



**TAX CREDIT
STATEMENT OF QUALIFICATIONS
Residences at SoMi Parc
April 2, 2024**

When you meet the application standards you will have the peace of mind of knowing that you will be joining other residents who have also met strict standards.

If your application meets all the following criteria, you will be approved. If it does not, you may be approved with conditions, which may require you to pay an additional security deposit or obtain a guarantor (in communities where permitted). If you do not meet the requirements set forth, your application will be denied.

***NOTE:** We do business in accordance with the Fair Housing Act. It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin, and any other characteristic protect by federal, state, or local law.*

APPLICATION SCREENING REQUIREMENTS

A complete application: All lines must be filled in and questions answered for the application to be processed. All applicants over the age of 18 must complete an application, and all occupants over the age of 18 must sign the lease along with the lease holder(s). Any person under the age of 18 must be listed as an occupant on the lease.

Two (2) forms of identification: We require at least one valid government-issued photo identification document (ID) for all applicants over the age of 18. If your social security card is marked **VALID FOR WORK ONLY WITH DHS AUTHORIZATION** and you report income, you must provide the authorization card as well. Social Security cards are required for all HOME Assisted units.

Verifiable rental history: The standard approval process requires verifiable rental history for the last two, (2) years. It is your responsibility to provide necessary information that allows us to contact your past landlord(s) for this information. You must have a history of paying your rent on time, have given proper notice, have no dispossession warrant(s) filed, and must not owe any money to your landlord. If we are unable to verify your previous landlord(s) and/or references, or if you have no rental history, we reserve the right to charge additional security deposit and/or deny your application if the other criteria set forth are not met. Verifiable for these purposes means THIRD PARTY verification from someone other than a relative. We will consider a mortgage as rental history if it has been active within the past two (2) years. However, if the mortgage is late or in default, you will be asked to give the reason why, show documentation to support the reason, and may be required to pay additional security deposit providing the other criteria set forth are met.

Income eligibility: To become eligible for approval you must meet the monthly requirement set forth by this community which is 2.75 times the tenant paid rent per month. Income will be verified by THIRD PARTY. Some examples include employment verification, the collection of six (6) to 10 consecutive pay-stubs depending on program requirements, the collection of SSI, SSD, SSA confirmation letters, the collection of legal settlement and divorce agreements, any other legal paperwork reflecting income (i.e. Child



Support documentation, the collection of bank statements (when applicable), and the collection of IRA, 401K, or other asset statements). A complete list of income documentation will be provided to you by the property staff once the initial interview for application is complete.

For applicants that are reporting income from a contributor (a person who makes regular monthly contributions to the applicant), the following applies:

- 50% of income or less from contribution – A notarized affidavit from the contributor (form to be provided by office) AND six (6) months bank statements showing the amount of the contribution as a deposit. If the applicant cannot provide bank statements proving the contribution, then the contributor must be added as a GUARANTOR for the leaseholder.
- More than 50% of income from a contribution – Supply the above documentation, PLUS the contributor must become a GUARANTOR for the leaseholder and earn at least FIVE (5) times the monthly rent, have verifiable impeccable credit, and score automatic approval (no conditions). Criminal history of guarantors will be considered. Guarantors must complete a *Guarantor Pre-Leasing Application* and pay the applicable application fee. Guarantors must also sign a *Lease Contract Guaranty* which must be signed in person at our office or notarized. Guarantors must sign a new *Lease Contract Guaranty* with each renewal.

Credit History: Credit accounts should have satisfactory ratings and all utility accounts must be current with no balance owing. If credit has been slow but all other qualifications for residency have been met, the application may be conditionally approved with payment of an additional security deposit.

If the bankruptcy has been dismissed or discharged, we may require further information for review but may still approve your application and/or may require additional security deposit.

Criminal background: Criminal background will be reviewed for all adult members of the household who have satisfactorily met all above income, credit, and rental history criteria.

- A history of any criminal conviction is not a denial of a rental application in all cases; criminal history is evaluated based on the nature and time of the conviction, as well as any relevant mitigating information provided by the applicant. Criminal history screening will not consider arrests, charges, expunged convictions, convictions reversed on appeal, offenses where adjudications was withheld or deferred, pardoned convictions, vacated convictions, and sealed juvenile records.
- Felony conviction for 1) the manufacture, sale, or distribution of a controlled substance; 2) arson; or 3) homicide will result in a denial of the application. Current registration as a sexual offender will result in automatic denial of the application.
- If the criminal history screening produces any relevant conviction, you will be given notice of the specific information from the screening that creates the concern and will have an opportunity to provide any additional information for us to consider in the evaluation of your application.



PROPERTY SPECIFIC INFORMATION:

Maximum Occupants: One Bedroom – Two (2) Persons, Two Bedroom – Four (4) Persons, Three Bedroom – Six (6) Persons, and Four Bedroom Eight (8) Persons.

