

Federalsburg Square Apartments

Suite 700 Caroline Apartments • Denton, MD 21629
(410) 479-3873 • fax (410) 479-9119 • TDD 711

701 Routzahn Lane • Federalsburg, MD 21632
(410) 754-5975 • fax (410) 754-7624 • TDD 711

ADDENDUM TO APPLICATION CONSENT FORM

As part of the application for occupancy procedures, I authorize the management of Federalsburg Square Apartments to make any investigation of my personal history, criminal background, financial and credit record through any investigative or law enforcement or credit bureau or agency. I also consent for the management to contact my former landlord(s) and release such individuals, organizations and management from all liability for any such claim or damage there from.

Name (type or print): _____

Present address: _____

Previous address: _____

Social Security Number: _____

Social Security Number: _____

Driver's License Number: _____

Driver's License Number: _____

Signature _____ Date: _____

Co-Applicant _____ Date: _____

Application Fee: \$15.00 per person 18 years and older. Due when application is processed.

PLEASE INCLUDE A COPY OF BIRTH CERTIFICATES, SOCIAL SECURITY CARDS AND DRIVERS LICENSE OF ALL HOUSEHOLD MEMBERS WITH RETURN OF APPLICATION.

_____ Application Submitted Complete yes/ no
Date Stamp & Initial by Management

_____ Application Complete Removed Incomplete Date _____
Date Stamp & Initial by Management



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



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PLEASE COMPLETE THE FOLLOWING INFORMATION

NAME: _____

Email address: _____

(Please Check Only One)

- I would like to apply for rental assistance. (Rent adjusted according to income)
- I do not need rental assistance (or those with section 8 assistance)
- I would like to apply for both

I am applying for:

	<u>Minimum Person(s)</u>	<u>Maximum Person(s)</u>
<input type="checkbox"/> A one (1) bedroom apartment	1	2
<input type="checkbox"/> A two (2) bedroom apartment	2	4

I would like to apply for an apartment at the following location(s)

- Federalsburg
- Denton
- Both

Do you need an accommodation or apartment modification to meet any special housing needs? () Yes () No

If "Yes", please specify: _____

How did you hear about us? _____

Applicant Signature _____

Date _____

DO NOT WRITE INSIDE THIS BOX – For Rental Office Use Only

Date Received in Office: _____ Time Received: _____

Application was reviewed by _____ on _____

If incomplete, applicant was contacted on _____ by _____

Application Status Notification was completed/ mailed to the applicant on _____ (attach copy of notice to application).



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RENTAL APPLICATION PLEASE PRINT ALL INFORMATION

A. APPLICANT

NAME: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

CURRENT ADDRESS: _____ APT. NO. _____

CITY, STATE, ZIP: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ CURRENT RENT: \$ _____

CURRENT LANDLORD: _____ PHONE NO. (____) _____

CURRENT LANDLORD ADDRESS: _____

DO YOU PAY THE UTILITIES? _____ HOW MUCH PER MONTH (average) _____

HOME PHONE NUMBER: (____) _____ WORK PHONE NUMBER (____) _____

CELL PHONE NUMBER: (____) _____ EMAIL ADDRESS: _____

B. HOUSEHOLD COMPOSITION

(LIST HEAD OF HOUSEHOLD AND ALL OTHER HOUSEHOLD MEMBERS WHICH WILL OCCUPY THE APARTMENT YOU ARE APPLYING FOR)

	MEMBERS FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NUMBER
1.	_____	(HEAD)	_____	_____	_____	_____ - _____ - _____
2.	_____	_____	_____	_____	_____	_____ - _____ - _____
3.	_____	_____	_____	_____	_____	_____ - _____ - _____
4.	_____	_____	_____	_____	_____	_____ - _____ - _____

IS THERE ANY MEMBER 18 OR OLDER THAT IS A FULL TIME STUDENT? _____ YES _____ NO
 IF YES, WHO? _____

SCHOOL ATTENDING _____

DOES ANYONE LIVE WITH YOU NOW THAT IS NOT LISTED ABOVE? _____ YES _____ NO
 IF YES, EXPLAIN _____

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE THAT ARE NOT LISTED ABOVE?
 _____ YES _____ NO
 IF YES, EXPLAIN _____

DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE SPECIAL HOUSING NEEDS? _____ YES _____ NO
 IF YES, EXPLAIN _____



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(DOES APPLICANT REQUIRE EITHER A DISABILITY ADJUSTMENT TO INCOME OR A SPECIAL DESIGN ACCESSIBLE UNIT OR BOTH?)
DISABILITY ADJUSTMENT _____ YES _____ NO
SPECIAL DESIGN/ACCESSIBLE UNIT _____ YES _____ NO
BOTH _____ YES _____ NO

HOW MANY PEOPLE LIVE IN YOUR HOME? _____ HOW MANY BEDROOMS IN YOUR HOME? _____

WHY DO YOU WISH TO MOVE? _____

ARE YOU BEING EVICTED? _____ IF YES, WHY? _____

WHEN MUST YOU BE OUT OF YOUR HOME? _____

HAVE YOU EVER BEEN EVICTED IN THE PAST? _____ IF SO, FROM WHERE AND WHEN? _____

HAVE YOU LIVED IN SUBSIDIZED HOUSING BEFORE? _____ IF SO, LIST PROPERTY NAME AND ADDRESS: _____

HAS ASSISTANCE EVER BEEN TERMINATED FOR FRAUD? _____, NON-PAYMENT OF RENT? _____ OR FAILURE TO COOPERATE WITH RECERTIFICATION PROCEDURES? _____

FORMER LANDLORD: NAME _____ TELEPHONE NO: _____

ADDRESS: _____

FROM: _____ TO _____ AMOUNT OF RENTAL PAYMENTS\$ _____

DO YOU OWN A CAR(S)? _____ MAKE _____ MODEL _____ YEAR _____

DRIVERS LICENSE #: _____ STATE: _____ EXPIRATION DATE: _____

C. SOURCE (S) OF INCOME

LIST ALL INCOME SOURCES FOR ALL HOUSEHOLD MEMBERS WHO WILL OCCUPY THE APARTMENT. THIS INCLUDES, BUT IS NOT LIMITED TO, FULL AND/OR PART-TIME EMPLOYMENT, ALL INCOME FROM WELFARE AGENCIES, SOCIAL SECURITY, PENSION, SSI, DISABILITY, ARMED FORCES RESERVES, UNEMPLOYMENT COMPENSATION, CHILD CARE, ALIMONY, CHILD SUPPORT, DIVIDENDS, ANNUITIES, AND REGULAR CONTRIBUTIONS FROM PEOPLE NOT RESIDING WITH YOU.

PLEASE CHECK THE APPLICABLE INCOME SOURCE(S) AND INDICATE NAME, ADDRESS AND TELEPHONE NUMBER:

____ EMPLOYMENT: NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

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EMPLOYMENT: NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

MILITARY: NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

PENSION NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

UNEMPLOYMENT: NAME _____ TELEPHONE NO. (____) _____
BENEFITS

ADDRESS _____

ANNUAL GROSS INCOME _____

VETERANS NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

SOCIAL NAME _____ TELEPHONE NO. (____) _____
SECURITY

ADDRESS _____

ANNUAL GROSS INCOME _____

CHILD NAME _____ TELEPHONE NO. (____) _____
SUPPORT

ADDRESS _____

ANNUAL GROSS INCOME _____

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OTHER: NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

OTHER: NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS.

- | | YES | NO |
|--|-------|-------|
| 1. DOES ANY MEMBER OF YOUR FAMILY WORK FOR SOMEONE WHO PAYS THEM IN CASH? | _____ | _____ |
| 2. IS ANY MEMBER OF YOUR HOUSEHOLD ON A LEAVE OF ABSENCE FROM WORK DUE TO LAY-OFF, MEDICAL, MATERNITY, OR MILITARY LEAVE? | _____ | _____ |
| 3. IS ANY MEMBER OF YOUR HOUSEHOLD, RESIDING, OR NOT RESIDING IN YOUR HOUSEHOLD NOW RECEIVING MILITARY PAY AND/OR ALLOWANCES? | _____ | _____ |
| 4. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE CHILD SUPPORT? | _____ | _____ |
| 5. IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO CHILD SUPPORT THAT HE/SHE IS NOT NOW RECEIVING? | _____ | _____ |
| 6. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE ALIMONY? | _____ | _____ |
| 7. IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO ALIMONY PAYMENTS THAT HE/SHE IS NOT NOW RECEIVING? | _____ | _____ |
| 8. DOES ANY MEMBER OF YOUR FAMILY/HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM A PENSION OR ANNUITY? | _____ | _____ |
| 9. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE REGULAR CASH CONTRIBUTIONS FROM INDIVIDUALS NOT LIVING IN THE UNIT, OR FROM AGENCIES? | _____ | _____ |
| 10. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE WHOLE LIFE INSURANCE BENEFITS? | _____ | _____ |

