

RENTAL CRITERIA

Welcome to our community! Before you complete a Rental Application, please take the time to review these rental criteria. The term "Applicant(s)" under these criteria means the person that will be signing the Lease as "Resident." Please also note that these are our current rental criteria; nothing contained in these requirements shall constitute a guarantee or representation by us that all Residents currently residing in our community, including the roommates that will occupy the Unit with any Resident, have met these requirements.

We are an equal opportunity housing provider. *We fully comply with all federal and state fair housing laws. We do not discriminate against any person because of race, color, religion, sex, handicap, disability, familial status, national origin, ancestry, age, sexual orientation, marital status, source of income, medical condition or any arbitrary basis. We also comply with any applicable local fair housing laws.*

Application Requirements: Any one 18 years or older has to fill out an application. It is not necessary to provide a Social Security Number on your application. All applications and accompanying forms (i.e. T.I.C Questionnaire, Full Time Student Affidavit, etc.) must be FULLY completed, signed and dated to be considered. A household applying for a unit will have all their applications either approved or disapproved collectively. For example, this means that if one person does not meet our credit standards, all of the applications for that household are denied, unless the qualified applicants wish to apply without the applicant who does not meet the rental criteria. (Note that in such instance, the applicant who does not meet the rental criteria cannot move into the unit). Each applicant 18 years or older will pay a \$30.00 Application Processing Fee.

Occupancy Standards: To prevent overcrowding and undue stress on plumbing and other building systems, we restrict the number of people who may reside in a unit. In determining these restrictions, we follow current California fair housing guidelines. We allow two persons per bedroom plus one additional person in the rental unit. For example, a one-bedroom rental unit could house three (3) people, and a two-bedroom rental unit could house as many as five (5) people. If a minor child is later added to the household (through birth, adoption, custody change, etc.), which puts the household over the maximum occupancy limit, the household will have until the end of their lease, or 6 months, whichever is longer, in which to move to a larger unit, if available, or off the property.

Financial Standards: Income must be no less than 2 times the amount of the rent for the unit you are applying for. Source(s) of income is/are not a determining factor, but must be legal and verifiable. The income will be an aggregate of all persons applying for the unit. Income may come from such sources as:

Employment, Self-Employment, Social Security Payments, Disability Payments, Trust Fund payments, Settlement payments, Interest payments, Gifts, Spousal or child support, to name a few. This in no way claims that there are no other sources of income, this is only a small sampling, used as an illustration of some ways you could have income for your household.

Section 8 Voucher Holders: If you are a section 8 voucher holder, your income standard will be based on the portion of the rent you are responsible for. Normally this would be @30% of your income, but ultimately, that determination will be made by the local Housing Authority. Keep in mind that acceptance by us of your application does not necessarily mean that the Housing Authority/HUD will approve your residency at this apartment complex. The paperwork required by the Housing Authority/HUD must be filled out and submitted to the housing Authority/HUD as soon as possible, after we accept your application. If the Housing Authority/HUD does not approve use of your Section 8 voucher for residency at our apartment community, you will still be given the opportunity to become a resident at this apartment community.

WAITING LIST CRITERIA

Thank you for your interest in our property. We hope to make your application process pleasant and timely. Unfortunately, the number of applicants may exceed the number of available units at the property. If this happens, we will establish waiting lists as outlined in this document. In the following paragraphs we hope to make clear what our criteria and guidelines are for our waiting list.

Waiting list for each income category: In order to meet the requirements of our Low Income Housing Tax Credit (LIHTC) program, we will maintain separate waiting lists for each income category. Based on the income information that you list on your application, you will be placed on the waiting list for the appropriate income category in the order of submission.

Very Low Income (50% AMI): Our LIHTC program requires that 40% of our units must be designated as Very Low Income (or households with income that is 50% or less than the Area Median Income [AMI], as established by HUD).

There may come a time when we have no Very Low Income applicants on the 50% AMI category waiting list and we find ourselves under the 40% minimum. At these times when we have an empty apartment that was designated Very Low Income, this apartment(s) will remain empty. By remaining empty they will retain their Very Low Income stats and will remain empty until such a time as we find a household that meets the Very Low Income Criteria and is otherwise qualified to reside at the Shadows Apartments.

