

Dear Applicant:

Thank you for your initial inquiry regarding housing at Clarendon.

If you are interested in living at Clarendon, please take the time to **completely** fill out the enclosed preliminary application and return to:

Clarendon
4500 N Clarendon Ave
Chicago, IL 60640-6165

If a question does not apply to your situation answer NA, so that we know you didn't just skip it. All current information must be provided or we cannot accurately evaluate your Preliminary Application, which may affect your placement on our waiting list.

Cook County – Just Housing Ordinance:

Applications are processed in two stages. The first stage involves a prequalification screening which includes a review of your income, assets, student status, payment, credit and rental history, and includes general questions such as whether or not you have a pet or pets. Depending on the results, you may be rejected based on the information gathered during this stage of the process.

If you prequalify, the application fee will be charged and a criminal background check will be conducted. Please note that should the results of the criminal background check reveal evidence of criminal history for any member of your applicant household, the applicant will have the opportunity to provide evidence disputing the accuracy or relevance of any such history that could result in an adverse decision.

Attached please find a copy of the summary of the Tenant Selection Criteria on which we evaluate all applicants' fitness for tenancy, as well as a copy of the Cook County Commission on Human Rights Just Housing Ordinance Interpretive Rules. In addition, you are welcome to contact the Cook County Commission on Human Rights to learn more about your rights as an applicant under Cook County law:

Cook County Commission on Human Rights
69 W. Washington Street, Suite 3040
Chicago, IL 60602
Tel: 312-603-1100

<https://www.cookcountyil.gov/agency/commission-human-rights-0>

Please feel free to communicate with our management team should you have any questions throughout this process.

Sincerely,

Emerida Santana
(773) 334-6500
Clarendon



The property's general occupancy standard is as follows: No more than two people and no less than one person will be permitted to occupy a bedroom. Based on this occupancy standard and the information you provided in your Preliminary Application, you will be placed on all open waiting lists for which your household appears eligible. Please note that if the household is listed on more than one waiting list, the household's refusal of a unit from one waiting list will not affect the household's status on any other wait lists the household may currently be listed on.

This is an important document. Come to the office for translation services.

Este es un documento importante. Preséntese a la oficina para obtener servicios de traducción.

Это важный документ. Приезжайте в офис за услуги по письменному переводу.

هذا هو وثيقة هامة. تعال إلى مكتب لخدمات الترجمة.

Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

이 중요한 문서입니다. 번역 서비스를 위한 사무실로 가자.

Jest to ważny dokument. Przyjdź do urzędu na usługi tłumaczeniowe.

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RELATED

The applicant is hereby advised that the eligibility criteria used in deciding whether to rent a rental unit to the applicant are based on the following:

 X A review of this application

 X Applicant's credit history
Additional details: A credit report will be generated for each adult household member and your credit history will be subject to review.

- Tax Credit only or market rate units (non-Section 8 or Housing Choice Voucher [PHA Vouchers] units)
Ordinarily, the total of the applicant's monthly contribution plus other long-term obligations (payments extending more than twelve months) should be less than 50% of his/her monthly gross income.
Income ratios may be considered in the context of the applicant's credit and employment history and potential for increases in income.

 X Pending criminal accusation or criminal conviction history of individuals 18 years of age and above who will reside in the rental unit, that occurred within the past 3 years or less.
Additional details: _____

The applicant may provide evidence demonstrating inaccuracies within the applicant's criminal record or evidence of rehabilitation or other mitigating factors. This means you have the right to provide, among other things, evidence of errors in your criminal background report, evidence of your good conduct since the conviction or pending accusation occurred, or other information you would like a housing provider to use when evaluating your criminal background.

Criminal background history will only be obtained and considered AFTER the pre-qualification screening is approved.

 X **Income**

The annual gross income of the applicant(s) must be equal to or less than the income limit established by the applicable program's administrative rules for the appropriate household size. The current income limits for the Development are published by the U.S. Department of Housing and Urban Development (HUD). As required by HUD, management utilizes the Enterprise Income Verification (EIV) system which is provided by HUD.