Pet Policy: We allow up to two (2) pets per apartment. Dogs must be 40 lbs. or less. We do not allow breeds that are classified as aggressive, as pets including but not limited to: American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier, Bull Terrier, Rottweiler, Chow Chow, Great Dane, Doberman Pincher, German Shepherd, Caucasian Ovcharka Dogo Argentino, Saint Bernard, Fila Brasileiro, Perro De Presa Canario, Akita Inu, Husky, Bull Mastiff. All pets must be listed on your application and registered with the office. We also require that immunizations are up to date and a photo of your pet for the file. Additional information and requirements are available on the Animal Addendum and may be reviewed prior to moving in by request. We comply with all fair housing laws regarding Assistance Animals. No animal is permitted on the premises without prior written authorization from management.

Please refer to this community's Statement of Qualifications addendum for additional qualifying standards and fees/deposits.

I acknowledge the receipt of this screening/application criteria document:

Applicant Signature

Print Name

Date





STATEMENT OF QUALIFICATIONS ADDENDUM Residences at SoMi Parc

Fees/Deposits

- Application Fee – \$50 per adult over the age of 18
- Application Deposit- \$250 (may or may not be refundable)
- Security Deposit = 1 month's rent approved application and up to 2 month's rent with conditions. Application deposit will be applied to the approved deposit balance.
- Pet fee – \$350 per pet (non-refundable)
- Pet Rent – \$30 per month per pet

Rent Range (subject to change)

Studio	60%	\$1,139
Studio	80%	\$1,537
1 Bedroom	60%	\$1,194
1 Bedroom	80%	\$1,620
2 Bedroom / 2 Bath	60%	\$1,413
2 Bedroom / 2 Bath	80%	\$1,924
3 Bedroom / 2 Bath	60%	\$1,616
3 Bedroom / 2 Bath	80%	\$2,207

MINIMUM ALLOWABLE COMBINED HOUSEHOLD INCOME TABLE

Studio	60%	\$37,587
Studio	80%	\$50,721
1 Bedroom	60%	\$39,402
1 Bedroom	80%	\$53,460
2 Bedroom 2 Bath	60%	\$46,629
2 Bedroom 2 Bath	80%	\$63,492
3 Bedroom 2 Bath	60%	\$53,328
3 Bedroom 2 Bath	80%	\$72,831

MAXIMUM ALLOWABLE COMBINED HOUSEHOLD INCOME TABLE

1 Person	60%	\$47,700	1 Person	80%	\$63,600
2 Persons	60%	\$54,480	2 Persons	80%	\$72,640
3 Persons	60%	\$61,260	3 Persons	80%	\$81,680
4 Persons	60%	\$68,100	4 Persons	80%	\$90,800
5 Persons	60%	\$73,560	5 Persons	80%	\$98,080
6 Persons	60%	\$79,020	6 Persons	80%	\$105,360

I acknowledge the receipt of this document:

Applicant Signature: _____

Print Applicant Name: _____

Today's Date: _____



RENTAL APPLICATION FOR
RESIDENTS AND OCCUPANTS
(Each co-applicant and each occupant 18 years old
and over must submit a separate application.)



Date when filled out: _____

All applicants who indicate that they are not U.S. citizens will be asked to complete the supplemental questions in this Rental Application, unless otherwise noted. We are committed to compliance with fair housing laws and do not discriminate based on race, color, religion, sex, national origin, handicap or familial status. The purpose of the supplemental questions is:

- 1. to give you the option to furnish information about an emergency contact person for you in your home country;
- 2. to verify that you are lawfully in the United States;
- 3. to determine whether your right to be in the U.S. expires during your Lease Contract term; and
- 4. to enable us to better cooperate with government officials in the performance of their duties, when requested.

We don't anticipate sharing your responses to the supplemental questions with anyone except government officials who might inquire about you.

APPLICANT INFORMATION

Full Name (Exactly as it appears on Driver's License or Govt. ID card)

Former Name (if applicable)

Gender (Optional)

Birthdate

Social Security #

Driver's License #

State

Government Photo ID card #

Type

Home Phone Number

Cell Phone Number

Work Phone Number

Email Address

Supplemental Questions ☐ Required ☐ Not Required (If the "Required" box is checked, please answer the following questions if you are not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)

Have you ever been asked or ordered by a representative of any government to leave the U.S. or any other country? ☐ yes ☐ no

If yes, please state when and what country or countries (list all): _____

Are you a U.S. citizen? ☐ yes ☐ no

Approximately how long have you been in the United States? _____ Years _____ Months

Place of Birth _____ Country or countries of which you are a citizen (list all): _____

Please check the U.S. Citizenship and Immigration Services (USCIS) document that entitles you to be in the United States:

☐ Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint). Card Number: _____

☐ Form I-766 Employment Authorization Document (form includes photo and fingerprint). Expiration Date: _____ Card Number: _____

☐ Form I-94 Global Entry Form (form does not include photo or fingerprint). Expiration Date: _____ Form Number: _____

☐ USCIS receipt for replacement of one of the above documents, with verification by USCIS of your entitlement above.

If you are relying on Form I-94, we will ask to see your passport and visa, and you will need to answer the questions below.

