

PLEASE PRINT ALL INFORMATION

(To be completed by office personnel)

DATE: _____ TIME: _____
 PROPERTY NAME: **Windsor Pointe** Pre-Occ # _____

A. APPLICANT

NAME: _____ SOCIAL SECURITY NUMBER: _____
 CURRENT ADDRESS: _____ APT. NO. _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 CURRENT LANDLORD: _____ PHONE #: _____
 HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ CURRENT RENT: \$ **0.00** _____
 HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____
 EMAIL ADDRESS _____ MARRIED? _____ (Y/N) Source of Referral: _____
 DO YOU PAY UTILITIES? YES NO HOW MUCH PER MONTH (average): \$ _____

B. HOUSEHOLD COMPOSITION

(LIST HEAD OF HOUSEHOLD AND ALL OTHER HOUSEHOLD MEMBERS WHICH WILL OCCUPY THE APARTMENT YOU ARE APPLYING FOR.)

	MEMBERS FULL NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NO.
1.	_____	(HEAD)	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

YES NO

DOES ANYONE LIVE WITH YOU NOW WHO IS NOT LISTED ABOVE?
 IF YES, EXPLAIN: _____

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE?
 IF YES, EXPLAIN: _____

DO YOU HAVE FULL CUSTODY OF YOUR CHILD(REN)? Explain custody arrangements: _____

HAVE YOU EVER FILED FOR BANKRUPTCY? Explain: _____



Telecommunications available through local telephone provider: _____



YES <input type="checkbox"/>	NO <input type="checkbox"/>	HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A FELONY? Explain:
<input type="checkbox"/>	<input type="checkbox"/>	HAVE YOU EVER BEEN EVICTED FROM AN APARTMENT OR HOME FOR ANY REASON? Explain:
<input type="checkbox"/>	<input type="checkbox"/>	ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD REQUIRED TO REGISTER AS A SEXUAL PREDATOR?
<input type="checkbox"/>	<input type="checkbox"/>	DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE SPECIAL HOUSING NEEDS? IF YES, COMPLETE THE SPECIAL HOUSING NEEDS QUESTIONNAIRE.

C. STUDENT INFORMATION

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you:
<input type="checkbox"/>	<input type="checkbox"/>	1. Currently a full-time student, or planning to be one within the next 12 months?
If yes, answer the following questions: (You must provide verification of all items answered yes)		
<input type="checkbox"/>	<input type="checkbox"/>	2. Married <u>and</u> currently filing a joint tax return?
<input type="checkbox"/>	<input type="checkbox"/>	3. Receiving assistance under Title IV of social security act? (AFDC (Aid to Families with Dependent Children) or K-TAP)
<input type="checkbox"/>	<input type="checkbox"/>	4. Enrolled in the Job Training Partnership Act (JTPA) or another similar local, county, or state program?
<input type="checkbox"/>	<input type="checkbox"/>	5. A single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	6. Living with someone who is not a full-time student? If yes, who? _____

D. PRIOR HOUSING REFERENCES:

List your past three housing references. *(Use the back of this page if additional space is required.)*

	<u>Landlord Name and Address</u>	<u>Your Rental Address</u>	<u>Rent or Own</u>	<u>Dates From / To</u>
1.	_____ _____ _____ Phone: () _____	_____ _____ _____	Rent <input type="checkbox"/> Own <input type="checkbox"/>	_____ _____
2.	_____ _____ _____ Phone: () _____	_____ _____ _____	Rent <input type="checkbox"/> Own <input type="checkbox"/>	_____ _____
3.	_____ _____ _____ Phone: () _____	_____ _____ _____	Rent <input type="checkbox"/> Own <input type="checkbox"/>	_____ _____

E. Personal Reference: (Other than a relative)

	(1)	(2)	(3)
Name:	_____	_____	_____
Address:	_____	_____	_____
City, St./Zip	_____	_____	_____
Phone: ()	_____	_____	_____