The applicable Section 8 income limit for this Development is:

- Low-Income Limit (80% of median income)
 Very-Low Income Limit (50% of median income)

 X **Sole Residence**

1. The unit must be the applicant's sole residence in order for the applicant to be eligible for housing.
2. An applicant or occupant may not receive rental assistance for more than one unit at the same time.
An applicant can be eligible for occupancy only if all rental assistance is terminated at the time the household occupies an assisted unit at the Development. If an applicant is the scheduled to occupy a new unit before the previous unit assistance is terminated, the applicant will be required to pay market rent for the new unit until the assistance in the first unit has terminated.

 X **Occupancy Standards**

The unit must have enough space to accommodate the household. Occupancy standards must comply with federal, state and local occupancy standards, and/or laws in connection with occupancy requirements, fair housing and civil rights laws, as well as landlord-tenant laws and zoning restrictions. Acceptable occupancy standards are defined as follows:

1. As a general rule, no more than two people and no less than one person will be permitted to occupy a bedroom.
 - Studios – One person
 - One Bedroom – One to two persons
 - Two Bedroom – Two to four persons
 - Three Bedroom – Three to six persons
 - Four Bedroom – Four to eight persons
- a. However, in addition to considering the number of household members and the number of bedrooms in the unit, the following factors should also be taken into account:



- i. The household's need for a larger unit as a reasonable accommodation; and
- ii. Balancing the need to avoid overcrowding with the need to avoid underutilization of the space and unnecessary subsidy.

2. For the purpose of determining the unit size for which a household may be eligible; the following will be counted as members of the household:

- a. Fulltime household members
- b. Unborn children
- c. Children in the process of being adopted
- d. Children whose custody is being determined
- e. Foster children
- f. Children temporarily in a foster home
- g. Children in joint custody fifty percent (50%) of the year or more
- h. Children away at school but home for recess
- i. Live in aides
- j. Foster adults

Note: Proof of Custody/Guardianship will be required for all household members that are minor children. Acceptable proof of custody documents include;

- 1) Birth Certificate, or
- 2) A Legal document from a court is required, which may state Guardianship Petition Approval or Guardian of Person or Estate which shows that the resident/applicant has either custody or guardianship of minor children.

3. A household may be required to provide proof of custody of related or unrelated occupants in order to be considered for a change in unit size.

X

Citizenship Requirements

By law only applicants and tenants who are United States citizens and eligible non-citizens may benefit from federal rental assistance. These requirements apply to households making application to the property, households on the waiting list and existing tenants. *(If the applicant is not proficient in the English language, management will arrange to provide this request in a language that is understood by the applicant.)* Please note that a mixed household (a household with one or more eligible and one or more ineligible household members) may receive either prorated assistance or continued assistance.

All applicants for assistance will be required to submit evidence of citizenship or eligible immigration status at the time of application. This includes all household members, regardless of age. Please note that financial assistance is contingent on submission and verification of citizenship or eligible immigration status.

In order to verify citizenship or eligible immigration status, Citizenship Declaration form must be completed for each member of the household within ten (10) business days following the date of your interview. In addition, management will also require verification of this declaration by requiring the following documentation:

- **From U.S. citizens**, presentation of a U.S. birth certificate or U.S. passport.
- **From non-citizens 62 years and older**, a signed declaration and proof of age.
- **From non-citizens under the age of 62**, a signed consent form and one of the DHS-approved documents listed in the Citizenship Declaration form.

Non-citizens **not** claiming eligible immigration status may elect to sign a statement that they acknowledge their ineligibility for assistance. This statement is in addition to the Citizenship Declaration form.

If an applicant cannot supply the documentation within the specified timeframe, management may grant an extension of not more than thirty (30) days, but only if the applicant certifies that the documentation is temporarily unavailable and additional time is needed to collect and submit the documentation. Management may establish a shorter extension period. Management will inform the applicant in writing if an extension period is granted or denied. If the request is granted, management will state (in writing) the new deadline. However, please keep in mind that more than one applicant is being interviewed for this apartment and the first file completed and meeting the screening criteria will be approved for occupancy. Your name will remain at the top of the waiting list. If the request is denied, management will state the reasons for the denial in writing.