D. NET FAMILY ASSETS

CHECKING ACCOUNT: NAME OF BANK _____

ADDRESS _____

ACCOUNT NUMBER: _____ IS ACCOUNT INTEREST BEARING? _____

CURRENT BALANCE: _____

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SAVINGS ACCOUNT: _____ NAME OF BANK _____

ADDRESS _____

ACCOUNT NUMBER: _____ IS ACCOUNT INTEREST BEARING? _____

CURRENT BALANCE: _____

WILL PART OF THIS CURRENT BALANCE BE USED FOR YOUR SECURITY DEPOSIT? _____ YES _____ NO

IF YES, PLEASE INDICATE AMOUNT \$ _____

STOCKS: NAME: _____ TYPE: _____

CURRENT MARKET VALUE \$ _____ YEARLY INCOME GENERATED \$ _____

BONDS: NAME: _____ TYPE: _____

CURRENT MARKET VALUE \$ _____ YEARLY INCOME GENERATED \$ _____

REAL ESTATE: TYPE: _____ CURRENT MARKET VALUE \$ _____

AMOUNT OF EXISTING MORTGAGE \$ _____

YEARLY INCOME GENERATED \$ _____

DO YOU OWN A HOME OR OTHER REAL PROPERTY: _____ YES _____ NO

CASH ON HAND \$ _____

HAVE YOU SOLD OR GIVEN AWAY REAL PROPERTY OR OTHER ASSETS WITHIN THE LAST TWO YEARS:

_____ YES _____ NO IF YES, EXPLAIN _____

WHAT WAS THE MARKET VALUE? \$ _____ AMOUNT ASSET WAS SOLD FOR \$ _____

LIST OTHER ASSETS:

1. TYPE: _____ CURRENT MARKET VALUE: \$ _____

YEARLY INCOME GENERATED \$ _____

2. TYPE: _____ CURRENT MARKET VALUE: \$ _____

YEARLY INCOME GENERATED \$ _____



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D. CHILD CARE EXPENSES (TO BE COMPLETED FOR CHILDREN 12 YEARS OF AGE OR YOUNGER)

DO YOU PAY FOR CHILDCARE DUE TO EMPLOYMENT? _____ AMOUNT OF WEEKLY EXPENSE \$ _____

DO YOU PAY FOR CHILDCARE DUE TO ATTENDING SCHOOL? _____ AMOUNT OF WEEKLY EXPENSE \$ _____

LIST NAME(S) AND AGE(S) OF CHILD(REN) FOR WHICH YOU PAY CHILD CARE EXPENSES:

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

INSTITUTION OR INDIVIDUAL PROVIDING CHILDCARE

NAME _____

ADDRESS _____

IS CHILDCARE COST COVERED BY AFDC OR ANY OTHER SOURCE: _____

E. DISABILITY ASSISTANCE EXPENSES (TO BE COMPLETED ONLY IF THE DISABILITY EXPENSE ALLOWS THE DISABLED INDIVIDUAL OR ANOTHER HOUSEHOLD MEMBER TO WORK.)

AMOUNT OF WEEKLY EXPENSE \$ _____

INDICATE THE NAME AND AGE OF THE INDIVIDUAL FOR WHICH YOU PAY HANDICAPPED ASSISTANCE:

NAME _____ AGE _____

LIST THE NAME AND ADDRESS OF THE INDIVIDUAL PROVIDING THE HANDICAPPED ASSISTANCE:

NAME _____

ADDRESS _____

F. MEDICAL EXPENSES (TO BE COMPLETED ONLY IF HEAD OR HOUSEHOLD OR SPOUSE IS 62 OR OLDER OR DISABLED)

DO YOU HAVE MEDICARE? _____ DO YOU HAVE OTHER MEDICAL INSURANCE? _____ IF YES, INDICATE
NAME _____ POLICY NUMBER _____

DOES MEDICAL ASSISTANCE PAY YOUR DOCTOR AND DRUG BILLS? _____

ARE YOU RECEIVING MEDICAL ASSISTANCE THROUGH WELFARE? _____

DO YOU PAY ANY PORTION OF THE MEDICAL/DRUG COSTS, YOU SHOULD SUPPLY US WITH THE BILLS AND THE RECORDS OF WHAT EXPENSES YOU HAVE INCURRED.

