

MEETING HOUSE AT DAYTONA

Daytona Beach, Florida

RESIDENT SELECTION POLICY

We do business in accordance with Fair Housing Laws. It is illegal to discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status or National Origin.

This property operates as senior housing for seniors 55 years and older.

This community has a very thorough screening process. If you meet the application standards and are accepted, you will be among a very select group. The following criteria apply to all applicants equally.

INCOME

- **MINIMUM:** Household must have income equal to 2 times the household's portion of the rent.
- **MAXIMUM:** This property operates under Section 42 of the Internal Revenue Service (IRS) code, an affordable housing program that places certain restrictions on both residents and the owner. Resident households must have incomes as move-in below certain levels based on the Area Median Income as published by HUD. Current income limits are available at the leasing office

RENTAL HISTORY

Up to 36 months of rental history may be reviewed. A positive record of prompt payment and sufficient notice, free of damage or lease violations, is expected. An outstanding balance to a previous landlord will deny the application. An eviction within the past three years will deny the application.

CREDIT HISTORY

A credit check is run on every applicant over the age of 18. It analyzes many criteria to arrive at an objective score. An unsatisfactory report may disqualify an applicant from this community. Unpaid utility bills may deny an application. Lack of credit history may require an increased deposit.

CRIMINAL HISTORY

A criminal background check is performed on all applicants over the age of 18. This check is a sophisticated compilation of various components calculated by a third party firm. Every case is individually analyzed. A felony conviction in most instances will automatically deny an application. Charges and/or other convictions for violent, sex-related or drug dealing offenses may deny the application. Other charges and convictions may be judged based on date of charges.

PETS

Certain pets are permitted. Up to two pets are allowed per apartment unit. Each pet cannot weigh more than the 25 pound weight limit. Each pet will require a one-time \$150 Pet Fee for each pet.

MISCELLANEOUS

- Occupancy is limited to two occupants multiplied by the number of bedrooms in the unit.
- All household members 18 years and older must complete the application process and pay the \$35 application fee per person in the form of a money order.
- The standard security deposit is \$250+. Every deposit is held in escrow until all lease provisions are successful fulfilled. Deposit may be increased due to credit or rental history.
- A money order of \$100.00 will hold the apartment for you and is applied to your security deposit at move-in.
- Students: Households comprised entirely of full-time students may not be eligible.

ALL RESIDENTS MUST BE AT LEAST 55 YEARS OLD EXCEPT FOR 8 UNITS THAT ALLOW HOUSEHOLD MEMBERS OF NO LESS THAN 45 YEARS OF AGE.

Applications can be rejected due to but not limited to failure to meet the criteria above and/or falsification of any information, or failure to provide any information including addresses and phone numbers of references.

APPLICANT SIGNATURE

DATE

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DATE

The Meetinghouse at Daytona

Move-in Application

(Co-Applicants must complete a separate application - PLEASE PRINT CLEARLY)

Resident Information				
Applicant (Your Name)	Birth Date	Social Security #	Full Time Student (Y/N)	Phone Number
Co-Applicant or Spouse	Birth Date	Social Security #	Full Time Student (Y/N)	Relationship
Occupant	Birth Date	Social Security #	Full Time Student (Y/N)	Relationship
Occupant	Birth Date	Social Security #	Full Time Student (Y/N)	Relationship
Occupant	Birth Date	Social Security #	Full Time Student (Y/N)	Relationship
Occupant	Birth Date	Social Security #	Full Time Student (Y/N)	Relationship
Marital / Student Status				
Marital Status:				
Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>				
Student Status:				
If all members of the household are Full-Time Students, indicate which exemption qualifies this household:				
Member of the household has previously been in Child Welfare / Foster Care under Title IV of the Social Security Act:				<input type="checkbox"/>
Single parent, not dependent on another, with children that are dependent on either parent:				<input type="checkbox"/>
Married and can file a joint tax return:				<input type="checkbox"/>
Student receives assistance under Title IV of the Social Security Act:				<input type="checkbox"/>
Student receives assistance under the Job Training Partnership Act or similar Federal, State or local laws:				<input type="checkbox"/>
Other Information				
How did you find us:				
<input type="checkbox"/> Newspaper <input type="checkbox"/> Referral <input type="checkbox"/> Drive-by <input type="checkbox"/> Flyer <input type="checkbox"/> Other _____				
Credit / Criminal Info:				
Ever filed for bankruptcy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ever been evicted from tenancy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Owe any current or previous landlord any monies?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been charged with a crime in the last 10 years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drivers License Info:				
License Number: _____		State Issued: _____		Expires: _____
Vehicle Information:				
Make: _____	Model: _____	Color: _____	Year: _____	License Plate: _____
Make: _____	Model: _____	Color: _____	Year: _____	License Plate: _____
Contact - In case of an emergency:				
Name: _____		Phone: _____		Relationship: _____
Address: _____		City: _____	State: _____	Zip: _____