Management cannot delay the household's assistance if the household submitted its immigration information in a timely manner but the Department of Homeland Security ("DHS") verification or appeals process has not been completed. If at least one member of the household has submitted the required documentation in a timely manner, the owner must offer the household a unit and provide prorated



assistance to those household members whose documentation was not received on time. Management must continue to provide prorated assistance to such households until information establishing the immigration status of any remaining non-citizen household members has been received and verified. The prorated assistance is calculated by multiplying a household's full assistance by a fraction. This is based upon the number of household members who are eligible compared with the total number of household members.

Once management has determined the final citizenship/immigration status of a household assisted prior to completion of the verification or appeal process, management will:

- Offer full assistance to a household that has established the eligibility of all of its members; or
- Offer continued prorated assistance to a mixed household, or temporary deferral of termination of assistance if the household does not accept the offer of prorated assistance; or
- Households receiving federal assistance on June 19, 1995 may be offered temporary deferral of termination of assistance to an eligible household. At the end of the deferral period the household must either pay market rent or vacate the unit.

Management will notify all households in writing as soon as possible if the secondary verification process returns a negative result and applicants may appeal management's decision directly to the DHS. The household must send a copy of the appeal directly to the management office. The DHS should respond to the appeal within 30 days.

X

Certification of Social Security Numbers

Applicants and tenants **must** disclose and provide documentation of Social Security Numbers (SSN) for all household members by providing a valid social security card issued by the Social Security Administration or other verification resources provided by the U.S. Department of Housing and Urban Development (HUD).

Applicants do not need to disclose or provide verification of a SSN to be placed on the waiting list; however applicants must disclose a SSN and provide adequate documentation to verify each SSN for all non-exempt household members before they can be housed.

If household members have not disclosed and/or provided verification of the SSN at the time a unit becomes available, the next eligible applicant must be offered the available unit.

Management will accept applicants without documentation of SSN's with the following provision:

- Individuals/households that cannot provide valid proof of SSN for every household member may be placed on the waiting list, if otherwise eligible, but will not be approved for assistance until acceptable SSN documentation is provided. Any individuals/households that have not disclosed and provided verification of SSN's for all non-exempt household members have 90 days from the date they are first offered an available unit to disclose and/or verify the SSN's. After 90 days, if the individual/household is unable to disclose or verify the SSN's of all non-exempt household members, the applicant will be determined ineligible and removed from the waiting list.
 1. Adequate documentation to verify the SSN of an individual is a social security card issued by the Social Security Administration (SSA), an original document issued by a federal or state government agency which contains the name and SSN of the individual along with identifying information of the individual,
 - a. Acceptable forms of verification for Social Security number disclosure include but are not limited to (See HUD Handbook 4350.3 Appendix 3 for a complete list):
 - 1) Original Social Security Card
 - 2) Original document issues by a federal or state government agency which contains the name, SSN, and other identifying information of the individual
 - 3) Driver's license with SSN
 - 4) Identification card issue by a medical insurance provider, or an employer or trade union
 - 5) Earnings statements on payroll stubs
 - 6) Bank statement
 - 7) Form 1099
 - 8) Benefit award letter with SSN
 - 9) Retirement letter with SSN
 - 10) Life insurance policy with SSN
 - 11) Court Records with SSN
 2. Owners may reject documentation of the SSN provided by the applicant or tenant that:
 - a. Is not an original document; or
 - b. Is the original document but it has been altered, mutilated, or is not legible; or
 - c. Appears to be a forged document (e.g., does not appear to be authentic)*.



Exceptions to the Disclosure of Social Security Number:

The Social Security Number requirements do not apply to:

- Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.
- Individuals/households that are claiming ineligible non-citizenship status do not need to disclose SSN as the individual is not eligible to receive rental assistance therefore the **household assistance will be prorated.**
- A child under the age of 6 years added to the applicant household within the 6-month period prior to the household's date of admission. The household will have a maximum of 90-days after the date of admission to provide the Social Security Number and adequate documentation that the Social Security Number is valid. An additional 90 days may be granted under certain circumstances. If the household does not provide the Social Security Number and adequate documentation to verify the Social Security Number within the prescribed timeframe, HUD requires that the owner/agent terminate tenancy.

X

Date of Birth

Date of birth must be disclosed for all household members.

