

### Application for Residency

#### Household Composition *(Who will live here?)*

##### Head of Household Information: *(this is the primary applicant)*

Name: \_\_\_\_\_

Gender:  Male  Female

Social Security Number: *(enter 9 digits on blanks provided)* \_\_\_\_\_

Birth Date: *(enter Month as MM, Day as DD and Year as YYYY)* \_\_\_\_\_

Phone Number: *(include area code)* (\_\_\_\_) \_\_\_\_\_

Driver's License #: State Issued: \_\_\_\_\_ Number: \_\_\_\_\_

Email \_\_\_\_\_

Marital Status:  Married  Never Married  Separated  Divorced  Widowed

Are you a Full Time Student? Yes \_\_\_\_\_ No \_\_\_\_\_

When and Where did you LAST attend School?

Name of School: \_\_\_\_\_

City, State: \_\_\_\_\_

What month/year did you last attend this School? \_\_\_\_\_

##### Spouse *(this is the person currently married to the Head of Household)*

Name: \_\_\_\_\_

Gender:  Male  Female

Social Security Number: *(enter 9 digits on blanks provided)* \_\_\_\_\_

Birth Date: *(enter Month as MM, Day as DD and Year as YYYY)* \_\_\_\_\_

Phone Number: *(include area code)* (\_\_\_\_) \_\_\_\_\_

Driver's License #: State Issued: \_\_\_\_\_ Number: \_\_\_\_\_

Email \_\_\_\_\_

Marital Status:  Married  Never Married  Separated  Divorced  Widowed

Are you a Full Time Student? Yes \_\_\_\_\_ No \_\_\_\_\_

When and Where did you LAST attend School?

Name of School: \_\_\_\_\_

City, State: \_\_\_\_\_

What month/year did you last attend this School? \_\_\_\_\_

##### Co-Head *(this means another adult that is an applicant but not the Spouse)*

Name: \_\_\_\_\_

Gender:  Male  Female

Social Security Number: *(enter 9 digits on blanks provided)* \_\_\_\_\_

Birth Date: *(enter Month as MM, Day as DD and Year as YYYY)* \_\_\_\_\_

Phone Number: *(include area code)* (\_\_\_\_) \_\_\_\_\_

Driver's License #: State Issued: \_\_\_\_\_ Number: \_\_\_\_\_

Email \_\_\_\_\_

Marital Status:  Married  Never Married  Separated  Divorced  Widowed

Are you a Full Time Student? Yes \_\_\_\_\_ No \_\_\_\_\_

When and Where did you LAST attend School?

Name of School: \_\_\_\_\_

City, State: \_\_\_\_\_

What month/year did you last attend this School? \_\_\_\_\_

##### Vehicle Information :

Owner: \_\_\_\_\_

Type : \_\_\_\_\_

Make and Color: \_\_\_\_\_

Model & Model Year: \_\_\_\_\_

License Plate and LP State: \_\_\_\_\_

##### Pet Information :

Owner: \_\_\_\_\_

Type & Breed: \_\_\_\_\_

Size & Color: \_\_\_\_\_

Name & Age: \_\_\_\_\_

Other Adult (this means another adult applicant that is not the Spouse)

Name: \_\_\_\_\_

Gender:  circle one Male  Female

Social Security Number: (enter 9 digits on blanks provided) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: (enter Month as MM, Day as DD and Year as YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number: (include area code) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's License State Issued: \_\_\_\_\_ Number: \_\_\_\_\_

Email \_\_\_\_\_

Marital Status: (circle one) Married  Never Married  Separated  Divorced  Widowed

Are you a Full Time Student? Yes \_\_\_\_\_ No \_\_\_\_\_

When and Where did you LAST attend School? \_\_\_\_\_

Name of School: \_\_\_\_\_

City, State: \_\_\_\_\_

What month/year did you last attend this School? \_\_\_\_\_

Dependent (child that will live with you that is under 18 years old)

