



TENANT SELECTION CRITERIA

Welcome to: **City View at the Park**

Capstone Real Estate Services promotes Equal Housing Opportunity at all of our communities, and expects management to treat each prospective applicant that visits our properties with dignity and respect. Furthermore, Capstone selects prospects without regard to race, color, sex, religion, disability, familial status, or national origin. As per Section 504 requirements, Capstone properties make reasonable accommodations (such as allowing applicants to request assistance with the reading of materials) to help applicants read, understand and complete the application. This criterion will be applied uniformly, and in a consistent manner with all applicable law, including the Texas and Federal Fair Housing Acts, the Federal Fair Credit Reporting Act, and Texas Department of Housing and Community Affairs (TDHCA) guidelines.

The following Tenant Selection Criteria applies to this community, and it is in compliance with TDHCA rules and regulations. It is published at the leasing office, and a copy will be provided.

Age:

This property is a senior community, and it is intended for persons qualifying under the Housing for Older Persons Act of 1995 (HOPA), in which at least one person in the household is at least 55 years of age or older. Eighty percent (80%) of the community it's required to be leased to households meeting this senior designation.

Verification of Identity:

Each person applying for an apartment must show proof of valid government or state issued identification card.

Occupancy Guidelines:

A maximum of three (3) persons per bedroom are allowed, with no more than two (2) adults per bedroom. Adult is defined as a person over the age of 18.

Income:

All income sources indicated on the application will be verified at the time of application, and on an annual basis. Total household income must equal two (2) times the amount of the monthly rental rate of the selected apartment. Income verifications include, but are not limited to the following: Four (4) to six (6) weeks of current consecutive paystubs from the income source(s), Capstone's Employment Verification, submitted to and from employer, and verifications such as court orders, divorce decrees, award letters, or financial statements. Applicants whose income is based solely on commissions or base salary plus commission, tips or bonuses, may require additional verifications.

Since this community participates in an affordable housing program, additional income verifications, affidavits, and signed certifications may be requested.

Self-Employment Income:

Applicants who are self-employed must complete Capstone's Self Employment Verification and provide the previous year's income tax return including Schedule C, or a profit and loss statement with anticipated income for the upcoming twelve (12) months.



Effective 5.15.2020



Page 1 of 12

Texas Department of Housing and Community Affairs
Special Needs Certification

Property Name: City View at the Park TDHCA File#: 05207

Household Name: _____ Unit #: _____

You have applied for a unit at the above referenced property, which has a priority to lease apartments to "Persons with Special Needs". A "Persons with Special Needs" include all of the following:

- has a developmental disability, as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. Section 15002); or
- a "person with disability," as defined in 24 CFR § 5.403:
 - o Has a disability, as defined in 42 U.S.C. 423;
 - o Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
 - is expected to be of long-continued and indefinite duration;
 - substantially impedes his or her ability to live independently, and
 - is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
 - o Has a developmental disability as defined in 42 U.S.C. 6001.
- a "person with disability," as defined in Texas Administrative Code, Title 10, Chapter 10 §10.003(a)(81):
 - o a physical or mental impairment that substantially limits one or more major life activities of such individual;
 - o a record of such an impairment; or
 - o is regarded as having such an impairment, to include persons with severe mental illness and persons with substance abuse disorders.
- persons with alcohol and/or drug addictions,
- Colonia residents,
- Persons with Disabilities,
- victims of domestic violence,
- persons with HIV/AIDS,
- homeless populations, and
- migrant farm workers.

You are not being asked to disclose any details or specifics regarding the type or nature of the special need, but only to disclose that you, or someone in your household, meet this provision.

Based on the above, do you or anyone in your household have a "Special Need"? YES _____ NO _____

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

Household Signature

Date

Household Signature

Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

TDHCA
December 10, 2012



LIHTC / BOND / AHDP / HOME / HTF
Affordable Housing Programs

Non-Employed Certification

Applicant / Resident: _____ Apartment #: _____

Check all that apply and complete any blanks

- ☐ - Is total monthly income at move-in (or current Recertification) less than total monthly rent?
☐ Yes ☐ No

If "Yes", how will you pay for rent? _____

- ☐ - I am not now employed in any capacity.
- My last place of employment was: _____
- My last date of employment was: _____
month/day/year

- ☐ - I am currently employed, but will be unemployed at move in / recertification due to the following:

- My current place of employment is: _____
- My estimated last day of employment is: _____
month/day/year

- ☐ - I do not receive unemployment compensation or other benefits as a result of my non-employed status.

- ☐ - I do receive unemployment compensation or other benefits: \$ _____ /month. The source of this income is _____
_____ (submit documentation of this income)

- ☐ - I have not been offered a position of employment

- ☐ - I have accepted an offer of employment but have not yet started
Anticipated salary \$ _____
To support my estimation I have provided one the following:
• Offer Letter of Employment
• Previous earnings statement and proof of employment
• Other _____

I/we understand that this verification is made as part of the qualification procedure to determine eligibility for residency at the above apartment community and that any misrepresentation herein will be considered a material breach of the lease agreement and subject me/us to immediate eviction. Under penalties of perjury, I/we certify the above representations to be true as of the date shown below.

Applicant Signature: _____ Date: _____

Revised 07/29/2013 (TC)

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.

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$		\$	Savings Account	\$		\$	Checking Account
\$		\$	Cash on Hand	\$		\$	Safety Deposit Box
\$		\$	Certificates 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
\$		\$	Employment Pay Card				
\$		\$	Life Insurance Policies (excluding Term)				
\$		\$	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

CERTIFICATION OF STUDENT ELIGIBILITY

Household Name: _____

Check A, B or C as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools, but does not include those attending on-the-job training courses):

- A.