Placement on waiting list: Once you submit your application we will do an initial screening, and based on this screening we will determine your ability to qualify for the program. Our initial acceptance of your application for placement on the wait list will be based only on the information listed on your application. No verification of credit, income, rental history, etc. will be done at this time. Placement on the wait list does not in any way guarantee that your application will ultimately be approved. Your place on the waiting list will be determined by date/time submitted. You will only be placed on the waiting list if all the information requested in the application and accompanying paperwork is provided. Incomplete applications **will not** be accepted.

Application Fee: No application fee will be accepted until such-time as your name has come up on the wait list and you have been called to the office and your current need for a home has been verified by our staff. At this point we will commence the process of verifying the information on your application. If, during the verification process, we find that the income for your household no longer meets the income category for the waiting list that you were on, you will be given an opportunity to be placed on the waiting list for the appropriate income category. Your placement on such waiting list will be determined according to the date you originally submitted your application. If however, your income exceeds our requirements you will be removed from the waiting list.

Removal from waiting list: Every 90 days (3 months) we will purge the waiting list and remove all names that have been placed on the waiting list 90 days or earlier. If you wish to remain on the waiting list it is YOUR RESPONSIBILITY to call us every 90 days and inform us if you are still interested in applying for an

apartment at Shadows Apartments. If you don't call us or inform us that you are still interested your name will be removed from the waiting list.

Inaccuracies/false information: If it is found out that you have submitted your application with false or inaccurate information your application will be removed from the waiting list. If your information is false you will not be allowed to resubmit your application. If your application has inaccuracies you may be allowed to resubmit.

Holding Deposit procedure: If you are notified of an apartment's availability, you may choose to pay a holding deposit of \$250 for the apartment. Once you pay the holding deposit amount, and sign a Holding Deposit Agreement, you will be the only applicant considered for that apartment. If you place a hold on an apartment, and fail to submit a complete application or decide more than 3 days later (for any reason) that you no longer want the apartment, we may retain all or a portion of your holding deposit. If you have submitted a complete application and your application is denied, you will receive a full refund of your holding deposit. If you choose not to place a holding deposit on an available apartment, it will continue to be marketed and it will go to the first applicant that meets our rental criteria guidelines, completes and gets certified through the LIHTC Section 42 process, pays the complete security deposit, first month's rent plus any additional fees, and signs the lease and addenda. Once your application is approved, you can sign a Holding Deposit Agreement and place a \$250 holding deposit on the apartment or sign a lease. However, if after 72 hours you decide not to move into the apartment, we will retain all or a portion of your holding deposit.

Thank You

Shadows Apartments



INCOME LIMITS 2013

EFFECTIVE 1 DECEMBER 2012

# of People In Household	50%	60%	140%
1	31,950	38,340	53,676
2	36,500	43,800	61,320
3	41,050	49,260	68,964
4	45,600	54,720	76,608
5	49,250	59,100	82,740
6	52,900	63,480	88,872

If your combined household income is above the 60% for the number of people in your household you will not qualify to apply for an apartment here at Shadows Apartments.

For example if your household is comprised of two adults and 2 children you have a total of 4 household members. And you must make \$54,720.00 or below to apply for an apartment here at Shadows Apartments. In this example if your combined household income is \$54,720.01 or above you will not qualify to apply here at Shadows Apartments.



APPLICATION

Each person 18 years or older must complete this form.

Two (2) applications are provided. If you need more applications, please make more copies from one of the applications provided.

HELPFUL HINT(S)

WE NEED TO KNOW WHERE YOU HAVE LIVED FOR THE LAST 5 YEARS

You must provide five (5) years of resident history. Where have you lived in the last five years? If you lived at home and paid no rent please also provide this. If you lived out of the country also provide your address where you lived.

COMPLETE ADDRESSES

You must provide a complete address. If we cannot verify and get a verification of your previous rental history, you may not be able to rent one of our apartments.

CORRECT DATES

When you have to provide dates for when you rented or where you worked, make sure you provide complete dates using Month, Day and Year format.

CORRECT: **3/6/2012 or March 6, 2012 or 3/6/12.**

NOT ACCEPTABLE 3/12, or March 2012, or 2012.

INCOME SOURCES AND WORK HISTORY

Please provide all sources of income you currently have. Your income from ALL sources.