Name: \_\_\_\_\_

Gender:  circle one Male  Female

Social Security Number: (enter 9 digits on blanks provided) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: (enter Month as MM, Day as DD and Year as YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does this child live with you 50% or more of the time? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this Dependant a Full Time Student? Yes \_\_\_\_\_ No \_\_\_\_\_

Dependent (child that will live with you that is under 18 years old)

Name: \_\_\_\_\_

Gender:  circle one Male  Female

Social Security Number: (enter 9 digits on blanks provided) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: (enter Month as MM, Day as DD and Year as YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does this child live with you 50% or more of the time? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this Dependant a Full Time Student? Yes \_\_\_\_\_ No \_\_\_\_\_

Dependent (child that will live with you that is under 18 years old)

Name: \_\_\_\_\_

Gender:  circle one Male  Female

Social Security Number: (enter 9 digits on blanks provided) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: (enter Month as MM, Day as DD and Year as YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does this child live with you 50% or more of the time? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this Dependant a Full Time Student? Yes \_\_\_\_\_ No \_\_\_\_\_

Dependent (child that will live with you that is under 18 years old)

Name: \_\_\_\_\_

Gender:  circle one Male  Female

Social Security Number: (enter 9 digits on blanks provided) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: (enter Month as MM, Day as DD and Year as YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does this child live with you 50% or more of the time? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this Dependant a Full Time Student? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you expect any additions to the Household within the next 12 months?

\*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If you DO Expect new additions to your Household, what is their name and age?

\*Name: \_\_\_\_\_ Age: \_\_\_\_\_

Are any of the persons listed temporarily away? Yes \_\_\_\_\_ No \_\_\_\_\_

Are any of the persons listed Foster Children? Yes \_\_\_\_\_ No \_\_\_\_\_

Is any person listed only intended to live in the Household as a Live in Care Attendant? Yes \_\_\_\_\_ No \_\_\_\_\_

ALL Household Members have been or will be Full Time students within 5 calendar months of this year? Yes\* \_\_\_\_\_ No\*\* \_\_\_\_\_

\*\*If NO, go to next page.

\*If YES, answer the questions in this box:

Name of Educational Institution(s) attended by adult members: \_\_\_\_\_

Are the Full Time Students Married and entitled to file a joint tax return? Yes \_\_\_\_\_ No \_\_\_\_\_

Receiving TANF? (Temporary Assistance for Needy Families) Yes \_\_\_\_\_ No \_\_\_\_\_

Is anyone enrolled in JTPA or similar local, county or state program? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a single parent with children with neither you nor the children listed as dependants on anyone else's tax return? Yes \_\_\_\_\_ No \_\_\_\_\_

Where do you live now?

Do you Rent or Own this Home? (circle one) RENT OWN LIVE WITH RELATIVES

1 Street Address & Apt. #: \_\_\_\_\_
2 City, State and Zip Code \_\_\_\_\_
3 County \_\_\_\_\_
4 What is your Landlord's Name? \_\_\_\_\_
5 What is the Landlord's Phone #? ( ) -
6 What Date did you Move In? \_\_\_\_\_
7 Is this Federally Assisted Housing? Yes \_\_\_\_\_ No \_\_\_\_\_
8 How much do you Pay for Rent or Mortgage each month? \$ \_\_\_\_\_
9 Are you being evicted from this Residence? Yes \_\_\_\_\_ No \_\_\_\_\_

Where did you live before the current address above?

Do you Rent or Own this Home? (circle one) RENT OWN LIVE WITH RELATIVES

1 Street Address & Apt. #: \_\_\_\_\_
2 City, State and Zip Code \_\_\_\_\_
3 County \_\_\_\_\_
4 What was your Landlord's Name? \_\_\_\_\_
5 What is the Landlord's Phone #? ( ) -
6 What Date did you Move In? \_\_\_\_\_
7 What Date did you Move Out? \_\_\_\_\_
8 Was this Federally Assisted Housing? Yes \_\_\_\_\_ No \_\_\_\_\_
9 How much did you Pay each month? \$ \_\_\_\_\_

Please answer the following questions:

Have you or any member of your household ever been convicted of a felony or misdemeanor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so please explain: \_\_\_\_\_

Have you or any member of your household ever been evicted or sued for rent?

