

THE ROBESON AT SPRING FLATS

APPLICATION CHECKLIST

Dear Prospective Residents:

Thank you for your interest in The Robeson at Spring Flats. We are now accepting applications. You may mail or drop your application off at The Robeson at Spring Flats at 1001 Spring Road NW, Washington, DC 20010 or fax to 202-722-2226.

Any documentation pertaining to your household will be needed for your interview process. Please complete the enclosed application and the forms that correspond with the information below.

A non-refundable application fee \$25 per adult in the form of a certified check or money order made payable to *The Robeson at Spring Flats*. Cash cannot be accepted.

Also, please complete and submit all of the following documents that apply to your household:

- Valid photo identification
- Copies of social security cards, birth certificates (only required for children) and/or proof of legal U.S. status of all members of household and photo ID of anyone over 18 years of age
- Current Pension/Annuity Statement
- Current Pay Stubs (4 consecutive) or Workman's Compensation information
- Any additional sources of income

If you own a pet, please bring the following information with you:

- Current vaccination records for each pet
- Current photo of each pet

Should you have any questions regarding this process, please contact the rental office at 202-722-4400. Thank you in advance for your cooperation.

1001 Spring Road NW · Washington, DC 20010 · 202-722-4400 (TTY: Dial 711)

Habitat America, LLC, Management Company
RESIDENT SELECTION CRITERIA
For Market Properties

Property Name: THE ROBESON at SPRING FLATS FAMILY
1001 Spring Rd. NW, Washington DC 20010

Effective Date: December 13, 2022
PH: 202-722-4400 TTY: 711

Thank you for applying to live at our community. This document is provided to explain the process we use to select our residents. Habitat America, LLC is an Equal Housing Opportunity provider. It is our policy to treat all residents and visitors at our properties fairly and consistently without regard to race, color, religion, sex, national origin, disability, familial status, sexual orientation, gender identity or marital status, additionally for the DC area, includes Personal Appearance, Family Responsibilities, Political Affiliation, Matriculation, Genetic Information, Source of Income, Place of Residence or Business and Status as a Victim of an Interfamily Offence. This community and its employees comply with the provisions of Title VIII of the Civil Rights Act of 1968, the Fair Housing Amendments Act of 1988 ("Fair Housing Act"), the DC Human Rights Act of 1977 and, to the extent applicable, the Americans with Disabilities Act. Furthermore, this community complies with the State and Local fair housing regulations of the jurisdictions in which it is located.

PROJECT ELIGIBILITY

This community may be designated for a special population. Applicants must be adults and must meet the restrictions as indicated below in order to proceed with the application process.

No special population restrictions apply to this community.

Valid identification with a picture will be required (photo copy may be kept on file). Applicants must disclose social security numbers (SSN) for all family members. A valid SSN card issued by the Social Security Administration is the necessary documentation required. If a SSN card is not available the community will accept a letter for the Social Security Administration stating that a new card has been applied for. Where applicable an assigned Federal Identification Number may be used. United States Code Title 8, subsection 1324 (a) (1) (A) prohibits the harboring of illegal aliens. The provision of housing to illegal aliens is a fundamental component of harboring. All applicants will be required to provide proof of citizenship or legal immigration status.

OCCUPANCY STANDARDS

Habitat America, LLC has established occupancy standards to permit the resident to select the apartment size they deem appropriate to their needs while preventing overcrowding and underutilization of the apartment. The occupancy standard is based on 2 persons per bedroom plus one: Note: *Children under 2 may not be counted towards number of occupants allowed, and no adult members can be added to the household in the first 12 months of occupancy.

Number of Bedrooms	Maximum # of Occupants Allowed
1	3
1 with Den	5
2	5
3	7

INCOME REQUIREMENTS

All forms of household income must be disclosed. In addition, minimum income limits apply. Proof of all income and assets is required.

