



RENTAL APPLICATION



Medford Senior Housing

8 Jones Road
Medford NJ 08055
Phone: (609) 714-3523, TTY: (800) 852-7899

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

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 **all** states in which **every** 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.)

*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 HEAD | 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: _____ | |
| 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 _____ |
|---------------|---------------|--------------|--|

Needs Assessment Questionnaire

(Check Off Your Response)

1. Why are you considering a change of housing and/or personal care?

- a. I need some help with the basic activities of daily living.
- b. I don't want to live alone in a big, empty house anymore.
- c. I'm suffering from Alzheimer's disease.
- d. I'm anticipating my future health needs and want to live at a residence where I can age in place.
- e. I'm healthy and looking to enjoy my retirement with other active seniors.
- f. I need help with activities of daily living, but I don't want to leave my home.

2. What level of medical care do you need?

- a. I can't live on my own safely, but I don't need a large amount of care.
- b. None, though medication management would be helpful.
- c. High -- I need specialized care 24/7.
- d. I'm OK for now, but I know that could change with time.
- e. None -- I'm fit as a fiddle.
- f. It varies, but I'd like to have someone in my home to attend to my needs.

3. How would you describe your level of mental awareness?

- a. I've been experiencing some confusion and disorientation.
- b. My memory is fine, though I have occasional bouts of forgetfulness.
- c. Impaired -- I'm unable to follow directions.
- d. Fine for now, but who knows how long it will last?
- e. As good as ever!
- f. OK, but I need the comforts of home to keep me grounded.

4. When it comes to dressing and basic hygiene, you:

- a. require assistance or reminders.
- b. can dress and perform all activities without assistance.
- c. are completely dependent on others.
- d. might need assistance at some point down the road.
- e. are as independent as it gets -- no signs of help needed here.
- f. would like assistance in an environment that's comfortable and familiar.

5. In terms of nutrition, you:

- a. require some assistance when eating.
- b. are glad to have someone else handle it for you.
- c. are totally dependent on others for nourishment.
- d. look forward to the variety of foods you'll be experiencing in a new place.
- e. are fully capable of preparing meals for yourself.
- f. need someone to do the cooking, preferably in your own kitchen.

6. When you think about housekeeping, you:

- a. could really use a hand.
- b. are looking forward to someone else taking care of it.
- c. know you can't handle it at all.
- d. are grateful for assistance, especially as you get older.
- e. think it's a piece of cake -- no help needed.
- f. need someone else to be responsible for the upkeep of your current home.

7. How would you describe your need for socialization and recreation?

- a. I want to participate in activities with the people I live with.
- b. I want to maintain a private lifestyle, but still participate in group activities.
- c. I'm not sure.
- d. I'm looking for "hotel life," with fitness centers, restaurants, and more on site.
- e. I'm looking for "summer camp life," with a wide spectrum of intellectual, social, and physical activities.
- f. I don't need anything fancy, just someone to talk to.

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The **New Jersey Law Against Discrimination**, *N.J.S.A. 10:5-1 to -49*, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant), lawful source of income or rental subsidy used for rental payments.

The **New Jersey Division on Civil Rights** is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's **Multiple Dwelling Reporting Rules**, *N.J.A.C. 13:10-1.1 to -2.6*, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance.



Visit the Division on Civil Rights Web site at: www.NJCivilRights.org



Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

Tenant Applicant Name: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone Number: _____

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- Black or African American:** a person having origins in any of the original peoples of Africa
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: _____ Completed by: Tenant Applicant Landlord

If you have any questions regarding this inquiry please contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at DCRMDRR@njcivilrights.org



Medford Tenant Selection Plan

Conifer Realty, LLC and MEND, Inc., are both equal opportunity housing providers. We fully comply with the Federal Fair Housing Act. We do not discriminate against any person because of race, color, religion, sex, handicap or disability, familial status, or national origin and strive to improve housing opportunities in Burlington County. We also comply with all state and local fair housing laws. This plan establishes a set policy that can be consistently applied to all applicants.