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IF YOUR MEDICAL CONDITION IS PERMANENT AND YOU WILL ROUTINELY HAVE MEDICAL EXPENSES THAT ARE NOT COVERED BY MEDICAL INSURANCE, PLEASE INDICATED THE TYPE OF MEDICAL EXPENSE, THE FREQUENCY OF THE EXPENSE, AND THE AMOUNT OF THE EXPENSE:

TYPE _____ FREQUENCY _____ AMOUNT _____
TYPE _____ FREQUENCY _____ AMOUNT _____
TYPE _____ FREQUENCY _____ AMOUNT _____
TYPE _____ FREQUENCY _____ AMOUNT _____

DO YOU UNDERSTAND THAT ALL INCOME, ASSETS AND EXPENSES MUST BE VERIFIED? _____ YES _____ NO

DO YOU UNDERSTAND THAT YOU ARE RESPONSIBLE TO REPORT ALL HOUSEHOLD INCOME? _____ YES _____ NO

DO YOU UNDERSTAND THAT YOU ARE TO REPORT ANY CHANGES IN INCOME OR EXPENSES TO THE RENTAL OFFICE AS SOON AS THEY OCCUR? _____ YES _____ NO

G. PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME _____ PHONE (____) _____

ADDRESS: _____ RELATIONSHIP: _____

H. NON-DISCRIMINATION: (Property Manager To Complete)

I/WE OPERATE IN ACCORDANCE WITH THE FAIR HOUSING LAW. I/WE DO NOT DISCRIMINATE AGAINST ANY PERSON IN THE TERMS, CONDITIONS OR PRIVILEGES OF SALE OR RENTAL OF A DWELLING OR IN THE PROVISIONS OF SERVICES OF FACILITIES IN CONNECTION THEREWITH, BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN.

Federalsburg Square Apartments DOES NOT DISCRIMINATE ON THE BASIS OF DISABLED STATUS IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS FEDERALLY ASSISTED PROGRAMS AND ACTIVITIES.

TO WHOM IT MAY CONCERN:

I/WE AUTHORIZE THE MANAGEMENT AGENT TO INVESTIGATE MY/OUR CREDIT AND VERIFY ALL INFORMATION AND REFERENCES GIVEN. THE INFORMATION OBTAINED WILL BE USED FOR MANAGEMENT PURPOSES ONLY AND WILL BE HELD IN CONFIDENCE.

I/WE CERTIFY THAT ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE ALSO CERTIFY THAT THE HOUSING I/WE WILL OCCUPY WILL BE MY/OUR PERMANENT RESIDENCE. I/WE FURTHER CERTIFY THAT I/WE WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

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

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THIS APPLICATION IS SUBJECT TO APPROVAL AND DOES NOT CONSTITUTE AN AGREEMENT TO LEASE. ALL INFORMATION MUST BE VERIFIED BEFORE THIS APPLICATION CAN BE PROCESSED.

HEAD OF HOUSEHOLD	DATE	DATE	CO-HEAD	OF
HOUSEHOLD	DATE	DATE		
OTHER	DATE	DATE	OTHER	
PROPERTY MANAGER	DATE			

DISCLOSURE STATEMENT

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

RACE, NATIONAL ORIGIN AND SEX OF APPLICANT/CO-APPLICANT

RACE: (mark one or more)

(1) AMERICAN INDIAN/ALASKA NATIVE ____; (2) ASIAN ____; (3) BLACK OR AFRICAN AMERICAN ____; (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ____; (5) WHITE ____

ETHNICITY: HISPANIC OR LATINO ____ NOT HISPANIC OR LATINO ____

SEX: MALE FEMALE

INFORMATION SUPPLIED BY: APPLICANT _____ CO-APPLICANT _____ MANAGEMENT _____
 (INITIALS) (INITIALS) (INITIALS)

“Do you, or does any member of the household listed on this application, use controlled substances, have been convicted of the illegal manufacture or distribution of a controlled substance, or convicted for the illegal use of a controlled substance?”