Household contains at least one occupant who is not a student, has not been a student, and will not be during the current and/or upcoming calendar year. A student is defined as someone who attends school full time for any part of five or more months in a calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B.

Household contains all students, but is qualified because the following occupant(s) _____ is/are part-time student(s). Documentation of part-time student status for at least one member of the household.
- C.

Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed.

1.

Is at least one student receiving assistance under title IV of the Social Security Act (for example, payments under AFDC)?

Yes

No
2.

Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)

Yes

No
3.

Does at least one student participate in a program receiving assistance under the Job Training Partnership Act (JTPA), Workforce Investment Act or under other similar federal, state or local laws? (attach documentation of participation)

Yes

No
4.

Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?

Yes

No
5.

Are the students married and entitled to file a joint tax return?

Yes

No

Households composed entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

I/we hereby certify that the statement above is true and complete to the best of my knowledge.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Printed Name

Printed Name

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorize release of information without liability to the owner/ manager of the apartment community listed below, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.

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, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my 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 include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Medical and Child Care Providers
Banks and other Financial Institutions	Previous Landlords (including Public Housing Agencies)	Utility Providers

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
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Apartment Name	_____ Contact	_____ Phone

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 A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



LIHTC / BOND / AHDP / HOME / HTF
Affordable Housing Programs
Special Provisions

Applicant / Resident: _____

Apartment #: _____

Adjusting Rental Rates : Resident acknowledges that the Rent is determined based upon the median income of the MSA as determined by HUD on an annual basis. Allowable rents are published annually by HUD, usually during the 1st quarter of each year. Upon promulgation of annual allowable rents, Landlord will provide notice to tenant of any change in the Rent under this Lease Agreement. Such notice shall be at least 35 days in advance of the next rental due date. Notwithstanding anything to the contrary, Landlord agrees that any such increase will not exceed \$50.00 per month.

Annual Certification / Occupancy Based on Eligibility: Resident agrees that 90 days prior to the Expiration, Resident will submit to Landlord all documentation required by Landlord necessary to insure that Resident remains a Qualified Household. In the event that Resident fails to deliver such information or Landlord determines (whether in connection with a renewal or otherwise) that Resident is no longer a Qualified Household under the program, Resident agrees to vacate premises upon the earlier of the Expiration or upon 30 days written notice from Landlord of non-qualifying status.

Resident understands that the Annual Certification may reveal that his or her household ceases to qualify for the "occupancy restriction" that he or she initially qualified for and when another household is found that can qualify to replace this "occupancy restriction," rent will be increased to the limit established by the minimum set aside, subject to applicable HTC requirements. Landlord will provide notice to tenant of any change in the Rent under this Lease Agreement. Such notice shall be at least 35 days in advance of the next rental due date.

Program Eligibility / Full-Time Students / Changes in Student Status: Resident acknowledges that the Apartment Community listed above is operated pursuant to the rules and regulations of the Affordable Housing Program (the "Program"). The program provides for specific qualification restrictions with respect to occupancy of Program units by full-time students. Resident acknowledges that qualification to remain as a resident is at all times dependent upon the household meeting all student status requirements. Should Resident fail to meet all student status requirements, Resident will be deemed an unqualified resident and will be subject to immediate eviction. Resident agrees to notify Landlord immediately of any change in student status by any member of the household.

Misrepresentation / Falsification: Household collectively acknowledges that any misrepresentation or falsification of this certification by any individual occupant will be considered a material breach of the lease agreement. If at any time the household becomes ineligible for occupancy under the Affordable Housing Program guidelines, the lease will be terminated prior to the end of the lease term, by giving a 30 day written notice to vacate and stating the reason for the lease termination.

Utility Allowance: You agree that the rent is based on the maximum gross rent calculated in accordance with IRS regulations, less the applicable utility allowance. The utility allowance for the Unit may change during the Lease term. Since the maximum LIHTC charge is tenant rent plus the utility allowance, if the allowance increases the rent would decrease. If the utility allowance decreases during the Lease term, the Landlord may, at its sole discretion, increase the rent by the amount of the utility allowance decrease. Any such rent increase will be made in accordance with all applicable state and local laws. Landlord will notify you in writing at least 35 days in advance of any such increase or decrease. In addition, the Landlord may, at its sole discretion, verify the accuracy of these utility allowances. By signing this addendum, you are giving the Landlord permission to request from your utility provider the average utility usage of your apartment.

Administrative Errors: If administrative errors made by management are discovered, which cause a resident occupying a tax credit unit to be ineligible, management may ask the resident to vacate the unit. Resident agrees to vacate the unit in a reasonable amount of time not to exceed 30 days.

Each Occupant of the household has provided true and correct list of all people who reside within the apartment, their student status and anticipated income.

Resident Signatures:

Owner's Representative Signature:

Date: _____

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS



A Tenant Rights and Resources Guide
Acknowledgement of Receipt Form



DEPARTAMENTO DE VIVIENDA Y ASUNTOS COMUNITARIOS DE TEXAS
Guía de derechos y recursos de los inquilinos
Formulario de acuse de recibo

Property Name* / Nombre de la propiedad*: City View at the Park
TDHCA File # / N.º de expediente de TDHCA: 05207/08063
Household Name / Nombre del grupo familiar: _____
Unit Number / Número de unidad _____

* As listed in TDHCA's Compliance Monitoring Tracking System ("CMTS"). / Según se detalla en el Sistema de Seguimiento de Control de Cumplimiento del TDHCA ("CMTS", por sus siglas en inglés).

