

Property Manager to fill out this page:

## Move In Cover Page

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Lease Dates: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Phone: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

### Section 1-Application

- Application Fee Taken     Occupancy Fee     Deposit to Hold Unit
- Application Taken and Dated
- Driver's License and S.S. cards copied
- Add Applicant to Computer

### Section 2- Managers Approval

Credit  Criminal  Rental

Date  Managers Approval \_\_\_\_\_

### Charges for the unit:

<u>Monthly Rent /UNIT SIZE</u>	
<u>Lease Deposit</u>	
<u>Washer/Dryer Fee</u> \$40.00 MONTHLY	NA-Remove
<u>Pet Rent</u> \$20.00 MONTHLY	\$15.00
<u>Pet Deposit</u> <del>\$250.00</del>	\$300.00
<u>Carport Rental</u> \$20.00 MONTHLY	NA-Remove
<u>Occupancy Fee</u> \$50.00 ONE TIME FEE	NA-Remove

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

This LIHTC property is designed to provide housing to families who meet the eligibility and screening requirements. Management shall be responsible for determining eligibility of applicants.

**QUALIFICATIONS**

- Occupancy of this project will be limited to families, households and persons as defined below:

**Elderly Person-One who is 55 years of age or older.**

- Photo identification **MUST** be provided in the form of a VALID drivers’ license, State-issued photo identification card or military identification card.
- Employment must be verified with current employer; including position, dates of employment and salary.
- In case of self-employment, last year’s tax return will be required.
- Approved applications will need **2.0 times the rental amount**. Co-signer/Guarantor may be allowed for applicants who qualify in all other items other than gross monthly income. Co-signer/Guarantor is subject to all application requirements.
- Employment, Social Security, Pension payments, stock dividends, interest income, child support, maintenance support or any other verifiable source must be included in applicant’s **gross income figure**, as well as supporting documentation.

**MAXIMUM ANNUAL FAMILY INCOME ALLOWANCES**

**LIHTC Income**

<b><u>Restriction</u></b>	<b><u>50%</u></b>	<b><u>60%</u></b>		<b><u>50%</u></b>	<b><u>60%</u></b>
<b><u>1 Person</u></b>	\$28,500	\$34,200	<b><u>2 Person</u></b>	\$32,550	\$39,060
<b><u>3 Person</u></b>	\$36,600	\$43,920	<b><u>4 Person</u></b>	\$40,650	\$48,780

**TRANSFERING UNIT FEE POLICY**

There will be a Transfer Fee of \$100.00 for Existing Tenants to transfer to another unit, if unit is available.

**OCCUPANCY STANDARDS**

Occupancy standards serve to prevent the over-utilization or under-utilization of units that can result in an inefficient use of housing funding. Occupancy standards also ensure that residents are treated fairly and consistently and receive adequate housing space.

Below, please find this property’s occupancy standards description:

Number of Bedrooms	Min. # Household Members	Max. # Household Members
0	1	2
1	1	2
2	2	4

The leased address **DOES NOT** become effective until the **application is approved by management.**

Based on LIHTC program requirements, the owner/agent is required to follow the Available Unit Rule (AUR) and the Unit Vacancy Rule (UVR). When moving in new households, the owner/agent must demonstrate due diligence when moving in new households to ensure all vacant units are rented to income qualified households.

**CITIZENSHIP/IMMIGRATION STATUS REQUIREMENTS**

Applicants are required to declare U.S. citizenship or submit evidence of eligible immigration status for each household member seeking housing assistance. The owner/agent is required to obtain the following:

- a. Family Summary Sheet (lists all household members who will reside in the assisted unit)
- b. Citizenship Declaration (Each household member listed on the Family Summary Sheet must complete a declaration of citizen or non-citizen status)
- c. Forms and/or evidence of citizen/immigration status as required by HUD

If any applicant has questions or experiences difficulty providing the described information or determining the type of documentation required, please contact the management office.

