

QUANTUM REAL ESTATE MANAGEMENT, LLC AMO®
GSH SCATTERED SITES
7985 AUDUBON AVENUE, #101
ALEXANDRIA, VA 22306
(571)-347-7600 TTY 711
GSHSCATTERED@QPMGMT.COM

Dear Applicant(s):

Quantum Real Estate Management, LLC AMO® currently manages units for Good Shepherd Housing and Family Services. These residences fall under ABC & HTP Programs for individuals and families who will most benefit from housing and supportive services. GSH's ABC Program offers market-rate or slightly below market-rate rental units. GSH does not offer subsidized housing. Applicants must qualify for the housing programs and qualifications must be verified on an annual basis.

The ABC Program is designed to assist individuals and families who are struggling to obtain housing for a variety of reasons. The primary goal of the ABC & HTP Program is housing stability for homeless or at-risk individuals and families. The ABC Program not only provides housing, but it also provides budget and credit counseling along with other supportive services with the assistance from a Community Case Manager (CCM).

Quantum and Good Shepherd Housing and Family Services, Inc, actively offer and pursue equal housing opportunities for all individuals and families in accordance with the federal Fair Housing Act.

The application package can be submitted in an equally effective format, as a reasonable accommodation, if there is the presence of a disability.

If you have trouble understanding this document, please contact the management office.

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a. (Haitian Creole)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)
- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen. (German)
- 이 문서를 이해하는데 도움이 필요한 경우관리 사무소에 문의 하시기 바랍니다. (Korean)
- 請聯絡管理辦公室，如果你需要幫助理解這份文件。 (Chinese)
- もしこの文書を理解しているための助けを必要としていれば、経営オフィスと連絡を取ってください。 (Japanese)

Please note the following before completing and returning this application.

1. Please review each document's instructions **BEFORE** you begin to complete any of the forms.
2. Applicants are added to the waiting list **based on the date and time the complete application package is received** by the owner/agent.
3. **Multiple Applications:** Each adult applicant may submit only one application.
4. **IMPORTANT...IMPORTANT...IMPORTANT**
Completing the Application Documents: The application and all attachments should be filled out very carefully. The owner/agent will not review an application until all application documents are complete, signed as appropriate and submitted to the owner/agent.

If the household includes multiple members, the owner/agent will not review an application for any household member until all application documents for all members are complete, signed as appropriate and submitted to the owner/agent.

Failure to answer all questions on the application may result in disqualification. If information does not apply, please use N/A (Not Applicable) as your response.

DO NOT USE WHITE-OUT OR LIQUID PAPER anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) initial near the change.

5. **Income Limits:** Income limits vary by household size. The owner/agent will provide applicants a copy of the income limits for the property area upon request. In addition, applicants can review the current income limits by accessing the following web site.
<https://www.huduser.gov/portal/datasets/il.html>

Income limits are updated annually (usually around March or April). GSH serves households whose income meets the **very-low (50%)** income limit.

6. Submitted applications will be considered for all Quantum-managed GSH units. Applications will not be broken down by location, only by eligible bedroom size.
7. Pre-applications should be returned to the address noted at the top of this cover letter.
8. This is a pre-application to determine initial eligibility and to be placed on the waiting list. This form does not constitute a guarantee of housing, nor does it obligate Quantum/GSH in any way to provide you with housing.

If you need further assistance or information, please feel free to contact us.

Sincerely,

The Quantum GSH Team

Pre-Application for Admission

Good Shepherd Housing

c/o Quantum Real Estate Management, LLC
 7985 Audubon Avenue, #101, Alexandria, VA 22306
 (571)-347-7600 ~ TTY 711
 GSH@qpmgmt.com

(Please return this form to the above address)

For Office Use Only:		
Date application received _____	Time application received _____	By _____

Any applicant who purposefully falsifies, misrepresents, or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing. All questions must be answered; for those questions that do not apply the applicant is required to indicate so by answering "not applicable" or "N/A".

