

## THANK YOU FOR CONSIDERING SARATOGA PLACE FOR YOUR NEW HOME

You are applying for an apartment at Saratoga Place Apartments. In order to qualify for housing, you are at least 55 years or older, verification of your household's eligibility will need to be documented.

In order to expedite the processing of your application or qualification with LIHTC program guidelines, you may provide us with any of the documents listed below that apply to your household. These documents may not be required if your household's income, assets and other eligibility information is verified and documented completely by a third party source. However, providing the documents at the time of application may speed up our approval process and/or clarify incomplete third party documentation. A photo copy of the following documents is acceptable.














**PLEASE PROVIDE THE FOLLOWING DOCUMENTS AS THEY APPLY TO YOUR HOUSEHOLD**

- 1. BIRTH CERTIFICATES FOR ALL HOUSEHOLD MEMBERS, CHILDREN UNDER THE AGE OF 18 AND ADULT STUDENTS LIVING AS A DEPENDENT WITH PARENT(S).**
- 2. SOCIAL SECURITY CARDS FOR EACH MEMBER OF YOUR HOUSEHOLD INCLUDING MINORS.**
- 3. PICTURE I.D. FOR EVERYONE OVER THE AGE OF 18.**

DATE \_\_\_\_\_ TIME \_\_\_\_\_

***Please note if any part of the requested documentation is not received your application will be denied.***

### **Amenities:**

- |  |  |   |
|--|--|---|
|  Handicapped Accessible    |  Cable TV Ready     |  Emergency Maintenance |
|  Community Room and Lounge |  Secure Building    |  Onsite Management     |
|  Air Conditioning          |  Off Street Parking |  Grab Bars             |
|  Elevator                  |  On Bus Line        |  Roll in Shower        |
|  |  Laundry Facility   |   |

We encourage and support the nation's affirmative housing program in which there are not barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, sexual orientation, gender identity, marital status or familial status.



# RENTAL APPLICATION

| PERSONAL INFORMATION  |               |                   |        |               |  |                |  |      |                       |
|---|---------------|-------------------|--------|---------------|--|----------------|--|------|-----------------------|
| Full name of Applicant  |               |                   |        | Home phone #: |  | Date of birth: |  | Age: | Gender: Male / Female |
| Social Security #   |               | Drivers license # |        | State issued  | Marital status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> (Number of years |                |  |      |                       |
| Race: (check all that apply) American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other multi-racial <input type="checkbox"/> Is Your Ethnic Background Hispanic? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/> |               |                   |        |               |  |                |  |      |                       |
| Full name of Co-Applicant   |               |                   |        | Home phone #: |  | Date of birth: |  | Age: | Gender: Male / Female |
| Social Security #   |               | Drivers license # |        | State issued  | Marital status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> (Number of years |                |  |      |                       |
| List all other persons who will be occupying the apartment  |               |                   |        |               |  |                |  |      |                       |
| Name  | Date of birth | Age               | Gender | Soc. Sec. #   | Relationship to Applicant  |                |  |      |                       |
| Name  | Date of birth | Age               | Gender | Soc. Sec. #   | Relationship to Applicant  |                |  |      |                       |
| Name  | Date of birth | Age               | Gender | Soc. Sec. #   | Relationship to Applicant  |                |  |      |                       |
| Name  | Date of birth | Age               | Gender | Soc. Sec. #   | Relationship to Applicant  |                |  |      |                       |

| HOUSING INFORMATION                                      |   |  |  |                                   |      |   |               |  |  |
|--|---|--|--|-----------------------------------|------|---|---------------|--|--|
| A<br>P<br>P<br>L<br>I<br>C<br>A<br>N<br>T                | Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:     |  |  |                                   |      |   |               |  |  |
|  | Present Street Address  |  |  | Apt. #                            | City |   | State and Zip |  |  |
|  | Present landlord/mortgage company   |  |  | Monthly rent or mortgage \$       |      | Dates: month/year to month/year   |               |  |  |
|  | Address of landlord/mortgage company  |  |  | Landlord/mortgage company phone # |      | Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship |               |  |  |
|  | Is your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.   |  |  | What is your reason for moving?   |      |   |               |  |  |
|  | Applicant's Previous Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:    |  |  |                                   |      |   |               |  |  |
|  | Present Street Address  |  |  | Apt. #                            | City |   | State and Zip |  |  |
|  | Present landlord/mortgage company   |  |  | Monthly rent or mortgage \$       |      | Dates: month/year to month/year   |               |  |  |
|  | Address of landlord/mortgage company  |  |  | Landlord/mortgage company phone # |      | Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship |               |  |  |
|  | Was your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.  |  |  | What is your reason for moving?   |      |   |               |  |  |
| C<br>O<br>-<br>A<br>P<br>P<br>L<br>I<br>C<br>A<br>N<br>T | Co-Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:  |  |  |                                   |      |   |               |  |  |
|  | Present Street Address  |  |  | Apt. #                            | City |   | State and Zip |  |  |
|  | Present landlord/mortgage company   |  |  | Monthly rent or mortgage \$       |      | Dates: month/year to month/year   |               |  |  |
|  | Address of landlord/mortgage company  |  |  | Landlord/mortgage company phone # |      | Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship |               |  |  |
|  | Is your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.   |  |  | What is your reason for moving?   |      |   |               |  |  |
|  | Co-Applicant's Previous Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other: |  |  |                                   |      |   |               |  |  |
|  | Present Street Address  |  |  | Apt. #                            | City |   | State and Zip |  |  |
|  | Present landlord/mortgage company   |  |  | Monthly rent or mortgage \$       |      | Dates: month/year to month/year   |               |  |  |
|  | Address of landlord/mortgage company  |  |  | Landlord/mortgage company phone # |      | Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship |               |  |  |
|  | Was your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.  |  |  | What is your reason for moving?   |      |   |               |  |  |