Yes\* \_\_\_\_\_ No\*\* \_\_\_\_\_

\*\*If NO, skip the questions in the box.

\*If YES, answer the questions in this box:

3 Address you were evicted from, sued over or left early: \_\_\_\_\_
4 Date you were evicted: \_\_\_\_\_
5 Was this Federally Assisted housing? Yes \_\_\_\_\_ No \_\_\_\_\_
6 Was there any drug-related activity involved? Yes \_\_\_\_\_ No \_\_\_\_\_

7 Do you or any member of your Household owe money to any Public Housing Authority, HUD Apt. Community or previous landlord?

Yes \_\_\_\_\_ No \_\_\_\_\_

8 Have you or any member of your household ever committed fraud in an Federally Assisted Housing program or been asked to repay money for knowingly misrepresenting Information for such these housing programs?

Yes \_\_\_\_\_ No \_\_\_\_\_

9 Is anyone in the household currently receiving Section 8 rental assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact Information

1 What is the name of your Emergency Contact? \_\_\_\_\_

2 What is the relationship to this Contact? \_\_\_\_\_

3 What is their Phone Number at Home? ( ) -

4 What is their Work or Cell Phone Number? ( ) -

5 What is their Physical Street Address? \_\_\_\_\_

6 City, State and Zip Code \_\_\_\_\_

7 What is their E-Mail Address? \_\_\_\_\_

8 In the event of serious illness or death of resident, do you give Permission for the above person to remove and/or store all contents found in the dwelling, common areas or mailbox?

Yes \_\_\_\_\_ No \_\_\_\_\_

Although we are not legally obligated, by checking Yes here you are also giving us authorization to call EMS or an ambulance at your expense.

Asset Information

An asset is something that you own of value that can be turned into cash.

If you have ANY of these assets, complete the requested information for each.

Types of Assets: Checking, Savings Accounts, or Money Markets, Employment Pay Cards, Cash on Hand, CDs (Certificates of Deposits), Treasury Bills, Stocks, Bonds, Mutual Funds, Real Estate, or Rental Property, Real Estate Contracts, Personal Property held as an Investment, (such as art, coins or cars) Annuity, Pension Fund, 401K, 403b, IRA, Keough Account, Safe Deposit Box, Trust Fund, Whole Life Insurance Policy, or other assets.

Within the past two (2) years, have you sold or given away assets that were worth more than \$1,000 for less than market value? \*Yes \_\_\_\_\_ No \_\_\_\_\_

\* If YES, is the above answer, complete the Disposed of Asset Affidavit.

Type of Asset: (choose from above list)

Who actually owns this asset?

Name of the Institution or Bank that holds this Asset:

Phone Number to this Institution or Bank:

How much is the Asset worth currently?

How much will you receive each Year from this Asset?

Do you or any family member have the right to withdraw funds from this account?

Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Asset: (choose from above list)

Who actually owns this asset?

Name of the Institution or Bank that holds this Asset:

Phone Number to this Institution or Bank:

How much is the Asset worth currently?

How much will you receive each Year from this Asset?

Do you or any family member have the right to withdraw funds from this account?

Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Asset: (choose from above list)

Who actually owns this asset?

Name of the Institution or Bank that holds this Asset:

Phone Number to this Institution or Bank:

How much is the Asset worth currently?

How much will you receive each Year from this Asset?

Do you or any family member have the right to withdraw funds from this account?

Yes \_\_\_\_\_ No \_\_\_\_\_

Real Estate Asset Only:

Did you sell a home/land in the past 2 years?