I/we acknowledge that I/we have received the *Resident's Guide* as of the date this document is signed below. / Acuso/acusamos recibo de la *Guía del Residente* a la fecha de firma de este documento.

_____ Signature / Firma	_____ Date / Fecha
_____ Signature / Firma	_____ Date / Fecha
_____ Signature / Firma	_____ Date / Fecha
_____ Signature / Firma	_____ Date / Fecha



City View at the Park operates under the affordable housing program which has maximum income limits.

Number of Tenants	1	2	3	4	5	6	7	8
Initial 30% HOME	\$19,900	\$22,750	\$25,600	\$28,400	\$30,700	\$32,950	\$35,250	\$37,500
Initial 30% HTC	\$21,090	\$24,120	\$27,120	\$30,120	\$32,550	\$34,950	\$37,350	\$39,780
Initial 60% HTC	\$42,180	\$48,240	\$54,240	\$60,240	\$65,100	\$69,900	\$74,700	\$79,560
Recertification Limit HOME (>80%)	\$52,850	\$60,400	\$67,950	\$75,500	\$81,550	\$87,600	\$93,650	\$99,700
Recertification Limit HTC (140% of 60%)	\$59,052	\$67,536	\$75,936	\$84,336	\$91,140	\$97,860	\$104,580	\$111,384

Rental Assistance Programs:

We welcome all applicants receiving rental assistance. Applicants participating in a rental assistance program must meet the requirements of this Tenant Selection Criteria, with the exception of minimum income. Applicant's verified income must equal two (2) times their portion of the rent. If the program pays 100% of the applicant's rent, applicant must certify that they have the financial resources to meet daily living expenses. Verification of income and household composition is required.

Full Time Student Status: Full time student households are excluded from participating in the LIHTC program unless they meet one of the exceptions to the student rule. A full time student is defined as someone who attends school full time for any part of five or more months in a calendar year (months need not be consecutive). The following are exceptions to the student rule:

- At least one student is receiving assistance under TANF or AFDC
- At least one student was previously in foster care
- The student is participating in a program receiving assistance under the Job Training Partnership Act (JTPA)
- The student is a single parent with child(ren), and this parent is not a dependent of another individual and the child(ren) are not dependent(s) of someone other than a parent
- The student is married and entitled to file a joint tax return

Full and part time students are excluded from participating in the HOME or PBS8 programs if the following apply:

- Is enrolled as either a part time or full time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential and;
- Is under 24 years of age and;
- Is not a veteran and;
- Is unmarried and;
- Does not have a dependent child and;
- Is not a person with disabilities and was not receiving assistance prior to November 30, 2005 (see Figure 1, for Definition of Person with Disabilities on the next page) and;
- Is not living with his or her parents who are receiving Section 8 assistance; and
- Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible, to receive assistance under section 8 of the United States Housing Act of 1937
- Is not income eligible
- Is not classified as a Vulnerable Youth; A student meets HUD's definition of a vulnerable youth when:
 - The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;





- The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence
 - The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act)(42U.S.C. 11431 et seq.), or as unaccompanied, at risk of homelessness, and self-supporting, by; a local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act; The director of a program funded under the Runaway and Homeless Youth Act or a designee of the director; The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (relating to emergency shelter grants) or a designee of the director; or A financial aid administrator; or The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.
- Any financial assistance a student received (1) under the Higher Education act of 1965, (2) from private sources, or (3) from an institution of higher education that is in excess of amounts received for tuition and other fees is included in annual income, except:
 - If the student is over the age of 23 with dependent children or
 - If the student is living with his or her parents who are receiving section 8 assistanceFinancial assistance that is provided by persons not living in the unit is not part of annual income if the student meets the Department of Education's definition of "vulnerable youth".

Rental History:

One (1) year of satisfactory, verifiable, rental history is required. Satisfactory rental history is defined as the following: No more than one late payment or NSF in a 6-month period, lease term fulfilled, no lease violations, residence left in satisfactory condition and proper notice to vacate given. A current, outstanding rental debt collection or an eviction judgement or filing within 3 years will result in automatic rejection.

Credit Background:

Capstone utilizes a third-party screening company to evaluate the credit worthiness of applicants. The Leasing Desk score goes from 1 to 1000 with a passing score of 350. No credit may be treated as good credit. Bankruptcy and foreclosures posted in the last seven (7) years will be factored into the overall credit evaluation. Unpaid rental collections and/or legal or civil judgements in the last three (3) years will result in automatic rejection. Medical and student loans are not taken into consideration.

Criminal Background:

A criminal background search will be conducted for each applicant over the age of 18 years. It is our policy not to lease to applicants with felony convictions, felony deferred adjudications, and certain misdemeanors concerning violence and drug related charges. If the criminal background search and the information provided by you reveals past criminal convictions, which are a violation of our policy, your application may be denied. Certain approval may be allowed according to the property's look-back policy. You may request a copy of this policy.

This requirement is not a guarantee or representation that residents or occupants currently residing in our community have not been convicted of a felony or subject to deferred adjudication for a felony, certain misdemeanor or sex offenses requiring registration under applicable law. Our ability to verify this information is limited to information made available to us by the resident credit-reporting services used.



**Foreign Nationals:**

Foreign nationals will be required to complete a Supplemental Rental Application for Non-US Citizens. Foreign nationals living and working in the United States must provide a valid social security number, a valid passport, or a TIN. The lack of a valid social security number and credit history may require an additional deposit.