TAKING APPLICATIONS

The Application: Each adult must complete and sign the Rental Application. **There is a non-refundable application fee of \$25 per adult due at the time the application is submitted.** An application cannot be processed unless it is fully complete and the application fee has been paid. Applicants must list all members who will reside in the apartment unit and designate the number of bedrooms being requested. Apartments specially designed for the disabled will be marketed only to persons with disabilities. If an apartment is not available when the application is submitted, the applicant will be put on waiting list. The application will be fully screened and verified when an apartment becomes available for occupancy. Once the application is approved and the available unit accepted, the applicant will be required to sign a lease agreement in which applicant agrees to abide by all property rules and regulations. If assistance is needed in completing the application or lease documents, contact the Community Manager. If any information provided by the applicant proves to be untrue during the verification process, these applications will be denied on the basis of attempted fraud.

Screening: A report will be obtained through a commercial credit reporting agency which will determine the application accepted or denied.

Credit/Rental History:

- Applicants with negative credit may be denied.
- Rental history will be verified and must indicate the ability to care for the property without damage and pay rent on time. Applicants owing balances at other Habitat America properties will be denied.
- Applicant must be able to establish the necessary utilities with the appropriate utility provider and must not have unpaid gas and/or electric bills.
- Discharged bankruptcies will be considered for a period of one year from date of discharge.
- Medical bills and student loans are excluded from consideration.

Criminal Background History: Applicant will be denied if:

- Any household member has been evicted from Federally assisted housing for drug-related criminal activity or is currently engaging in the illegal use of a drug.
- There is a reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol and/or an illegal drug may interfere with the health, safety, or right to peaceful enjoyment of the premises for other residents.
- Any household member with a felony conviction of drug-related criminal activity including but not limited to possession (other than marijuana), distribution, transport, sale, manufacture, or storage of illegal drugs and/or drug paraphernalia, or conviction of any State or Federal laws relating to illegal drugs and/or paraphernalia.
- Any household member is subject to lifetime registration requirements under a state or federal sex offender registration program.
- Any other criminal history exists that would threaten the health, safety, or peaceful enjoyment of the premises by other residents or the health and safety of the owner, employee, contractor, or agent who is involved in the housing operations.

Rejection Procedures: If an applicant disputes the accuracy of any information provided to the landlord by a screening service or credit reporting agency, the applicant may contact the screening company that supplied the information within 60 days of the denial to obtain a copy of screening results. The name, address and phone number of the screening company will be provided in the denial letter. The denial letter will advise the applicant

that if they believe there are errors in their screening report, they have fourteen (14) days to respond in writing to request an appeal. Applicants who are denied must wait 60 days before reapplying at the community.

SECTION 504

Habitat America, LLC developed a Section 504 Policy that addresses all reasonable accommodation requests for persons with disabilities. For more information on reasonable accommodation requests, contact the Community Manager.

THE ROBESON at SPRING FLATS FAMILY

Security Deposit:	\$250 with Approved credit or 1 month’s rent with Conditional credit
Lease Term:	1 year
Utilities Included:	Water, Sewer and Trash

Income Requirements & Rental Rates: Total household income will be reviewed and verified for occupancy. Voucher holders do not have a minimum income requirement but must meet all the other requirements. (Limits are subject to change)

Floor Plan	Apt. Sq Ft	Rent Amt	Minimum Income	Maximum Income For Household Size
1 BR, 1 BA Market 11 units	4 @ 556 7 @ 667	\$2,100 \$2,137	\$70,560 \$71,803	No Maximum
1 BR, 1 BA w/Den Market 8 units	774 - 951	\$2,467	\$82,891	No Maximum
2 BR, 1 BA Market 3 units	792	\$2,500	\$84,000	No Maximum
2 BR, 2 BA Market 1 unit	937	\$2,600	\$87,360	No Maximum
3 BR, 2 BA Market 6 units	1,254 – 1,269	\$3,000	\$100,800	No Maximum

Nine (9) additional units at 30% (4-1BR, 3-2BR, 2-3BR) units will be set a -side for the (LRSP/PSH) Local Rent Supplement Program / Permanent Supportive Housing program. Those individuals will come from DCHA Waiting List or referred by Catholic Charities.