X

Eligibility of Students

Section 8 units

An applicant who is enrolled as either a part-time or full-time student at an institution of higher education for the purposes of obtaining a degree, certificate, or other program leading to a recognized educational credential shall be eligible for federal housing assistance only if he or she meets one of the following criteria:

1. Is at least twenty four (24) years of age;
2. Is married;
3. Is a veteran of the United States Military;
4. Has a dependent child;
5. Is a person with disabilities, as such term is defined in section 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was receiving Section 8 assistance as of November 30, 2005;
6. Is living with his or her parents who are receiving Section 8 assistance;
7. Is income eligible for Section 8 assistance (In households where both the head and the co-head are students, both members must be income eligible for the household to received assistance). Financial assistance received by the student in excess of tuition will be counted as income unless the student is over the age of twenty three (23) and has dependent children; or
8. Meets all of the following conditions:
 - a. The applicant's (student's) parents are, individually or jointly, income eligible for Section 8 assistance; or
 - b. Is considered independent from parents/guardians only if he or she:
 - 1) Is at least eighteen (18) years of age (legal contract age under state law);
 - 2) Has established a household separate from parents or legal guardians for at least one year prior to application for occupancy or is considered an independent student as defined by the U.S Department of Education. In order to be considered an independent student, the applicant must meet one or more of the following criteria:
 - a) Be at least twenty four (24) years old by December 31 of the year in which assistance is being sought;
 - b) Be an orphan or a ward of the court through the age of eighteen (18);
 - c) Be a veteran of the U.S. Armed Forces;
 - d) Have a legal dependent other than a spouse (for example, dependent children or an elderly dependent parent);
 - e) Be a graduate or professional student; or
 - f) Be married
 - c. Is not claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
 - d. Obtain a certification of the amount of financial assistance that will be provided by parents, guardians, or others signed by the individual providing the support. This certification is required even if no assistance will be provided.

LIHTC (Tax Credit) units

1. A household shall not be eligible for housing under the LIHTC program if all household members are full-time students unless at least one of the following exceptions applies:
 - a. The full-time students are married and file a joint income tax return.
 - b. The full-time students are single parent(s) and their children are not dependents of another individual.



- c. At least one full-time student household member is currently enrolled in a job-training program under the Job Training Partnership Act or other similar Federal, State or Local program.
- d. At least one full-time student household member is currently receiving assistance under Title IV of the Social Security Act.

If none of the above exceptions applies and all members of the household are full-time students, the household is not eligible for a housing unit subject to the LIHTC program. Full-time students include individuals who are or will be attending grades K-12 or a college, university, or institute of higher learning for 5 or more months during the current and/or upcoming calendar year (months need not be consecutive) and whose student status is defined as "full-time" by the applicable educational institution.

If the tax credit unit is also one of the Project-Based Section 8 units, the LIHTC Program Student Rule requirements set forth above must be applied and shall be in addition to the Section 8 Student Rule requirement.

Other: specify _____

If you need to request a reasonable accommodation at any time during the application process, please inform the agent/owner at

Applicant's Name (Print)

Applicant's Signature

Date

rev. 12/19/19



Application For Occupancy

Clarendon Court

4500 N. Clarendon Ave. Chicago, IL 60640
Ph: 773-334-6500 Fax: 773-334-9267
TTY: 800-526-0844

Related Management Company For Office Use Only Date Received: _____ Application #: _____

This information is to be filled out by the head of the household. Please complete all sections and sign the last page. **Clarendon Court is a Smoke Free Community!**

Name: _____

Street Address/Apt #: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email Address: _____

Check what size units you would want to be considered for:
 Studio Three Bedrooms
 One Bedroom Four Bedrooms
 Two Bedrooms Other, please specify _____

Please indicate if you are requesting a unit with special accommodations for any member of your household due to a mobility, visual, or hearing disability.

Please check "Yes" if you have been displaced by one of the following state declared disasters: (1) Urban Renewal Area; (2) Disaster such as fire or flood; (3) government/state action
 Yes No

Please check "Yes" if you have been displaced by government action or a presidentially declared disaster: Yes No

Household Information

List all persons who will occupy the apartment including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, etc). If a member of the household is a Foster Child or Foster Adult, note this in the Relationship column. Social Security Numbers must be disclosed for all members who are U.S. citizens or claiming eligible immigration status. If a member does not have a Social Security Number, enter "None" in the Social Security Number column.