| APARTMENT REQUIREMENTS AND OTHER RELEVANT INFORMATION  |                             |  |
|--|-----------------------------|--|
| Number of bedrooms needed?   | Date you need an apartment? | Where did you hear about us?   |
| Have you or any Household member previously been evicted from Section 8 Housing for drug related criminal activity? If "yes" list Agency Name, contact person and phone number and when it occurred: |                             | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Would you or anyone in your household benefit from the features of a handicap unit should this property offer any? Who? / Explain:   |                             | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Is there anyone living with you now who won't be living with you at this property? Who? / Explain:   |                             | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Do you expect any additions to your household within the next twelve months? Who? / Explain:   |                             | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Are there any absent household members who under normal conditions would live with you? Who? / Explain:  |                             | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Does an adult of this household have primary physical custody of every child listed on this application? If not - Explain:   |                             | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Does your household have or anticipate having any pets other than those used as service animal? Describe:  |                             | Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you or any one else named on this application filed for bankruptcy? Explain (provide dates):  |                             | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Have you or any one else named on this application been convicted of a felony? Explain:  |                             | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Have you or any one else named on this application been convicted of dealing or manufacturing illegal drugs? Explain:  |                             | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Have you or any one else named on this application had legal action taken against you for nonpayment of a bill or for property damage? Explain:  |                             | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Have you or any one else named on this application broken a rental agreement or lease contract? Explain:   |                             | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Have you or any one else named on this application been evicted or asked to move from a rental unit of any type including an apartment, home, mobile home or trailer? Explain:                       |                             | Yes <input type="checkbox"/> No <input type="checkbox"/>   |

| MISCELLANEOUS INFORMATION                       |                 |  |              |                     |
|---|-----------------|--|--------------|---------------------|
| How many autos would you keep at this property? |                 |  |              |                     |
| Make  | Model           | Year   | Color        | License # and State |
|   |                 |  |              |                     |
| In case of emergency, notify:                   | Work phone #    | Home phone #   | Relationship |                     |
| Street Address:                                 | City/State/Zip: | In the event of serious illness or death of resident, the above person may <input type="checkbox"/> or may not <input type="checkbox"/> enter, remove and/or store all contents found in the dwelling, common areas, or mailbox. |              |                     |

#### APPLICATION FEE & SIGNATURE CLAUSE

Applicant has submitted the sum of \$ 0 which is a non-refundable payment for a credit and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment. In the event this application is disapproved by Management or canceled by the applicant, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. This application along with an applicant questionnaire completed by each adult in the household must be completed in total and signed before it will be processed by Management.

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

**THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.**

Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ Date

Signature of Co-Applicant \_\_\_\_\_

\_\_\_\_\_ Date



# Applicant Questionnaire

(A separate form is to be completed by each ADULT applicant)

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.