Country issuing your passport: _____ Your Passport Number: _____

Expiration Date: _____

Do you have a visa? ☐ yes ☐ no If yes, what type? ☐ student ☐ work ☐ visitor ☐ other (specify): _____

Visa Expiration Date: _____

We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, your passport and visa.

Marital Status: ☐ single ☐ married ☐ widowed ☐ separated

Do you or any occupant smoke? ☐ yes ☐ no

I am applying for the apartment located at: _____

Is there another co-applicant? ☐ yes ☐ no

Co-applicant Name

Email

Co-applicant Name

Email

Co-applicant Name

Email

Co-applicant Name

Email

Co-applicant Name

Email

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OTHER OCCUPANTS

<div></div> <div>Full Name</div>		<div></div> <div>Relationship</div>	
<div></div> <div>Date of Birth</div>	<div></div> <div>Social Security #</div>	<div></div> <div>Driver's License #</div>	<div></div> <div>State</div>
<div></div> <div>Government Photo ID card #</div>		<div></div> <div>Type</div>	

Supplemental Questions ☐ Required ☐ Not Required (If the “Required” box is checked, please answer the following questions if this occupant is not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)

Has this occupant ever been asked or ordered by a representative of any government to leave the U.S. or any other country? ☐ yes ☐ no
If yes, please state when and what country or countries (list all): _____
Is this occupant a U.S. citizen? ☐ yes ☐ no
Approximately how long has this occupant been in the United States? _____ Years _____ Months
Place of Birth _____ Country or countries of which occupant is a citizen (list all): _____
Please check the U.S. Citizenship and Immigration Services (USCIS) document that entitles the occupant to be in the United States:
☐ Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint). Card Number: _____
☐ Form I-766 Employment Authorization Document (form includes photo and fingerprint). Expiration Date: _____ Card Number: _____
☐ Form I-94 Global Entry Form (form does not include photo or fingerprint). Expiration Date: _____ Form Number: _____
☐ USCIS receipt for replacement of one of the above documents, with verification by USCIS of your entitlement above.
If relying on Form I-94, we will ask to see occupant's passport and visa, and you will need to answer the questions below.
Country issuing passport: _____ Passport Number: _____
Expiration Date: _____
Does occupant have a visa? ☐ yes ☐ no If yes, what type? ☐ student ☐ work ☐ visitor ☐ other (specify): _____
Visa Expiration Date: _____
We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, occupant's passport and visa.

<div></div> <div>Full Name</div>		<div></div> <div>Relationship</div>	
<div></div> <div>Date of Birth</div>	<div></div> <div>Social Security #</div>	<div></div> <div>Driver's License #</div>	<div></div> <div>State</div>
<div></div> <div>Government Photo ID card #</div>		<div></div> <div>Type</div>	

Supplemental Questions ☐ Required ☐ Not Required (If the “Required” box is checked, please answer the following questions if this occupant is not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)

Has this occupant ever been asked or ordered by a representative of any government to leave the U.S. or any other country? ☐ yes ☐ no
If yes, please state when and what country or countries (list all): _____
Is this occupant a U.S. citizen? ☐ yes ☐ no
Approximately how long has this occupant been in the United States? _____ Years _____ Months
Place of Birth _____ Country or countries of which occupant is a citizen (list all): _____
Please check the U.S. Citizenship and Immigration Services (USCIS) document that entitles the occupant to be in the United States:
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Expiration Date: _____
Does occupant have a visa? ☐ yes ☐ no If yes, what type? ☐ student ☐ work ☐ visitor ☐ other (specify): _____
Visa Expiration Date: _____
We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, occupant's passport and visa.

<div></div> <div>Full Name</div>		<div></div> <div>Relationship</div>	
<div></div> <div>Date of Birth</div>	<div></div> <div>Social Security #</div>	<div></div> <div>Driver's License #</div>	<div></div> <div>State</div>
<div></div> <div>Government Photo ID card #</div>		<div></div> <div>Type</div>	

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Has this occupant ever been asked or ordered by a representative of any government to leave the U.S. or any other country? ☐ yes ☐ no
If yes, please state when and what country or countries (list all): _____
Is this occupant a U.S. citizen? ☐ yes ☐ no
Approximately how long has this occupant been in the United States? _____ Years _____ Months
Place of Birth _____ Country or countries of which occupant is a citizen (list all): _____
Please check the U.S. Citizenship and Immigration Services (USCIS) document that entitles the occupant to be in the United States:
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If relying on Form I-94, we will ask to see occupant's passport and visa, and you will need to answer the questions below.
Country issuing passport: _____ Passport Number: _____
Expiration Date: _____
Does occupant have a visa? ☐ yes ☐ no If yes, what type? ☐ student ☐ work ☐ visitor ☐ other (specify): _____
Visa Expiration Date: _____
We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, occupant's passport and visa.