Full Legal Name (First, MI, Last)	Relationship to the Head of Household	Sex {M/F} Optional	Birth Date (mm/dd/yyyy)	Student (Y/N)	Social Security Number	List all States lived in (use abbreviation, i.e. FL for Florida)
1.	Head					
2.						
3.						
4.						
5.						
6.						
7.						

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Housing Status (Past Three Years)

If additional space is required, use the back of this page.

Describe your current housing situation:

- Standard Housing
 Substandard Housing
 Public Housing Property
 Lacking a Fixed Nighttime Residence
 Fleeing or Attempting to Flee from Violence

Why do you want to move from your current residence? _____

Current Street Address	City, State	Zip Code
------------------------	-------------	----------

Landlord Name & Address	City, State	Zip Code
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Landlord Telephone Number	Managing Agent Telephone Number:
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Is the apartment lease in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pay your own rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who does?
--	---	------------------

Are you sharing your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Monthly rent: \$	Does your rent include utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average monthly utility expenses: \$
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How much do you contribute to the monthly rent? \$
(If you do not contribute anything, write "0")

How long have you lived at this address? _____ years _____ months	Reasons for wanting to move?
--	------------------------------

Do you currently have a Section 8 voucher?
 Yes No

Please check the size of your present residence:

Is your rent presently being subsidized through Section 8?
 Yes No

___ Studio	___ Three Bedrooms
___ One Bedroom	___ Other: please specify
___ Two Bedrooms	_____

Prior Street Address	City/State	Zip Code
----------------------	------------	----------

Prior Landlord Name & Address	City/State	Zip Code
-------------------------------	------------	----------

Prior Landlord Telephone Number	Prior Managing Agent Name
---------------------------------	---------------------------

\$ Previous rent per month	Reason for moving
-------------------------------	-------------------

Prior Street Address	City/State	Zip Code
----------------------	------------	----------

Prior Landlord Name & Address	City/State	Zip Code
-------------------------------	------------	----------

Prior Landlord Telephone Number	Prior Managing Agent Name
---------------------------------	---------------------------

\$ Previous rent per month	Reason for moving
-------------------------------	-------------------

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Resident History

Have you or your spouse/co-applicant every been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?

Yes No If yes, explain:

Do you live or have you lived in subsidized housing?

Yes No If yes, explain:

Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community, or Previous Landlord?

Yes No If yes, explain:

Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?

Yes No If yes, explain:

Have you ever lived at this or any other Related Management Company community?

Yes No

Utility Providers

You may not live in the apartment unless you can establish utilities in the apartment.

Do you have any overdue/outstanding balances owed to any utility providers?

Yes No If yes, explain:

Will you be unable to establish utilities in your apartment for electricity, gas or water?

Yes No If yes, explain:

Do you receive assistance for paying your utility bills?

Yes No If yes, explain:

Are any payments or allowances made under the HHS Low-Income Home Energy Assistance Program (LIEAP)?

Yes No If no, how much do you receive monthly to assist with your utilities?

Household Questions

Are any members of the household claiming they are exempt from the Social Security Number requirement because the member(s) were 62 years old and receiving HUD rental assistance as of January 31, 2010 at another property?

Yes No If yes, explain:

Have any of the household members used names or a social security number other than the names and numbers used above?

Yes No If yes, explain:

Are any members of the household, currently married to, separated from, or in the process of getting a divorce from a person who will not be living in the unit?

Yes No If yes, explain:

Have you or any members of the household ever filed or are currently filing for bankruptcy?

Yes No If yes, explain:

Will any of the household members live anywhere except the unit you are applying for?

Yes No If yes, explain:

Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?

Yes No If yes, explain:

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Do you expect the number of household members to change in the future?

Yes No If yes, explain:

Will you or any ADULT household member require a live-in caregiver or aide?

Yes No If yes, explain:

Will your household receive rental assistance from a federal, state, or local government?

Yes No If yes, explain:

Are any household members applicants on a Public Housing Waiting List?

Yes No If yes, explain:

Do you know or are you related to any of our residents or staff?

Yes No If yes, explain:

Program Information

Do you presently reside in a development where your rent is based upon your income?

Yes No If yes, explain:

Were you or any member of your household ever convicted of a felony?

