



It is the policy of Advantix Development Corporation to treat all current and prospective residents in a fair, professional manner, without regard to race, color, religion, sex, familial status, handicap, or national origin.

Objective: To select Residents who are likely to pay their rent on time and respect community property.

APPLICATION INTAKE

Applications for residency are accepted at the John Cable Center, 1111 Cherry Street Evansville, IN 47713 : Monday, Wednesday and Friday from 8:00 am to 4:30 pm; Tuesday 8:00 am to 1:00 pm; except holidays.

- An application for occupancy must be completed and maintained for each legal adult prospective resident who will be living in the apartment or contributing to the payment of rent. The head, co-head and/or spouse must be 18 years of age or older to qualify for tenancy.
- Applicants must provide true, complete and accurate information pertaining to all households. Any false information will constitute grounds for rejection of application and the lease will be nullified.
- Applicants must provide a valid state issued, photo I.D, driver's license or U.S. Passport and birth certificates for all household members.
- Applications for homes/duplexes will be accepted on a first come first served basis and subject to the availability of the home/duplex type requested.

Security Deposits:

A security deposit in the amount of \$100 Elderly/Disabled or \$200 Non-Elderly/Disabled is required at the time of move-in.

A refundable security deposit is required at this community and is held as a security for the resident's fulfillment of the conditions of the lease agreement. Deposit may be applied by management to satisfy all or part of the resident's obligations, and such act shall not prevent management from claiming damages in excess of the deposit. If the application is rejected by management, the security deposit will be refunded in full. If the application is approved, and the applicant fails to occupy the premises on the agreed upon date, except for delays caused by the holding over of a prior resident, management will retain the deposit after a 24-hour time period. If there is a delay due to construction, the applicant will not be responsible.

Qualifying Standards:

Screening of all adult members of a household includes but is not limited to income, landlord, and criminal background screenings.

- **Rental History:** Up to 24 months of positive rental history may be verified on present and previous residence. A positive record of prompt monthly payments, sufficient notice, and no damages are expected. For applicants who are homeowners, permission must be granted to verify payment history with the bank or lending institution. An unsatisfactory rental history or mortgage history can disqualify an applicant from renting a home at this community.
- **Employment:** Stable employment record and income verification may be required. In order for an application to be approved, he/she must have a minimum annual income of \$10,500 for duplexes or \$15,000 for single family homes. Acceptable income verification if required may include: 4 most recent pay stubs, a letter from the employer, the most recent W2 form; or, for self-employed applicants, a copy of the most recent tax return or certified verification from his/her company accountant or bank.
- **Criminal History:**
If a member of an applicant household has been convicted of any of the felony offenses listed below, the applicant will be denied admission
(list is not all inclusive):

First Degree Murder / Rape / Sex Crimes / Violent Crimes against Children / Arson / Crimes involving Explosives / Manufacturing or sale of a controlled substance

Evaluation:

Based on the above criteria, we may choose to accept or reject an applicant, or seek additional requirements for approving the lease. These requirements may include, but are not limited to, additional documentation of income or employment, additional rental references, or an additional deposit.

Subletting:

Subletting is strictly prohibited.

Occupancy Standards:

Occupancy standards must comply with Federal, State, and Local fair housing and civil rights laws, landlord-tenant laws, and zoning restrictions. Reasonable Accommodation Requests are accepted in writing.

The following standards shall be used solely as guidelines:

House Size	Maximum Occupancy
One Bedroom	2 Persons
Two Bedroom	4 Persons
Three Bedroom	6 Persons
Four Bedroom	8 Persons

Roommates:

Each person must complete an application and will jointly qualify for the apartment. Each is fully responsible for the entire rental payment, and each must execute the lease agreement and its supporting documents.

By signing below, you acknowledge and fully understand and accept the terms for qualification for Advantix Development Corp properties. Furthermore, by signing below, you give consent for Advantix Development Corporation to verify the information provided on the application and obtain a copy of my criminal history report.

(Applicant's Signature)

(Date)

(Applicant's Signature)

(Date)

(Applicant's Signature)

(Date)



Apartment and Home Waiting List Application

1. Full Legal Name of Head of Household: _____
 Last First Middle Maiden
2. Social Security #: _____ - - Alien Registration #: _____
3. Current Address: _____
 Street City State & Zip
4. Previous Address: _____
 Street City State & Zip
5. Email Address: _____
6. Primary Phone #: _____ Alternate Phone #: _____
7. Date of Birth: ____ / ____ / ____ Place of Birth: _____
8. Sex: Male Female
9. Citizenship: Are you a citizen of the United States? Yes No
10. Race: (Select as many as appropriate to best indicate your race)
 White African American/Black American Indian/Alaskan Indian
 Asian Native Hawaiian Other Pacific Islander

11. Ethnicity: Hispanic Not Hispanic
12. Marital Status of Head of Household: Married Single Widow(er) Divorced
13. Have you or any household member ever received any type of housing assistance? Yes No
 If yes, provide : Family Member Name: _____
 Public/Assisted Housing Agency Name: _____
14. Do you currently owe any money to any Public or Assisted Housing Agency? Yes No If yes, what amount: \$ _____

Public/Assisted Housing Agency
Name: _____

Note: Any debt owed to a Public or Assisted Housing Agency must be PAID IN FULL before you will be receiving any housing assistance.