F. Vehicle Information:

	Make/Model/Year	License Number	State
1.	_____	_____	_____
2.	_____	_____	_____

G. Emergency Contact:

Name and Address *(If possible list someone in the area not listed on the application)*

_____	Phone: _____
_____	Relationship: _____

H. SOURCE(S) OF INCOME

LIST ALL INCOME SOURCES FOR ALL HOUSEHOLD MEMBERS WHO WILL OCCUPY THE APARTMENT. THIS INCLUDES, BUT IS NOT LIMITED TO, FULL AND/OR PART-TIME EMPLOYMENT, ALL ENTITLEMENT FROM WELFARE AGENCIES, SOCIAL SECURITY, PENSION, SSI, DISABILITY, ARMED FORCES RESERVES, UNEMPLOYMENT COMPENSATION, CHILD CARE, ALIMONY, CHILD SUPPORT, SCHOLARSHIPS AND GRANTS, CONTRACT FOR DEED, INTEREST ON ASSETS, DIVIDENDS, ANNUITIES, AND REGULAR CONTRIBUTIONS FROM PEOPLE NOT RESIDING WITH YOU.

PLEASE CHECK THE APPLICABLE INCOME SOURCE(S) AND INDICATE NAME, ADDRESS, TELEPHONE NUMBER:

Form
No.

<input type="checkbox"/>	EMPLOYMENT: Wages or Salary	NAME _____	TELEPHONE NO.: _____	_____
		ADDRESS _____		
		ANNUAL GROSS INCOME TO YOU \$ _____		

<input type="checkbox"/>	EMPLOYMENT: Wages or Salary	NAME _____	TELEPHONE NO.: _____	_____
		ADDRESS _____		
		ANNUAL GROSS INCOME TO YOU \$ _____		

<input type="checkbox"/>	SELF - EMPLOYMENT: Wages or Salary	NAME _____	TELEPHONE NO.: _____	_____
		ADDRESS _____		
		ANNUAL GROSS INCOME TO YOU \$ _____		

<input type="checkbox"/>	UNEMPLOYMENT INCOME:	NAME _____	TELEPHONE NO.: _____	_____
		ADDRESS _____		
		ANNUAL GROSS INCOME TO YOU \$ _____		

<input type="checkbox"/>	MILITARY PAY:	NAME _____	TELEPHONE NO.: _____	_____
		ADDRESS _____		
		ANNUAL GROSS INCOME TO YOU \$ _____		

<input type="checkbox"/>	VETERANS BENEFITS:	NAME _____	TELEPHONE NO.: _____	_____
		ADDRESS _____		
		ANNUAL GROSS INCOME TO YOU \$ _____		

<input type="checkbox"/> SOCIAL SECURITY BENEFITS:	NAME _____ TELEPHONE NO.: _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU \$ _____
<input type="checkbox"/> PENSION, RETIREMENT, ANNUITY BENEFITS	NAME _____ TELEPHONE NO.: _____ Form # _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU \$ _____
<input type="checkbox"/> AFDC, GENERAL RELIEF, PUBLIC ASSISTANCE:	NAME _____ TELEPHONE NO.: _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU \$ _____
<input type="checkbox"/> CHILD SUPPORT, ALIMONY:	NAME _____ TELEPHONE NO.: _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU \$ _____
<input type="checkbox"/> SEVERANCE PAYMENTS:	NAME _____ TELEPHONE NO.: _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU \$ _____
<input type="checkbox"/> SETTLEMENTS: (Life insurance, etc.)	NAME _____ TELEPHONE NO.: _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU \$ _____
<input type="checkbox"/> DISABILITY, DEATH BENEFITS, LIFE INSURANCE DIVIDENDS:	NAME _____ TELEPHONE NO.: _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU \$ _____
<input type="checkbox"/> REGULAR GIFTS OR PAYMENTS: (From anyone outside the household)	NAME _____ TELEPHONE NO.: _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU \$ _____
<input type="checkbox"/> EDUCATIONAL GRANTS, OTHER STUDENT BENEFITS, SCHOLARSHIPS:	NAME _____ TELEPHONE NO.: _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU \$ _____