## **STUDENT RULE**

To qualify under the Section 42 program rules, any low income tax credit household that is made up of all Full Time Students, the household **must** meet **one of the five exemptions** or not be qualified for occupancy.

- 1.) The entire house hold is composed of a Head of Household who is a single parent with dependent children; the parent is not a dependent and the dependent child(ren) are not listed as dependents on any other third party tax return, other than a parent of the dependent child(ren) in the household.
- 2.) The entire household is composed of individuals who are married that are eligible to file a joint tax return.
- 3.) **ANY Member of the household:**
  - a. Is receiving assistance under Title IV of the Social Security Act (TANF)
  - b. Is enrolled in a job training program receiving assistance under the Job Training Partnership Act/1998 Workforce Investment Act or under the similar Federal, State, or Local government agency funded programs.
  - c. A student member of the household had previously received foster care and placement assistance by the State agency plan under Title IV, part B or E of the Social Security Act.

Full-time students are persons enrolled on a full-time status at an educational institution for at least five calendar months during any taxable year. The Student Verification form (Exhibit F) is required for all full and part-time students. LIHTC units with full-time students are NOT required to include income in excess of tuition. Only students in LIHTC households receiving Section 8 or voucher assistance are required to include income in excess of tuition. Each student must complete the Student Verification form (Exhibit F), if the LIHTC household is comprised of all students (full and/or part-time) claiming no verifiable student exemption OR the LIHTC households are receiving Section 8 or voucher assistance.

## **COMPLIANCE WITH REQUIREMENTS OUTLINED IN THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2013**

The owner/agent understands that, regardless of whether state or local laws protect victims of domestic violence, dating violence, sexual assault or stalking, people who have been victims of violence have certain protections provided through the Violence Against Women Reauthorization Act of 2013 (VAWA 2013). If any applicant wishes to exercise the protections provided in the VAWA 2013, he/she should contact the owner/agent immediately. The owner/agent is committed to ensuring that the Privacy Act is enforced in this and all other situations.

The owner/agent will not assume that any act is a result of abuse covered under the VAWA 2013. In order to receive the protections outlined in the VAWA 2013, the applicant/applicant must specify that he/she wishes to exercise these protections.

### **Certification and Confidentiality**

When the owner/agent responds to a claim of protected status under the VAWA 2013 the owner/agent will request, in writing if appropriate, that an individual document the occurrence of domestic violence, dating violence, sexual assault or stalking,. The individual claiming rights under the VAWA 2013 must certify their status as a victim and must provide information to verify his/her status as a victim of domestic violence, dating violence, sexual assault or stalking using HUD Form 91066.

If the applicant received or attempted to receive assistance in addressing domestic violence, dating violence, sexual assault or stalking from a federal, state, tribal, territorial jurisdiction, local police or court, the applicant may submit written proof of this outreach in lieu of HUD Form 91066.

The applicant will have fourteen (14) business days to submit the documentation. This certification may be submitted in an equally effective manner, as a reasonable accommodation, if there is the presence of a disability.

The owner/agent will carefully evaluate abuse claims as to avoid conducting an eviction based on false or unsubstantiated accusations. The Notice of Occupancy Rights under the Violence Against Women Act provides notice to the resident/applicant of the confidentiality of information about a person seeking to exercise VAWA protections and the limits thereof. The identity of the victim and all information provided to owner/agent relating to the incident(s) of abuse covered under the VAWA 2013 will be retained in confidence. Information will not be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is

- Requested or consented to by the victim in writing;
- Required for use in an eviction proceeding or termination of assistance; or
- Otherwise required by applicable law.

The owner/agent will retain all documentation relating to an individual's domestic violence, rape, dating violence, sexual assault or stalking in a separate file that is kept in a separate secure location from other applicant/applicant files.

If the applicant/resident has sought assistance in addressing domestic violence, dating violence, sexual assault and/or stalking from a federal, state, tribal, territorial jurisdiction, local police or court, the resident may submit written proof of this outreach in lieu of the certification form.