OTHER OCCUPANTS (continued)

Full Name		Relationship	
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Type	

Supplemental Questions ☐ Required ☐ Not Required (If the “Required” box is checked, please answer the following questions if this occupant is not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)

Has this occupant ever been asked or ordered by a representative of any government to leave the U.S. or any other country? ☐ yes ☐ no
If yes, please state when and what country or countries (list all): _____
Is this occupant a U.S. citizen? ☐ yes ☐ no
Approximately how long has this occupant been in the United States? _____ Years _____ Months
Place of Birth _____ Country or countries of which occupant is a citizen (list all): _____
Please check the U.S. Citizenship and Immigration Services (USCIS) document that entitles the occupant to be in the United States:
☐ Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint). Card Number: _____
☐ Form I-766 Employment Authorization Document (form includes photo and fingerprint). Expiration Date: _____ Card Number: _____
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Country issuing passport: _____ Passport Number: _____
Expiration Date: _____
Does occupant have a visa? ☐ yes ☐ no If yes, what type? ☐ student ☐ work ☐ visitor ☐ other (specify): _____
Visa Expiration Date: _____
We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, occupant's passport and visa.

Full Name		Relationship	
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Type	

Supplemental Questions ☐ Required ☐ Not Required (If the “Required” box is checked, please answer the following questions if this occupant is not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)

Has this occupant ever been asked or ordered by a representative of any government to leave the U.S. or any other country? ☐ yes ☐ no
If yes, please state when and what country or countries (list all): _____
Is this occupant a U.S. citizen? ☐ yes ☐ no
Approximately how long has this occupant been in the United States? _____ Years _____ Months
Place of Birth _____ Country or countries of which occupant is a citizen (list all): _____
Please check the U.S. Citizenship and Immigration Services (USCIS) document that entitles the occupant to be in the United States:
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☐ USCIS receipt for replacement of one of the above documents, with verification by USCIS of your entitlement above.
If relying on Form I-94, we will ask to see occupant's passport and visa, and you will need to answer the questions below.
Country issuing passport: _____ Passport Number: _____
Expiration Date: _____
Does occupant have a visa? ☐ yes ☐ no If yes, what type? ☐ student ☐ work ☐ visitor ☐ other (specify): _____
Visa Expiration Date: _____
We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, occupant's passport and visa.

Full Name		Relationship	
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Type	

Supplemental Questions ☐ Required ☐ Not Required (If the “Required” box is checked, please answer the following questions if this occupant is not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)

Has this occupant ever been asked or ordered by a representative of any government to leave the U.S. or any other country? ☐ yes ☐ no
If yes, please state when and what country or countries (list all): _____
Is this occupant a U.S. citizen? ☐ yes ☐ no
Approximately how long has this occupant been in the United States? _____ Years _____ Months
Place of Birth _____ Country or countries of which occupant is a citizen (list all): _____
Please check the U.S. Citizenship and Immigration Services (USCIS) document that entitles the occupant to be in the United States:
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☐ USCIS receipt for replacement of one of the above documents, with verification by USCIS of your entitlement above.
If relying on Form I-94, we will ask to see occupant's passport and visa, and you will need to answer the questions below.
Country issuing passport: _____ Passport Number: _____
Expiration Date: _____
Does occupant have a visa? ☐ yes ☐ no If yes, what type? ☐ student ☐ work ☐ visitor ☐ other (specify): _____
Visa Expiration Date: _____
We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, occupant's passport and visa.

RESIDENCY INFORMATION

Current Home Address (where you live now)

City

State

Zip Code

Do you ☐ rent or ☐ own?

Dates:

From

To

\$

Monthly Payment

Apartment Name

Landlord/Lender Name

Phone

Reason for Leaving

(The following is only applicable if at current address for less than 6 months.)

Previous Home Address

City

State

Zip Code

Do you ☐ rent or ☐ own?

Dates:

From

To

\$

Monthly Payment

Apartment Name

Landlord/Lender Name

Phone

Reason for Leaving

EMPLOYMENT INFORMATION

Present Employer

Address

City

State

Zip Code

Work Phone

Dates:

From

To

\$

Gross Monthly Income

Position

Supervisor Name

Phone

(The following is only applicable if at current employer for less than 6 months.)

Previous Employer

Address

City

State

Zip Code

Work Phone

Dates:

From

To

\$

Gross Monthly Income

Position

Supervisor Name

Phone

ADDITIONAL INCOME

(Income must be verified to be considered)

Type

Source

\$

Gross Monthly Amount

Type

Source

\$

Gross Monthly Amount

CREDIT HISTORY (if applicable)

If applicable, please explain any past credit problem:

RENTAL/CRIMINAL HISTORY

(Check only if applicable)

Have you or any occupant listed in this Application ever:

☐ been evicted or asked to move out?

☐ moved out of a dwelling before the end of the lease term without the owner's consent?

☐ declared bankruptcy?

☐ been sued for rent?

☐ been sued for property damage?

☐ been convicted (or received an alternative form of adjudication equivalent to conviction) of a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime?

Please indicate the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. *You represent the answer is "no" to any item not checked above.*

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REFERRAL INFORMATION

How did you find us?