Adult Applicant Name: \_\_\_\_\_

Current or anticipated occupation is: \_\_\_\_\_

| INCOME INFORMATION |                          | Include all income you are receiving or anticipate receiving in the next 12 months.<br>Include unearned income you receive on behalf of a minor in your household. |   |
|--------------------|--------------------------|--|---|
|                    | Yes                      | No   |   |
| 1a.                | <input type="checkbox"/> | <input type="checkbox"/>   | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><small>employ.ver<br/>nonemp.cer<br/>emprior.ver<br/>seasonal.cer</small></p> </div> <div style="width: 50%;"> <p><b>Employment wages/salaries from current or anticipated job?</b> (circle which) Not self-employment<br/>(Includes base pay; overtime; tips; bonuses; commissions; shift, weekend, production and other similar type pays)</p> <p>Name, address &amp; phone of current employer: _____</p> <p>Amount anticipated? \$ _____</p> <p>How often are you paid?: (circle one):<br/>weekly / bi-weekly / semi-monthly / monthly / annually</p> </div> </div> |
| 1b.                |                          |  | <p>How long have you worked at your current place of employment?<br/>Length of current employment: _____</p> <p>If worked at current employment less than 2 year, provide name &amp; phone of previous Employer<br/>Previous Employer: _____</p>  |
| 2.                 | <input type="checkbox"/> | <input type="checkbox"/>   | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><small>employ.ver<br/>seasonal.cer</small></p> </div> <div style="width: 50%;"> <p><b>Additional Employment wages from current or anticipated 2<sup>nd</sup> job?</b> (circle which)<br/>(Include base pay; overtime; tips; bonuses; commissions; shift, weekend, production and other similar type pays)</p> <p>Name, address &amp; phone to verify information: _____</p> <p>Amount anticipated? \$ _____</p> <p>How often are you paid?: (circle one):<br/>weekly / bi-weekly / semi-monthly / monthly / annually</p> </div> </div>                                  |
| 3.                 | <input type="checkbox"/> | <input type="checkbox"/>   | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><small>military.ver</small></p> </div> <div style="width: 50%;"> <p><b>Regular pay as a member of the Armed Forces including the Reserves?</b><br/>(Include all allowances even if not taxable)</p> <p>Name, address &amp; phone to verify information: _____</p> <p>Amount anticipated? \$ _____</p> <p>How often are you paid?: (circle one):<br/>weekly / bi-weekly / semi-monthly / monthly / annually</p> </div> </div>  |
| 4.                 | <input type="checkbox"/> | <input type="checkbox"/>   | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><small>selfemp.cer<br/>2 years Taxes</small></p> </div> <div style="width: 50%;"> <p><b>Self Employed?</b> (Must provide last 2 years tax returns to support projected income.)<br/>(Include salaries received from business and net business income. Include any payments received in cash.)</p> <p>Type of business? _____</p> <p>How long in business? _____</p> <p>Net Business income anticipated for the next 12 months? \$ _____</p> <p>Do you run this business out of your home?<br/>(circle one) Yes / No</p> </div> </div>                                   |
| 5.                 | <input type="checkbox"/> | <input type="checkbox"/>   | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><small>other.ver<br/>unemploy.ver</small></p> </div> <div style="width: 50%;"> <p><b>Unemployment Benefits, Workman's Compensation or any form of Severance Pay?</b></p> <p>Name, address &amp; phone to verify information: _____</p> <p>Amount anticipated? \$ _____</p> <p>How often are you paid?: (circle one):<br/>weekly / bi-weekly / semi-monthly / monthly / annually</p> </div> </div>   |
| 6.                 | <input type="checkbox"/> | <input type="checkbox"/>   | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><small>public.ver</small></p> </div> <div style="width: 50%;"> <p><b>Cash Assistance from Public Aid including AFDC (ADC) or TANF?</b></p> <p>Name, address &amp; phone to verify information: _____</p> <p>Amount anticipated? \$ _____</p> <p>How often are you paid?: (circle one):<br/>weekly / bi-weekly / semi-monthly / monthly / annually</p> </div> </div>   |

|     | Yes                          | No                       |  |
|-----|------------------------------|--------------------------|--|
| 7a. | <input type="checkbox"/>     | <input type="checkbox"/> | <b>Do you have a court order or private agreement for receiving Child or Spousal Support?</b><br>(Copies of all court orders must be provided. We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered but is being received directly from the payor through a private agreement.)<br>If money is not actually received, are you taking legal action to remedy?<br>Explain: |
| 7b. | <input type="checkbox"/>     | <input type="checkbox"/> |  |
|     | childsup.ver<br>childnon.ver |                          | Name, address & phone to verify information: _____<br>Amount anticipated? \$ _____<br>How often are you paid?: (circle one):<br>weekly / bi-weekly / semi-monthly / monthly / annually   |
| 8.  | <input type="checkbox"/>     | <input type="checkbox"/> | <b>Social Security, SSI or any other payment from the Social Security Administration? (This includes payments received for the benefit of minors in the household.)</b><br>Claim Number(s) (including any ending letters such as "A", "W", "CI" etc must be listed here. _____)  |
|     | socsec.ver                   |                          | Amount anticipated? \$ _____ / month   |
| 9.  | <input type="checkbox"/>     | <input type="checkbox"/> | <b>Regular payments from a Pension, Annuities, Life Insurance Policy, Veteran's Benefit or other Retirement Benefit? (circle which)</b> Please provide Name, Soc Sec or claim# if benefit originated from person other than yourself (i.e. VA benefit received as a result of a deceased spouse).  |
|     | other.ver<br>veteran.ver     |                          | Name, address & phone to verify information: _____<br>Amount anticipated? \$ _____<br>How often are you paid?: (circle one):<br>weekly / bi-weekly / semi-monthly / monthly / annually   |
| 10. | <input type="checkbox"/>     | <input type="checkbox"/> | <b>Regular payments from any type of Settlement? (For example, insurance settlements.)</b>   |
|     | other.ver                    |                          | Name, address & phone to verify information: _____<br>Amount anticipated? \$ _____<br>How often are you paid?: (circle one):<br>weekly / bi-weekly / semi-monthly / monthly / annually   |
| 11. | <input type="checkbox"/>     | <input type="checkbox"/> | <b>Regular payments from Inheritances, Trust Funds, or Lottery Winnings?</b>   |
|     | other.ver                    |                          | Name, address & phone to verify information: _____<br>Amount anticipated? \$ _____<br>How often are you paid?: (circle one):<br>weekly / bi-weekly / semi-monthly / monthly / annually   |
| 12. | <input type="checkbox"/>     | <input type="checkbox"/> | <b>Regular Gifts or Payments from anyone outside of your immediate household? (This includes anyone supplementing your income or paying any of your bills)</b>   |
|     | other.ver                    |                          | Name, address & phone to verify information: _____<br>Amount anticipated? \$ _____<br>How often are you paid?: (circle one):<br>weekly / bi-weekly / semi-monthly / monthly / annually   |
| 13. | <input type="checkbox"/>     | <input type="checkbox"/> | <b>Regular payments from Rental Property or other types of Real Estate Transactions?</b>   |
|     | other.ver                    |                          | Name, address & phone to verify information: _____<br>Amount anticipated? \$ _____<br>How often are you paid?: (circle one):<br>weekly / bi-weekly / semi-monthly / monthly / annually   |
| 14. | <input type="checkbox"/>     | <input type="checkbox"/> | <b>Regular payments received from any other source not listed?</b>   |
|     | other.ver                    |                          | Name, address & phone to verify information: _____<br>Amount anticipated? \$ _____<br>How often are you paid?: (circle one):<br>weekly / bi-weekly / semi-monthly / monthly / annually   |