YES NO IF YES, PLEASE EXPLAIN _____



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Federalsburg Square Apartments

Suite 700 Caroline Apartments • Denton, MD 21629
(410) 479-3873 • fax (410) 479-9119 • TDD 711

701 Routzahn Lane • Federalsburg, MD 21632
(410) 754-5975 • fax (410) 754-7624 • TDD 711

RESIDENT SELECTION - ORIENTATION

We do business in accordance with a federal housing law. Applicants are taken on a first come, first serve basis. All applications are filed alphabetically. When a unit becomes vacant or a notice is received from a resident declaring their intent to vacate, the first applicant in the very-low income category that has applied for an apartment needing that unit size will be contacted. The applicant will be asked to come to the business office in order to review the application to determine if any changes to the application are needed or if additional information is required. The process will then begin to verify the necessary information to determine the applicant's eligibility for an apartment.

To Qualify as a Resident:

1. Must have household income within the established income limits.
2. Head of household must meet the State minimum legal age/legal age of majority requirements
3. Must have a good credit rating.
4. **All** applicants must contact the office every six months to update their application.
5. Must meet the occupancy requirements, minimum and maximum number of persons in an apartment as described below

	<u>Minimum Person(s)</u>	<u>Maximum Person(s)</u>
<input type="checkbox"/> A one (1) bedroom apartment	1	2
<input type="checkbox"/> A two (2) bedroom apartment	2	4
<input type="checkbox"/> A three (3) bedroom apartment	3	6
<input type="checkbox"/> A four (4) bedroom apartment	4	8

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SPECIAL NEEDS REQUIREMENT (S) QUESTIONNAIRE

This questionnaire is to be completed by every applicant who has indicated a "special housing need" request on Page 1 of the application. It is used to determine whether an applicant's household needs special features in their apartments.

Applicant Name _____

Date: _____

Applicant's Signature _____

1. Please indicate if you are applying for a disability allowance: Yes _____ No _____

2. Do you, or does any member of your household, have a disability that requires:

- | | |
|--|---|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Apartment for Vision-Impaired |
| <input type="checkbox"/> A barrier-Free apartment | <input type="checkbox"/> Apartment for Hearing-Impaired |
| <input type="checkbox"/> Ground level apartment | <input type="checkbox"/> A change to a policy or procedure (a reasonable accommodation) |
| <input type="checkbox"/> Physical modification to an apartment | <input type="checkbox"/> An assistance animal |

If any of the above are checked, qualified third party documentation must be provided.

3. Will you or any of your household members require a live-in aide to assist you?

- Yes No

If yes, qualified third party documentation must be provided.

4. If you checked any of the above (question 2 and 3) listed categories of apartments, please explain exactly what You will need to accommodate your situation.

5. What is the name of the household member who needs the features identified in question 2 and 3?

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ADDENDUM TO APPLICATION FOR OCCUPANCY (Tax Credit Sites)

To ensure that applicants who have applied for Low Income Housing Tax Credit Properties maintain their eligibility up until the time of occupancy it is necessary that administrative action be taken to verify that no change has occurred in composition of family size and gross income.

To assure that the eligibility is maintained up until date of occupancy it is necessary to perform the following processing actions.

- A) At time of application the "Addendum to Application" this Exhibit, is completed by the applicant with their initial application for housing. Ensure that the applicant reads this addendum, acknowledges their understanding and then signs the "Addendum to Application."
- B) At the time the apartment becomes available and the applicant is advised of the move-in date, an invitation must be extended to the applicant to come into the rental office to conduct a review of any changes that may occurred since the initial application was submitted that affects gross income or family composition. If the determination is made that no changes have occurred then the certification attached to this Exhibit (Certification of Eligibility for LIHTC property) must be completed and signed by applicant(s) that essentially verifies their eligibility is still valid and they are then permitted to move-in the apartment. All sources of household income must be verified and documentation is required to support the tenant certification. The eligibility certification then should be attached to a copy of the original tenant certification that is maintained in the residents file.
- C) Upon completion of the review as indicated in (B) should be determined that the applicant is no longer eligible by virtue of family size that usually influences an increase in family gross income that disqualifies the applicant(s) from occupancy in a Low Income Housing Tax Credit Property, the applicant(s) will be requested to conduct the same review as referenced in (B) and sign the certification indicating the changes to family composition and/or gross income that has occurred since the original application for housing was submitted. At that point, assuming their eligibility no longer exists, the applicant(s) will be so advised and will be informed that they will be issued a letter explaining why they no longer are eligible for an apartment in Low Income Housing Tax Credit Property.
- D) In those cases where it is mandatory to maintain a waiting list and a family has been rejected due to no longer being qualified the waiting list must be so annotated and a copy of the certification which is the "addendum to Application" should be attached to the applicant's file and maintained for the required period of time in the "rejected applicant's" file. It is absolutely necessary that this certification be a part of the file because it will be reviewed in those cases where the states perform a record audit. In this particular case it will explain and support the basis for rejection.