Pet Policy: Dogs, cats, birds, turtles, and fish in small aquariums (20 gallons max) are welcome. A maximum of one animal is permitted in each apartment with a maximum weight of 25lbs. full grown. A non-refundable pet fee of \$300 will be required at move in. Management must see all pets prior to their move in and has the right to deny any pet that may violate the community rules and regulations or be a danger to the Community. Dog and Cat owners are required to present a copy of a current license and proof of current rabies inoculation at move in and annually. Dog owners must purchase and maintain renter’s insurance coverage with a minimum of \$300,000 in liability coverage. A copy of the policy renewal must be given to management once a year. The policy must name the following as Certificate Holders: The name of the Community and Habitat America, LLC. This requirement is to protect the dog owner against liability claims in the event their dog causes injury to others. Dogs, specifically, “Pit bulls” or other perceived vicious breeds (including but not limited to Pit bull

cross-breeds, Pit bull mix, American Staffordshire terrier, Staffordshire bull terrier) are not permitted on the property at any time. Visiting Pets, puppies / kittens under the age of six (6) months, and other reptiles are not permitted. Management has the right to revoke the privilege of having a pet if the pet policies are violated. Animals which are designated as assistance animals to the disabled are accepted with the appropriate documentation.

Smoking/Fire Risk Reduction Policy: Smoking will not be permitted in the units or anywhere on property grounds. Smoking is defined as carrying or inhaling or exhaling smoke from any lighted cigar, cigarette, e-cigarette, vaporizer, pipe or consumer product modified for smoking or any other lighted tobacco or plant product. Additionally, burning of incense and candles is prohibited to reduce risk of fire. All leaseholders will be required to sign a Non-smoking Lease Addendum agreeing to these rules prior to occupancy.

Violence against Women Act

The VAWA Act protects victims of domestic violence, dating violence, sexual assault, or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim. Further information regarding this act is contained in the Resident Selection Plan.

If you need additional information concerning the Selection Criteria, please see the Community Manager. Please note this Resident Selection Criteria in its entirety is subject to change without notice.

Acknowledgment/Receipt:

By signing below, I/We acknowledge that we were given and have received a copy of the Resident Selection Criteria for The Robeson at Spring Flats. I/We also understand that the property owner may disclose the application status to any agency with program regulations applicable to the community.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Management

Date





WELCOME TO YOUR NEW APARTMENT!

Date _____

APPLICATION FOR RESIDENCY

APT# _____ ADDRESS _____ RENT _____
TENTATIVE M/I DATE _____ LEASE TERM _____

PERSONAL INFORMATION

PLEASE PRINT

FULL NAME _____ HOME PH: (____) _____
LAST FIRST MIDDLE INIT

DO YOU HAVE A PET? YES _____ NO _____ WHAT KIND/ TYPE? _____ U.S. CITIZEN? _____

LIST ALL PERSONS TO RESIDE IN APARTMENT:

FULL LEGAL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY #
	(SELF)		

RESIDENCE HISTORY

PRESENT ADDRESS _____
STREET APT# CITY STATE ZIP
COMMUNITY NAME, LANDLORD OR MORTGAGE HOLDER _____
NAME CITY STATE (____) PHONE
MONTHLY PAYMENT \$ _____ LENGTH OF OCCUPANCY _____ / _____ LEASE EXPIRES _____
YRS MOS

REASON FOR MOVING _____
PREVIOUS ADDRESS _____
STREET APT# CITY STATE ZIP
COMMUNITY NAME, LANDLORD OR MORTGAGE HOLDER _____
NAME CITY STATE (____) PHONE
LENGTH OF OCCUPANCY _____ / _____ REASON FOR MOVING? _____
YRS MOS
HAVE YOU EVER BEEN EVICTED FROM AN APARTMENT? _____ WHERE? _____

