

# Centennial Management



## APPLICATION FOR RESIDENCY

### FOR OFFICE USE ONLY

Date of Application: \_\_\_\_\_  
(Each co-resident must submit separate application)

REFERRED BY \_\_\_\_\_  
APT NO \_\_\_\_\_ APT TYPE \_\_\_\_\_  
MONTHLY RENT \_\_\_\_\_ SECURITY DEPOSIT \_\_\_\_\_  
CONCESSION AMT \_\_\_\_\_ SET ASIDE \_\_\_\_\_ %

### TO BE FILLED OUT BY APPLICANT

PERSONAL INFORMATION

APPLICANT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / Age: \_\_\_\_\_  
SOCIAL SECURITY NO \_\_\_\_\_ DRIVER'S LICENSE NO \_\_\_\_\_ STATE \_\_\_\_\_  
SPOUSE'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / Age: \_\_\_\_\_  
SOCIAL SECURITY NO \_\_\_\_\_ DRIVER'S LICENSE NO \_\_\_\_\_ STATE \_\_\_\_\_  
MARITAL STATUS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

### OTHER OCCUPANTS:

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
3) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
4) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

PRESENT RESIDENT

CURRENT ADDRESS \_\_\_\_\_  
Street Apt No City State Zip  
DATES FROM \_\_\_\_\_ TO \_\_\_\_\_  
PRESENT LANDLORD \_\_\_\_\_ APT NAME \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_

PREV RES INP

PREVIOUS ADDRESS \_\_\_\_\_  
Street Apt No City State Zip  
NAME OF PREVIOUS LANDLORD \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_

DO YOU OWN A HOME? Y N MORTGAGE CO/LOAN # \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES? Y N

HAVE YOU EVER COMMITTED ANY CRIMES? Y N

DO YOU HAVE ANY PETS? Y N BREED: \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_

HAVE YOU DISPOSED OF ANY TYPE OF REAL ESTATE IN THE PAST TWO YEARS? Y N \_\_\_\_\_

IF YES, FOR WHAT VALUE? \$ \_\_\_\_\_

ARE YOU OR ANY OTHERS IN YOUR HOUSEHOLD FULL TIME STUDENTS? Y N

ARE YOU OR ANY OTHERS IN YOUR HOUSEHOLD PART TIME STUDENTS? Y N

DOES ANYONE IN THE HOUSEHOLD RECEIVE ANY TYPE OF SCHOLARSHIPS AND/OR GRANTS OR ANY OTHER SOURCE OF INCOME FOR SCHOOLING? Y N

IF THE QUESTION ABOVE IS "YES", PLEASE PROVIDE NAME OF SCHOLARSHIP/GRANT PROVIDER: \_\_\_\_\_ AND TOTAL FUNDING FOR TUITION, BOOKS, AND LIVING EXPENSES ANTICIPATED IN THE NEXT TWELVE MONTHS \$ \_\_\_\_\_

EMPLOYMENT INFORMATION

PRESENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE/FAX \_\_\_\_\_  
 Street City State Zip  
 SUPERVISOR \_\_\_\_\_ EMPLOYED SINCE \_\_\_\_\_ GROSS WEEKLY SALARY \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE/FAX \_\_\_\_\_  
 Street City State Zip  
 SUPERVISOR \_\_\_\_\_ EMPLOYED SINCE \_\_\_\_\_ GROSS WEEKLY SALARY \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE/FAX \_\_\_\_\_  
 Street City State Zip  
 SUPERVISOR \_\_\_\_\_ EMPLOYED SINCE \_\_\_\_\_ GROSS WEEKLY SALARY \_\_\_\_\_

Do you or anyone in the household receive: Welfare, Social Security, S.S.I., Pensions, Disability Compensation, Unemployment Compensation, Interest Income, Baby Sitting, Caretaking, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces Reserve, AFDC, Contributions? Circle Y or N If yes, please list below.

OTHER SOURCE OF INCOME

HOUSEHOLD MEMBER	SOURCE OF OTHER INCOME	ANNUAL AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

ASSETS

Checking Account(s):

Bank \_\_\_\_\_ Account # \_\_\_\_\_  
 Bank \_\_\_\_\_ Account # \_\_\_\_\_

Savings Account(s):

Bank \_\_\_\_\_ Account # \_\_\_\_\_  
 Bank \_\_\_\_\_ Account # \_\_\_\_\_

Savings Certificate(s), Certificate(s) of Deposit, Money Market(s):

Bank \_\_\_\_\_ Account # \_\_\_\_\_  
 Bank \_\_\_\_\_ Account # \_\_\_\_\_

Credit Union Shares:

Credit Union Name \_\_\_\_\_ Credit Union Address \_\_\_\_\_

Stock/Bonds (Value) \$ \_\_\_\_\_

Life Insurance Policies: Term Policy? \_\_\_\_\_ Policy # \_\_\_\_\_ Company \_\_\_\_\_