If you are employed please provide the complete address and phone number for source of income. We need to be able to verify where you work

PLEASE FILL OUT APPLICATION IN **BLUE OR BLACK INK**

NO WHITE OUT. ANY APPLICATIONS WITH WHITE OUT WILL BE RETURNED AS INCOMPLETE.

ANY APPLICATIONS NOT COMPLETELY FILLED OUT WILL BE RETURNED AS INCOMPLETE.

APPLICATION AND OFFER TO RENT/LEASE REAL PROPERTY

Managed by: WESPAC MANAGEMENT GROUP, LLC

Rental Agent: _____ Phone (805) 379-0461 FAX (805) 379-4322

The Property

SHADOWS APARTMENTS	BLD #	LOS FELIZ DRIVE	APT #
SMOKER: YES <input type="checkbox"/> NO <input type="checkbox"/>		THOUSAND OAKS	CALIFORNIA 91362
RENTAL RATE: PER	CABLE	SECURITY DEPOSIT:	INTENDED START DATE:

Instructions to Applicant:

Use black ink: Except for your signature, all information in this Application must be PRINTED in a clear and legible manner. One Application must be filled out ENTIRELY and COMPLETELY by each intended adult occupant. Each Applicant must show satisfactory identification to manager at the time this Application is submitted for processing. NO WHITE OUT.

() _____
HOME PHONE

() _____
WORK PHONE

APPLICANT'S PERSONAL DATA

FULL NAME: FIRST-MIDDLE-LAST-GENERATION	SOCIAL SECURITY	DRIVERS LICENSE	STATE	BIRTH DATE
ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:		EMAIL ADDRESS:		

OTHER PERSONS TO OCCUPY THE PROPERTY

Full name	Relationship	Age	Occupation

RESIDENCE HISTORY (List ALL residences for at least past 5 years)

STREET ADDRESS	CITY	STATE	ZIP	DATE IN	\$RENT/MO	LANDLORD NAME AND PHONE
1						
2						
3						
4						

EMPLOYMENT / INCOME SOURCE (List ALL SOURCES OF INCOME) for past 5 years, start with most current.

NAME: CO. STREET ADDRESS	CITY	PHONE	POSITION OR OCCUPATION	START DATE	MONTHLY WAGE
1 PLEASE ANSWER QUESTION ON ATTACHED SHEET					

BANKING INFORMATION

BANK OR S & L NAME	BRANCH	PHONE	ACCOUNT NUMBER	DATE OPENED	PRESENT BALANCE

PERSONAL REFERENCES (NOT RELATED)

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

NEAREST RELATIVE (NOT LIVING WITH YOU)

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

IN CASE OF EMERGENCY NOTIFY

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

AUTOMOBILES

MAKE	MODEL	YEAR	LICENSE NUMBER	INSURANCE CO.

ACTIVE CREDIT ACCOUNTS

CREDITOR	YR OPENED	CREDITOR	YR OPENED

Yes No

DO YOU RECEIVE SEC 8 OR ANY OTHER RENTAL ASSISTANCE?		
HAS ANY CIVIL JUDGMENT BEEN ENTERED AGAINST YOU FOR THE COLLECTION OF A DEBT IN THE PAST 10 YEARS?		
DO YOU HAVE OR INTEND TO HAVE WATER FILLED FURNITURE IN THE RENTAL UNIT?		
DO YOU HAVE OR INTEND TO HAVE ANY PETS IN THE RENTAL UNIT?		
HAVE YOU FILED FOR BANKRUPTCY IN THE PAST 10 YEARS?		
HAVE YOU EVER BEEN EVICTED OR REFUSED TO PAY RENT FOR ANY REASON?		
HAVE YOU OR DO YOU INTEND TO, POSSESS, SELL OR USE ILLICIT DRUGS OR NARCOTICS IN OR ABOUT YOUR RESIDENCE?		
HAVE YOU EVER BEEN ARRESTED FOR A FELONY OR CONVICTED FOR A MISDEMEANOR?		
HAVE YOU EVER HAD FAMILY ASSISTANCE OR TENANCY TERMINATED DUE TO FRAUD, NONPAYMENT OF RENT OR FAILURE TO COOPERATE WITH RECERTIFICATION PROCEDURES?		
IF ANY QUESTIONS ABOVE HAS BEEN ANSWERED "YES", PLEASE EXPLAIN:		
HOW DID YOU HEAR OF THIS VACANCY?	IF ACCEPTED HOW LONG DO YOU EXPECT TO STAY?	