Yes No If yes, when? _____

Explain circumstances briefly:

Have you or any member of your household ever been evicted?

Yes No If yes, when? _____

Explain circumstances briefly:

If yes, was the eviction from federally assisted housing for drug-related criminal activity?

Yes No

Has anyone in your household been convicted of violating any drug-related laws?

Yes No If yes, when? _____

Explain circumstances briefly:

Is anyone in your household currently engaged in the use of illegal drugs?

Yes No

If yes, explain circumstances briefly:

Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment?

Yes No

If yes, explain circumstances briefly:

Is any member of your household subject to a state sex offender lifetime registration requirement?

Yes No

If yes, explain circumstances briefly:

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Income from Employment

List all current full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings Before Any Payroll Deductions and Taxes
1.				\$ _____ Per _____
2.				\$ _____ Per _____
3.				\$ _____ Per _____
4.				\$ _____ Per _____
5.				\$ _____ Per _____

Income from Other Sources

(Examples: List all Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, ALSO ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED)

Full Name	Type of Income	Amount
1.		\$ _____ Per _____
2.		\$ _____ Per _____
3.		\$ _____ Per _____
4.		\$ _____ Per _____
5.		\$ _____ Per _____

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Assets

Complete each category as applicable.

Checking Account Name of Bank:	Passbook/Savings Account Name of Bank:
Address:	Address:
Account Number:	Account Number:
Balance/Date: \$ / as of	Balance/Date: \$ / as of
Checking Account Name of Bank:	Debt/Direct Deposit Card Name of Bank:
Address:	Address:
Account Number:	Account Number:
Balance/Date: \$ / as of	Balance/Date: \$ / as of
Money Market Account Name of Bank:	Savings Certificate Name of Bank:
Address:	Address:
Account Number:	Account Number:
Balance/Date: \$ / as of	Balance/Date: \$ / as of
Stocks and Bonds Value: \$	Savings Bond/s Value: \$
Do you own any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value?
Have you ever owned any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? When sold? For how much?
Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list each asset and the amount received for each asset.

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Student Information: LIHTC

Are ALL members of the household full-time students?

Yes No If Yes, provide the household member and name and address of the school below.

Will ALL members of your household become full-time students during any 5 months of this year or next year? (Example: a student who goes to school full-time in January, February, April, October and November is considered a fulltime student that entire calendar year)

Yes No If Yes, provide the household member and name and address of the school below.

Student Information: HUD

Is ANY member of your household taking classes at an institute of higher education? (Institutes of higher education include post-secondary vocational institutions, proprietary institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post-secondary colleges and universities.)

Yes No If Yes, provide the household member and name and address of the school below.

Does ANY member of your household intend to take classes at an institute of higher education within the next 12 months?

Yes No If yes, explain:

Student Status

List all persons who are students. Indicate whether enrollment is full time or part time.

Full Name of student	Name and address of School	Phone	Period of Enrollment
1.	_____	_____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
2.	_____	_____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
3.	_____	_____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
4.	_____	_____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
5.	_____	_____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>

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SUPPLEMENTAL INFORMATION FOR SECTION 8 PROGRAM

ALLOWANCES AND DEDUCTIONS

Responses are for all household members including minors

Medical Expenses - Households in which the head-of-household, spouse, or co-head are disabled or at least 62 years old qualify for deductions based on out-of-pocket medical expenses.

Does your household meet this qualification? Yes No

If Yes, please complete the following questions if you or any member of your household has out-of-pocket expenses.

If No, please skip to **Child Care**.

Type of Medical Expense	Check One	Annual Amount	Name of Source
Medicare	__ Yes __ No		
Medical or health insurance premium Annual deductible \$ _____	__ Yes __ No		
2 nd medical or health insurance premium Annual deductible \$ _____	__ Yes __ No		
Long-term care insurance premium Annual deductible \$ _____	__ Yes __ No		
Dental insurance premium Annual deductible \$ _____	__ Yes __ No		
Out-of-pocket expenses for doctor visits/medical treatments	__ Yes __ No		
Out-of-pocket expenses for dentist visits/ treatments	__ Yes __ No		
Out-of-pocket expenses for prescription drugs	__ Yes __ No		
Out-of-pocket expenses for over-the-counter expenses to treat a specific medical condition (i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)	__ Yes __ No		
Out-of-pocket expenses for personal use items (i.e. eye glasses, incontinent supplies, hearing aids)	__ Yes __ No		
Out-of-pocket expenses for cost/care for assistance/companion animals	__ Yes __ No		
Mileage to and from medical appointments	__ Yes __ No		
Other (describe) _____	__ Yes __ No		