Do you now have or have you had an infestation of bed bugs in the past 12 months? YES _____ NO _____

EMPLOYMENT INFORMATION

APPLICANT EMPLOYED BY _____ HOW LONG? _____ / _____
YRS MOS
EMPLOYERS ADDRESS _____
STREET CITY STATE ZIP
YOUR LOCAL BUS. ADD. _____ PHONE (____) _____
POSITION HELD _____
GROSS ANNUAL SALARY \$ _____ SUPERVISOR _____ PHONE (____) _____

OTHER INCOME SOURCES _____ EXTRA YEARLY INC.\$ _____
PREVIOUS EMPLOYER _____ HOW LONG? _____ / _____
YRS MOS
ADDRESS _____ PHONE (____) _____

POSITION HELD _____ SUPERVISOR _____

CO-APPLICANT EMPLOYED BY _____ HOW LONG? _____ / _____

YRS MOS

EMPLOYERS ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____

YOUR LOCAL BUS. ADD. _____ PHONE (_____) _____

POSITION HELD _____

GROSS ANNUAL SALARY \$ _____ SUPERVISOR _____ PHONE (_____) _____

OTHER INCOME SOURCES _____ EXTRA YEARLY INC.\$ _____

PREVIOUS EMPLOYER _____ HOW LONG? _____ / _____

YRS MOS

ADDRESS _____ PHONE (_____) _____

POSITION HELD _____ SUPERVISOR _____

BANKING AND CREDIT

BANK _____ / _____ (_____) _____
NAME CITY & STATE PHONE

CHECKING ACCOUNT NO. _____ SAVINGS ACCOUNT NO. _____

BANK _____ / _____ (_____) _____
NAME CITY & STATE PHONE

CHECKING ACCOUNT NO. _____ SAVINGS ACCOUNT NO. _____

TRUSTS, CD'S, MISC. _____

AUTO LOAN WITH _____ MONTHLY PAYMENT \$ _____ BALANCE OWING \$ _____

ADDRESS _____ CITY & STATE _____ ACCOUNT NO. _____

CREDIT REFERENCE _____ MONTHLY PAYMENT \$ _____ BALANCE OWING \$ _____

ADDRESS _____ CITY & STATE _____ ACCOUNT NO. _____

CREDIT REFERENCE _____ MONTHLY PAYMENT \$ _____ BALANCE OWING \$ _____

ADDRESS _____ CITY & STATE _____ ACCOUNT NO. _____

OTHER INFORMATION

AUTO MAKE _____ YEAR _____ COLOR _____ TAG NO. _____ STATE _____

AUTO MAKE _____ YEAR _____ COLOR _____ TAG NO. _____ STATE _____

AUTO MAKE _____ YEAR _____ COLOR _____ TAG NO. _____ STATE _____

APP.DR LIC. # _____ STATE _____ CO-APP DR LIC.# _____ STATE _____

APP. EMERGENCY CONTACT (NOT LIVING WITH YOU) _____ (_____) _____
NAME ADDRESS PHONE

APP. EMERGENCY CONTACT (NOT LIVING WITH YOU) _____ (_____) _____
NAME ADDRESS PHONE

CANCELLATION POLICY

TO RESERVE AN APARTMENT, THE APPLICANT MUST PAY A RESERVATION DEPOSIT AND AN APPLICATION FEE. SHOULD THE APPLICANT CANCEL HIS/HER APARTMENT RESERVATION WITHIN 48 HOURS OF THE DATE OF APPLICATION, THE APARTMENT DEPOSIT WILL BE FULLY REFUNDED. CANCELLATIONS RECEIVED AFTER THE 48 HOUR WAITING PERIOD ARE NOT ELIGIBLE FOR DEPOSIT REFUND. CANCELLATIONS SHOULD BE SUBMITTED IN WRITING. APPLICATION FEES ARE NON-REFUNDABLE.