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(THREE YEAR HISTORY REQUIRED)						Rental History			
Current Address			City	State	Zip	Landlord / Apartment Name			
Date Moved In	Date Lease Expires	Rent per Month	Reason for Moving		Landlords Phone				
Previous Address			City	State	Zip	Landlord / Apartment Name			
Date Moved In	Date Moved Out	Rent per Month	Reason for Moving		Landlords Phone				
Previous Address			City	State	Zip	Landlord / Apartment Name			
Date Moved In	Date Moved Out	Rent per Month	Reason for Moving		Landlords Phone				
Employment History									
Current Employer				Position				Date Hired	
Address: _____				Supervisors Name				Employers Phone	
City, State: _____									
Zip: _____									
Annual Gross Earnings you expect to receive within the next 12 months:						\$ _____			
Second Employer (Write NONE if not applicable)				Position				Date Hired	
Address: _____				Supervisors Name				Employers Phone	
City, State: _____									
Zip: _____									
Annual Gross Earnings you expect to receive within the next 12 months:						\$ _____			
Previous Employer				Position				Date Hired	
Address: _____				Supervisors Name				Employers Phone	
City, State: _____									
Zip: _____									
Annual Gross Earnings you received in the last 12 months:						\$ _____			

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Income Disclosure Statement

Do you or does anyone in the household receive any of the following:

Total Monthly Amount:

Employment Income (Gross Amount)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Self-Employment Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Social Security Income (Gross Amount)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Disability Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Unemployment Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Pensions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Rental Income from Property Owned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Welfare Assistance (AFDC / TANF, exclude Food Stamps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Recurring Monetary Gifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Veterans Administration Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Income from any other source not mentioned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Asset Disclosure Statement

Do you or does anyone in the household hold any of the following:

Total Value:

Checking Account (Average 6 mos. Balance)	# of Accounts: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Savings Account (Current Balance)	# of Accounts: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Certificates of Deposit		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Stocks or Bonds		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
IRA's or Retirement Funds		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Mutual Funds		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Trust Accounts		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Life Insurance (Whole or Universal Only)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Personal Property held as an Investment		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Real Estate		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Any other assets not mentioned above		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Have you disposed of any assets in the last 24 months

Yes

No

If Yes, please explain below

Type of asset disposed of: _____

Date of sale: _____

Current Value: _____

Sales Price: _____

Bank / Account Information

Checking Account Number: _____

Bank Name: _____

Checking Account Number: _____

Bank Name: _____

Savings Account Number: _____

Bank Name: _____

Savings Account Number: _____

Bank Name: _____

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This Section to be Completed by All Students

Student Financial Aid Disclosure

Student Currently Attends School: *(please circle one)*

Full Time

Part Time

Over the age of 23 with dependent child(ren), check here

Student resides with parent(s) who receive Section 8 assistance, check here

Total Scholarships, grants, etc. (public or private, excluding student loans) received is:

	Source	Amount	Beginning Date	Ending Date
Scholarships:	_____	\$ _____	_____	_____
Grants:	_____	\$ _____	_____	_____
Other Contributions:	_____	\$ _____	_____	_____
Cost of Tuition:	_____	\$ _____	_____	_____

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine eligibility. I understand that providing false information or making false statements may be grounds for denial of my application or considered a material breach of lease which could result in eviction. I also understand that such action may result in criminal penalties.