\*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes to above, what was done with the sale proceeds?

Do you own any Real Estate?

Yes\* \_\_\_\_\_ No\*\* \_\_\_\_\_

\*\*If NO, go to next page.

\*If YES, answer the questions in this box:

List the name of the person who owns this Real Estate?

What is the current market value? (provide tax appraisal) \$

What is the total mortgage payoff? (provide most recent mortgage statement) \$

Is the Real Estate currently listed for sale (provide listing agreement)

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the Real Estate being leased to someone?\* (provide lease contract)

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are leasing it, how much do they pay you for rent per month? \$

Employment Income Information

This section requests information about any money received in the home as a result of employment. Please list below ALL sources and amounts of income.

Is any Adult member of this household NOT Employed?

\*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If there is an Adult member NOT employed, list Name and Age:

\*Name: \_\_\_\_\_ Age: \_\_\_\_\_

Does any Adult member of this household have ZERO Income?

\*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If there is an Adult member with ZERO Income, list Name and Age:

\*Name: \_\_\_\_\_ Age: \_\_\_\_\_

Choose from these Types of Employment: Full, Part-time or Seasonal Employment for anyone 18 or older, (including self-employed).

Type of Employment: (choose from list above)

Which person in the home holds this job?

When did you start working this job?

Start Date: \_\_\_/\_\_\_/\_\_\_ If not employed now, End Date: \_\_\_/\_\_\_/\_\_\_

What is the Employer's name?

What is the Employer's Physical Street Address?

City, State and Zip Code:

What is the Employer's Phone Number?

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

What is the Supervisor's Name?

What is the estimated Total Gross Income per year?

\$ \_\_\_\_\_

Type of Employment: (choose from list above)

Please enter previous employer if stopped working within last 30 days

Which person in the home holds this job?

When did you start working this job?

Start Date: \_\_\_/\_\_\_/\_\_\_ If not employed now, End Date: \_\_\_/\_\_\_/\_\_\_

What is the Employer's name?

What is the Employer's Physical Street Address?

City, State and Zip Code:

What is the Employer's Phone Number?

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

What is the Supervisor's Name?

What is the estimated Total Gross Income per year?

\$ \_\_\_\_\_

If one in the Household is Currently working and you left all of the Employment Information above blank on purpose, then all adults must initial below. I also understand that I (we) will complete a Non-Employed Certification, and possibly a Zero Income Certification.

I: \_\_\_\_\_ Initial: \_\_\_\_\_ Initial: \_\_\_\_\_ Initial: \_\_\_\_\_

Office Use Only: List total of Employment Income: \$ \_\_\_\_\_

Other Income Information

Types of Other Income: Rental Property, Unemployment Compensation, Worker's Compensation, Social Security, SSI, Child Support, Alimony, AFDC/TANF, Public Assistance, Pensions, or Retirement Funds, Annuity, Insurance Policy Payments, death benefits, or VA benefits, not GI Benefits, Severance Payments, Disability Benefits, Regular Cash Contributions, Monetary Gifts, Special Financial Assistance in the form of Grants, Scholarships or Private Sources, or any other type of income.

Type of Other Income

Which person in the home receives this income?

When did you start getting this income?

Start Date: \_\_\_/\_\_\_/\_\_\_ If not receiving now, End Date: \_\_\_/\_\_\_/\_\_\_

What is the Source of this Income and Who Pays It?

What is Income Source's Physical Street Address?

City, State and Zip Code:

What is the Income Source's Phone Number?

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

What is the Income Source's Contact Name?

What is the estimated Total Gross Income per year?

\$ \_\_\_\_\_

Type of Other Income:

Which person in the home receives this income?

When did you start getting this income?

Start Date: \_\_\_/\_\_\_/\_\_\_ If not receiving now, End Date: \_\_\_/\_\_\_/\_\_\_

What is the Source of this Income and Who Pays It?