The owner/agent will accept the following:

- A federal, state, tribal, territorial, or local police record or court record or
- Documentation signed and attested to by a professional (employee, agent or volunteer of a victim service provider, an attorney, medical personnel, etc.) From whom the victim has sought assistance in addressing domestic violence, dating violence and/or stalking or the effects of the abuse. The signatory attests under penalty of perjury (28 U.S.C. §1746) to his/her belief that the incident in question represents bona fide abuse, and the victim of domestic violence, dating violence and/or stalking has signed or attested to the documentation.

The victim is not required to name his/her accused perpetrator if doing so would result in imminent threat or if the victim does not know the name of his/her accused perpetrator.

## **LEASE BIFURCATION**

If the owner/agent determines that physical abuse caused by a resident is clear and present, the law provides the owner/agent the authority to bifurcate a lease i.e., remove, evict, or terminate housing assistance to any accused perpetrator, while allowing the victim, who lawfully occupies the home, to maintain tenancy.

## **LEGAL ACTION**

Victims are encouraged to seek police/legal protection from their accused perpetrator. In some cases, the owner/agent may file a restraining order against the accused perpetrator to prevent the accused perpetrator from entering the property.

## **LEASE ADDENDUM**

The HUD approves lease addendum will be implemented and provided in accordance with HUD guidance.

## **EMERGENCY TRANSFER**

The owner/agent will consider an Emergency Transfer Request when a person seeking to exercise VAWA protections feels that he/she is:

- In imminent danger
- Was sexually assaulted on the property within 90 days of the request

Please see the property VAWA Policy or VAWA Emergency Transfer Plan for additional information.

## **AVAILABILITY OF ASSISTANCE FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY**

Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)" requires the owner/agent to develop and implement a system to provide housing assistance so persons with Limited English Proficiency (LEP) can have meaningful access to assisted housing opportunities. The owner/agent will provide for such meaningful access consistent with, and without unduly burdening the fundamental mission of the property.

## **SOCIAL SECURITY NUMBER(S) REQUIREMENTS – SSN**

1. Effective January 31, 2010, all household members must provide the complete and accurate SSN assigned to each member of the applicant's household and documentation necessary to prove that the SSN is accurate (verification). Owner/Agent must contact applicants to notify them of the Social Security Number (SSN) requirements. The notice must inform applicants that they have to disclose and provide verification of SS numbers for all non-exempt household members before they can be admitted. Acceptable verification documentation can be one (1) of the following:
  - a. Social Security Card
  - b. Original document issued by a federal or state government agency which contains the name, social security number or other identifying information for the individual.
  - c. Driver's license with Social Security Number
  - d. Earning statements on payroll stubs
  - e. Bank statements
  - f. Form 1099
  - g. Social Security Administration benefit award letter
  - h. Retirement benefit letter
  - i. Life insurance policy
  - j. Court records

The Owner/Agent must reject documentation that:

- a. Is not the original document; or
- b. Is the original document but has been altered, mutilated or is not legible;  
or
- c. Appears to be a forged document.

The Owner/Agent must explain to the applicant or resident the reason(s) why the document(s) is not acceptable and request the individual to obtain acceptable documentation of the social security number and submit it.

2. For eligibility purposes, the requirement to disclose a SSN is waived if no SSN number has been assigned and:
  - a. A household member is 62 years or older as of January 31, 2010 and eligibility determination started before January 31, 2010.
  - b. A household member is an ineligible non-citizen.

If, at the time a unit becomes available, all non-exempt household members have not provided adequate documentation necessary to verify Social Security Numbers, the next eligible applicant must be offered the available unit.

All non-exempt household members have ninety (90) days-from the date they are first notified that a unit is available-to provide documentation necessary to verify the Social Security Numbers. During this 90-day period, the household may retain its place on the waiting list, but will not be considered again until the required documentation is provided. After ninety (90) days, if the applicant is unable to disclose/verify the Social Security Numbers of all non-exempt household members, the household will be determined ineligible and removed from the waiting list.

The applicant may apply again, after obtaining the appropriate documentation. The applicant will be placed on the waiting list based on the date and time the **new** application is received.