☐ Online search. Website address: _____

☐ Referral from a person. Name: _____

☐ Social Media. Which one? _____

☐ Other _____

EMERGENCY CONTACT

Emergency contact person over 18, who will not be living with you:

Name

Relationship

Address

City

State

Zip Code

Home Phone #

Cell Phone #

Work Phone #

Email Address

VEHICLE INFORMATION (if applicable)

List all vehicles owned or operated by you or any occupants (including cars, trucks, motorcycles, trailers, etc.).

Make

Model

Color

Year

License Plate #

State

Make

Model

Color

Year

License Plate #

State

Make

Model

Color

Year

License Plate #

State

Make

Model

Color

Year

License Plate #

State

PET INFORMATION (if applicable)

You may not have any animal in your unit without management’s prior authorization in writing. If we allow your requested animal, you must sign a separate animal addendum, which may require additional deposits, rents, fees or other charges.

Name

Type

Breed

Gender

Weight

Color

Age

Assistance Animal Status: ☐ yes ☐ no

Name

Type

Breed

Gender

Weight

Color

Age

Assistance Animal Status: ☐ yes ☐ no

APPLICATION AGREEMENT

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease Contract. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease Contract. In order to continue with this application, you’ll need to review the Application Agreement carefully and acknowledge that you accept its terms.

1. Lease Contract Information. The Lease Contract contemplated by the parties will be the current Lease Contract. Special information and conditions must be explicitly noted on the Lease Contract.

2. Approval When Lease Contract Is Signed in Advance. If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit or other amounts owed under the Lease Contract when the Lease Contract has been signed.

3. Approval When Lease Contract Isn’t Yet Signed. If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit or other amounts owed under the Lease Contract when the Lease Contract has been signed.

4. If you Fail to Sign Lease Contract After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you our approval. If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.

5. If You Withdraw Before Approval. If you or any co-applicant withdraws an Application or notifies us that you’ve changed your mind about renting the dwelling unit, we’ll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.

6. Approval/Non-Approval. We will notify you whether you’ve been approved within 10 days after the date we receive a completed Application. Your Application will be considered “disapproved” if we fail to notify you of your approval within 10 days after we have received a completed Application. Notification may be in person or by mail, or by e-mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 10-day time period may be changed only by separate written agreement.

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APPLICATION AGREEMENT (continued)

7. Refund after Non-Approval.

If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, we'll refund all application deposits within 30 days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.

8. Extension of Deadlines.

If the deadline for signing, approving, or refunding under paragraphs 4, 6, or 7 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.

9. Keys or Access Devices.

We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.

10. Application Submission.

Submission of a rental application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease Contract.

DISCLOSURES

1. Application Fee (Non-Refundable).

You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 3. *Payment of the application fee does not guarantee that your application will be accepted.* The application fee partially defrays the cost of administrative paperwork. *It is non-refundable.*

2. Application Deposit (may or may not be refundable).

In addition to any application fee(s), you agree to pay to our representative an application deposit in the amount indicated in paragraph 3. *The application deposit is not a security deposit.* The application deposit will be credited toward the required security deposit or other amounts owed under the Lease Contract when the Lease Contract has been signed; OR, it will be refunded under paragraph 7 of the Application Agreement if your application is not approved; OR, it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraphs 4 or 5 of the Application Agreement.

3. Fees Due. Your Rental Application will not be processed until we receive your completed Rental Application (and the completed Rental Application of all co-applicants, if applicable) and the following fees:

1. Application fee (non-refundable): \$ 50.00

2. Application deposit (may or may not be refundable): \$

4. Completed Application.

Your Rental Application for Residents and Occupants will not be considered "completed" and will not be processed until we receive the following documentation and fees:

1. Your completed Rental Application;

2. Completed Rental Applications for each co-applicant (if applicable);

3. Application fees for all applicants;

4. Application deposit for the Unit.

5. Notice to or from Co-Applicants.

Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.

6. SHIP Disclosure Statement.

If this property or you are a tenant who may be receiving funds from the Florida State Housing Initiatives Partnership program (SHIP), then this application is subject to the Florida's public records laws, Chapter 119, Florida Statutes. Most of the information that you provide may be required to be released if there is a public records request. If you believe that you qualify to have your information protected, you must notify us in writing of the specific law or statute that protects your information. All non-exempt information will be released in response to a public records request.

SPECIAL PROVISIONS

AUTHORIZATION AND ACKNOWLEDGMENT

AUTHORIZATION

I authorize RESIDENCES AT SOMI PARC LLC

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Payment Authorization

I authorize RESIDENCES AT SOMI PARC LLC

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-Sufficient Funds and Dishonored Payments.

If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

(i) Applicant shall pay to us the NSF Charge; and

(ii) We reserve the right to refer the matter for criminal prosecution

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AUTHORIZATION AND ACKNOWLEDGMENT *(continued)*

ACKNOWLEDGMENT

You declare that all your statements in this Application are true and complete. You authorize us to verify the same through any means. If you fail to answer any question(s) 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.