| ASSETS   |                          | INFORMATION              |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|--|--------------------------|--------------------------|-------------|---------------------------------------|-------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Yes  | No                       |                          |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 15.  | <input type="checkbox"/> | <input type="checkbox"/> | bank.ver    |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <p><b>Include all assets held and the income derived from the asset. Include all assets held by minors. (If additional space is needed to list assets, attach a separate sheet of paper.)</b></p> <p><b>Checking or Savings Accounts? (List all accounts)</b></p> <table border="1"> <thead> <tr> <th>Name, address &amp; phone to verify inf.:</th> <th>Account #:</th> <th>Cash Value:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> |                          |                          |             | Name, address & phone to verify inf.: | Account #:  | Cash Value: | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name, address & phone to verify inf.:  | Account #:               | Cash Value:              |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 16.  | <input type="checkbox"/> | <input type="checkbox"/> | bank.ver    |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <p><b>CD's, Money Markets, Mutual Funds, or Treasury Bills? (List all accounts)</b></p> <table border="1"> <thead> <tr> <th>Name, address &amp; phone to verify inf.:</th> <th>Account #:</th> <th>Cash Value:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>   |                          |                          |             | Name, address & phone to verify inf.: | Account #:  | Cash Value: | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name, address & phone to verify inf.:  | Account #:               | Cash Value:              |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 17.  | <input type="checkbox"/> | <input type="checkbox"/> | asset.ver   |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <p><b>Stocks, Bonds, Securities or Whole Life Insurance Policies? (List all accounts)</b></p> <table border="1"> <thead> <tr> <th>Name, address &amp; phone to verify inf.:</th> <th>Type:</th> <th>Cash Value:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>  |                          |                          |             | Name, address & phone to verify inf.: | Type:       | Cash Value: | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |       |       |       |
| Name, address & phone to verify inf.:  | Type:                    | Cash Value:              |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 18.  | <input type="checkbox"/> | <input type="checkbox"/> | asset.ver   |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <p><b>Pensions, IRAs, Keogh, 401K or other retirement accounts? (List only those accounts not currently being distributed on a regular basis.)</b></p> <table border="1"> <thead> <tr> <th>Name, address &amp; phone to verify inf.:</th> <th>Account #:</th> <th>Cash Value:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>  |                          |                          |             | Name, address & phone to verify inf.: | Account #:  | Cash Value: | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |       |       |       |
| Name, address & phone to verify inf.:  | Account #:               | Cash Value:              |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 19.  | <input type="checkbox"/> | <input type="checkbox"/> | asset.ver   |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <p><b>Trust Funds?</b></p> <table border="1"> <thead> <tr> <th>Name, address &amp; phone to verify inf.:</th> <th>Account #:</th> <th>Cash Value:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>  |                          |                          |             | Name, address & phone to verify inf.: | Account #:  | Cash Value: | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |       |       |       |
| Name, address & phone to verify inf.:  | Account #:               | Cash Value:              |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    | _____                    |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 20.  | <input type="checkbox"/> | <input type="checkbox"/> | realest.ver |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <p><b>Real Estate, Rental Property, Land Contracts/contracts for deeds or other Real Estate Holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)</b></p> <table border="1"> <thead> <tr> <th>Address or Legal Description:</th> <th>Cash Value:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>  |                          |                          |             | Address or Legal Description:         | Cash Value: | _____       | _____ | _____ | _____ | _____ | _____ | _____ | _____ |       |       |       |       |       |       |       |       |
| Address or Legal Description:  | Cash Value:              |                          |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    |                          |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    |                          |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    |                          |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____                    |                          |             |                                       |             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

| Yes      No   |   | Initial  |
|---|---|--|
| 21.   | <input type="checkbox"/> <input type="checkbox"/> | <b>Personal Property held as an Investment?</b> (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as car, furniture or clothing)<br>Description: _____<br>_____<br>_____<br>Cash Value: _____<br>_____ |
|   | asset.ver   |  |
| 22.   | <input type="checkbox"/> <input type="checkbox"/> | <b>Have you disposed of or given away any asset for Less than fair market value within the past 2 years?</b><br>Explain: _____<br>_____<br>Fair Market Value: _____<br>_____   |
|   | disposal.cer                                      |  |
| 23.   | <input type="checkbox"/> <input type="checkbox"/> | <b>Have you received any Lump Sum payments in the past 2 years or anticipate any in the next year?</b><br>Explain: (Where is the money now?) _____<br>_____<br>Cash Value: _____<br>_____  |
|   | lumpsum.cer                                       |  |
| <b>STUDENT STATUS</b>   |   |  |
|   | Yes      No                                       |  |
| 24.   | <input type="checkbox"/> <input type="checkbox"/> | <b>Are you currently a full-time student or part time student or expect to be one in the next 12 months?</b><br><b>Are there any Adult household Members that are Students?</b>  |
| 25.   | <input type="checkbox"/> <input type="checkbox"/> |  |
| If you answered Yes to the above question please continue. If you answered No, you may stop here. |   |  |
| a.  | <input type="checkbox"/> <input type="checkbox"/> | Will an adult who is not a full-time or part time student reside in your home?   |
| b.  | <input type="checkbox"/> <input type="checkbox"/> | Are you married filing a joint tax return with your spouse?  |
| c.  | <input type="checkbox"/> <input type="checkbox"/> | Do you receive AFDC (Aid for Dependent Children)?  |
| d.  | <input type="checkbox"/> <input type="checkbox"/> | Are you a single parent with minor children and neither you nor your children are being claimed as a dependent on another persons tax return?  |
| e.  | <input type="checkbox"/> <input type="checkbox"/> | Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other federal, state, and local laws?   |
| f.  | <input type="checkbox"/> <input type="checkbox"/> | Please provide the name of the educational institution where you are or will be enrolled as a Full Time or Part Time Student: _____  |