What is Income Source's Physical Street Address?

City, State and Zip Code:

What is the Income Source's Phone Number?

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

What is the Income Source's Contact Name?

What is the estimated Total Gross Income per year?

\$ \_\_\_\_\_

Office Use Only: List total of Other Income: \$ \_\_\_\_\_

If one in the Household has any Other Income sources and you left all of the Other Income Information above blank on purpose, then all adults must I below. I (we) also understand that I (we) will complete a Non-Employed Certification, and possibly a Zero Income Certification.

I: \_\_\_\_\_ Initial: \_\_\_\_\_ Initial: \_\_\_\_\_ Initial: \_\_\_\_\_

If you have more than 2 jobs in the household or more than 2 other sources of income, ask the Office Staff for an additional "INCOME INFORMATION SHEET."

Lease Execution. The Lease to be executed by the parties is attached. Should either party add special conditions to the Lease, such additions must be specifically noted on the attached Lease Contract before execution.

Fees and Deposit. The following fees apply to this Agreement:

Application deposit: \$ \_\_\_\_\_; Application fee: \$ \_\_\_\_\_;

Administrative fee: \$ \_\_\_\_\_; Other fee/deposit \$ \_\_\_\_\_

Total of above amount: \$ \_\_\_\_\_.

Application Fee. A nonrefundable Application Fee has been delivered by you to one of our representatives in the amount referenced above. This payment fully reduces our costs relating to administrative expenses

Application Deposit. The Application Deposit is in addition to any non-refundable Application Fee delivered to any of our representatives. You are advised that Application Deposit is not a Security Deposit and may or may not be refundable. The Application Deposit will either: (a) be credited toward the required security deposit when all parties have executed the Lease, (b) become refundable if you are not approved; OR (c) be retained by Management as liquidated damages if you elect not to sign the lease after approval, you attempt to withdraw, you provide information on the lease application which Management determines or concludes to be false or you fail to answer any question on the application.

Approval of Lease Application After Signing of Lease. If Management approves your Application after you and all co-applicants have fully signed and executed the Lease, Management will (a) notify you or any co-applicant of approval, (b) credit the Application Deposit toward the security deposit, and (c) sign the Lease Contract.

Lease Application Approval Before Lease is Signed. If Management approves your Application before you and all co-applicants have fully executed and executed the Lease, Management will (a) notify you or at least one co-applicant (where applicable) of our approval, (b) credit the Application Deposit toward the security deposit; (c) sign the Lease Contract (after you and all co-applicants have signed).

Failure to Execute Lease After Approval. The Lease must be fully executed by you and all co-applicants within 2 days after Management gives you or any co-applicant notice ( in person or by telephone) of our approval of your Application, or, alternatively, within 4 days after we mail our approval to you. These time periods can only be modified by written authorization from Management. If Management approves your Application and you or any co-applicant fails to sign the Lease within the terms of this Agreement, Management may retain the application deposit as liquidated damages, and Management as well as Ownership will be relieved of any further legal obligations to you under this Agreement

Withdrawal of Application Before Approval. If Management has not yet approved your Application, AND the Lease has not been fully executed, and if you or any co-applicant withdraws an Application, Management will be entitled to keep all application deposits as liquidated damages, and will have no further obligation to you.

Waiver of Rejection Period. In consideration of (a) the additional time it takes to verify eligibility of Affordable Housing resident, and (b) Management's taking a particular dwelling off the market during the verification process, Management and applicant agree that the 7-day statutory rejection period is waived. Instead, Management's completed application will be automatically rejected at the earlier of (a) the 60th day after date of application, or (b) the 7th day after Management receives written replies from all employers, lenders, financial institutions, former spouses paying child support, educational institutions, government agencies and entities to whom inquiries are required to be made by law to qualify resident.

Completion of Application. Applications will not be processed until all required supportive documentation, application fees, security deposits and any other required fee or information are received.