Do you have an HMO, medical plan, or health insurance policy, which pays all or part of the cost of your medications? If YES, name of HMO, plan, or insurance company: _____	__ Yes __ No
What amount (or percentage) of the cost must YOU pay? _____	
If you must pay for medicines yourself, are you reimbursed all or part of the cost later? If YES, who reimburses you? _____	__ Yes __ No

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Child Care – Families are entitled to a deduction for unreimbursed, anticipated costs for child care of children 12 and younger that allows a household member to work, seek employment, or attend school. The deduction for work may not exceed the earned income received by the household member or members who are enabled to work because of the child care. The deduction for seeking employment or attending school is limited to the household's out-of-pocket cost paid to a licensed childcare provider or individual who is not residing in the unit with the household.

Do you pay for child care for a minor 12 years of age or younger? If YES, Monthly amount for Child #1: Child's name _____ Enables household member to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school Monthly amount for Child #2: Child's name _____ Enables household member to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school Monthly amount for Child #3: Child's name _____ Enables household member to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school Monthly amount for Child #4: Child's name _____ Enables household member to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	___ Yes ___ No
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Disability Assistance Expense – Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and "auxiliary apparatus" for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult household member to be employed. The deduction may not exceed the earned income received by the household member or members who are enabled to work because of the attendant care or auxiliary apparatus.

Do you pay for care or expenses for a disabled family member that allows any adult household member to work? If YES, monthly amount: \$ _____ Name of Household Member or Members who can work as a result of the expense: _____	___ Yes ___ No
Do you pay for equipment that allows any adult household member to work, such as costs to equip a vehicle to make it accessible for a disabled household member to drive to work? If YES, monthly amount: \$ _____ Name of Household Member who can work as a result of the expense: _____	___ Yes ___ No

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

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YOU HAVE CERTAIN RIGHTS UNDER FEDERAL, STATE, AND LOCAL LAWS WITH RESPECT TO YOUR CONSUMER REPORT. IN EVALUATING YOUR APPLICATION, A CONSUMER REPORTING AGENCY LISTED BELOW MAY PROVIDE US WITH INFORMATION.

CREDIT BUREAUS

- EXPERIAN (TRW), ATTN: NCAC, P.O. BOX 2002, ALLEN, TX 75013 (888) 397-3742
- TRANSUNION, CONSUMER DISCLOSURE CENTER, 2 BALDWIN PLACE, P.O. BOX 1000, CHESTER, PA 19022 (800) 888-4213
- EQUIFAX (CBI), PO BOX 740241, ATLANTA, GA 30374 (800) 685-1111

CIVIL RECORDS:

- FIRST AMERICAN REGISTRY, INC., ATTN: CONSUMER RELATIONS, 11140 ROCKVILLE PIKE, PMB 1200, ROCKVILLE, MD 20852 (888) 333-2413

ADDITIONALLY, YOU HAVE A RIGHT TO (1) INSPECT AND RECEIVE ONE FREE COPY OF SUCH REPORT BY CONTACTING THE CONSUMER REPORTING AGENCIES LISTED ABOVE; (2) OBTAIN A FREE COPY OF THE REPORT FROM EACH NATIONAL CONSUMER REPORTING AGENCY ANNUALLY, AND/OR A REPORT FROM WWW.ANNUALCREDITREPORT.COM; AND (3) DISPUTE ANY INACCURATE INFORMATION IN THE REPORT WITH THE CONSUMER REPORTING AGENCY.

I acknowledge that a criminal background check of all adult household members will be part of the application process and I authorize that check.

Signature of head of household

Date

WARNING: MISLEADING WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of head of household

Date

Demographic Data

The following information is required to determine program utilization and for statistical purposes only. This information will not affect the processing of this application.

Gender: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race:

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Attention

Please do not submit more than one application per household or copies of an application.

The filing of this application in no way guarantees you an apartment.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.



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