Applicant's Signature **Date**

Applicant's Signature _____ Date _____

Applicant's Signature

Date _____

FOR OFFICE USE ONLY

Unit # or type

Apt. name or dwelling address (street, city)

Person accepting application	
------------------------------	--

Phone

Person processing application

Phone _____

Applicant or Co-applicant was notified by ☐ telephone ☐ letter ☐ email, or ☐ in person of ☐ acceptance or ☐ non-acceptance on

(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)

Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):

Name(s) _____

Name of owner's representative who notified above person(s)

ADDITIONAL COMMENTS

[illegible]

General Instructions:

This form is to be complete by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing & Urban Development. Owner & agents are required to offer the applicant/tenant the option to complete this form. This form is to be completed at initial application or at lease signing. In-Place tenants must also be offered the opportunity to complete the form as part of their next interim or annual recertification. Once the form is completed it need not be completed again unless the Head of House hold or household composition changes. There is no penalty for persons who do not complete the form. However, the owner/agent may place a note in the file stating that the applicant/tenant refused to complete the form. **Parent/Guardians are to complete the form for children under the age of 18.**

The Office of Housing as been issued permission to use this form to gather race & ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together & placed in the Household’s file.

PART XI - STATISTICAL DATA		
	For Office Use: Household elected not to participate.	

New Households

Prior Housing Information
(Answer for household head)

Monthly rent payment	_____
Monthly house payment	_____
ZIP Code	_____

All Households

Current Employment
(Answer for household head)

Occupation	_____
ZIP Code	_____

Primary Transportation Mode
(Answer for household head)

Motor vehicle	_____
Public transportation	_____
Other	_____

Additional Household Information

A member of the household:
(Check all that Apply)

Receives Medicare benefits	_____
Receives Medicaid benefits	_____
Is a Person With a Disability *	_____

Racial Categories* (Select All That Apply)	Total Number of Household Members Per Category	Total Number of Hispanic or Latino Household Members
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native and White		
Asian and White		
Black or African American and White		
American Indian or Alaska Native and Black or African American		
Asian and Black or African American		
Other mutiple race combination		
TOTALS		

* Definitions

Person With a Disability	A person who has a mental or physical impairment that substantially limits one or more of such person's * Major Life Activities; has a record of such impairment; or is regarded as having such an impairment.
Major Life Activities	Functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, sitting, standing, lifting, reaching, thinking, concentrating, reading, interacting with others, learning, sleeping and working.
Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
Not-Hispanic or Latino	A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”
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	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are to required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual recertification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and place in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Relations Assistance Certification System). This information is considered non-sensitive and does not require any specific protection.

I/We, _____, by signing below certify that I/We

☐ Have provided the information listed above

☐ Elected not to provide the information listed above

I certify all information is true and accurate to the best of my knowledge.

Resident Signature	Date	Resident Signature	Date	Resident Signature	Date
--------------------	------	--------------------	------	--------------------	------

MARITAL & ESTRANGEMENT DECLARATION

Sworn Declaration of Marital Status and Declaration of Estrangement Addendum to the Application
One form per adult, minimum is required. One form per Marriage / Divorce must be completed.

Property: _____

Please complete either "A", "B", "C", "D" or "E" below as appropriate with regard to your marital status:

PART A:

I, _____, duly state that I am currently legally separated from my spouse and have attached a copy of my divorce decree, current legal separation agreement, or letter from my attorney.

PART B:

I, _____, duly state that I am currently separated from my spouse, but have NOT taken any legal action with regard to my marital status. I hereby state that the following conditions apply:

MY REASONS FOR NOT PURSUING LEGAL ACTION ARE AS FOLLOWS: _____

For example: restraining order, fear of retaliation, incarceration, religious beliefs, or other reason explained.

If separated but not divorced, for the above reason, please read and complete the estrangement section below:

1. I am separated and estranged from my spouse

Full Name of Estranged Spouse: _____

I further certify that I do not intend to reconcile with my spouse.

2. If reconciliation occurs, my spouse will not be permitted to reside with me in the above - referenced development, unless at least twelve months have elapsed since the beginning of the initial lease term.
3. If reconciliation occurs prior to expiration of the twelve – months time frame cited above, and my spouse wishes to reside with me in the above – referenced development, our entire household must re – qualify as a new household.

Please select one of the options below to address potential child support for the next 12 months:

_____ I have children with my separated spouse and **I do not** anticipate filing for or receiving child support in the next 12 months.

_____ I have children with my separated spouse and **I do** anticipate filing for or receiving child support in the next 12 months and **I have attached verification of the anticipated child support.**

_____ I do not have children with my separated spouse and will not be receiving any child support.

PART C:

I, _____, duly state that I am widow/widower

PART D:

I, _____, have never been married.

PART E:

I, _____, and my spouse, _____ will both reside in the above referenced development.

REPORTING AND LEASE REQUIREMENTS:

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, asset sources, household composition and marital status. I will not allow my spouse or any other individual to move into my residence, without PRIOR approval with management.