Pets:

A maximum of two (2) pets per apartment are permitted with a deposit of \$300.00 for the first pet, and \$100.00 for an additional pet. Dogs of a dominant breed and excess weight of 40 pounds, at maturity, are not accepted. The following breeds or partial breeds are not permitted: Rottweiler, Pit Bulls, Akita, Doberman, Chow, German Shephard, and Australian Shephard. Exotic animals, barnyard animals and reptiles are not accepted. Additional restrictions may apply. Deposits are fully refundable and dependent on the condition of the dwelling upon move out. All animals must be photographed by management prior to approval.

Service Animals:

Support and/or service animals are not considered pets, and are allowed to reasonably accommodate a handicapped lease holder or occupant. Further verification from a licensed physician will be obtained to demonstrate the need for a service animal. Specific animal, breed, number, weight restrictions, pet rules, and pet deposits will not apply to households having a qualified service/assistance animal(s).

Security Deposits/Application Fees:

Deposit for a 1 bedroom is \$300 and for a 2 bedroom is \$400. A fee of \$20.45 is required for the first applicant in the household. A fee of \$14.95 will be assessed for any additional applicants applying to lease the unit. Application fees are non-refundable.

Rents:

The following rental rates are applicable to this property:

Rent Limit	30% HTC		30% HOME		60% HTC	
# of Bedrooms	1	2	1	2	1	2
HUD Max Rent	\$565	\$678	\$533	\$640	\$1,130	\$1,356

Application Process:

Rental applications for this community may be obtained or submitted at the leasing office, or requested via email or fax. All questions and sections on the application must be answered. If questions do not apply, N/A or NONE should be used. **Note:** An applicant will not be considered for occupancy until a completed application has been turned in to the leasing office. There is also a wait list at this community.

Wait List and Transfer Policy:

Applicants will be placed on the wait list once the manager has received the completed application, application for the appropriate size unit. A separate wait list will be kept for each income category. When a lower rent restricted unit becomes available, management will contact existing residents listed on the corresponding waitlist(s) first and if none are interested, will





contact applicants on the corresponding waitlist(s). Applicants will be placed on the wait list in the order in which they are received.

All existing residents are eligible to be placed on the wait list for a lower rent restricted unit, and will be placed on the wait list at the time of their request. When a lower rent restricted unit becomes available, the existing resident on the corresponding waitlist will be contacted. At that time, a determination will be made regarding the existing resident's eligibility. If the most recent certification of income is within 120 days and indicates income within the guidelines for the lower rent restricted unit, the set aside for the unit will be changed and the applicable rent will be applied. If household income has not been certified within 120 days, a certification of income will be completed to ensure the household qualifies for the lower rent restricted unit.

When an accessible unit becomes available, it will first be offered to a current occupant with disabilities that requires the features of the vacant unit, or if no such occupant, then to an eligible household on the wait list that has a disability and needs the features of the vacant unit.

The wait list will remain open until an announcement stating otherwise is posted at the leasing office. Should the applicant pool exceed the number of applicants that may be housed within a year's time period, management may opt to close the wait list for a specific period of time. The date and time of closure will be stated within the closure notification, and will be posted at the leasing office. Management will also announce the re-opening of the wait list and will post it at the leasing office.

Residents who wish to move to another apartment must request a transfer in writing. The request must be signed by the head/co-head of household. A transfer fee of (\$75) for the new apartment must be paid at the time the request for transfer is accepted by management in order to hold a new apartment. In order to be approved for a transfer, all balances must be paid in full for the current apartment, and any damages that are noted during inspection prior to transfer are required to be paid in full. In situations where a transfer is required as a reasonable accommodation, VAWA, or at management request, no transfer fee will be required.

Residents transferring will receive a statement of deposit activity for their original unit, detailing any charges from damages, cleaning fees, etc., within 30 days of move out. For HTC developments that are 100 percent low-income, a household may transfer to any unit within the same project as defined as a multiple building project on Part II, question 8b of the IRS form 8609 and the 8609 schedule.

If the owner elected to treat each building as a separate project, as defined on Part II, question 8b of the 8609 form, households must be certified as low-income prior to moving to another building in the development.

For HTC developments that are mixed income with market units, a household may transfer to another building in the same project, as defined as a multiple building project on Part II of the IRS form 8609 if the household was within 140% of the applicable income limit at the time of the last annual income recertification.

For BOND, HTF, HOME, and NSP developments, households may transfer to any unit within the development. A certification is not required at the time of transfer. If the development is layered with Housing Tax Credits, the guidelines for the HTC transfer process will be applied.

Denied Applications:

Capstone will provide a written notification within seven (7) business days to all persons who completed the application process, but were denied or determined ineligible to participate in the program. This notification will include the specific reason for the denial, and will reference the terms and conditions of this Tenant Selection Criteria on which the denial is based. Rejection letters will also include contact information for any third parties that provided information, and participated in the screening process. If the applicant is denied during the application process, the deposit is fully refundable so long as no information was falsified on the application.





The leasing office will keep a log of all denied applicants who completed the application process, and will also maintain a file of all rejected applications. Provided that all of the needed information was gathered during the application process, the log will provide basic household information such as: demographic and rental assistance information, reason for which the application was denied, date the decision was made, and date the notification was mailed or hand delivered to the applicant.

Non-Renewal/Termination:

Non-renewal and termination notices will outline the reasons for termination of the lease contract allowed under applicable program rules. If the development is subject to the requirements established by the Violence against Women Act (VAWA), the specifics will be included on the notifications. A person with a disability may request a reasonable accommodation in relation to such notice.

Fair Housing and Section 504:

This community is financed by an affordable program administered by the Texas Department of Housing and Community Affairs (TDHCA). We strive to ensure equal opportunity housing for all those who qualify for this program.