APPLICANT'S CONSENT

I HEREBY AUTHORIZE MANAGEMENT OR ITS AGENT TO INVESTIGATE MY PAST HISTORY FOR THE PURPOSE OF DETERMINING APPROVAL OF THIS APPLICATION FOR RESIDENCY. THIS CONSENT INCLUDES ANY HISTORY OF RESIDENCY, EMPLOYMENT, CREDIT AND ANY OTHER REFERENCES THE MANAGEMENT DEEMS NECESSARY.

APPLICANT'S SIGNATURE

DATE

RECEIVED BY

DATE

CO-APPLICANT'S SIGNATURE

DATE

OFFICE VERIFICATION SECTION

REFERENCE VERIFICATION

COMMENTS

<input type="checkbox"/> PRESENT RESIDENCE	
<input type="checkbox"/> PREVIOUS RESIDENCE	
<input type="checkbox"/> PRESENT EMPLOYER (APP.)	
<input type="checkbox"/> PREVIOUS EMPLOYER (APP.)	
<input type="checkbox"/> PRESENT EMPLOYER (CO-APP.)	
<input type="checkbox"/> PREVIOUS EMPLOYER (CO-APP.)	
<input type="checkbox"/> CREDIT REPORT COMPLETE	
<input type="checkbox"/> OTHER	

Revised 05/01/2011



"Habitat America, LLC, is pledged to the letter and spirit of the U.S. Policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin."

THANK YOU FOR RESIDING WITH US!

PRIVACY PROTECTION ACT LETTER (DC)

The Robeson at Spring Flats

Property Name

NOTICE OF DISCLOSURE FOR APPLICATION

As provided by the Federal Privacy Protection Act of 1974, any one who is requested to provide personal information about himself must be informed whether he/she is legally required to provide such information, or whether he/she may refuse to supply the information requested. As an applicant for housing he/she is required to provide certain information that will enable Habitat America, LLC to complete the eligibility process for Section 42 Low Income Housing Tax Credit Program or other federal housing programs.

A Photostat or facsimile copy of your signature may be used to retrieve information required to determine gross annual income. It may be used to verify information listed on our application or re-certifications for the purpose of approval and/or retrieval of income and asset information during the compliance period of the property, deemed necessary for the Section 42 Low Income Housing Tax Credit Program or other federal housing program guidelines set forth for this property.

Your signature below indicates authorization to request verifications of necessary information concerning any income or asset sources by phone, fax or Photostat copy of this form, along with the necessary identifying verification form during the declared compliance period of this property.

The information requested will be used to determine an adjusted annual income, which you and your family receive from all income sources. This is necessary because the Rules and Regulations adopted pursuant to the Authority conferred on the Department of Housing and Community Development limit eligibility for initial occupancy to families whose adjusted income does not exceed certain established limits. In addition, it is necessary to know the composition of your family (number of dependents) so that the proper size of dwelling unit may be authorized for you and your family.

Although you are not legally required to provide the information requested, your failure to do so will result in our inability to determine your eligibility for housing in this development.

This paperwork is retained in your file and is subject to audits by Department of Housing and Community Development, 1800 Martin Luther King, Jr. Avenue, S. E. Washington, D.C. 20020. It is possible that information provided by you will be revealed to others for the purpose of confirmation or for other purposes in accordance with the Federal Freedom of Information Act, but any information so supplied is subject to the safeguards of the Federal Privacy Protection Act.

My/Our signature(s) below indicate my/our acceptance of the application for occupancy in its entirety.

Applicant #1 Signature

Date

Applicant #2 Signature

Date

Applicant #3 Signature

Date

Authorized Agent Habitat America, LLC

Date