Non-approval. In the event that your application or that of any co-applicant is disapproved, Management will refund all application deposits within 30 days of disapproval. Management may issue a refund check in any manner it deems appropriate including the issuance of a refund check made payable to all co-applicants or mailed to one applicant.

Deadline Extensions. Any stated deadline in this Agreement for signing, approving, or refunding which happens to fall on a weekend will be extended to the following Monday. Any stated deadline in this Agreement for signing, approving, or refunding which happens to fall on a state or federal holiday, will be extended to the end of the following day.

Notices. Any notice Management gives you or any co-applicant is considered notice to all co-applicants. Any notice received by Management from you or your co-applicant is considered notice from all co-applicants.

Access to Leased Premises. Management will only provide keys and/or access devices subsequent to: (a) all parties having signed the Lease and all associated documents; and (b) full payment of all applicable rents and security deposit(s).

Satisfactory Investigation. Our approval of this Application is contingent upon our receipt of a satisfactory report of your rental history, credit history and other information that we deem necessary.

Age Certification and Submission of Applications. By signing this Application, you certify that all persons over eighteen years of age who will be occupying the apartment unit have completed and provided to us a separate Application for Residency, and that each such occupant of the Apartment unit will sign the Lease at the time required by us.

Verification of Credit Information and Continuing Right to Review. You authorize us, through our designated agent or employees, to obtain and verify all credit information for the purpose of determining whether or not to lease the apartment unit to you. You understand that should you enter into the Lease for the apartment unit, we and our designated agents and employees will have a continuing right to review your credit information, rental application, payment history and bankruptcy history for account review purposes and for improving application methods.

Acknowledgement. By signing this Application, you certify that all information contained in this Application is true, correct and complete. You authorize us to verify the same through any means, including consumer reporting agencies and other rental housing owners. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. Fax signatures are legally binding.

Right to Review Lease. Before you submit an application or pay any application fee or security deposit, you have the right to review the Rental Application and Lease Contract, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. Management will not take a particular dwelling off the market until we receive a completed application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. You are entitled to an original of the Lease Contract after fully signed. Should you have any questions, please let us know and we will gladly answer them.

Special Provisions:

Signatures. Our representative's signature below is consent only to the above application agreement. It does not bind us to accept applicant or to sign the proposed Lease Contract. By accepting the Deposit and the Application Fee from you, we are not obligated to approve this Application or rent the Apartment unit to you.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Co-Applicant Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Management Agent's Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorize release of information without liability to the owner/ manager of the apartment community listed below, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Medical and Child Care Providers
Banks and other Financial Institutions	Previous Landlords (including Public Housing Agencies)	Utility Providers

**CONDITIONS**

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 and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

*SIGNATURES*

\_\_\_\_\_  
Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Co/Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

\_\_\_\_\_  
Apartment Name Contact Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.





LIHTC / BOND / AHDP / HOME / HTF  
Affordable Housing Programs

**Special Provisions**

Applicant / Resident: \_\_\_\_\_

Apartment #: \_\_\_\_\_

**Adjusting Rental Rates :** Resident acknowledges that the Rent is determined based upon the median income of the MSA as determined by HUD on an annual basis. Allowable rents are published annually by HUD, usually during the 1<sup>st</sup> quarter of each year. Upon promulgation of annual allowable rents, Landlord will provide notice to tenant of any change in the Rent under this Lease Agreement. Such notice shall be at least 35 days in advance of the next rental due date. Notwithstanding anything to the contrary, Landlord agrees that any such increase will not exceed \$50.00 per month.

**Annual Certification / Occupancy Based on Eligibility:** Resident agrees that 90 days prior to the Expiration, Resident will submit to Landlord all documentation required by Landlord necessary to insure that Resident remains a Qualified Household. In the event that Resident fails to deliver such information or Landlord determines (whether in connection with a renewal or otherwise) that Resident is no longer a Qualified Household under the program, Resident agrees to vacate premises upon the earlier of the Expiration or upon 30 days written notice from Landlord of non-qualifying status.

