Bell Mírage Estates

16629 N. Greasewood St. Suprise, AZ. 85374 623-455-8054 623-455-8756 Fax propservices@thebellmirageestates.com

Waitlist Guidelines

- 1. All applications must be completely filled out and submitted with required income documentation to be conditionally approved.
- 2. Applying for the waitlist does not guarantee an apartment. All approvals for the waitlist are conditional and a full application will be processed when an apartment becomes available.
- 3. Each application is screened for completeness and legibility. All information on the application must be complete and correct. False, incomplete or misleading information will cause an applicant to be rejected.
- 4. After review of background screening, applicant may be denied based on criminal convictions that show a demonstrable risk to residents' safety or property.
- 5. Previous evictions or judgements (paid or unpaid) will deny the application.
- 6. All wait times for the waitlist are approximate and are given based on historical data for the community. We are not able to accommodate move in time frames or to guarantee apartment availability.
- 7. The application fee is \$35 per adult and can be paid by money order or cashier's check. It must be paid at the time the application is submitted and all fees are non-refundable.
- 8. Updated information is required every 6 months to determine continued eligibility to remain on the waitlist. Contact information should be updated as it changes so that we have the most up to date information to contact you. Failure to do so will result in being removed from the waitlist.

| Applicant | Date |
|-----------------|------|
| Applicant | Date |
| Agent for Owner | Date |

APPLICATION FOR HOUSING

Date _____

Low-Income Housing Tax Credit Property

Time

Please Print Clearly

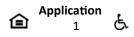
| This is an application for housing at: | Project: Address: |
|--|----------------------|
| | |
| | |
| | Name: |
| Please complete this application and | Address: |
| return to: | |
| | |

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

| Applicant Name(s): | | | | |
|--------------------------------------|-----------|----------|----------------|----------------|
| Address: Street Apt. | .# City | у | State | ZIP |
| Daytime Phone: | | Email Ac | ldress: | |
| No. of BR's in current unit: | | Do you | □ RENT or □ OV | VN (check one) |
| Bedroom size requested: 🗌 Studio 🗌 O | One BR 🛛 | Two BR | □ Three BR □ | Handicap BR |
| B HOUSE | FHOI D CO | MDOSITI | <u>ON</u> | |

| D. HOUSEHOLD COMI OSTHON | | | | | | |
|--------------------------|------|-------------------------|---------------|-------------------|----------|----------------|
| | Name | Relationship to head | Birth Date | Age (optional) | SS# (| Student Y/N |
| Head | | Self | | | | |
| Со-Н | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |



| Have there been any changes in household composition in the last twelve months? | Yes | No |
|--|-----|----|
| If yes, explain: | | |
| Do you anticipate any changes in household composition in the next twelve months? | Yes | No |
| If yes, explain: | | |
| Is there someone not listed above who would normally be living with the household? | Yes | No |
| If yes, explain: | | |

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? \Box Yes \Box No

IF YES, ANSWER THE FOLLOWING OUESTIONS:

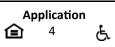
| Are any full-time student(s) married and filing a joint tax return? | Yes | No |
|---|-----|----|
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | Yes | No |
| Are any full-time student(s) a TANF or a title IV recipient? | Yes | No |
| Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of any- one other than a parent? | Yes | No |
| Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? | Yes | No |

| C. INCOME | | | | | |
|------------------------------|---|-------------------------|--|--|--|
| List ALL sources of income a | List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA. | | | | |
| Household Member Name | Source of Income | Gross Monthly Amount | | | |
| | Social Security | \$ | | | |
| | SSI Benefits | \$ | | | |
| | Pension (list source) | \$ | | | |
| | Veteran's Benefits (list claim #) | \$ | | | |
| | Unemployment Compensation | \$ | | | |
| | Public Assistance (Title IV/TANF etc.) | \$ | | | |
| | Contributions to the Household (monetary or not) | \$ | | | |
| | Full-Time Student Income (18 & Over Only) | \$ | | | |
| | Financial Aid (excluding loans) | \$ | | | |
| | Annuities (list sources) | \$ | | | |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ | | | |

| Household Member Name | Monthly Amount | | |
|---|---|----------|-----|
| | Employment amount | \$ | |
| | Employer: | | |
| | Position Held | | |
| | How long employed: | | |
| | Employment amount | \$ | |
| | Employer: | | |
| | Position Held | | |
| | How long employed: | | |
| | | | |
| | Alimony | | |
| | Are you <i>legally entitled</i> to receive alimony? | Yes | No |
| | If yes, list the amount you are <i>entitled</i> to receive. | \$ | |
| | Do you receive alimony? | Yes | No |
| | If yes list amount you receive. | \$ | |
| | | | |
| | Child Support | | |
| | Are you <i>legally entitled</i> to receive child support? | Yes | No |
| | If yes list the amount you are <i>entitled</i> to receive. | \$ | 3.7 |
| | Do you receive child support? | Yes | No |
| | If yes, list the amount you receive. | \$ | |
| | Other Income | \$ | |
| | Other Income | \$ | |
| | Other Income | \$ | |
| TOTAL GROSS ANNUAL INCOME (Ba | used on the monthly amounts listed above x 12) | ¢ | |
| TOTAL GROSS ANNUAL INCOME FR | • | \$ \$ | |
| Do you anticipate any changes in this i | | Yes | No |
| | y entitled to receive income assistance? | Yes | No |
| | | | |
| | to receive income or assistance <i>(monetary or not)</i> the household as listed on Page 2 etc)? | Yes | No |
| f yes to any of the above, explain: | | | |
| | | | |
| s the income received? | | Yes | No |