The undersigned Applicant hereby offers to rent/lease real property described herein as THE PROPERTY.

Applicant has no rights to said property until a Rental Agreement/Lease is duly executed after the approval of this Application. A non-refundable credit check fee of \$30.00 to process this Application will be given by Applicant to the manager when this Application is turned in for processing.

Applicant represents all information in this Application to be true and accurate and authorizes owner/manager and his/her/it's employees and agents to verify said information in person, by mail, phone, fax, or otherwise, to determine Applicant's rental, credit, financial and character standing. Applicant hereby releases owner/manager, his/her/it's employees and agents, The U.D. Registry, Inc., its employees and agents and any and all other firms or persons investigating or supplying information, from any liability whatsoever concerning the release and/or use of said information and further, will defend and hold them all harmless from any suit or reprisal whatsoever. All holders, public and private, of any such information are hereby authorized to release, without reservation or limitation, any and all such information they have concerning Applicant and in so doing, will be acting on Applicant's behalf at Applicant's request and will be held blameless and without any liability whatsoever. A copy, fax, or other reproduction of this Authorization shall be as effective as the original.

Date

Applicant Signature

Applicant Name (Please PRINT)



EMPLOYMENT VERIFICATION

LIST 5 YEARS OF EMPLOYMENT HISTORY. We need the following information on who will verify your employment. For current employment, please provide fax number for your HR department or management who will complete the Employment Verification sheet we submit.

Current Employer/Income Source:

Name of Company/agency: _____

Full Address of Company or agency: _____

Position you hold in company/agency (if applicable): _____

Start Date: _____ End date (if applicable): _____
MM/DD/YYYY MM/DD/YYYY

Amount per month you receive from this income source (Gross): _____

If current job please fill out below:

Name of Person who will fill out the Verification of Employment: _____

Job Title: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

Employer/Income source:

Name of Company/agency: _____

Full Address of Company or agency: _____

Position you hold in company/agency (if applicable): _____

Start Date: _____ End date (if applicable): _____
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Name of Person who will fill out the Verification of Employment: _____

Job Title: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

IF YOU REQUIRE MORE ENTRIES PLEASE MAKE A COPY OF THIS SHEET AND SUBMIT IT WITH YOUR APPLICATION

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Managed by: WESPAC MANAGEMENT GROUP, LLC

Rental Agent: _____ Phone (805) 379-0461 FAX (805) 379-4322

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RENTAL RATE: _____ PER _____	CABLE _____	SECURITY DEPOSIT: _____	INTENDED START DATE: _____

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WORK PHONE

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4						

EMPLOYMENT / INCOME SOURCE (List ALL SOURCES OF INCOME) for past 5 years, start with most current.

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BANK OR S & L NAME	BRANCH	PHONE	ACCOUNT NUMBER	DATE OPENED	PRESENT BALANCE

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FULL NAME	RELATIONSHIP	ADDRESS	PHONE

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FULL NAME	RELATIONSHIP	ADDRESS	PHONE

IN CASE OF EMERGENCY NOTIFY

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

AUTOMOBILES

MAKE	MODEL	YEAR	LICENSE NUMBER	INSURANCE CO.

ACTIVE CREDIT ACCOUNTS

CREDITOR	YR OPENED	CREDITOR	YR OPENED

Yes No

DO YOU RECEIVE SEC 8 OR ANY OTHER RENTAL ASSISTANCE?		
HAS ANY CIVIL JUDGMENT BEEN ENTERED AGAINST YOU FOR THE COLLECTION OF A DEBT IN THE PAST 10 YEARS?		
DO YOU HAVE OR INTEND TO HAVE WATER FILLED FURNITURE IN THE RENTAL UNIT?		
DO YOU HAVE OR INTEND TO HAVE ANY PETS IN THE RENTAL UNIT?		
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HAVE YOU EVER BEEN EVICTED OR REFUSED TO PAY RENT FOR ANY REASON?		
HAVE YOU OR DO YOU INTEND TO, POSSESS, SELL OR USE ILLICIT DRUGS OR NARCOTICS IN OR ABOUT YOUR RESIDENCE?		
HAVE YOU EVER BEEN ARRESTED FOR A FELONY OR CONVICTED FOR A MISDEMEANOR?		
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HOW DID YOU HEAR OF THIS VACANCY?	IF ACCEPTED HOW LONG DO YOU EXPECT TO STAY?	