## **CRIMINAL HISTORY**

- A criminal background check will be conducted for each applicant (occupant) age 18 years of age or older. The crimes that will most often allow management to deny tenancy are Drug related offenses, Theft related offenses, and Cruelty to Animals related offenses, and any Non-Violent Felony offenses will not be reviewed until **after ten years** of the conviction of the offense (s) and Misdemeanor Offenses will not be reviewed until **after three years of the conviction of the offense(s)**. Sex related Offenses (subject to a state lifetime sex offender registry), **Any Violent Crimes** against Persons i.e.; Murder, Manslaughter, Arson, Felony Assault, Kidnapping, Burglary, Treason and Terrorism Related Offenses are **declined regardless of time**.

If a resident or applicant has requested VAWA protections and such protections have been justified based on owner/agent investigation, the **abuser/perpetrator** will not be approved to live on the property.



If the criminal background investigation results indicate that the applicant does not meet the criminal screening criteria, the owner/agent will reject the applicant in writing. The applicant will have 14 days to appeal the decision in writing.

## **RENTAL HISTORY**

An evaluation of verifiable rental or mortgage payment history for the last 24 months will be reviewed. Applicant must have a minimum of 6 months of cumulative verifiable rental or mortgage payment history within the last 24 months. In such instances, if a previous landlord cannot be contacted, 6 months of consecutive month's proof of payment must be verified and a copy of the lease contract must be provided. **Applicants may be required to pay a higher deposit based on credit history and/or rental history. Admission to this project will be applicant's only place of residence.**

When applications also depend on the results of a rental history investigation for an approval/denial determination, applications for residency will automatically be denied for the following reasons:

- a. An outstanding debt to previous landlord or an outstanding NSF check must be paid in full
- b. A breach of a prior lease or prior eviction of any applicant or occupant
- c. If any member of the applicant household has been evicted from any property owned or managed by Sansone Group, for lease violations, that applicant household will be rejected.

## **SCREENING FOR CREDIT HISTORY**

The owner/agent reviews each adult applicant's credit history. The owner/agent does not consider medical bills/expenses when reviewing credit history.

Credit history will be reviewed to determine if there is any debt owed to a prior landlord. Applicants owing prior landlords will be rejected unless:

- Such debt has been paid or
- Applicant has entered in to a repayment agreement and can demonstrate that payments toward the principal amount(s) have been on time for the most current 6 months

The owner/agent will also review utility payment history. If the applicant has more than three late utility payments in the last year or if the applicant is unable to establish utilities in the new unit, the application will be rejected.

Other credit history will be reviewed; the following discoveries will be reason for rejection:

- One or more outstanding judgments in excess of \$1000 within the last **three years**
- Two or more checks returned for non-sufficient funds in the **last year**
- Default on any loan/payment agreement within the last **two years**
- Any record of failure to pay child support owed within the last **12 months**

If no credit history is available, the owner/agent will accept a single reference from a person who is not related to the applicant who is a licensed business owner, accredited professional or an employee of an accredited education facility. No additional inquiry will be made.

**Falsification if any information on the application will result in a rejection.**

Refer Credit Recommendation occurs on applicants with little or no credit history. In such cases, additional checks for rental and income/employment will be completed. If the criteria is met in these checks, an additional deposit will be required. When no rental history exists, an additional deposit is required. A criminal background check must be approved before further consideration is given.