We established the following procedures to help identify, and eliminate situations that create a barrier for those seeking equal opportunity housing. In accordance to the Fair Housing Act of 1968 and its amendments of 1988, and Section 504 of the Rehabilitation Act of 1973, this community will make reasonable accommodations for individuals with disabilities (current residents and new applicants included). These accommodations include, but are not limited to: alterations in the processes in which we administer policies, procedures, and services to those working, applying or currently living at this property. Furthermore, this property confirms it will make structural modifications to the housing and non-housing areas of this property (common areas, and leasing facilities, etc.) to ensure full access to those persons with limitations due to their handicap or disability.

We will perform such accommodations in situations applicable by the 504 regulations and as per the restrictions to those regulations. Requests for reasonable accommodations/modifications can be made in writing or by phone to the management office. If medical verification is required, management will provide the necessary forms. Also, management will respond to any reasonable accommodation/modification request within seven (7) business days. For structural modifications, property will evaluate work to be performed and obtain bids. Ownership approval will be required as needed.

The Development will comply with state and federal fair housing and antidiscrimination laws; including, but not limited to, consideration of reasonable accommodations requested to complete the application process. Chapter 1, Subchapter B of this title provides more detail about reasonable accommodations.

Screening criteria will be applied in a manner consistent with all applicable laws, including the Texas and Federal Fair Housing Acts, the Federal Fair Credit Reporting Act, program guidelines, and the Department's rules.

As per the recent requirements as issued by the Department of Housing and Urban Development, all applications, Tenant Consent and Release documents, Resident Selection Plans, Leases, House Rules, etc. are available in other languages and/or will be translated for those persons who request this accommodation.





Violence against Woman Act (VAWA):

This community follows the guidelines outlined in the VAWA. The Law offers the following protections against eviction or denial of housing based on domestic violence, dating violence or stalking:

- A. In accordance with the Violence Against Women Reauthorization Act of 2013, if the applicant otherwise qualifies for rental assistance or admission, the applicant's status as the victim of domestic violence, dating violence, sexual assault, or stalking does not constitute the basis for rejection of rental application, If the applicant otherwise qualifies for assistance or admission.
- B. Under the "good cause" policy, an incident or incidents of threatened domestic violence, dating violence or stalking will not be construed as violations of the lease contract; and will not constitute grounds for terminating assistance, tenancy or occupancy rights of a victim of abuse.
- C. Criminal activity directly related to domestic violence, dating violence or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights of the victim of the criminal acts.
- D. Assistance may be terminated or a lease "bifurcated" in order to remove an offending household member from the home, whether or not the individual is a signatory to the lease, and lawful tenant. If he/she engages in a criminal act of physical violence against family members or others, he/she stands to be evicted, removed, or have his/her occupancy rights terminated. This action is taken while allowing the victim, who is a tenant or a lawful occupant, to remain in the dwelling.
- E. The provisions protecting victims of domestic violence, dating violence or stalking who are engaged in by a member of the household, may not be construed to limit management staff from honoring various court orders issued to either protect the victim or address the distribution of property in case a family breaks up.
- F. The authority to evict or terminate assistance is not limited with respect to a victim that commits unrelated criminal activity. Furthermore, if management can show an actual and imminent threat to other tenants, management personal, and other service providers; evicting a victim is an option. Management reserves the right to consistently apply the same rules and requirements to all the residents at our community.
- G. The VAWA protections shall not supersede any provision of federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

Capstone Real Estate Service, Inc. will respond to any VAWA requests within five (5) business days.

I ACKNOWLEDGE THAT I HAD AN OPPORTUNITY TO REVIEW THE PROPERTY'S QUALIFYING CRITERIA, WHICH INCLUDES REASONS WHY MY APPLICATION MAY BE DENIED, SUCH AS CRIMINAL HISTORY, CREDIT HISTORY, CURRENT INCOME, AND RENTAL HISTORY. I UNDERSTAND THAT IF I DO NOT MEET THE PROPERTY'S RENTAL QUAIFYING OR SELECTION CRITERIA, OR IF I FAIL TO ANSWER ANY QUESTION, OR IF I PROVIDE FALSE OR MISLEADING INFORMATION, THE PROPERTY MAY REJECT MY APPLICATION, RETAIN ALL APPLICATION FEES, ADMINISTRATIVE FEES AND DEPOSITS AS LIQUIDATED DAMAGES FOR ITS TIME AND EXPENSE, AND MAY TERMINATE MY RIGHT OF OCCUPANCY IF I HAVE ALREADY TAKEN POSSESSION OF A RENTAL UNIT AT THE PROPERTY.

Applicant Signature

Date

Applicant Signature

Date





City View at the Park

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for persons that have been subject to domestic violence, dating violence, sexual assault, or stalking.² VAWA protections are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The Texas Department of Housing and Community Affairs is the State agency that oversees (please circle the covered program) the Housing Tax Credit, HOME Multifamily, HOME Tenant Based Rental Assistance, Tax Credit Assistance Program-Repayment Funds, National Housing Trust Fund, Emergency Solutions Grant, Section 811 Project Rental Assistance Program, and the Housing Choice Voucher Program "covered program". This notice explains your rights under VAWA. A U.S. Department of Housing ("HUD") approved certification form is attached to this notice. You can fill out this form to show that you are or have been subject to domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

Protections for Applicants

If you otherwise qualify for assistance under a covered program listed above, you cannot be denied admission or denied assistance because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the covered program, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been subject to of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the covered program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

The Housing Provider ("HP") may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has VAWA protections and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² The VAWA statute uses the term victims to describe those with VAWA protections, but the Department herein refers to this class of persons as subject to protections under VAWA.

³ Housing providers in the covered programs cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.