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

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Applicant Addendum Questionnaire

Applicant Name: _____

YES

NO

0

0

1. **Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child(ren) will be living in unit.)*

Explanation: _____

0

0

2. **Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military or child away in school.)*

Explanation: _____

0

0

3. **Do you expect any changes to your household composition in the next 12 months?**

Explanation: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU receive OR expect to receive income from any of the following sources?

YES

NO

0

0

4. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Company Name:

Address:

Monthly Gross Amount

Telephone Number

Fax Number

HR Contact Name

0

0

5. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Type of Business

NET Income

0

0

6. **Regular pay as a member of the Armed Forces/Military?**

Base Name & Branch

Gross Amount

0

0

7. **Unemployment benefits? Or workman's compensation?**

Unemployment Amount

Workman's Compensation

0

0

8. **Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?**

Type of Assistance

Amount

0

0

9. (a) **Child support?**

(We must count court-ordered support whether is received or not unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

Child's Name

Payor

Amount

0

0

- (b) **Alimony?** If yes, Name of Payor and Amount _____

0
0
(If yes, obtain court papers)

0

- (c) **If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?**

Explanation: _____

0

0

10. **Social Security, SSI or any other payments from the Social Security Administration?**

Type of Payment

Monthly Amount

<u>Yes</u>	<u>NO</u>										
0	0	11. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?									
		<table border="0"> <thead> <tr> <th><u>Type of Payment</u></th> <th><u>Source of Benefit</u></th> <th><u>Monthly Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Type of Payment</u>	<u>Source of Benefit</u>	<u>Monthly Amount</u>	_____	_____	_____	_____	_____	_____
<u>Type of Payment</u>	<u>Source of Benefit</u>	<u>Monthly Amount</u>									
_____	_____	_____									
_____	_____	_____									
0	0	12. Regular payments from a severance package?									
		<table border="0"> <thead> <tr> <th><u>Source of Payment</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Source of Payment</u>	<u>Amount</u>	_____	_____					
<u>Source of Payment</u>	<u>Amount</u>										
_____	_____										
0	0	13. Regular payments from any type of settlement? (For example, insurance settlements.)									
		<table border="0"> <thead> <tr> <th><u>Source of Payment</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Source of Payment</u>	<u>Amount</u>	_____	_____	_____	_____			
<u>Source of Payment</u>	<u>Amount</u>										
_____	_____										
_____	_____										
0	0	14. Regular gifts or payments from anyone outside of the household?									
		<table border="0"> <thead> <tr> <th><u>Source of Payment</u></th> <th><u>Monthly Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Source of Payment</u>	<u>Monthly Amount</u>	_____	_____	_____	_____			
<u>Source of Payment</u>	<u>Monthly Amount</u>										
_____	_____										
_____	_____										
0	0	15. Regular payments from lottery winnings or inheritances?									
		<table border="0"> <thead> <tr> <th><u>Source of Payment</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Source of Payment</u>	<u>Amount</u>	_____	_____	_____	_____			
<u>Source of Payment</u>	<u>Amount</u>										
_____	_____										
_____	_____										
0	0	16. Regular payments from rental property or other types of Real Estate transactions?									
		<table border="0"> <thead> <tr> <th><u>Source of Payment</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Source of Payment</u>	<u>Amount</u>	_____	_____	_____	_____			
<u>Source of Payment</u>	<u>Amount</u>										
_____	_____										
_____	_____										
0	0	17. Any other income sources or types not listed? (Please include below)									
		<table border="0"> <thead> <tr> <th><u>Source of Payment</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Source of Payment</u>	<u>Amount</u>	_____	_____	_____	_____			
<u>Source of Payment</u>	<u>Amount</u>										
_____	_____										
_____	_____										
0	0	18. Do you expect any changes to your income in the next 12 months?									
		Explanation: _____									

If you DO NOT receive any income from any of the sources listed above and you are a Zero Income applicant/resident, please add your initials here _____

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU hold:

<u>YES</u>	<u>NO</u>										
0	0	19. Checking or savings account? (Checking must have last 6 months average balance, saving current)									
		<table border="0"> <thead> <tr> <th><u>Type of Account</u></th> <th><u>Financial Institute</u></th> <th><u>Amount AND Interest Rate</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Type of Account</u>	<u>Financial Institute</u>	<u>Amount AND Interest Rate</u>	_____	_____	_____	_____	_____	_____
<u>Type of Account</u>	<u>Financial Institute</u>	<u>Amount AND Interest Rate</u>									
_____	_____	_____									
_____	_____	_____									
0	0	20. CDs, money market accounts or treasury bills?									
		<table border="0"> <thead> <tr> <th><u>Type of Account</u></th> <th><u>Financial Institute</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Type of Account</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Type of Account</u>	<u>Financial Institute</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									
0	0	21. Stocks, bonds or securities?									
		<table border="0"> <thead> <tr> <th><u>Type of Account</u></th> <th><u>Company or Broker</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Type of Account</u>	<u>Company or Broker</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Type of Account</u>	<u>Company or Broker</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									
0	0	22. Trust Funds?									
		<table border="0"> <thead> <tr> <th><u>Type of Account</u></th> <th><u>Financial Institute</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Type of Account</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Type of Account</u>	<u>Financial Institute</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									