ELIGIBILITY CRITERIA

Prior to being placed on the waiting list and again during processing for occupancy, an applicant must qualify under all eligibility criteria. These criteria are as follows:

- I. Income limits are established and adjusted annually. The household's annual income may not exceed the applicable income limit for this property or for the household size.
- II. Market Units do not require income limitations.
- III. The applicant must agree to pay the rental amount established.
- IV. Applicants will not pay more than 40% or less than 28% of their adjusted annual income.
- V. The unit must be the household's primary residence.
- VI. The applicant must abide by the following unit size requirements.
 - A. No more than two people will be allowed per bedroom.
 - B. In order to maximize the use of available housing, management will strive for occupancy of two people per bedroom.
- VII. The applicant must disclose the Social Security numbers of all household members. If a household member does not have a Social Security number, the applicant must sign a certification to that fact.

RENTAL CRITERIA

To qualify for an apartment with MEND, Inc., you must meet the following criteria:

- a. **Income.** You must have enough income so that the rent and utilities of the apartment for which you are applying do not exceed 40% of your gross income. (See income guidelines sheet) You must be able to prove at least 6 months of employment immediately preceding the date of your application. Seniors, disabled and Section 8 applicants are excluded from this employment provision.
- b. **Rental history.** You must have satisfactory rental references from at least two prior landlords or for four years of satisfactory tenancy.. If you have ever been evicted or sued for any lease violation, we will reject your application.
- c. **Credit history.** Your credit record must currently be satisfactory. If your credit history shows any unpaid debts, bankruptcies (not discharged), civil judgments, unpaid student loans, State or Federal tax liens, etc. we will reject your application.
- d. **Criminal history.** If you have ever been convicted of a felony or **any drug charge** we will reject your application. If you have been convicted of a misdemeanor involving dishonesty or violence within the past five years, we will reject your application.

Student Rule. For a student to be eligible for Section 8 assistance or Low Income Tax Credit Housing, the following four (4) criteria must be met: 1. Over 23, 2. Married, 3. Have a dependent child, 4. Be a veteran.

MARKETING

Advertising that applications are being accepted for available units will be in accordance with the Affirmative Fair Housing Marketing Plan.

- I. All applicants must complete a written application. An applicant may pick up an application at the rental office or request that an application be mailed to them. No application will be issued if the waiting list is closed.
- II. The Uniform Housing Affordability Controls (UHAC) established by the New Jersey Council on Affordable Housing (COAH) requires the random selection of applicants in affordable units when a new rental development is initially occupied.

RANDOM SELECTION

- I. After advertising is implemented, MEND will accept applications for a period of time set forth in the advertisement.
- II. At the end of the period, applications are selected one-by-one through a lottery. MEND will pre-qualify applicants as soon as applications are received, and only place preliminarily income-eligible applications in the lottery. All applicants are notified by postcard of eligibility and non-eligibility in advance of the lottery.
- III. Applicants are placed on a numbered waiting list in the order they are selected.
- IV. These numbers are then placed in applicant pools based upon the type of unit in which they are interested (one bedroom, two bedroom, three bedroom.)
- V. When a unit is available, only the certified households in need of that type of unit or pool are selected.
- VI. The applicant that is next on the list is given an established number of days to express interest or disinterest in the unit, (If the first household is not interested in the unit, this process continues until a certified household selects the unit.)
- VII. Applications are accepted on an ongoing basis, and advertising and outreach is ongoing, according to the Affirmative Fair Housing Marketing Plan.
- VIII. Applications are processed and randomly selected monthly on an ongoing basis.