I authorize management to verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

Applicant Signature

Date

For Office Use Only:

Type of Unit Desired: _____ Expected Move-in Date: _____ Rent Quote: _____

Leasing Agent: _____ Date: _____ Time: _____

Application Fee Paid: \$ _____ Marketing Source: _____

NON-EMPLOYMENT AFFIDAVIT

TENANT/APPLICANT: _____
PROPERTY NAME: THE MEETINGHOUSE AT DAYTONA _____

DATE: _____

PLEASE SELECT ONE OF THE FOLLOWING BOXES:

I **HAVE BEEN OFFERED/PROMISED** a job to start within the next twelve (12) months.

START DATE	JOB TYPE	HOURLY WAGE	HOURS PER WEEK

I am not currently employed in any capacity nor receiving income from any source, and...
I **DO NOT** intend to become employed within the next twelve (12) months. I do not receive unemployment compensation or other benefits as a result of my non-employed status, nor am I under any obligation to obtain employment.

I **DO NOT** intend to become employed within the next twelve (12) months because I am currently under doctor's care and unable to obtain employment.

I am not currently employed in any capacity nor receiving income from any source, however.....
I **DO** intend to become employed within the next twelve (12) months, but not currently employed.

Please state how you intend to meet daily expenses without any anticipated income source:

I hereby certify that the information provided is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT/TENANT

DATE

WARNING: Section 1001 of Title 18 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.

NON-EMPLOYMENT AFFIDAVIT

UNDER \$5000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Household Name: _____ Unit No: _____

Development Name: The Meetinghouse at Daytona City: Daytona Beach

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
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment**:				_____
\$ _____	_____	\$ _____	Other (list):				_____

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

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

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

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

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

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

Applicant _____ Date _____

Applicant _____ Date _____

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtain federal funds.

UNDER \$5000 ASSET CERTIFICATION

FMI Revised 12/01/06

STUDENT STATUS AFFIDAVIT

TENANT/APPLICANT: _____
PROPERTY NAME: MEETINGHOUSE AT DAYTONA

DATE: _____
UNIT NUMBER: _____

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

- I am not a student and do not anticipate enrolling as a student in the upcoming certification year.
- I anticipate enrolling as a student in the upcoming certification year.
- I am a part-time student and expect to remain a part-time student in the upcoming year.
- I am a full-time student.
- I am a full-time student and offer the following explanation for eligibility consideration:
 - At least one member of the household receives assistance under Title IV of the Social Security Act, i.e. TANF payments. (Office Personnel: Attach a verification from the agency administering the grant).
 - At least one member of the household is currently enrolled in a job-training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency. (Office Personnel: Attach verification from the agency administering the program).
 - The head of household is a single parent with children and neither the parent nor the children is the dependent of another individual. (Office Personnel: Attach a signed copy of the most recent signed tax return reflecting the dependent status).
 - At least one member of the household is married and filing a joint federal tax return. (Office Personnel: Attach a copy of the couple's actual marriage certificate and a signed copy of their latest joint income tax return).

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

APPLICANT/RESIDENT SIGNATURE _____ DATE _____
BARBARA JEAN HERNDON, PROPERTY MANAGER _____ DATE _____

WARNING: Section 1001 of Title 18 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.

STUDENT STATUS AFFIDAVIT

FMI Revised 12/01/06

RELEASE AND CONSENT AUTHORIZATION

I/We the undersigned do hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, credit, criminal record, and/or assets to the management agent listed below, for purposes of verifying information on my/our apartment rental application.

The Meetinghouse at Daytona
850 N Clyde Morris Blvd.
Daytona Beach, FL 32117
386-274-4546
386-274-4157 Fax

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, assets, medical or child care allowances, credit standing and/or criminal records. I/We understand that this authorization cannot be used to obtain any 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:

- Welfare Agencies
- State Unemployment Agencies
- Banks and other Financial Institutions
- Credit Agencies
- Past and Present Employers
- Previous Landlords (including public housing agencies)
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Support and Alimony Providers
- Criminal Reporting Agencies

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

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