LOTTERY WINNINGS, INHERITANCE: NAME _____ TELEPHONE NO.: _____
 ADDRESS _____
 ANNUAL GROSS INCOME TO YOU \$ _____

INCOME FROM RENTAL PROPERTY, LAND CONTRACTS, REAL ESTATE: NAME _____ TELEPHONE NO.: _____ Form # _____
 ADDRESS _____
 ANNUAL GROSS INCOME TO YOU \$ _____

OTHER INCOME SOURCES: NAME _____ TELEPHONE NO.: _____
 ADDRESS _____
 ANNUAL GROSS INCOME TO YOU \$ _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS. FOR EACH (YES) ANSWER, PROVIDE ACCURATE INFORMATION IN THE CHARTS PROVIDED.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. DOES ANY MEMBER OF YOUR FAMILY WORK FOR SOMEONE WHO PAYS THEM IN CASH? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. IS ANY MEMBER OF YOUR HOUSEHOLD ON A LEAVE OF ABSENCE FROM WORK DUE TO LAY-OFF, MEDICAL, MATERNITY, OR MILITARY LEAVE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. IS ANY MEMBER OF YOUR HOUSEHOLD RESIDING, OR NOT RESIDING IN YOUR HOUSEHOLD, NOW RECEIVING MILITARY PAY AND/OR ALLOWANCES? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO CHILD SUPPORT BENEFITS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4a. IF YES, DO YOU RECEIVE BENEFITS? IF SO, HOW MUCH? \$ _____ PER MONTH? | | |
| 4b. IF NO, WHAT ATTEMPTS ARE YOU MAKING TO COLLECT THE ENTITLED CHILD SUPPORT BENEFITS? | | |
| <hr/> | | |
| 5. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE ALIMONY? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO ALIMONY PAYMENTS THAT HE/SHE IS NOT NOW RECEIVING? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. DOES ANY MEMBER OF YOUR FAMILY/ HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM A PENSION OR ANNUITY? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. DOES ANY MEMBER OF YOUR FAMILY/ HOUSEHOLD RECEIVE REGULAR CASH CONTRIBUTIONS FROM INDIVIDUALS NOT LIVING IN THE UNIT, OR FROM AGENCIES? | <input type="checkbox"/> | <input type="checkbox"/> |

I. **ASSET INFORMATION:** (IF ADDITIONAL SPACE IS REQUIRED USE THE BACK OF THIS PAGE)
 Include all assets held and the corresponding annual interest rate, dividends or other income derived from the asset.
 An asset is any lump sum you hold or currently have access to.

Include all assets held by all members of the household including minors.

<input type="checkbox"/> CHECKING ACCOUNT:	Source	Address	Balance	Account No.
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

<input type="checkbox"/> SAVINGS ACCOUNT:	Source	Address	Balance	Account No.
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

<input type="checkbox"/> CDs, MONEY MARKET ACCOUNTS OR TREASURY BILLS:	Source	Address	Amount	Account No.
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

<input type="checkbox"/> STOCKS, BONDS, OR SECURITIES:	Source	Address	Amount	Account No.
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

<input type="checkbox"/> INCOME FROM TRUST FUNDS:	Source	Address	Amount	Account No.
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

<input type="checkbox"/> PENSIONS, IRAs, KEOUGH OR OTHER RETIREMENT ACCOUNTS:	Source	Address	Amount	Account No.
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

CASH ON HAND OVER \$500:

Household Member	Amount	Household Member	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REAL ESTATE, RENTAL PROPERTY, LAND CONTRACTS/CONTRACT FOR DEED OR OTHER REAL ESTATE HOLDINGS:

Type	Household Member	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL PROPERTY: (Including paintings, coin or stamp collections, artwork, collector/show cars and antiques.)