I understand that the Owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Section 202 program, the HOME, Rural Development (RD) or other similar Programs. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material misrepresentation is made, I could be subject to prosecution and/or that my application will be denied and/or my tenancy be terminated. Any falsification or misrepresentation of information will be considered a material breach of the lease agreement. I hereby swear, under penalty of perjury, that to the best of my knowledge, the above information is true, correct and complete. I authorize my consent to have management verify the information contained in this application 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 upon meeting management's resident selection criteria and the SECTION 202, HOME, RD or other similar Program requirements. I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise I will notify management immediately. Failure to do so may cause a delay in the processing of my household for occupancy or may cancel my household's application for occupancy altogether.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Ohio Housing Finance Agency  
Office of Program Compliance**



**Applicant / Tenant Sworn Income and Asset Statement**

**NOTE:** All household members 18 years of age or older are required to complete a separate Income statement. All applicable questions must be completed in their entirety.

Name \_\_\_\_\_

S.S. # (last 4 digits) \_\_\_\_\_

**Document Yes answers with third party verification.**

Date \_\_\_\_\_

| <u>Income Source</u>               | I have or I receive the following:<br>(Check YES or NO) |                             | Monthly<br>Amount | Notes |
|------------------------------------|---|-----------------------------|-------------------|-------|
| Job 1                              | Yes <input type="checkbox"/>                            | No <input type="checkbox"/> | _____             | _____ |
| Job 2                              | Yes <input type="checkbox"/>                            | No <input type="checkbox"/> | _____             | _____ |
| Self Employment                    | Yes <input type="checkbox"/>                            | No <input type="checkbox"/> | _____             | _____ |
| Social Security                    | Yes <input type="checkbox"/>                            | No <input type="checkbox"/> | _____             | _____ |
| Supplemental Security Income (SSI) | Yes <input type="checkbox"/>                            | No <input type="checkbox"/> | _____             | _____ |
| Pension / Veteran's Administration | Yes <input type="checkbox"/>                            | No <input type="checkbox"/> | _____             | _____ |
| TANF / AFDC                        | Yes <input type="checkbox"/>                            | No <input type="checkbox"/> | _____             | _____ |
| Unemployment Benefits              | Yes <input type="checkbox"/>                            | No <input type="checkbox"/> | _____             | _____ |
| Workers Compensation               | Yes <input type="checkbox"/>                            | No <input type="checkbox"/> | _____             | _____ |
| Educational Financial Assistance   | Yes <input type="checkbox"/>                            | No <input type="checkbox"/> | _____             | _____ |
| Other _____                        | Yes <input type="checkbox"/>                            | No <input type="checkbox"/> | _____             | _____ |

Do you currently receive Assistance with your housing payment?

Yes ☐ No ☐

If yes; Agency Name: \_\_\_\_\_

Do you **HAVE** court-ordered or an agreement for child support or alimony?

Yes ☐ No ☐

(This means there is an order for you to receive child support or alimony, not pay support to someone else)

ORDERED AMOUNT

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

Are you currently receiving child support or alimony?

Yes ☐ No ☐

AMOUNT RECEIVED

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

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made?

Yes ☐ No ☐

List State \_\_\_\_\_ and County \_\_\_\_\_ where granted.

Are you a student (either full or part-time) enrolled in an institution of higher learning?

Yes ☐ No ☐

If you answered yes to the above question, are you over the age of 23 AND have at least one dependent child?

Yes ☐ No ☐

Are you now or do you anticipate becoming a full-time student within the next 12 months?

Yes ☐ No ☐

**If you answered Yes to being or anticipating becoming a full-time student, answer below as applicable:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| I. Receiving assistance under Title IV of the Social Security Act – (e.g. TANF)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| II. Previously under the care and placement responsibility of the local county children services agency (i.e. foster care)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| III. Enrolled in a government-sponsored job training program   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| IV. Married and eligible to file a joint income tax return   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| V. A single parent household with at least one dependent child. The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Unit # \_\_\_\_\_