In signing the attached application, I am hereby consenting to allow Sansone Group, through its designated agents and employees, to obtain my credit information, including a criminal search, for the purposes of determining whether or not to lease me an apartment. **All application fees are NON-REFUNDABLE.** Please acknowledge by signing below that you have read and understand the foregoing Resident Selection Criteria.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**City Parc at Pine Apartments**  
**1531 Pine Street**  
**St. Louis, MO 63103**  
**314-696-8500- OFFICE**  
**314-202-8894- FAX**

Date recd: \_\_\_\_\_  
Time recd: \_\_\_\_\_  
Mgmt. Initials: \_\_\_\_\_



**Applicant's Name** \_\_\_\_\_  
First M.I. Last

**Driver's License No. & State** \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Separated  Widow

**Email Address:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

Do you have a pet?  Yes or  No    Type of animal: \_\_\_\_\_ Weight of animal: \_\_\_\_\_

Does any member of the household require special accommodations?  Yes or  No

If yes, name of household member: \_\_\_\_\_

**APPLICANT PRESENT ADDRESS**

\_\_\_\_\_  
Street Apt # City State Zip

Dates: (From – To) \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Present Landlord/Resident Manager/Mortgage Co. \_\_\_\_\_ Phone \_\_\_\_\_

**Rent / Own** (Circle one)

**APPLICANT PREVIOUS ADDRESS (If current address is less than five years old)**

\_\_\_\_\_  
Street Apt # City State Zip

Dates: (From – To) \_\_\_\_\_ Monthly Payment\$ \_\_\_\_\_

Previous Landlord/Resident Manager/Mortgage Co. \_\_\_\_\_ Phone \_\_\_\_\_

**Rent / Own** (Circle one)

Does any member of the household require special accommodations?  Yes or  No

If yes, name of household member: \_\_\_\_\_

**Household Information:**

**Complete the following information for each household member that will occupy the unit at move-in:**

Name <i>(Last, First, MI)</i>	Relationship to the Head of Household	Birth Date <i>(mm, dd, yyyy)</i>	Student (Y/N)	Social Security Number

**HOUSEHOLD INFORMATION (Continued)**

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?  Yes  No

If YES, explain \_\_\_\_\_

2. Do you expect the number of household members to change in the future?  Yes  No  
If YES, please explain how many members will be added or reduced, and date of expected change:

\_\_\_\_\_

3. Have any of the household members used names or a social security number, other than the names and numbers used above?  Yes  No If YES, explain: \_\_\_\_\_

4. Is any Adult member of your household separated, but not divorced?  Yes  No Name: \_\_\_\_\_

5. Does your household receive or is it applying to receive Section 8 rental or Housing Authority assistance?  
 Yes  No

**Background Information**

1. Have you or any member of your household ever been convicted of any crime?  Yes  No

If YES, provide the nature of the crime(s): \_\_\_\_\_

Date: \_\_\_\_\_ State: \_\_\_\_\_ City \_\_\_\_\_

County: \_\_\_\_\_

Are any of the above convictions of a FELONY?  Yes  No If YES, Please explain \_\_\_\_\_

\_\_\_\_\_

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program?  Yes  No If YES, Please explain \_\_\_\_\_

\_\_\_\_\_

Are there any Criminal Charges pending now?  Yes  No If YES, please explain \_\_\_\_\_

\_\_\_\_\_

Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?  Yes  No

If YES, explain \_\_\_\_\_

\_\_\_\_\_

2. Have you ever filed or are you currently filing for bankruptcy?  Yes  No

If YES, give reason \_\_\_\_\_

Date of filing: \_\_\_\_\_

3. Have you ever lived at any other property managed by Sansone Group?  Yes  No

If YES, where? \_\_\_\_\_

**STUDENT ELIGIBILITY QUESTIONS**

1. Are ALL members of the household Full-time students?  Yes  No  
IF YES, please list names of Full Time Students:

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2. Will ALL members of your household be full time students during any 5 months of THIS year?  Yes  No  
(Example: A student who goes away to school full time)

Will ALL members of your household be FULL TIME STUDENTS during any 5 months of NEXT year?  Yes  No

3. Is ANY Adult Member of your household a part or full time student in an institute of higher education?  
 Yes  No

If YES, name of household member enrolled? : \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

How does the household member pay for their education? : \_\_\_\_\_

What is the cost of tuition per semester? : \_\_\_\_\_

4. Does ANY ADULT household member intend to become a student within the next 12 months?  Yes  No  
IF YES: name of person enrolling in school: \_\_\_\_\_

