Employers Name		Position	
Address	City	State	Zip
Employed Since	Phone Number	Monthly Salary (must provide proof) \$	

CO-APPLICANT CURRENT EMPLOYER

Employers Name		Position	
Address	City	State	Zip
Employed Since	Phone Number	Monthly Salary (must provide proof) \$	

CO-APPLICANT PREVIOUS EMPLOYER

Employers Name		Position	
Address	City	State	Zip
Employed Since	Phone Number	Monthly Salary (must provide proof) \$	

OTHER INCOME (must provide proof)

Amount \$	Source
Amount \$	Source

EMERGENCY CONTACT

Name	Relationship
Address	Phone Number

VEHICLES

Make	Model	Year	Lic. #
Make	Model	Year	Lic #

PETS YES NO Documentation must be provided for service animal

Type	Weight
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HAVE YOU EVER FILED PETITION FOR BANKRUPTCY? YES NO IF YES, WHAT YEAR? _____
 HAVE YOU EVER BEEN EVICTED FROM ANY TENANCY? YES NO
 HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, WHAT YEAR? _____

The Applicant recognizes that the Owner/Agent may investigate the information supplied by the applicant and full disclosure of pertinent facts may be made. The applicant agrees the Owner/Agent may terminate any agreement entered into based on misstatements made on this application. The Applicant has submitted the sum of \$ 25.00 which is a non-refundable payment for a credit check and processing charge of this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover the cost of processing application as furnished by the applicant: any false information will constitute grounds for rejection of application.

I hereby deposit \$ n/a with Management as a good faith deposit in connection with this Application for Residency. If for any reason, Management decides to decline my application, the Management will refund the entire good faith deposit to me in full.
If for any reason I cancel my application for residency, or fail to complete Rental Agreement, this good faith deposit will be retained as liquidated damages.

I DECLARE THE FOREGOING TO BE TRUE UNDER THE PENALTY OF PERJURY.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

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