Applicant / Tenant Initials \_\_\_\_\_

PC-E01

Revised 9/3/08

Page 1 of 2





**Asset Source**

| Yes   | No                       |   |                      |    |                 |    |
|---|--------------------------|---|----------------------|----|-----------------|----|
| <input type="checkbox"/>  | <input type="checkbox"/> | Do you have a Checking Account?   | 6 month Avg. Balance | \$ | Interest Rate   |    |
| <input type="checkbox"/>  | <input type="checkbox"/> | Do you have a Savings / Holiday Account?  | Balance              | \$ | Interest Rate   |    |
| <input type="checkbox"/>  | <input type="checkbox"/> | Do you have a Certificate of Deposit (CD)?  | Cash Value           | \$ | Interest Rate   |    |
| <input type="checkbox"/>  | <input type="checkbox"/> | Do you have Cash on Hand?   | Amount               | \$ |                 |    |
| <input type="checkbox"/>  | <input type="checkbox"/> | Do you have Stocks, Bonds or Annuities?   | Cash Value           | \$ | Annual Earnings |    |
| <input type="checkbox"/>  | <input type="checkbox"/> | Do you have Money Market or Mutual Funds?   | Cash Value           | \$ | Annual Earnings |    |
| <input type="checkbox"/>  | <input type="checkbox"/> | Do you have IRA, 401K, or Keogh Accounts?   | Cash Value           | \$ | Annual Earnings |    |
| <input type="checkbox"/>  | <input type="checkbox"/> | Do you have Treasury Bills?   | Cash Value           | \$ | Annual Earnings |    |
| <input type="checkbox"/>  | <input type="checkbox"/> | Do you have a Safety Deposit Box? What is held in the box?  |                      |    | Cash Value      | \$ |
| <input type="checkbox"/>  | <input type="checkbox"/> | Do you have any Personal Property held as Investment? **  |                      |    | Cash Value      | \$ |
| <input type="checkbox"/>  | <input type="checkbox"/> | Do you own a Home, Rental Property or other Capital Investments?<br>(Market Value less unpaid balance and selling costs = Cash Value) |                      |    | Cash Value      | \$ |
| Current Status/Intention: <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Being Foreclosed <input type="checkbox"/> Giving Away |                          |   |                      |    |                 |    |

Notes: \_\_\_\_\_

|                          |                          |  |                 |           |                 |            |
|--------------------------|--------------------------|--|-----------------|-----------|-----------------|------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)                                      | When            | Amount    |                 |            |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have life insurance policies? (Whole or Universal only)   | Cash Value      | \$        | Annual Earnings | \$         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you receive regular or periodic payments from persons not living in the unit, trust, annuity, or other claims?<br>(List any item not shown on page 1) | Holder/Provider | Frequency | Amount          | \$         |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?  | Date: _____     |           |                 |            |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, list items: _____  |                 |           |                 |            |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bond(s), etc.)?                         |                 |           |                 |            |
|                          |                          | If yes, please provide:  | Type            | Value     | \$              | Where Held |
|                          |                          |  | Type            | Value     | \$              | Where Held |
|                          |                          |  | Type            | Value     | \$              | Where Held |

Total Of Net Family Assets \$ \_\_\_\_\_ (Total Value of Assets Listed Above)

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

The information provided on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.

Signatures:

Signature Of Applicant / Lessee

Date

Owner/Management Agent Signature

Date



## APPLICANT / TENANT SWORN INCOME AND ASSET STATEMENT

### INCOME AND ASSET SOURCES

Applicant / Tenant Name:

Type of Income or Asset\*:

Company:

Street Address:

City, State, Zip

Telephone Number:

Fax Number:

Account Number:

Type of Income or Asset\*:

Company:

Street Address:

City, State, Zip

Telephone Number:

Fax Number:

Account Number:

Type of Income or Asset\*:

Company:

Street Address:

City, State, Zip

Telephone Number:

Fax Number:

Account Number:

\* Types of Income includes  
but are not limited to:

Employment, Social Security, SSI, Pension, Unemployment Benefits, Worker's Comp, Child Support,  
Alimony and Other

Types of Assets includes  
but are not limited to:

Checking Accounts, Savings Accounts, Certificates of Deposit, Stocks, Bonds, Money Market / Mutual  
Funds, IRA Accounts, Keogh Accounts, 401K Accounts



## NON-EMPLOYMENT CERTIFICATION

Please check either "A" or "B" below as appropriate with regard to your employment situation:

A. ☐

- I am not now employed in any capacity.
- I have no intention of becoming employed in the foreseeable future.
- I am not under any affirmative obligation to obtain employment.
- I do not receive unemployment compensation or other benefits as a result of my non-employed status.

B. ☐

- I am not now employed in any capacity.
- I do intend to become employed in the foreseeable future.
- Based upon my educational background, prior employment experience and career training, I anticipate earnings \$\_\_\_\_\_ over the next twelve months. I anticipate starting employment as a \_\_\_\_\_ on \_\_\_\_\_ earning \$\_\_\_\_\_ dollars per hour, working \_\_\_\_\_ hours per week.
- In support of this estimate, I have submitted:
  - ☐ Previous year's tax return
  - ☐ Previous job and salary history
  - ☐ Other supporting documentation (describe) \_\_\_\_\_

I agree to immediately notify management when and if the above income information changes.

Please check all that apply. I receive or anticipate receiving income from the sources listed below.

- ☐ Social Security, public assistance, unemployment, or any other agency.
- ☐ Self-employment including but not limited to income from sale of Tupperware, MaryKay, Avon, Shaklee, Amway, Discovery, or any other self-employment venture.
- ☐ Child support, spousal support, or regular reoccurring gifts from any person or agency.
- ☐ Other sources of income, please list: \_\_\_\_\_
- ☐ I Do Not receive income from any source. My expenses are paid by: \_\_\_\_\_

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program – Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

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

\_\_\_\_\_  
Date

Subscribed and sworn to before me under oath OR Witnessed and accepted by an authorized agent of the owner this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public OR Witness  
IF Notary-

Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Notary Public OR Witness

My commission expires \_\_\_\_\_, 20\_\_\_\_.