IF YES, will they be enrolling indicate if person will be a **full-time or part-time** student? (Please indicate if full time or part time student):

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**Income Information:**

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors. Include all **GROSS INCOME** (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries?  Yes  No

(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Start Date of Employment</u>	<u>Earned Income Amount</u>
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2. Are you or anyone in household Self Employed?  Yes  No

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Earned Annual Income Amount: \_\_\_\_\_

**Income Information: (continued)**

**3. Unemployment Benefits or Worker's Compensation?**

Yes  No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?**

Yes  No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. Does a member of the household receive Court Order Child Support or Alimony?**

Yes  No

*(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, rather, received directly from the payer.)*

Household Member receiving income: \_\_\_\_\_

Name of Person Paying support: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Frequency Payment received? : \_\_\_\_\_

(weekly, semi-monthly or monthly)

**(b) How is the support received? (Check all that apply)**

Child Support Enforcement Agency- Name of Agency: \_\_\_\_\_

Court of Law - Name of Court: \_\_\_\_\_

Directly from Individual - Name of Person: \_\_\_\_\_

Other - Please Explain: \_\_\_\_\_

**(c) If money is not actually received, are you taking legal action to remedy?  Yes  No**

Explanation: \_\_\_\_\_

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

Yes  No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

**7. Regular payments from a pension and/or retirement benefit, annuities?**

Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Income Information (continued):

8. Regular payments from a severance package?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Does any household member receive Veteran's benefits or military pay?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Regular payments from any type of legal settlement? (For example, insurance settlements)  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Disability, death benefits or life insurance dividends?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

12. Educational grants, scholarships, or other student benefits?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

13. Regular payments from lottery winnings or inheritances?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

14. Regular payments from rental property or other types of real estate transactions?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

15. Any other income sources or types not listed above?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

16. Do you or any other household member expect any change in income in the next 12 months?  Yes  No  
If YES, explain: \_\_\_\_\_

**Income Information (continued):**

17. Regular gifts or payments from anyone outside of the household?  Yes  No  
*(This includes anyone supplementing your income or paying any of your bills on a regular basis.)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

18. Are you or any household member claiming zero income?  Yes  No  
 If YES, Name of Household Member? \_\_\_\_\_  
 I will be using the following sources of funds to pay for my necessities: \_\_\_\_\_

**Asset Information:**

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

**INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.**

Do YOU or ANYONE in your household have any of the following ASSETS:

1. <b>Checking</b> and/or <b>Savings</b> bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CHECKING, SAVINGS OR BOTH (Please Circle answer)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
2. CDs, money market accounts or treasury bills? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
3. Stocks, bonds or securities? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
4. Trust funds? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
Are any of the above listed trusts irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____



**Asset Information (continued):**

6. Cash on hand or in Safety Deposit Box?  Yes  No

Household Member Amount

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

7. Surrender value of a whole life, universal life (term), or endowment insurance policy which is available to the policy holder before death?  Yes  No

Household Member Life Insurance Company Amount

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

Is the POLICY A WHOLE OR TERM Policy? (Circle answer please)

8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)  Yes  No

Household Member Source of Benefit Amount

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

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Yes  No

Household Member Source of Benefit Amount

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

10. Do you have a safe deposit box containing contents with a monetary value?

Yes  No

Household Member Source of Benefit Amount

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

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?  Yes  No

Household Member Description of Asset Disposed Amount Received

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

Explanation: \_\_\_\_\_

12. Do you have a Direct Express Card?  Yes or  No

Name of Direct Express Card Type: \_\_\_\_\_

Name on Direct Express Card: \_\_\_\_\_

13. Do you have any other assets not listed above?  Yes or  No

Please describe: \_\_\_\_\_

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All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of Section 42 (LIHTC). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I 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 and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and Sansone Group the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all credit bureaus, corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original. **ALL Household Members 18 and over must sign below:**

Signature	Date
Signature	Date
Signature	Date
Signature	Date

Supplemental and Optional 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.

<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:</b> (Check all that apply)	
<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.	

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

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**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.