Resident understands that the Annual Certification may reveal that his or her household ceases to qualify for the "occupancy restriction" that he or she initially qualified for and when another household is found that can qualify to replace this "occupancy restriction," rent will be increased to the limit established by the minimum set aside, subject to applicable HTC requirements. Landlord will provide notice to tenant of any change in the Rent under this Lease Agreement. Such notice shall be at least 35 days in advance of the next rental due date.

**Program Eligibility / Full-Time Students / Changes in Student Status:** Resident acknowledges that the Apartment Community listed above is operated pursuant to the rules and regulations of the Affordable Housing Program (the "Program"). The program provides for specific qualification restrictions with respect to occupancy of Program units by full-time students. Resident acknowledges that qualification to remain as a resident is at all times dependent upon the household meeting all student status requirements. Should Resident fail to meet all student status requirements, Resident will be deemed an unqualified resident and will be subject to immediate eviction. Resident agrees to notify Landlord immediately of any change in student status by any member of the household.

**Misrepresentation / Falsification:** Household collectively acknowledges that any misrepresentation or falsification of this certification by any individual occupant will be considered a material breach of the lease agreement. If at any time the household becomes ineligible for occupancy under the Affordable Housing Program guidelines, the lease will be terminated prior to the end of the lease term, by giving a 30 day written notice to vacate and stating the reason for the lease termination.

**Utility Allowance:** You agree that the rent is based on the maximum gross rent calculated in accordance with IRS regulations, less the applicable utility allowance. The utility allowance for the Unit may change during the Lease term. Since the maximum LIHTC charge is tenant rent plus the utility allowance, if the allowance increases the rent would decrease. If the utility allowance decreases during the Lease term, the Landlord may, at its sole discretion, increase the rent by the amount of the utility allowance decrease. Any such rent increase will be made in accordance with all applicable state and local laws. Landlord will notify you in writing at least 35 days in advance of any such increase or decrease. In addition, the Landlord may, at its sole discretion, verify the accuracy of these utility allowances. By signing this addendum, you are giving the Landlord permission to request from your utility provider the average utility usage of your apartment.

**Administrative Errors:** If administrative errors made by management are discovered, which cause a resident occupying a tax credit unit to be ineligible, management may ask the resident to vacate the unit. Resident agrees to vacate the unit in a reasonable amount of time not to exceed 30 days.

Each Occupant of the household has provided true and correct list of all people who reside within the apartment, their student status and anticipated income.

Resident Signatures:

Owner's Representative Signature:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_



LIHTC / BOND / AHDP / HOME / HTF  
Affordable Housing Programs

**Special Needs Certification**

Applicant / Resident: \_\_\_\_\_

Apartment #: \_\_\_\_\_

At our Apartment Community, we have a priority to lease units to persons with disabilities in accordance with our Affordable Housing Program. Therefore, we inquire to determine whether an applicant is eligible for a dwelling available only to persons with disabilities.

A disabled person is defined as having a physical or mental impairment that substantially limits one or more major life activities (i.e., self care, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working). Physical or mental impairments entail a lengthy list of infirmities, which can include, but are not limited to such diseases and conditions as orthopedic, visual, speech and hearing impairments: Cerebral Palsy, Autism, Epilepsy, Muscular Dystrophy, Multiple Sclerosis, Cancer, Heart Disease, Diabetes, Human Immunodeficiency Virus (HIV) or AIDS Infection, Mental Retardation, Emotional Illness, Drug Addiction (other than addiction caused by current illegal use of controlled substance) and Alcoholism.

Does anyone in your household qualify for a dwelling designed for persons with disabilities?

No – All members of my household do not need any special accommodations at this time.