Applicant Name			
How did you hear about us?			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above <small>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</small>		
Current Address			
Address Line 2			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Work Phone			
May we contact you at work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birth date			
Social Security Number			
Are you a student enrolled in an institute of higher education?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy that prohibits people from smoking anywhere on the property including smoking in individual units?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No



This property does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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If yes, please provide the month and year of the eviction.	
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>	
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C	

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit? Yes No
 If No, please move on to the next section. If yes, please provide the following information.

ANIMAL TYPE <small>(I.E. DOG, CAT, TURTLE, ETC.)</small>	BREED <small>(IF APPLICABLE)</small>	HEIGHT <small>(MEASURED AT WITHERS IF APPLICABLE)</small>	WEIGHT

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?

Yes No

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. If more than four people will live in the unit, please provide information on a separate sheet. This application must include information about everyone who will live in the unit.

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?	Adults (18+)	Under 18

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME			
2			
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <small>(live in aides must be approved before move in)</small> <input type="checkbox"/> None of the Above			
SSN		Date of Birth	
Member # & Household member's full name			
3			
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <small>(live in aides must be approved before move in)</small> <input type="checkbox"/> None of the Above			
SSN		Date of Birth	
Member # & Household member's full name			
4			
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <small>(live in aides must be approved before move in)</small> <input type="checkbox"/> None of the Above			



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SSN		Date of Birth	
Member # & Household member's full name			
5			
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (<i>live in aides must be approved before move in</i>) <input type="checkbox"/> None of the Above			
SSN		Date of Birth	
Member # & Household member's full name			
6			
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (<i>live in aides must be approved before move in</i>) <input type="checkbox"/> None of the Above			
SSN		Date of Birth	

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements into consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

Unit Size

<input type="checkbox"/> Studio Unit
<input type="checkbox"/> 1 Bedroom Unit
<input type="checkbox"/> 2 Bedroom Unit
<input type="checkbox"/> 3 Bedroom Unit

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Special features: Please list below:

Are you currently the recipient of a Housing Choice Voucher? If yes, what county? _____

Voucher unit size maximum? _____ Voucher rent maximum? _____

INCOME: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

How much income does your household currently receive every month?	\$
<i>This includes employment, business, social security, SSI, TANF, pension funds, alimony/child support payments, and/or unemployment income.</i>	

Assets

What is the total value of assets that you own?	\$
<i>This includes the current balance of your checking, savings; money market funds; trusts; certificates of deposit; Direct Express or other payment card; stocks and bonds; IRA, 401K, or other retirement and investment accounts.</i>	

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained



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in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

I understand that any or all of the information given herein may be used by the Landlord and/or its Agent to determine my previous performance as a tenant, including my reputation for meeting my financial obligations, my respect for other people's property and any other conduct relevant to my tenancy. I hereby authorize any present or former landlord to give any information he/she may have regarding me in my capacity as a tenant. Further I hereby release such landlord and his representatives or agents from any and all liability for any damage or injury whatsoever for providing same.

The undersigned persons(s) represent that all of the above statements are true and complete and hereby authorize verification through consumer reports, rental history, employment, criminal reports, and any other means necessary to obtain information shall entitle owner to (1) reject application, (2) retain application as liquidated damages for the time and expense of processing this application and (3) terminate applicant's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about lease obligation performance, which may include both favorable and unfavorable information. Cost of said credit report (if any) is to be paid by the agency asking for this report.

The truth of the information contained herein is essential and if the Landlord and/or Agent determine that any answer or statement contained herein is false, misleading, or incomplete, any lease granted by virtue of this application may be canceled at the option of the Landlord and/or Agent. This application shall become part of any lease agreement executed between the Landlord and/or Agent and the applicant(s) and any false or misleading statement shall be considered a breach of said lease.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

All adult members of the household (anyone 18 years of age or older) must sign this application certifying the information pertaining to them is true and correct.

Warning: Under Section 1001 of Title 10 of the U.S. Code, it is a criminal offense to make willful false statements or misrepresentation of any material fact involving the use or obtaining of Federal funds.

Applicant Name (please print) _____

Signature _____ Date _____

Applicant Name (please print) _____

Signature _____ Date _____

Applicant Name (please print) _____

Signature _____ Date _____