Agent \_\_\_\_\_ Phone # \_\_\_\_\_ Any Cash Value? \_\_\_\_\_ Amount \_\_\_\_\_

**CREDIT**

Company \_\_\_\_\_ Acct # \_\_\_\_\_ Company \_\_\_\_\_ Acct # \_\_\_\_\_  
 Company \_\_\_\_\_ Acct # \_\_\_\_\_ Company \_\_\_\_\_ Acct # \_\_\_\_\_

VEHICLE

Year & Make \_\_\_\_\_ Color \_\_\_\_\_ License No. & State \_\_\_\_\_  
 Year & Make \_\_\_\_\_ Color \_\_\_\_\_ License No. & State \_\_\_\_\_  
 Year & Make \_\_\_\_\_ Color \_\_\_\_\_ License No. & State \_\_\_\_\_

**CURRENT INFORMATION** — Applicant represents that all of the above statements are true and complete, and hereby, authorizes verification of the above information, references, credit and criminal records. In addition to the foregoing, applicant(s) has paid to Landlord a non-refundable fee for Landlord's costs and expenses in checking applicant's credit and criminal background. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposits and may constitute a criminal offense under the laws of this State.

**APPLICATION PROCESSING CHARGE** — Applicant has submitted the sum of \$ \_\_\_\_\_ which is a non-refundable fee for processing of the above application. Such sum is not a rental payment or security deposit. It is understood and agreed to between the parties that in the event this application for said apartment is accepted or rejected by Management, that the said sum will be retained by Management to cover the costs of application processing as furnished by applicant.

**APARTMENT HOLDING AGREEMENT** — Applicant has deposited an "Apartment Deposit" in consideration for owners taking a dwelling unit off the market while considering approval of this application. If applicant is approved by owner and the lease is entered into, the apartment deposit shall be credited to the required security deposit. If applicant fails to enter the lease, the "Apartment Deposit" shall be forfeited to owner. Keys will be furnished only after lease and other rental documents have been properly executed by all parties, and only after applicable rent and security deposit have been paid. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises.

Deposit Holding Fee \$ \_\_\_\_\_ I understand that I may cancel this application within 72 hours after its' submission and receive a full refund of this "deposit" within 30 days of the cancellation. If I cancel after 72 hours or refuse to enter into a lease on the agreed upon date\* for a stated apartment, then the sum deposited shall be retained by Management to serve as liquidation damages it will suffer by reason of my failure to enter into residency.

\* Tentative move-in date based on construction date provided at date of application completion.

**I HAVE READ AND AGREE TO THE PROVISIONS AS STATED. (Must be signed)**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Leasing Agent \_\_\_\_\_ Date \_\_\_\_\_



# Authorization for the Release of Information

## Purpose

La Joya Estates uses this authorization and the information obtained with it to administer and enforce program rules and policies.

## Authorization

I authorize the release of any information (including documentation and other materials pertinent to eligibility for or participation under any of the following programs:

Low-Income Rental Indian Housing  
Low-Income Rental Public Housing  
Mutual Help Home Ownership Opportunity Program  
Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Program  
Section 23 and 10(c) Leased Housing  
Section 221 (d)(3) Below Market Interest Rate  
Turnkey III Home Ownership Opportunities Program

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize the above named organization to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered inquires may be about:

Child Care Expenses  
Credit History  
Criminal Activity  
Family Composition  
Employment, Income, Pensions & Assets  
Federal, State, Tribal, or Local Benefits  
Handicapped Assistance Expenses  
Identity and Marital Status  
Medical Expenses  
Social Security Numbers  
Residences and Rental History

\_\_\_\_\_  
Signature & Printed Name of the Head of Household      Date

\_\_\_\_\_  
Signature & Printed Name of the Head of Household      Date

## Individuals/Organizations releasing information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks/Other Financial Institutions  
Courts  
Law Enforcement Agencies  
Credit Bureaus  
Employers, Past and Present  
Landlords  
Providers of:

Alimony  
Child Care  
Child Support  
Credit  
Handicapped Assistance  
Medical Care  
Pensions/Annuities  
Schools & Colleges  
U.S. Social Security Admin.  
U.S. Dept. of Veteran Affairs  
Utility Companies  
Welfare Agencies

## Computer Matching Notices & Consent

I agree that the above named organization may conduct computer matching programs with governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

U.S. Office of Personnel Management  
U.S. Social Security Administration  
U.S. Department of Defense  
U.S. Postal Service  
State Employment Securities Agencies  
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

## Conditions

I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

\_\_\_\_\_  
Signature & Printed Name of the Head of Household      Date

\_\_\_\_\_  
Signature & Printed Name of the Head of Household      Date

Applicant/Resident Name \_\_\_\_\_  
 Development Name \_\_\_\_\_  
 Unit Number/Identification \_\_\_\_\_

*Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.*

*Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.*

*As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:*

<p><b>A. Do you receive child support?</b></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to B	Go to C.1
<p><b>B. I receive:</b></p> <p>1. Payment amount     \$ _____</p> <p>2. Frequency             _____</p> <p>3. Children's names     _____</p> <p>4. Name of source        _____</p> <p style="padding-left: 40px;"><i>Complete multiple affidavit forms if there are multiple sources.</i></p> <p>5. Go to C.1</p>		
<p><b>C. 1. Have you been awarded child support by court order?</b></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to C.2	Sign Form
<p>2. Provide copy of entire document, enter amount of award \$ _____, and frequency _____; go to C.3.</p>		
<p><b>3. Is payment being received as awarded?</b></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to 3.a	Go to 3.b
<p><b>a. Indicate the manner by which payment is received and sign form.</b></p> <p>i. _____ Enforcement agency     <i>Name agency</i> _____  <i>and provide agency print out</i></p> <p>ii. _____ Court of Law             <i>Name court</i> _____</p> <p>iii. _____ Direct from responsible party     <i>Name source</i> _____  <i>and provide affidavit or statement from the source.</i></p> <p>iv. _____ Other (Explain) _____</p>		
<p><b>b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.</b></p> <p>_____</p>		
<p>Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.</p>		
Applicant/Resident Signature _____	Date _____	

# Centennial Management

## UNEMPLOYED AFFIDAVIT

1. I have made application to rent an apartment in \_\_\_\_\_  
\_\_\_\_\_.
2. Check (a) or (b) as applicable.  
  
\_\_\_\_\_ (a) I am not presently employed, but anticipate becoming  
employed within the next twelve months.  
  
\_\_\_\_\_ (b) I am not presently employed, and do not anticipate  
becoming employed within the next twelve months.
3. Based on my past work experience, skills, and income history as reflected in my  
income tax return for the most recent tax year and with adjustments to reflect  
circumstances anticipated within the next twelve months, I expect to earn  
\$ \_\_\_\_\_ per year when I become employed.
4. I am receiving Social Security Disability. Yes No
5. I am receiving Workman Compensation. Yes No
6. I am receiving Unemployment Compensation. Yes No

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Affidavit of Student Status  
Addendum to Application**

Date \_\_\_\_\_  
 Applicant/Resident Name \_\_\_\_\_  
 Development Name \_\_\_\_\_  
 Unit Number/Identification \_\_\_\_\_

This rental community has received funding from a program which does not generally allow occupancy by households comprised entirely of full-time students. The following information is requested as part of the household qualification process. Please mark the applicable item(s).

- A.  I am not a student and do not anticipate enrolling as a student in the upcoming certification year.
- B.  I anticipate enrolling as a student in the upcoming certification year.
- C.  I am a part-time student and expect to remain a part-time student in the upcoming certification year.
- D.  I am a full-time student.
- E.  I am a full-time student and offer the following explanation for eligibility consideration:
  - 1.  I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act (*HC Program only*).
  - 2.  I am a single parent with minor children and none of the household members are dependents of a third party (*HC Program only*).
  - 3.  I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar federal, state, or local laws (*SAIL and/or HC Programs*).
  - 4.  I am married and have filed a joint federal tax return with my spouse (*MMRB, SAIL and/or HC Programs*).

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I will provide proof of credit hours or other documentation that may be required for each school term during my occupancy of a unit at this rental community.

\_\_\_\_\_  
 Applicant/Resident Signature Date  
 \_\_\_\_\_  
 Owner Representative Signature and Title Date

To be completed by adult household members only, if appropriate.

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

Development Name \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, Supplemental Security Income (SSI), or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
2. I currently have no income of any kind and during the next 12 months there is no change expected in my financial or employment status.
3. I will be using the following sources of funds to pay for rent and other necessities:

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

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

\_\_\_\_\_  
Signature of Applicant/Tenant      Printed Name of Applicant/Tenant      Date



# CENTENNIAL MANAGEMENT

## Self-Employment Affidavit

I have made an application to rent an apartment at \_\_\_\_\_  
\_\_\_\_\_

Business name/address/phone  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Business: \_\_\_\_\_

I am Self-Employed and hereby certify that my anticipated annual income for the next twelve months will be \$\_\_\_\_\_. Attached is a copy of my individual federal income tax returns for the two preceding calendar years.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_  
Who acknowledged to me that he/she/they executed the foregoing instrument this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_.

(Notarial Seal)

\_\_\_\_\_  
Notary Public  
State of Florida at Large

My Commission Expires:  
\_\_\_\_\_

# Centennial Management

## MARITAL STATUS CERTIFICATION

Please complete either "A", "B" or "C" below as appropriate with regard to your marital support 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. All issues concerning my children and assets are covered in this attached document.

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### PART B:

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

MY REASONS FOR NOT PURSUING LEGAL ACTION ALONG WITH THE ATTACHED SUPPORTING DOCUMENTS ARE:

- Religious Beliefs, notarized letter from an official of the church explaining "Belief" and proof of church membership.
- Fear of Retaliation – restraining order, physician's treatment, police reports or incarceration paperwork.
- Other – explained with supporting documents.

INCOME AND ASSET DETERMINATION: I understand that all assets owned by my spouse will be counted as joint accounts with legal documentation that states otherwise is attached \_\_\_\_\_ initial.

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### PART C:

I, \_\_\_\_\_, have never been married.

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### 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. All of the statements in this document are true and factual under the penalty of perjury as stated by:

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date