In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking (such as HUD's self-certification form 5382).

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you have been subject to domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You have been subject to sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you have been subject to sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and work to ensure the confidentiality of the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been subject to domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form (HUD form 5382) given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or





the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been subject to domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been subject to domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.





Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for persons subject to domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for persons subject to domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with the Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with TDHCA at <https://www.tdhca.state.tx.us/complaint.htm> or 800-525-0657 or 817-978-5600 the HUD Fort Worth regional office, (800) -669-9777, (TTY 817-978-5595).

For Additional Information

You may view a copy of HUD's final VAWA rule at: <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, and/or if you need to move due to domestic violence, dating violence, sexual assault, or stalking please contact the Texas Department of Housing and Community Affairs at 512-475-3800 or 800-475-3800 (Relay Texas 800-735-2989) for assistance in locating other available housing (note, this is not a domestic violence hotline. Depending on your location, the Department may also have a listing of local service providers and advocates who can help you move to a safe and available unit. For more information regarding housing and other laws that may protect or provide additional options for survivors, call the Texas Council on Family Violence Policy Team at: 1-800-525-1978.

Domestic Violence, Sexual Assault and Stalking Resources

To speak with an advocate and receive confidential support, information and referrals regarding domestic violence 24 hours a day, every day, contact the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also visit the Texas Council on Family Violence website for a listing of local domestic violence services providers: http://tcfv.org/service-directory/?wpbdp_view=all_listings.

For confidential support services and referral to a local sexual assault crisis center 24 hours a day, every day, contact RAINN: Rape, Abuse, & Incest National Network: Hotline: 1-800-656-HOPE. You may also visit the Texas Association Against Sexual Assault to find local crisis centers: <http://taasa.org/crisis-center-locator/>.

For information regarding stalking visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Victims of a variety of crimes may find referrals by contacting the Victim Connect Resource Center, a project of the NCVJ, through calling Victim Connect Helpline: 855-4-VICTIM (855-484-2846) or searching for local providers at <http://victimconnect.org/get-help/connect-directory/>.

Legal Resources

TexasLawHelp.org

www.texaslawhelp.org

TexasLawHelp.org is a website that provides free, reliable legal information on a variety of topics such as; family law, consumer protection and debt relief, health and benefits, employment law, housing, wills and life planning, and immigration. The website offers interactive and downloadable legal forms, self-help tools and videos on legal issues, and can assist in locating local free legal services.





Texas Advocacy Project, A VOICE

1.888. 343.4414

Advocates for Victims of Crime (A VOICE), a project of Texas Legal Services Center, provides free direct legal representation and referrals to victims of violent crime, and providing education about crime victim's rights and assistance with Crime Victims Compensation applications. Note: callers will most likely leave a message and their call will be returned by an attorney.

Legal Aid for Survivors of Sexual Assault (LASSA)

1-844-303-SAFE (7233)

The LASSA Hotline is answered by attorneys seven days a week. The Hotline attorneys provide sexual assault survivors with legal information and advice about legal issues that may arise following a sexual assault including crime victim's rights, housing, and safety planning.

Family Violence Legal Line

800-374-HOPE

Texas Advocacy Project. Offers the HOPE Line, Monday -Friday 9am-5pm, staffed by attorneys can help you with a variety of legal concerns related to domestic violence, sexual assault, and stalking.

Attachment: Certification form HUD-5382.





Application for Residency

Part I. Household Composition - each applicant 18 years of age and older must complete a separate application

<u>Household Members</u> Full Name (first, middle initial and last)	<u>Student Status</u> PT=Part Time FT=Full Time N/A=Does not apply	<u>Relationship to Head</u> S=Spouse CH=Co Head C=Dependent Child F=Foster Adult or Child L=Live-In Aide	<u>Date of Birth</u>	<u>Social Security Number or ITN</u>	<u>Gender</u> M=Male F=Female		
If there are minors in the household, do they live with you 50% or more of the time?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If no, please explain:							
Were any of the household members a full-time student within the last calendar year?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, who:							
Are any of the household members listed above foster children/adults?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, who:							
Do you expect any changes in the household in the next 12 months, including unborn children?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, please describe the change:		When will change occur?					
If adding a new household member, this person should be listed under Household Composition							
Part 2. Rental and Residence History - must provide full two year history							
Current Address		Check one		Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Live with relatives <input type="checkbox"/>	Live with Friends <input type="checkbox"/>
Street address/apt. #:							
City, state and zip code:				Phone number:			
Email address:		Driver's license/ID #:			State:		
Landlord name:		Landlord phone number:					
Date moved in:		Monthly rent/mortgage payment: \$					
Previous Address		Check one		Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Live with relatives <input type="checkbox"/>	Live with Friends <input type="checkbox"/>
Street address/apt. #:							
City, state and zip code:							
Landlord name:		Landlord phone number:					
Date moved in:		Date moved out:					
Monthly Rent or Mortgage Payment \$		Were you evicted from this residence?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Part 3. Household Income - List all income you currently have, or expect to have income from the following in the next 12 months.							
Self-employment (If yes, provide previous year tax return with all schedules)		Yes <input type="checkbox"/>		No <input type="checkbox"/>	Monthly Gross \$		
Type of self-employment:							
Employment with a third party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation If yes, complete the employment information in Part 3.24 below.		Yes <input type="checkbox"/>		No <input type="checkbox"/>	Monthly Gross \$		
Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (exclude food stamps, groceries and/or day care costs when the day care center is paid directly by the gift-giver)		Yes <input type="checkbox"/>		No <input type="checkbox"/>	Monthly Gross \$		
Part 3. Household Income Continued							