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, sexual orientation, gender identity, marital status or familial status.

## STUDENT CERTIFICATION FORM

Please check either "A" or "B" below as appropriate.

A. ☐ I am not currently a full time student and I do not anticipate being a full time student in the next 12 months. I understand that I must notify management should by student status change. I further understand that I may no longer be eligible to occupy a LIHTC apartment if my household does not meet any of the exception listed below for full time students and that I will need to vacate my apartment immediately.

B. ☐ I am currently a full time student or will be a full time student for 5 months or more of the upcoming 12 month period and my household qualifies to live at a LIHTC community due to meeting the following exception (*you must check one of the statements below*):

1. ☐ an adult who is not a full time student will live in the apartment.
2. ☐ I am married and have filed a joint federal income tax return with my spouse.
3. ☐ I am receiving AFDC payments.
4. ☐ I am a single parent with minor children and neither my children nor I are being claimed as a dependent on another persons tax return.
5. ☐ I am enrolled in a job-training program receiving assistance under the Job Training Partnership Act or funded by a State or Local government agency.

*Verification to support any statement checked above will be required.*

I understand that if at any time during my residency none of the above statements apply to my household, I will no longer be eligible to live at this LIHTC community as a Full Time Student. I agree to notify management of this change to my eligibility and vacate my apartment immediately.

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program – Section 42 of the Internal Revenue Code. I understand the providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

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

\_\_\_\_\_  
Date

Subscribed and sworn to before me under oath OR Witnessed and accepted by an authorized agent of the owner this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary Public or Witness

\_\_\_\_\_  
Printed Name of Notary Public OR Witness

If Notary-

Notary Public, State of \_\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_.

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap sexual orientation, gender identity, marital status or familial status



## UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.

Complete only one form per household; include assets of children.

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: **Saratoga Place Apartments** City: **Newport**

**Complete all that apply for 1 through 4:**

1. My/our assets include:

| (A)<br>Cash<br>Value* | (B)<br>Int.<br>Rate | (A*B)<br>Annual<br>Income | Source                                    | (A)<br>Cash<br>Value* | (B)<br>Int.<br>Rate | (A*B)<br>Annual<br>Income | Source              |
|-----------------------|---------------------|---------------------------|---|-----------------------|---------------------|---------------------------|---------------------|
| \$ _____              | _____               | \$ _____                  | Savings Account                           | \$ _____              | _____               | \$ _____                  | Checking Account    |
| \$ _____              | _____               | \$ _____                  | Cash on Hand                              | \$ _____              | _____               | \$ _____                  | Safety Deposit Box  |
| \$ _____              | _____               | \$ _____                  | Certificate of Deposit                    | \$ _____              | _____               | \$ _____                  | Money market funds  |
| \$ _____              | _____               | \$ _____                  | Stocks                                    | \$ _____              | _____               | \$ _____                  | Bonds               |
| \$ _____              | _____               | \$ _____                  | IRA Accounts                              | \$ _____              | _____               | \$ _____                  | 401K Accounts       |
| \$ _____              | _____               | \$ _____                  | Keogh Accounts                            | \$ _____              | _____               | \$ _____                  | Trust Funds         |
| \$ _____              | _____               | \$ _____                  | Equity in real estate                     | \$ _____              | _____               | \$ _____                  | Land Contracts      |
| \$ _____              | _____               | \$ _____                  | Lump Sum Receipts                         | \$ _____              | _____               | \$ _____                  | Capital investments |
| \$ _____              | _____               | \$ _____                  | Life Insurance Policies (excluding Term)  |                       |                     |                           |                     |
| \$ _____              | _____               | \$ _____                  | Retirement/Pension Funds not named above: |                       |                     |                           | _____               |
| \$ _____              | _____               | \$ _____                  | Personal property held as an investment:  |                       |                     |                           | _____               |
| \$ _____              | _____               | \$ _____                  | Other list):                              |                       |                     |                           | _____               |

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business or special equipment for use by the disabled.

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred).
3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/we do not have any assets at this time.

**The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ \_\_\_\_\_. This amount is included in total gross annual income.**

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

Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_ Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

Rev. 2007

# House Rules

ATTENTION ALL RESIDENTS, please be advised effective immediately there will be a new policy for all Lease violations. The attached list is only a sampling of frequent violations. The Lease and House Rules will be enforced in their entirety.

- Destruction of property
- Disturbing or harassing of other Residents
- Excessive noise from your unit
- Drunk and disorderly
- Illegal activities on the premises
- Unlawful activities requiring police action on the property
- Tampering with mailboxes
- Removing Smoke Detectors or batteries
- Removal of light bulbs
- Failure to maintain the unit in a safe and sanitary condition
- Leaving garbage and/or other obstructions in common areas
- Allowing unauthorized persons to live in your unit
- Failure to allow property staff or his agent to enter your unit
- Verbal or physical assault on the property staff or agent
- Verbal or physical assault to another resident
- Alteration or addition to the property without authorization from the Owner of the Owner's Agent
- Installation of appliances (range, refrigerator, air conditioners, washing machine, dryers, locks, etc.
- Breach of security (failure to show ID to security, etc.)
- Failure to report change in family income, family composition, and/or factors regarding computation of rent.
- Interference with the management of the property.