MAINTAINING AND UPDATING THE WAITING LIST

- I. The waiting list has sufficient information about each applicant to enable MEND to process applications when vacancies arise.
- II. The waiting list is regularly updated and MEND periodically sends verification letters or confirmation postcards to give applicants the opportunity to update information and express continued interest in remaining on the waiting list.
- III. When a unit becomes available and the appropriate applicant is selected, the household will be invited to see the unit and told what steps they must take to obtain the unit.
- IV. All applicants on the waiting list are required to report, in writing, to the rental office any changes of address, telephone numbers or other information that may affect eligibility. If a rental office due to unreported changes cannot reach an applicant, the applicant will be removed from the waiting list.

Applicants on the waiting list who refuse a unit will be removed from the waiting list.

TENANT SCREENING AND REJECTION CRITERIA

The tenant screening and rejection criteria always apply to all individuals listed as head of household, spouse or co-head of household who are expected or proposed to reside in the unit.

An applicant household and/or any additional household member who is proposed to reside in the unit will be refused occupancy for one or more of the following reasons:

- I. If an applicant fails to meet one or more of the eligibility criteria,
- II. If the applicant submits false information about themselves or any household member.
- III. If the applicant is unable to produce and/or verify the social security number of all household members. If a household member does not have a social security number, the applicant must sign a certification to that fact and must then prove their age.
- IV. Poor credit history which is indicated by:
 - A. Any credit rating reflecting a payment history of two instances of over ninety days or more past due or one instance of over one hundred twenty days past due.
 - B. Any applicant, spouse or co-head of household who has filed for bankruptcy within the last five years or is repaying any debts under the wage-earner plan or similar arrangements
 - C. Any credit history that is an indication of irresponsible behavior that indicates future problems for the development.
- V. Poor landlord reference which would be indicated when a previous landlord shows the applicant to be:
 - A. Continually late in payment of rent.
 - B. A source of conflict with management and/or other residents.
 - C. Destructive to his/her apartment or other public areas.
 - D. In violation of previous lease agreements.
- VI. Poor housekeeping which would be indicated when one or more of the following observations are made during a housekeeping visit:
 - A. Habits, which could be detrimental to the property or other residents- such as poor care of appliances, plumbing fixtures, etc.
 - B. Poor health habits.
 - C. Evidence of negligent dependent care.
 - D. Physical abuse of the facilities.
 - E. Any evidence of conduct, which can be detrimental to the property.

NOTE: Poor quality or shabby furnishings are not a basis for rejection.

- VII. Adverse police record.
- VIII. Any indication that the applicant cannot adequately sustain decent levels of habitability or control of dependents so as to adversely affect the property or other residents.
- IX. A personal interview indicates an unstable or potentially hazardous relationship between the applicant household and other residents.
- X. A personal interview and/or information that indicate the applicant or any household member would be a threat to the safety and well being of the property and/or other residents.

XI. A personal interview and/or information that indicate the applicant will be unable to comply with the terms of the lease agreement.

Each rejected applicant will be promptly notified in writing of the reason (s) for rejection. This notice will advise the applicant that he/she may, within fourteen calendar days of receipt of the notice request in writing a meeting to discuss reasons for rejection.

Should the applicant request a meeting to discuss the rejection a member of the management staff that was not involved in the original decision to reject the applicant will conduct it. The applicant will be advised in writing of the results of this meeting within five days.

Requesting a meeting to discuss the reasons for rejection will in no way prevent the applicant from exercising any legal rights he/she may have. The applicant will be advised of this at the time of rejection.

Transfer Policy. Tenants may apply for transfer to a different unit after one year of satisfactory occupancy. If a tenant's household size increases or decreases, MEND will consider a transfer based on household size and unit availability. The only transfer that will be considered from one same size unit to another will be in the case of medical necessity, such as a tenant needing a first floor unit because they are no longer able to climb stairs. In-house transfers will take preference over an applicant from the waiting list.

Violence Against Women Act. The VAWA protects domestic violence victims by prohibiting apartment firms from evicting residents and/or rejecting applications based on acts of such violence against them. The law allows housing providers to require residents/applicants to complete HUD-50066 certifying that the resident / applicant is a domestic violence victim in order to claim protection under the law.