	Payments in lieu of earnings (Unemployment benefits, worker's comp, disability, severance)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.6	Veteran's Administration, GI Bill or National Guard/military benefits/income	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.7	Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (exclude student loan awards which must be repaid)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.8	Retirement benefits from Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.9	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.10	Unearned income from family members age 17 or under (Social Security, trust fund disbursements, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.11	Disability or death benefits other than Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.12	Temporary Income (income from a temp job or income that will not continue)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.13	Pensions or retirement (other than Social Security i.e.: Teacher's Retirement, VA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.14	Public Assistance Income (TANF or AFDC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.15	Child Support/Alimony	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.16	Periodic payments from trusts, annuities, inheritance, insurance policies or lottery winnings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.17	If yes, list sources:			
3.18	Required minimum distributions (RMD) from annuities or IRAs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.19	If yes list sources:			
3.20	Income from real or personal property (net rental income)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.21	If yes, please describe:			
3.22	Other income not listed above	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.23	If yes, please describe:			
Current Employment Information				
3.24	Name of employer:	Date job began:	Title:	
3.25	Employer's address:	City:	State:	Zip Code:
3.26	Employer's phone number:	Supervisor's name:		
3.27	Estimated total gross employment income per year: \$	Check one:	Full-time <input type="checkbox"/>	Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp <input type="checkbox"/>
3.28	Do you receive tips that are not reported to your employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes: Monthly Gross \$
Current Second Job				
3.29	Name of employer:	Date job began:	Title:	
3.30	Employer's address:	City:	State:	Zip Code:
3.31	Employer's phone number:	Supervisor's name:		
3.32	Estimated total gross employment income per year: \$	Check one:	Full-time <input type="checkbox"/>	Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp <input type="checkbox"/>
3.33	Do you receive tips that are not reported to your employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes: Monthly Gross \$
Part 4 - Previous Employment				
4.1	Name of previous employer:	Termination date:		
4.2	Phone number of previous employer:	Previous supervisor's name:		
4.3	Previous gross employment income:	Check one:	Full-time <input type="checkbox"/>	Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp <input type="checkbox"/>





Part 5 - Asset Information

**NOTE: When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you own a home and sold it today, how much cash would you have after you paid off the mortgage, the realtor etc.? That is the amount you should list in the "cash value" column. For additional assets or accounts, use a separate form.*

List all assets you hold, including assets for dependents under the age of 18

Checking account (s) <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Bank 1)	Cash Value of Asset \$	Asset Income (Interest /Dividends) \$	
Name of Bank 2)	Cash Value of Asset \$	Asset Income (Interest /Dividends) \$	
Savings account (s) <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Bank 1)	Cash Value of Asset \$	Asset Income (Interest /Dividends) \$	
Name of Bank 2)	Cash Value of Asset \$	Asset Income (Interest /Dividends) \$	
Prepaid debit/payment card(s) <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Bank 1)	Cash Value of Asset \$	Asset Income (Interest /Dividends) \$	
Name of Bank 2)	Cash Value of Asset \$	Asset Income (Interest /Dividends) \$	
Cash on hand or in a safe deposit box <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cash Value of Asset \$	Cash Value of Asset \$		
Personal property that is being held as an investment (arts, coins, etc.) <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Investment type:	Cash Value of Asset \$		
IRA/Lump Sum Pension/Keogh Account/401(k) <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Financial Institution 1)	Cash Value of Asset \$	Asset Income (Interest /Dividends) \$	
Name of Financial Institution 2)	Cash Value of Asset \$	Asset Income (Interest /Dividends) \$	
Stocks, bonds, or Treasury Bills <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Financial Institution 1)	Cash Value of Asset \$	Asset Income (Interest /Dividends) \$	
Name of Financial Institution 2)	Cash Value of Asset \$	Asset Income (Interest /Dividends) \$	
Certificates of Deposit (CD) or Money Market Account(s) <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Institution 1)	Cash Value of Asset \$	Asset Income (Interest /Dividends) \$	
Name of Institution 2)	Cash Value of Asset \$	Asset Income (Interest /Dividends) \$	
Revocable or irrevocable trust(s) (include amounts accessible to you) <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trustee or bank name:	Cash Value of Asset \$	Type of trust:	
Have you disposed of assets (i.e. gave away money/assets/property) for less than the fair market value in the past 2 years? <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asset type:	Cash Value of Asset \$	Date disposed:	
Whole life insurance policy (exclude term policies) <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Issuer:	Cash Value of Asset \$		
Real estate (or hold a mortgage or Deed of Trust) <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asset type:	Cash Value of Asset \$		
Have you owned a home in the last two years? <i>If yes, complete information below:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the home currently owned?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is it being rented?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part 5. Asset Information Continued