The above are considered to be Lease violations and infraction notices will be issued for each incident and your file will be documented. Three (3) infractions notices in a 12-month period or one (1) substantial Lease violation may/will result in eviction.

Enclosed you will find a complaint form that is to be completed for all complaints. If this form is not completed we cannot address the problem. No phone calls will be accepted.

Sincerely,

Brighton Properties

Cc: files

\_\_\_\_\_  
Occupant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-occupant Signature

\_\_\_\_\_  
Date

# TENANT RELEASE AND CONSENT

9/10

I/We \_\_\_\_\_, the undersigned hereby, authorize all persons or companies in the categories listed below to release without liability information regarding employment, income and/or assets to (Owner or agent) Saratoga Apartments, 798 Saratoga Street, Newport, KY 41071 for purposes of verifying information on my/our apartment rental application.

## INFORMATION COVERED

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

## GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

|                               |                                  |                           |
|-------------------------------|----------------------------------|---------------------------|
| Past and Present Employees    | Welfare Agencies                 | Veterans Administration   |
| previous Landlords(including  | State Unemployment Agencies      | Retirement Systems        |
| Public Housing Agencies)      | Social Security Administration   | Banks and Other Financial |
| Support and Alimony Providers | Medical and Child Care Providers | Institutions              |

## CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

## SIGNATURES

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co applicant/Resident

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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

## WARNING:

**SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENCE TO MAKE WILLFUL, FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. OR TO ANY MATTER WITHIN ITS JURISDICTION.**

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

|  |  |                                    |  |  |  |   |  |   |                                       |   |  |
|--|--|------------------------------------|--|--|--|---|--|---|---------------------------------------|---|--|
| <b>Applicant Name:</b>   |  |                                    |  |  |  |   |  |   |                                       |   |  |
| <b>Mailing Address:</b>  |  |                                    |  |  |  |   |  |   |                                       |   |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |                                    |  |  |  |   |  |   |                                       |   |  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |                                    |  |  |  |   |  |   |                                       |   |  |
| <b>Address:</b>  |  |                                    |  |  |  |   |  |   |                                       |   |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |                                    |  |  |  |   |  |   |                                       |   |  |
| <b>E-Mail Address (if applicable):</b>   |  |                                    |  |  |  |   |  |   |                                       |   |  |
| <b>Relationship to Applicant:</b>  |  |                                    |  |  |  |   |  |   |                                       |   |  |
| <b>Reason for Contact: (Check all that apply)</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>   |  | <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process | <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms | <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules | <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Late payment of rent |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |                                    |  |  |  |   |  |   |                                       |   |  |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |                                    |  |  |  |   |  |   |                                       |   |  |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |                                    |  |  |  |   |  |   |                                       |   |  |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |                                    |  |  |  |   |  |   |                                       |   |  |
| <input type="checkbox"/> Late payment of rent  |  |                                    |  |  |  |   |  |   |                                       |   |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |                                    |  |  |  |   |  |   |                                       |   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |                                    |  |  |  |   |  |   |                                       |   |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |                                    |  |  |  |   |  |   |                                       |   |  |
|  |  |                                    |  |  |  |   |  |   |                                       |   |  |

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



# Race and Ethnic Data Reporting Form

U.S. Department of Housing  
and Urban Development  
Office of Administration

OMB Approval No. 2535-0113  
(exp. 01/31/2011)

Program Title:

Grantee/Recipient Name:

Grantee Reporting Organization:

Reporting Period From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

| Racial Categories  | Total Number of Race Responses | Total Number of Hispanic or Latino Responses |
|--|--------------------------------|--|
| American Indian or Alaska Native   |                                |  |
| Asian  |                                |  |
| Black or African American  |                                |  |
| Native Hawaiian or Other Pacific Islander  |                                |  |
| White  |                                |  |
| American Indian or Alaska Native <i>and</i> White  |                                |  |
| Asian <i>and</i> White   |                                |  |
| Black or African American <i>and</i> White   |                                |  |
| American Indian or Alaska Native <i>and</i> Black or African American  |                                |  |
| * Other multiple race combinations greater than one percent: [Per the form instructions, write in a description using the box on the right]  |                                |  |
| Balance of individuals reporting more than one race  |                                |  |
| <b>Total:</b>  | 0                              | 0  |
| * If the aggregate count of any reported multiple race combination that is not listed above exceeds 1% of the total population being reported, you should separately indicate the combination. See detailed instructions under "Other multiple race combinations." |                                |  |

Public reporting burden for this collection is estimated to average 1.15 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the information collection instrument. HUD may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Saratoga Place Apartments**  
**798 Saratoga Place**  
**Newport, KY 41071**  
**859-291-6200 office**

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**RELATIVE RESTRICTION RULE**

Tenant Certification:

I Certify that I am not related to this landlord, owner, or management - \_\_\_\_\_, as a parent, child grandparent, child, sister, brother nor is any member of my household related to this landlord, owner, or management in any way.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

Landlord Certification:

I certify that I am not related to this Tenant, \_\_\_\_\_, or any member of the tenant's family as a parent, child, grandparent, grandchild, sister or brother.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date