<u>Yes</u>	<u>No</u>										
0	0	23. Pensions, IRAs, Keogh or other retirement accounts? <table border="0"> <thead> <tr> <th><u>Type of Account</u></th> <th><u>Financial Institute</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Type of Account</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Type of Account</u>	<u>Financial Institute</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									
0	0	24. Whole life insurance policy? <table border="0"> <thead> <tr> <th><u>Insurance Carrier</u></th> <th><u>Telephone Number</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Insurance Carrier</u>	<u>Telephone Number</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Insurance Carrier</u>	<u>Telephone Number</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									
0	0	25. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i> <table border="0"> <thead> <tr> <th><u>Address of Property</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Address of Property</u>	<u>Amount</u>	_____	_____	_____	_____			
<u>Address of Property</u>	<u>Amount</u>										
_____	_____										
_____	_____										
0	0	26. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i> <table border="0"> <thead> <tr> <th><u>Item</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Item</u>	<u>Amount</u>	_____	_____	_____	_____			
<u>Item</u>	<u>Amount</u>										
_____	_____										
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0	0	27. A safe deposit boxes? <table border="0"> <thead> <tr> <th><u>Financial Institute</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____			
<u>Financial Institute</u>	<u>Amount</u>										
_____	_____										
_____	_____										
0	0	28. Do you have any cash on hand? If yes, how much? _____									
0	0	29. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Household Member: _____ Amount: _____ Explanation: _____									

Student Status Information:

0	0	30. Are you or anyone in your household a full-time student? <i>(if yes, please provide a copy of the most recent class schedule including the words "Full Time")</i> <table border="0"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Educational Institute</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Household Member</u>	<u>Educational Institute</u>	_____	_____	_____	_____
<u>Household Member</u>	<u>Educational Institute</u>							
_____	_____							
_____	_____							
0	0	31. Are you or anyone in your household a part time student? <i>(if yes, please provide a copy of the most recent class schedule including the words "Part Time")</i> <table border="0"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Financial Institute</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Household Member</u>	<u>Financial Institute</u>	_____	_____	_____	_____
<u>Household Member</u>	<u>Financial Institute</u>							
_____	_____							
_____	_____							

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application addendum for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

Please sign and date below:

Printed Name

Date

Signature

Application Documents Required

We value your time and interest, in order to process your application please bring in the following documents, as applicable to your household. All documents must be current (with in the past 90 days) and in English. If documents are in any other language, verification must be obtained.

Please bring the following documents when applying:

- ☐ **Government Issued Identification**
- ☐ **Social Security card**
- ☐ **Marriage certificate** (if applicable)
- ☐ **Proof of income (as applicable):**
 - ☐ **Employment** - last 8 consecutive paystubs
 - ☐ **Social Security Benefits** - Award letter, Disability letter, or pension letter required
 - ☐ **Self-employment** - Accountant Profit/Loss statement required along with 2 years of fixed income tax returns
 - ☐ **Child Support** – Court order and 1 year of payment history
- ☐ **Asset Verification:**
 - ☐ **Checking Accounts** - Last 6 statements (6 months)
 - ☐ **Savings account** – Most recent bank statement (1 month)
 - ☐ **Real Estate** - Documentation of any real estate transactions in the past 24 months
 - ☐ **Retirement Account** – Current Verification of Value of account (401k/IRA/403B, etc..)

Application Documents Required

*Valoramos su tiempo e interés, para procesar su solicitud, traiga los siguientes documentos, según **corresponda a su hogar**. Todos los documentos deben estar actualizados (**en los últimos 90 días**) y en inglés. Si los documentos están en cualquier otro idioma, se debe obtener la verificación en inglés.*

Por favor traiga los siguientes documentos al devolver la solicitud:

- ☐ **Identificación emitida por el gobierno**
- ☐ **Tarjeta de Seguro Social**
- ☐ **Certificado de matrimonio** (si corresponde)
- ☐ **Comprobante de ingresos** (según corresponda):
 - ☐ **Empleo:** últimos 8 recibos de pago consecutivos
 - ☐ **Beneficios del Seguro Social:** se requiere una carta de adjudicación monetaria, una carta de discapacidad o una carta de pension
 - ☐ **Trabajo por cuenta propia :** se requiere un estado de pérdidas y ganancias del contador junto con 2 años de declaraciones de impuestos sobre ingresos fijos
 - ☐ **Manutención de los hijos :** orden judicial y 1 año de historial de pagos
- ☐ **Verificación de activos:**
 - ☐ **Cuentas de cheques** - Últimos 6 estados de cuenta (6 meses)
 - ☐ **Cuenta de ahorros:** estado de cuenta bancario más reciente (1 mes)
 - ☐ **Bienes Raíces** - Documentación de cualquier transacción de bienes raíces en los últimos 24 meses
 - ☐ **Cuenta de jubilación** - Verificación actual del valor de la cuenta (401k/IRA/403B, etc.)