Yes – I will provide documentation such as a doctor’s note or Supplemental Social Security award letter to verify my household is eligible for a dwelling available only to persons with disabilities. My household will need the following specified accommodations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident Signatures:

Owner’s Representative Signature:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Texas Department of Housing and Community Affairs  
Special Needs Certification

Property Name: \_\_\_\_\_ TDHCA File#: \_\_\_\_\_

Household Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

You have applied for a unit at the above referenced property, which has a priority to lease apartments to "Persons with Special Needs". A "Persons with Special Needs" include all of the following:

- has a developmental disability, as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. Section 15002); or
- a "person with disability," as defined in 24 CFR § 5.403:
  - Has a disability, as defined in 42 U.S.C. 423;
  - Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
    - is expected to be of long-continued and indefinite duration;
    - substantially impedes his or her ability to live independently, and
    - is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
  - Has a developmental disability as defined in 42 U.S.C. 6001.
- a "person with disability," as defined in Texas Administrative Code, Title 10, Chapter 10 §10.003(a)(81):
  - a physical or mental impairment that substantially limits one or more major life activities of such individual;
  - a record of such an impairment; or
  - is regarded as having such an impairment, to include persons with severe mental illness and persons with substance abuse disorders.
- persons with alcohol and/or drug addictions,
- Colonia residents,
- Persons with Disabilities,
- victims of domestic violence,
- persons with HIV/AIDS,
- homeless populations, and
- migrant farm workers.

You are not being asked to disclose any details or specifics regarding the type or nature of the special need, but only to disclose that you, or someone in your household, meet this provision.

Based on the above, do you or anyone in your household have a "Special Need"? YES \_\_\_\_\_ NO \_\_\_\_\_

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

\_\_\_\_\_  
*Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Household Signature*

\_\_\_\_\_  
*Date*

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

TDHCA  
December 10, 2012

# Fair Housing Choice Disclosure Notice

Property Name: \_\_\_\_\_ TDHCA File#: \_\_\_\_\_

Household Name: \_\_\_\_\_

Unit # \_\_\_\_\_ Effective Date of Lease Contract \_\_\_\_\_

You are about to enter into a lease agreement at the above referenced property, which is a binding contract. Before you enter into your lease you should know that, under fair housing laws, you have certain basic rights, including the right to make certain choices as to where you will live. There are programs administered by a number of state and local institutions to provide assistance with respect to housing, including, but not limited to, affordable rental housing supported by low income housing tax credits, housing assisted with loans or grants from HUD programs and USDA programs, different types of vouchers, and public housing. The requirements under the programs may be different and not all types of housing options may be available where you would like to live.

Where you live has the potential to impact you and others in your household. For example, where you live may provide greater access to some (but not necessarily all) of the things listed below:

- Better schools
- Less crime
- Better public transportation
- Better access to health care
- Better access to grocery stores offering more healthy food choices
- Better proximity to family, friends, and organizations to which you might belong

There are other things that may be important to you. If you want to explore other housing options you can identify other affordable rental properties in your community at:

<http://hrc-ic.tdhca.state.tx.us/hrc/VacancyClearinghouseSearch.m>

This link will also summarize your rights under fair housing laws and direct you to fair housing resources.

In accordance with the Texas Administrative Code, Title 10, Chapter 10, §10.612(a)(4), this notice must be presented to the household at the time of application for occupancy and must be executed no more than one-hundred twenty (120) days prior to the effective date of the lease.

\_\_\_\_\_  
*Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Household Signature*

\_\_\_\_\_  
*Date*

TDHCA  
November 8, 2013

# Acknowledgment

Property Name: \_\_\_\_\_ TDHCA File#: \_\_\_\_\_

Household Name: \_\_\_\_\_ Unit#: \_\_\_\_\_

"I/we acknowledge that I/we have received ***A Tenant Rights and Resources Guide: Information Related to Living in a TDHCA Monitored Rental Property*** as of the date this document is signed."

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date



*TDHCA is an equal opportunity provider and employer.*

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*Published by TDHCA on January 8, 2015*