5.34	Is the home in the process of being sold?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.35	If no longer owned, date it was sold:	Was it disposed of through bankruptcy or foreclosure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.36	Do you have assets other than those listed above? If yes, complete information below:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.37	Type of Asset:	Interest Rate/Dividends	Cash Value \$	
Part 6. General Questions				
6.1	Is anyone in the household a veteran?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.2	Name of veteran:			
Important information for former military service members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at https://veterans.portal.texas.gov .				
6.3	Do/will you have Public Housing Assistance/Rental Assistance/Section 8 Voucher? If yes, complete information below:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.4	Name of Housing Authority providing the assistance:			
6.5	Have you or any member of your household ever been convicted of a felony or misdemeanor? If yes, complete information below:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.6	Type of conviction and explanation:			
6.7	Have you or any member of your household ever been evicted, sued for rent or property damage, or left a dwelling before the end of the lease? If yes, complete information below:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.8	Address you were evicted from, sued over or broke lease:		Date of action:	
Vehicle Information				
6.9	Model & Model Year:	Make and Color:	License Plate Number & State:	
6.1	Model & Model Year:	Make and Color:	License Plate Number & State:	
Pet Information				
6.12	Type and Breed:	Size and Color:	Name and Age:	
6.13	Type and Breed:	Size and Color:	Name and Age:	
Emergency Contact Information				
6.14	Emergency Contact Name:	Relationship:	Emergency Contact Phone Number:	
6.15	Emergency Contact Address:	Email Address:		
If you die or are seriously ill, missing, or incarcerated according to an affidavit of (check one or more) <input type="checkbox"/> the above person, <input type="checkbox"/> your spouse, <input type="checkbox"/> or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We are not legally obligated to do so				
APPLICATION AGREEMENT				
<p>1. Lease Contract Information. The Lease Contract contemplated by the parties is attached; or, if no Lease Contract is attached, the Lease Contract will be the current TAA Lease Contract. Special conditions must be explicitly noted on an attached Lease Contract or in the Contemplated lease information above.</p> <p>2. Application Fee (nonrefundable). You will deliver to our representative a nonrefundable application fee in the amount indicated in paragraph 14 below. This payment partially defrays the cost of administrative paperwork.</p> <p>3. Security Deposit (may or may not be refundable). In addition to any application fee, you will deliver to our representative a security deposit in the amount indicated in paragraph 14. It will be refunded under paragraph 10 if you are not approved; OR it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraph 6 or 7.</p> <p>4. Approval When Lease Contract is Signed in Advance. If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract and then credit the security deposit of all applicants.</p> <p>5. Approval When Lease Contract is not yet Signed. If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the deposit of all applicants toward the security deposit.</p>				





6.14

- 6. If You Fail to Sign Lease After Approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone, or within 5 days after we mail you our approval. If you or any co-applicant fails to sign as required, we may keep the deposit as liquidated damages, and terminate all further obligations under this Agreement.
- 7. If You Withdraw Before Approval.** You and any co-applicants may not withdraw your Application or the deposit. If, before signing the Lease Contract, you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all deposits as liquidated damages, and the parties will then have no further obligation to each other.
- 8. In consideration of (1) the additional time it takes to verify eligibility of Affordable Housing resident,** and (2) management's taking the rental dwelling off the market during the verification process, management and applicant agree that the 7-day statutory rejection period is waived. Instead, applicant's completed application will be automatically rejected at the earlier of (1) the 10th day after date of application, or (2) the 7th day after management has received written replies from all employers, lenders, financial institutions, former spouses paying child support, educational institutions, government agencies and entities to whom inquiries are required to be made by law to qualify resident.
- 9. Completed Application.** An Application will not be considered "completed" and will not be processed until all required supportive documentation, application fees, security deposits and any other required fee or information are received.
- 10. Refund After Non-approval.** If you or any co-applicant is disapproved or deemed disapproved under paragraph 8, we'll refund all deposits within ____ days (not to exceed 30 days; 30 days if left blank) or such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
- 11. Extension of Deadlines.** If the deadline for signing, approving, or refunding under paragraphs 6, 8, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next day.
- 12. Notice to or from Co-applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.
- 13. Keys or Access Devices.** We'll furnish keys and/or access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
- 14. Receipt. Application fee** (nonrefundable) \$_____; Security deposit (may or may not be refundable) \$_____; Total of above fees and security deposit \$_____; Total amount of money we've received to this date \$_____.
- 15. Satisfactory Investigation.** Our approval of this Application is contingent upon our receipt of a satisfactory report of your rental history, credit history and other information that we deem necessary.
- 16. Age Certification and Submission of Applications.** By signing this Application, you certify that all persons over eighteen years of age who will be occupying the Apartment unit have completed and provided to us a separate Application for Residency, and that each such occupant of the Apartment unit will sign the Lease at the time required by us.
- 17. Verification of Credit Information and Continuing Right to Review.** You authorize us, through our designated agent or employees, to obtain and verify all credit information for the purpose of determining whether or not to lease the apartment unit to you. You understand that should you enter into the Lease for the apartment unit, we and our designated agents and employees will have a continuing right to review your credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods.
- 18. Acknowledgement.** By signing this Application, you certify that all information contained in this Application is true, correct and complete. You authorize us to verify same through any means, including consumer reporting agencies and other rental housing owners. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. Fax signatures are legally binding.
- 19. Right to Review Lease.** Before you submit an application or pay any application fee or security deposit, you have the right to review the Rental Application and Lease Contract, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. You are entitled to an original of the Lease Contract after it is fully signed. Should you have any questions, please let us know and we will gladly answer them.
- 20. Special Provisions:**
- 21. Signature.** Our representative's signature below is consent only to the above application agreement. If does not bind us to accept applicant or to sign the proposed Lease Contract. By accepting the Deposit and the Application Fee from you, we are not obligated to approve this Application or rent the Apartment unit to you.

Applicant Signature

Date mm/dd/yy

Management Agent's Signature

Date mm/dd/yy

For Office Use Only

1. Apt. name or dwelling address (street, city): _____ Unit # or type: _____
2. Person accepting application: _____ Phone: _____
3. Person processing application: _____ Phone: _____
4. Date the applicant/co-applicant was notified (check one) ____by telephone, ____ by letter, ____ by email, or ____ in person, of ____ acceptance or ____ nonacceptance (date) _____.
(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)
5. Name of person or persons notified (if there is more than one applicant, at least one of them must be notified): _____
6. Name of owner's representative who notified the applicant: _____
- Additional comments: _____
- _____
- _____