15. LIST ALL FAMILY MEMBERS (INCLUDING YOURSELF) WHO WILL BE LIVING IN THE UNIT: **PLEASE PRINT ALL INFORMATION CLEARLY**

#	Full Legal Name	Relationship	Birth Date	Age	Sex	SS#	Place of Birth	US Citizen Y or N
Head (1)								
2								
3								
4								
5								
6								
7								
8								

16. Name of Current/Former Landlord _____ Years of Occupancy _____

17. Please list Landlord History for the past five years _____

18. Have you ever broken a lease? Yes No

19. Have you ever been evicted from an apartment community? Yes No

20. Do you or any household member have a condition that requires a special need? _____

21. Do you have Pets? Yes No How Many? _____ Breed and Weight? _____

22. Employment History

Applicant	Applicant	Co-Applicant	Co-Applicant
Employer's Name		Employer's Name	
Address		Address	
Phone Number		Phone Number	
Job Title		Job Title	
Hourly Rate/Hours per Week		Hourly Rate/Hours per Week	
Supervisor's Name		Supervisor's Name	

Dates of Employment		Dates of Employment	
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23. Other Income Sources and monthly amounts? _____
 Source Monthly Amount

24. What is the name of your emergency contact? _____ Phone _____

25. In the event of an emergency, does the contact have permission to enter your apartment/home? Yes No

Check mark the property that you are applying for (you may check more than one).

Single Family Home/Duplex (1-4 bedrooms) Bellemeade & Line Apts (1 bedrooms) John Cable Apts (1-2 bedrooms)

ADVANTIX DEVELOPMENT CORPORATION - APPLICANT CERTIFICATION

I certify that the information given to the Advantix Development Corporation on family composition and characteristics is accurate and complete. I will update address information in writing with the Corporation. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that any attempt to obtain Public Housing, any subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULANT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Other Adult Member: _____ Date: _____

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY:	
Signature of Property Representative: _____	
Date: _____	
	Your application was received on:
_____	Time & Date of Application



PH: (812)428-8500 402 Court Street Suite B, Evansville, Indiana 47708
Rick Moore, Executive Director

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ of _____ (address) do hereby authorize any agencies, offices, groups, schools, organizations or business firm to release to the Advantix Development Corporation any information or materials which are deemed necessary to complete my application for participation and/or to maintain my continued eligibility in any housing assistance program. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I understand and agree that HUD of the Advantix Development Corporation may conduct computer-matching programs to verify the information supplied for my application or Re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disapprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, of local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Department, The Social Security Agency, and State Welfare and Food Stamp agencies.

These organizations and/or individuals are to include, but not limited to:

- Previous Landlords
Law Enforcement Agencies
Welfare Department
Utility Companies
Unemployment Agencies
Credit Providers and Bureaus
Courts and Post
Financial Intuitions
Veterans Administration
Attorneys
Medical Providers
Support and Alimony Providers
Offices and Schools
Social Security Administration
Public/Private Retirement
Past and Present Employers
Child Care Providers

This authorization shall continue from the date of signature and until such time the Advantix Development Corporation is notified in writing that the authorization is cancelled. I agree that a photocopy of this authorization may be used for the purposes state above.

Signature

Social Security Number

Date

Other Household members:

Social Security #



PH:(812)428-8500 402 Court Street Evansville, Indiana 47708

Verification of Employment Status

To: _____ Re: _____
 Address: _____ Address _____
 Phone# _____ Fax# _____ SS# _____

Dear Employer,
 We ask for your cooperation in completing the applicable information requested below for the employee referenced above. This information will be held in confidence and will be used only in determining the eligibility status and rent of the employee's family. In no event should this form be filled out by the employee, but should be completed by authorized management only.
 Thank you for your time.

Respectfully, _____

I hereby authorize the release of information requested on this form to the Advantix Development Corporation.

 Signature of Applicant/Participant Date

-----FOR EMPLOYER'S USE ONLY BELOW THIS LINE-----

Date Employed: _____ Occupation: _____
 Hourly Rate: _____ Average hours per week/month _____ Year to Date Gross _____
 Overtime Hourly Rate: _____ Average Hours _____ Estimated of actual per month: _____
 Other Compensation Type: Circle One: Commission Bonuses Tips Other _____
 Estimated or Actual Amount of other compensation per month: _____
 Insurance Employer Withholdings Per Month: _____

Name and Address of Company

Verified by: _____ Date _____
 Name and Title