

# TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS INTAKE APPLICATION

**Dear Applicant:**

The information on this form is needed to determine if your household is eligible to participate under a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. Please complete this entire form and leave no blanks.

If there are any questions that you do not understand, please contact the Contract Administrator, Owner or Management Office Personnel. We thank you in advance for your cooperation.

## I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT

<b>Administrator/Owner/Management Name:</b> Better World Properties, LLC	<b>TDHCA Number:</b> 02470
<b>Contact Name:</b> Jana M Barnes	<b>Contact Title:</b> Property Manager
<b>Address:</b> 4020 Hwy 365, Port Arthur, TX 77642	<b>Phone:</b> (409)727-0781
<b>Email Address:</b> jbarnes@betterworldllc.com	<b>Fax:</b> (409)721-5493

## II. THIS SECTION TO BE COMPLETED BY APPLICANT

### A. CONTACT INFORMATION

<b>Street Address:</b> (as shown on driver's license or government ID)	<b>Apt #:</b>
<b>City/State/Zip:</b>	<b>County:</b>
<b>Current Address:</b> (if different from above)	<b>Apt #:</b>
<b>City/State/Zip:</b>	<b>County:</b>
<b>Email Address:</b>	<b>Home Phone:</b> (   ) <b>Mobile Phone:</b> (   )
<b>Emergency Contact Name:</b>	<b>Phone:</b> (   )

### B. PREVIOUS RESIDENCY INFORMATION

<b>Previous Address/City/State:</b>	<b>Cost per Month:</b>
<b>Reason For Leaving:</b>	<b>Occupied For:</b> ____ Yrs ____ Mos
<b>Contact/Landlord Name:</b>	<b>Phone:</b>

### C. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household

Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income
1	Head of Household		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. HOUSEHOLD COMPOSITION INFORMATION**

Were any of the household members a full-time student within the last calendar year? ☐ NO ☐ YES, who? \_\_\_\_\_

Are any of the household members listed above foster children? ☐ NO ☐ YES, who? \_\_\_\_\_

Are any of the household members listed above a live-in attendant? ☐ NO ☐ YES, who? \_\_\_\_\_

Are any household members temporarily absent from the home? ☐ NO ☐ YES, who? \_\_\_\_\_

Indicate reason for temporary absence: \_\_\_\_\_

Do you anticipate any other members will join your household within the next 12 months? ☐ NO ☐ YES

If yes, explain: \_\_\_\_\_

**E. ANNUAL INCOME (List ALL income of adults and children in your household, except for the earned income from employment by persons under the age of 18)**

Identify income from any of the following sources, including periodic payments:	Head of Household	Co-Head/ Spouse	Other Adult Member(s)	Child or Dependent	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No					
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No					
Commissions/Fees <input type="checkbox"/> Yes <input type="checkbox"/> No					
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No					
Salary from 2 <sup>nd</sup> job <input type="checkbox"/> Yes <input type="checkbox"/> No					
Temporary Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Income from Military <input type="checkbox"/> Yes <input type="checkbox"/> No					
Interest/Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No					
Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Pension <input type="checkbox"/> Yes <input type="checkbox"/> No					
Retirement Funds <input type="checkbox"/> Yes <input type="checkbox"/> No					
Familial Support <input type="checkbox"/> Yes <input type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No					
Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child Support (Circle Type) <input type="checkbox"/> Yes <input type="checkbox"/> No Anticipated, Voluntary, Court Ordered (regardless if pd)					
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No					
Educational Scholarship/Grant <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other: Explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Total:</b>					

**F. CURRENT EMPLOYMENT CONTACT INFORMATION**

Household Member's Name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____			# of hours worked per week	Work Fax

Household Member's Name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____			# of hours worked per week	Work Fax

Household Member's Name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____			# of hours worked per week	Work Fax

Household Member's Name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____			# of hours worked per week	Work Fax

**G. HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)**

Identify All Asset Sources	Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution	Account Number
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No				
IRA/Keogh Account(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Retirement/Pension Fund(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Trust Fund(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No				
Whole Life Insurance Cash Value* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate/Land* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No				

\*When listing the "cash value" of any asset with an asterisk, indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

**H. HOUSEHOLD ASSET INFORMATION**

1. Has anyone in the household given away anything of value within the last two years? (if a home was released due to foreclosure, bankruptcy or divorce, answer no) ☐ NO ☐ YES If yes, who? \_\_\_\_\_

Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): \_\_\_\_\_

2. Has anyone in the household owned a home in the last two years? ☐ NO ☐ YES If yes, who? \_\_\_\_\_

Do they currently own it? ☐ NO ☐ YES If No, when was it disposed of? \_\_\_\_\_

If Yes, Is it being rented? ☐ NO ☐ YES

Is it sitting vacant? ☐ NO ☐ YES

Is it in the process of being sold? ☐ NO ☐ YES

**I. HOUSING ASSISTANCE – List any assistance provided to or received by any member of the household**

Source	Amount	Date Received	Reason
<b>FEMA</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Federal Emergency Management Agency)			
<b>SBA</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Small Business Administration)			
<b>Section 8</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Housing and Urban Development)			
<b>TBRA</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Tenant Based Rental Assistance)			
<b>Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Homeowner)			
<b>Other</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			

**J. CONFLICT OF INTEREST INFORMATION**

1. Is anyone in the household currently serving (or served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, the Administrator, or the Development Owner? ☐ NO ☐ YES

If YES, identify who, organization and role? \_\_\_\_\_

Is this a current role? ☐ NO ☐ YES If NO, identify date role ceased? \_\_\_\_\_

2. Is anyone in the household related to anyone currently serving (or who has served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, the Administrator, or the Development Owner (either through familial or business ties)? ☐ NO ☐ YES

If YES, identify who, organization and role? \_\_\_\_\_

Is this a current role? ☐ NO ☐ YES If NO, identify date role ceased? \_\_\_\_\_

**K. APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program through the Texas Department of Housing and Community Affairs.**

**RELEASE:** My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.

Applicant/Resident Printed Name

Signature

Date

Co-Applicant/Resident Printed Name

Signature

Date

Adult Member Printed Name

Signature

Date

Adult Member Printed Name

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.

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
RELEASE AND CONSENT FORM**

**I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT**

<b>Administrator/Owner/Management Name:</b> Better World Properties, LLC	<b>TDHCA Number:</b> 02470
<b>Contact Name:</b> Jana M Barnes	<b>Contact Title:</b> Property Manager
<b>Address:</b> 4020 Hwy 365, Port Arthur, TX 77642	<b>Phone:</b> (409)727-0781
<b>Email Address:</b> jbarnes@betterworldllc.com	<b>Fax:</b> (409)721-5493

**II. THIS SECTION TO BE COMPLETED BY APPLICANT**

<b>Applicant/Resident Name:</b>															
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 application for participation in a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.															
<b>INFORMATION COVERED</b>															
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, and 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 in a TDHCA Affordable Housing Program.															
<b>GROUPS OR INDIVIDUALS THAT MAY BE ASKED</b>															
The groups or individuals that may be asked to release the above information include, but are not limited to:															
<table style="width: 100%; border: none;"><tr><td>Past and Present Employers</td><td>Welfare Agencies</td><td>Veterans Administrations</td></tr><tr><td>Support and Alimony Providers</td><td>State Unemployment Agencies</td><td>Retirement Systems</td></tr><tr><td>Educational Institutions</td><td>Social Security Administration</td><td>Medical and Child Care Providers</td></tr><tr><td>Bank and other Financial Institutions</td><td>Utility Providers</td><td>Previous Landlords</td></tr><tr><td>Public Housing Agencies</td><td>Appraisal Districts</td><td>Insurance Carrier</td></tr></table>	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	Bank and other Financial Institutions	Utility Providers	Previous Landlords	Public Housing Agencies	Appraisal Districts	Insurance Carrier
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Educational Institutions	Social Security Administration	Medical and Child Care Providers													
Bank and other Financial Institutions	Utility Providers	Previous Landlords													
Public Housing Agencies	Appraisal Districts	Insurance Carrier													

**III. APPLICANT CERTIFICATION**

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 <b>will stay in effect for a year and one month</b> from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.		
<hr/> Applicant/Resident Printed Name	<hr/> Signature	<hr/> Date
<hr/> Co-Applicant/Resident Printed Name	<hr/> Signature	<hr/> Date
<hr/> Adult Member Printed Name	<hr/> Signature	<hr/> Date
<hr/> Adult Member Printed Name	<hr/> Signature	<hr/> 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 A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**  
**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. \_\_\_\_\_

Development Name: Avery Trace Apartments City: Port Arthur

**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/Tenant

Date

Applicant/Tenant

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\*: Avery Trace Apartments

TDHCA File # / N.º de expediente de TDHCA: 02470

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



# Rental Criteria and Policies

Welcome to Avery Trace Apartments, a Better World managed property. The follow rental criteria are compiled to ensure a Better World is your BEST MOVE!