ADDENDUM TO APPLICATION

Applicant hereby acknowledges that he/she is applying for an apartment in a Low Income Housing Tax Credit Property that is governed by the Low Income Tax Credit Laws. Such laws govern the maximum amount of gross income a family may receive in order to qualify for housing in a Low Income Housing Tax Credit Property.

Applicant further understands and agrees that subsequent to initially qualifying for housing in the Low Income Housing Tax Credit Property but prior to actual move-in of the apartment at time the applicant is notified that the unit is available for occupancy, the applicant must visit the rental office and sign the attached certification that no change in family composition or gross income has occurred since the initial data was provided on the application. This final verification is requirement prior to occupancy of an apartment to fully ensure the applicant's family is still eligible under the family composition and gross income limitations.

Applicant understands that if changes have occurred in the family composition or gross income that disqualifies the applicant and family for the Low Income Housing Tax Credit Property the applicant will be determined no longer qualified and will be advised in writing.

Management Agent

Date

Applicant

Date

Applicant

Date

DO NOT SIGN THIS FORM UNTIL AN APARTMENT HAS BEEN OFFERED TO YOU. THIS WILL BE AFTER YOU HAVE BEEN PLACED ON THE WAITING LIST.

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CERTIFICATION OF ELIGIBILITY FOR LOW INCOME HOUSING TAX CREDIT PROPERTY

The undersigned, hereby certify(ies) that:

- 1) I/We have reviewed that data that reflects my/our income and assets as provided with my/our application dated _____, and reaffirm that there has been no change in the gross income as reflected in application.
- 2) The composition of my/our family has not changed from the data that was submitted with the referenced application.
- 3) I/We understand and acknowledge that this is a Low Income Housing Tax Credit Property governed by the applicable Federal Laws that govern the operation of Low Income Housing Tax Credit properties and should my/our gross family income or family composition have changed to make me/us no longer eligible that I will be declared not qualified for admittance to this property.

Management Agent

Date

Applicant

Date

Applicant

Date

Note: (Agent Guidance)

At time of notification to applicant that the unit is ready for occupancy, the applicant must be invited into the rental office to review the initial application and sign this certification to ensure that they are still qualified to occupy an apartment in the Low Income Housing Tax Credit Property. This certification should be filed with the initial documentation and become a permanent part of the initial tax credit certification.

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VERIFICATION OF RENTAL HISTORY

Re: _____
Social Security # _____

Dear Sir/Madam:

The above person has applied for residency at our apartment community and has indicated to us that you had/have this family as a tenant at your property located at _____
_____ from _____ to _____. The rent was/is \$ _____.

Your prompt return of this letter will be appreciated. A self-addressed stamped envelope is enclosed. If you have any questions, please call.

Sincerely,

Property Manager

I hereby authorize the release of the requested information.

Signature _____ Date: _____

To be completed by authorized personnel only

1. Is the above information correct? _____
If no, please explain: _____
2. Has the tenant ever been late in payment of the monthly rent? _____ If yes, how many times? _____
3. Has the tenant ever been notified of lease violations? _____
If yes, please explain: _____
4. Has the tenant failed to comply with recertification procedures or report all income changes?
If yes, please explain (federally subsidized housing only) _____
5. Was/Has the tenant unit ever been treated for infestation? (ie: fleas, roaches, bedbugs) _____ If yes, Did the tenant comply with treatment guidelines? _____
6. If this tenant moved and re-applied for housing in the future, would you rent to him/her again? _____

Signature _____ Date _____

Title _____ Phone _____



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