Type	Household Member	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

SAFETY DEPOSIT BOX:

Household Member	Value of Contents	Household Member	Value of Contents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU OR ANY HOUSEHOLD MEMBER DISPOSED OF OR GIVEN AWAY ANY ASSET(S) FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST TWO YEARS:

Household Member	Explanation	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. ZERO INCOME VERIFICATION: (List all household members who will not have income in next 12 months.)

Household Member	Claiming zero income, please explain why?
_____	_____
_____	_____
_____	_____

K. LIVE-IN CARE ATTENDANT:

Yes **No** Will you or anyone in your household require a live-in attendant?

Name of Attendant	Relationship
_____	_____
_____	_____

L. SECTION 8 RENTAL ASSISTANCE:

Yes **No** 1. Will your household be receiving Section 8 rental assistance at time of move-in?

Household member	Agency providing Assistance	Contact Person's Name
_____	_____	_____
_____	_____	_____

2. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Household Member	Agency to provide the Rental Assistance	Contact Person's Name
_____	_____	_____
_____	_____	_____

M. NON-DISCRIMINATION: (Property Manager To Complete)

THIS PROPERTY IS MANAGED IN ACCORDANCE WITH THE FAIR HOUSING LAW. THE MANAGEMENT STAFF DOES NOT DISCRIMINATE AGAINST ANY PERSON IN THE TERMS, CONDITIONS, OR PRIVILEGES OF SALE OR RENTAL OF A DWELLING OR IN THE PROVISION OF SERVICES OF FACILITIES IN CONNECTION THEREWITH, BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN.

_____ DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAPPED STATUS IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, THIS PROPERTY MANAGED BY:

Management Agent: Arnold Grounds Apartment Management

THE PERSON NAMED BELOW HAS BEEN DESIGNATED TO COORDINATE COMPLIANCE WITH NON-DISCRIMINATION REQUIREMENTS CONTAINED IN THE DEVELOPMENT OF HOUSING AND URBAN DEVELOPMENTS REGULATION IMPLEMENTING SECTION 504 (24 CFR PART 8 DATED JUNE 2, 1988).

NAME David Deitz

ADDRESS 920 South Main St Suite 200

CITY Graepvine STATE TX ZIP 76051

TELEPHONE-VOICE 817.488.2077 TELEPHONE-TTY _____

I. TO BE COMPLETED BY MANAGEMENT:

Date: _____

To: _____

Address: _____

City State Zip

SUBJECT: _____

Applicant Name

Address City State Zip

THIS PERSON HAS APPLIED FOR A RESIDENTIAL APARTMENT WHICH IS REGULATED BY AND PARTICIPATES IN THE LOW INCOME HOUSING TAX CREDIT (LIHTC) PROGRAM. MANAGEMENT MUST VERIFY ALL INFORMATION THAT IS NECESSARY TO DETERMINE THIS PERSON'S ELIGIBILITY FOR THE LIHTC PROGRAM.

II. TO WHOM IT MAY CONCERN:

I/WE AUTHORIZE THE MANAGEMENT AGENT TO INVESTIGATE MY/OUR CREDIT AND VERIFY ALL INFORMATION AND REFERENCES GIVEN. THE INFORMATION OBTAINED WILL BE USED FOR MANAGEMENT PURPOSES AND WILL BE HELD IN THE STRICTEST CONFIDENCE.

I/WE CERTIFY THAT ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE ALSO CERTIFY THAT THE HOUSING I/WE WILL OCCUPY WILL BE MY/OUR PERMANENT RESIDENCE.

THIS APPLICATION IS SUBJECT TO APPROVAL AND DOES NOT CONSTITUTE AN AGREEMENT TO LEASE . ALL INFORMATION MUST BE VERIFIED BEFORE THIS APPLICATION CAN BE PROCESSED.

ALL ADULT household members must sign below:

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date