Better World Properties is an equal housing opportunity provider. **All visitors must present a valid driver license or other photo identification in order to view the community. Other acceptable forms of identification are: Valid state issued ID card, valid Military ID card, a valid Passport, or US Immigration and Naturalization Services issued VISA. A copy of all applicants photo ID's will be made and retained at the time of move-in. All applications for apartment homes 1)will be accepted on a first come first serve basis, 2)are subject to the availability of the apartment type requested, 3)will be approved by complying with the rental criteria listed below and 4)require the receipt of the application fee, pet fees (if applicable) and deposits. Rental applications are to be completed entirely. Any omissions or falsifications may result in rejection of an application or termination of lease.**

Avery Trace has been designated an Affordable Property. Our community is designed to facilitate the housing needs for low and moderate-income families. Residence at this community requires that applicants meet certain qualifying standards established by the government and Better World Properties.

**Applicant's gross yearly income must not exceed the following:**

1 person	\$27,420.00	2 persons	\$31,320.00
3 persons	\$35,220.00	4 persons	\$39,120.00
5 persons	\$42,300.00	6 persons	\$45,420.00
7 persons	\$48,540.00	8 persons	\$51,660.00

The current rent limits for Avery Trace are: \$734 (1 bedroom), \$880 (2 bedrooms), & \$1,017 (3 bedrooms) minus any applicable utility allowance. Our rental criteria consists of two stages. The first stage of the process is a criminal background check. After you are approved as an applicant for the first stage, you will then be subject to verification of your rental and employment. Applicants who are not approved due to credit history will not be notified in writing pursuant to the Fair Credit Reporting Act.

It is in this policy of Better World Properties, LLC to offer equal housing for all persons regardless of race, color, religion, sex, national origin, handicap, or familial status. We do require all residents to meet the following Rental Criteria:

## Policies:

- 1. Identification:** All applicants must be of legal age (18 years or legally emancipated) and each applicant must complete and application and meet all rental criteria standards. This is a legal requirement to sign a contract.
- 2. Income:** Applicant's gross monthly income must be **2.5 times** the resident's rental portion. All legally related applicants must have a verifiable, combined source of income of no less than the required 2.5 times market rental rate. This has been proven within our industry to be an appropriate indicator of affordability. Income must be verified by an appropriate official of applicant's employer, or by presentation of applicant's **(4) most recent paycheck stubs (8, if paid on a weekly basis** with year-to-date earnings listed. These may not be self-generated. If employment verification is not available, or is not an acceptable form, applicant must provide a copy of prior year's income tax return. Verification of Social Security Income (SSI), Alimony, child support, and other wages (tips, per diem, commissions, etc.) must be provided. If self-employed,



schedule C from most recent personal income tax return will be required, along with bank statements from the previous six months to verify consistent dollar deposits.

3. **Student Status:** A household may not be composed entirely of full time students unless the exception criteria is met. Proof of student status for all post high school graduate enrollment is required.
4. **Rental History:** Rental history may be verified on present and previous residence. All applicants are required to have at least 6 months rental history. First time renters will be accepted if applicants agree to pay additional deposit due to insufficient rental history. A positive record of prompt monthly payments, sufficient notice, with no damages expected. Evictions, Skips, or Money Left Owing to a Landlord or falsification of this application may result in an automatic rejection. Unpaid debt to a Better World Property will result in an automatic denial regardless of length of debt. Previous rental history must be verifiable through direct staff or owner contact and must be satisfactory.
5. **Maximum Occupancy:** A maximum of two (2) occupants per bedroom are allowed.
6. **Fees:** Each adult applicant (18 or older) is required to pay an individual application fee. The first adult must pay an application fee of **\$25.00. Each other adult applicant in the same household must pay an application fee of \$25.00.** Deposits are based on the bedroom size selected and rental history. A holding fee may be requested at the time of application based on bedroom size, but will be applied at the time of move in. Security deposits are as follows: **\$150 Deposit for all 1 bedroom units; \$250 Deposit for all 2 bedroom units; \$350 for all 3 bedroom units.**  
**OMISSION OR FALSIFICATION OF ANY ITEM ON APPLICATION WILL RESULT IN DEPOSIT FORFEITURE.**
7. **Employment History:** All applicants are required to have 6 months of verifiable employment, or if unemployed, must provide documentation illustrating the ability to pay rent, plus verifiable sources of income. Applicants unable to provide such documentation may not be approved. If self-employed, the applicant must provide a written statement from an accountant or bookkeeper verifying employment and net income, and/or copies of their company's financial statements, in addition to their tax return from the previous year. Verifications must be made by a person with senior management, human resources or payroll responsibility. Alternatives means of verification may be available.
8. **Credit History:** All applicant's credit report will be pulled. The applicant's information will be entered into a scoring system, which determines both rental eligibility and the security deposit amount, which will be required based on apartment size. An unsatisfactory credit report can disqualify an applicant from renting an apartment home at this community. An unsatisfactory credit report is one that reflects past or current bad debts, late payments or unpaid bills, liens, judgements, or bankruptcies, Persons declines due to no credit history may be qualified at a higher deposit. Pursuant to the Fair Credit Reporting Act, applicants declined due to poor credit history will be notified in writing. Deposit amounts are dependent on credit score and bedroom size. Our credit requirements are adjusted periodically to ensure we are competitive within our market and to ensure reasonable standards are applied equally and fairly to all applicants. In addition to objective scores, we also consider subjective factors that may be relevant; for example, we generally have minimal concern with medical debt. Bankruptcies over two years old will be accepted with current good credit. Foreclosures will be accepted if over two years old and with good standing credit since foreclosure.
9. **Criminal History:**  
We will review each perspective adult (18 or older) resident's publicly-available legal records. We will consider criminal convictions (including deferred adjudication and/or pretrial diversion), relevant court orders, and past and pending civil actions. We have a legitimate concern about the safety and security of all residents and employees with whom applicants will share certain common areas. We also have a legitimate business concern about each applicant's financial character.  
Generally, factors including, but not limited to the following, will be considered when reviewing the applicant's criminal conviction(s):  
**(a) Nature and severity of the crime**  
**(b) When the crime was committed**  
**(c) Whether the type of criminal conduct is a concern to the legitimate interests of the residents**  
**(d) The property ownership or management**