Application

| | If | your assets are | e too numero | D. ASSET us to list here | S , please request an additi | onal form | | |
|--|------------|-----------------|---------------|---------------------------------|---------------------------------|------------------|---------------|----|
| | | | a section doe | | ross out or write NA. | | | |
| Checking Ac | ccounts | | | Balar | | | | |
| | | # | | Bank | | Balar | nce \$ | |
| Savings Acc | ounts | # | | Bank | | Balar | nce \$ | |
| Trust Account | nt | # | | Bank | | Balar | nce \$ | |
| Direct Depos Cards For SS | | # | | | | Balar | nce \$ | |
| SSP, TANF, Child | | # | | | | Balan | | |
| Support, Work | | | | | | | | |
| Certificates of Deposit | f | # | | Bank | | Balar | nce \$ | |
| Money Marke Accounts | et | # | | Bank | | Balar | nce \$ | |
| Savings Bond | ls | # | | Maturity D | Date | Value | e \$ | |
| Life Insurance | ce Policy | | | | | | Cash Value \$ | |
| Life Insurance | 5 | # | • | | 1 | Cash | n Value \$ | |
| Mutual Funds | Name: | | #Shares: | | Interest or Dividend \$ | | Value \$ | |
| C(1 | Name: | | #Shares: | | Dividend Paid \$ | | Value \$ | |
| Stocks | Name: | | #Shares: | | Dividend Paid \$ | | Value \$ | |
| Bonds | Name: | | #Shares: | | Interest or Dividend \$ | | Value \$ | |
| | Name: | | #Shares: | | Interest or Dividend \$ | | Value \$ | |
| Investment Property | | | | | | Apprais Value | | |
| Real Estate F | Property: | Do you own | any proper | ty? | | | Yes | No |
| If yes, Type | of proper | ty | | | | | | |
| Location of p | property | | | | | | | |
| Appraised M | larket Val | ue | | | | | \$ | |
| Mortgage or outstanding loans balance due | | | | | \$ | | | |
| Amount of a | nnual ins | urance premi | um | | | | \$ | |
| Amount of n | nost recer | nt tax bill | | | | | \$ | |
| Have you so <i>If yes,</i> Type | <u> </u> | ed of any pro | perty in the | e last 2 years | ? | | Yes | No |
| | | - | | | | | \$ | |
| Market value when sold/disposed Amount sold/disposed for | | | | | | \$ | | |
| | saction: | | | | | | Ŧ | |



| Do you have any other assets not listed above (excluding personal property)? | | Yes | No |
|--|--|-----|----|
| If yes, please list: | | | |
| | | | |

| E. ADDITIONAL INFORMATION | | |
|--|-----|----|
| Are you or any member of your family currently using an illegal substance? | Yes | No |
| Have you or any member of your family ever been convicted of a felony? | Yes | No |
| If yes, describe: | | |

| Have you or any member of your family ever been evicted from any housing? | Yes 🗌 No |
|---|----------|
| If yes, describe | |
| | |

F. REFERENCE INFORMATION

| Current Landlord | Name: | |
|------------------|-------------|--|
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | How Long? | |
| Prior Landlord | Name: | |
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | How Long? | |

| Personal Reference #1: | | |
|------------------------------|----------|--|
| Address: | | |
| Relationship: | Phone #: | |
| Personal Reference #2: | | |
| Address: | | |
| Relationship: | Phone #: | |
| In case of emergency notify: | | |
| Address: | | |
| Relationship: | Phone #: | |
| 5 آھَ Application | | |

| G. | VEHICLE | AND PET | INFORM | TION (i | if applicable) |
|----------|----------------|---------|---------------|---------|-----------------|
| <u> </u> | | | | | in appine wore) |

| List any cars, trucks, or other vehicles owned. Parking will Management will be necessary for more than one vehicle. | l be provided for one vehicle. Arrangements with |
|---|--|
| | |

| Type of Vehicle: | License Plate #: | | | |
|----------------------|------------------|--------|----|--|
| Year/Make: | Color: | Color: | | |
| Type of Vehicle: | License Plate #: | | | |
| Year/Make: | Color: | | | |
| Do you own any pets? | | Yes | No | |
| If yes, describe: | | | | |

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

| (Signature of Tenant) | Date |
|--------------------------|------|
| (Signature of Co-Tenant) | Date |
| (Signature of Co-Tenant) | Date |
| (Signature of Co-Tenant) | Date |

Biltmore Properties, Inc. (BPI) does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. BPI's Section 504 Coordinator, Kathy McElvain (602.997.0013 ext. 104 or 1.800.367.8939 or 711 for TTY users) located at 2330 W Mission Lane, suite 10 Phoenix, AZ 85021 has been designated to coordinate Limited English Proficiency and compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's Section 504 (24CFR, part 8 dated June 2, 1988). EQUAL HOUSING OPPORTUNITY

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