Applicants with the following types of criminal convictions will generally be excluded from residency from this community. The following is subject but not limited to:

1. Murder
2. Arson
3. Felony (assault, theft, aggravated crime, manufacture, sale of illegal drugs, etc.)
4. Any assault related crime requiring applicant's present sex offender registry
5. Misdemeanor (certain types of assault, sexual offenses, theft, etc.)

Notwithstanding the above, it is the policy of Better World Properties to review the facts regarding each applicant's criminal conviction(s) and consider and evidence of migration provided by the applicant. Applicants with pending litigation who are subsequently convicted, given deferred adjudication, or pretrial diversion for any crimes within the forgoing standards during the term of any prospective lease, may be in default of their rental agreement and may be required to vacate the premises.

When applicants have not live in the state for the past 12 months prior to the application date, we will endeavor to check criminal history for the previous areas of residence over the past 7 years.

**10. Pets:** No more than 2 pets under 35 pounds each are permitted per apartment. Aggressive dogs and exotic or venomous species are not permitted. All animals must be properly licensed and vaccinated against rabies. All pets are subject to a written management approval and must meet the terms of the Lease Agreement and Animal Addendum. The following breeds are deemed aggressive: Akita, Airedale, Terrier, American Bulldog, Pit Bull/ Bull Terrier, American Staffordshire Terrier, Bouvier des Flandres, Briard, Bull Mastiff, Chow, Doberman, German Sherphed, Giant and Standard Schnauzer, Rottweiler.

IF your animal is a mix, documentation is required stating that the animal is not over 30% of the restricted breed. Photos of the pets must be submitted along with the Animal Addendum.

**11. Service Animals:** Service animals are permitted with proper legal documentation, without regard to species or breed, so long such animal does not present a threat the health or safety of others Certification as to need must be provided by a licensed medical practitioner and must include a full description of the specific service the animal will provide and where such support is required. Note that 'registration' through the internet-based services that promote their ability to exempt an animal from common restrictions generally will not qualify. All service animals must meet guidelines established by the Department of Housing and Urban Development (HUD) and must abide by the community rules unless there is a documented reason they cannot. Owners are at all times fully responsible for their service animals and any issues they may create.

**12. Vehicle Registration:** Parking space is limited, therefore there is a limit of one (1) vehicle per adult occupant. Recreational vehicles, large commercial vehicles, and trailers are not allowed unless specifically approved by Management. Such approval will depend on vehicle weight and dimensions, space available, and effect on the image of the property. Special allowances may be rescinded at any time for similar reasons. Be sure to park within the striping of each space to avoid towing of you or your visitors vehicles. Please be aware that contracted towing is strictly enforced 24 hours daily. Abide by vehicle restrictions at all times while on property.

*Signing this document indicates that you have had the opportunity to review the Better World Properties tenant selection criteria. The tenant selection criteria includes the factors such as criminal, credit history, current income, and rental history. If you do not meet the selection criteria or if you provide inaccurate or incomplete information, your application may be rejected, and your application fee and other sums will not be refunded.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date