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Applicant represents all information in this Application to be true and accurate and authorizes owner/manager and his/her/it's employees and agents to verify said information in person, by mail, phone, fax, or otherwise, to determine Applicant's rental, credit, financial and character standing. Applicant hereby releases owner/manager, his/her/it's employees and agents, The U.D. Registry, Inc., its employees and agents and any and all other firms or persons investigating or supplying information, from any liability whatsoever concerning the release and/or use of said information and further, will defend and hold them all harmless from any suit or reprisal whatsoever. All holders, public and private, of any such information are hereby authorized to release, without reservation or limitation, any and all such information they have concerning Applicant and in so doing, will be acting on Applicant's behalf at Applicant's request and will be held blameless and without any liability whatsoever. A copy, fax, or other reproduction of this Authorization shall be as effective as the original.

Date

Applicant Signature

Applicant Name (Please PRINT)



EMPLOYMENT VERIFICATION

LIST 5 YEARS OF EMPLOYMENT HISTORY. We need the following information on who will verify your employment. For current employment, please provide fax number for your HR department or management who will complete the Employment Verification sheet we submit.

Current Employer/Income Source:

Name of Company/agency: _____

Full Address of Company or agency: _____

Position you hold in company/agency (if applicable): _____

Start Date: _____ End date (if applicable): _____
MM/DD/YYYY MM/DD/YYYY

Amount per month you receive from this income source (Gross): _____

If current job please fill out below:

Name of Person who will fill out the Verification of Employment: _____

Job Title: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

Employer/Income source:

Name of Company/agency: _____

Full Address of Company or agency: _____

Position you hold in company/agency (if applicable): _____

Start Date: _____ End date (if applicable): _____
MM/DD/YYYY MM/DD/YYYY

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Full Address of Company or agency: _____

Position you hold in company/agency (if applicable): _____

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MM/DD/YYYY MM/DD/YYYY

Amount per month you receive from this income source (Gross): _____

If current job please fill out below:

Name of Person who will fill out the Verification of Employment: _____

Job Title: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

IF YOU REQUIRE MORE ENTRIES PLEASE MAKE A COPY OF THIS SHEET AND SUBMIT IT WITH YOUR APPLICATION

CHILDREN/DEPENDENT(S)

Only one of these forms needs to be completed per Household.

CHILDREN/DEPENDENT(S)

Dear Applicant,

We will require that you provide the following information for your children/dependent(s):

Name: _____ SSN# _____ DOB: _____

Name: _____ SSN# _____ DOB: _____

Name: _____ SSN# _____ DOB: _____

Name: _____ SSN# _____ DOB: _____

Name: _____ SSN# _____ DOB: _____

This information is required in order to complete the LIHTC applications. If your child does not have a social security number, please enter "N/A" as this will let us know, and we will not have to bother you later to verify if they do or do not.

Only provide the information for the children/dependent(s) that are going to live with you at least 50% of the year.

Thank you,

Cali Delgado
Resident Manager
Shadows Apartments



APPLICATION PROCESSING FEE RECEIPT

Each person 18 years or older must write their name and sign this form.

HELPFUL HINT(S)

Please make sure that your application fee is a money order or cashier's check. Cash is not accepted. You can go to the post office for a money order. Please make the cashier's check or money order payable to WESPAC MANAGEMENT GROUP.

The application fee is to run credit on each person over 18, so if you have 2 adults your total would be \$60.00.

2 adults x \$30.00 = \$60.00 Total Application fee due

APPLICATION PROCESSING FEE RECEIPT

I/we hereby authorize management to verify the information contained in my Application and to obtain credit information. I/we understand that I/we have a right to obtain a copy of my/our credit report(s). I/we acknowledge that the application processing fee is \$30.00 per applicant. I/we understand that the costs associated with processing each application are as follows:

Credit Report obtained from Agency:	\$21.00
Management staff required to verify information:	\$ 9.00
Total Application Processing Fee per Application:	\$30.00

Number of Applications: _____ Total Applications Processing Fee Collected: _____

Applicant Name

Signature

Applicant Name

Signature

Applicant Name

Signature

Applicant Name

Signature



TENANT INCOME CERTIFICATION QUESTIONNAIRE (TICQ)

Each person 18 years or older must complete this form.

Two (2) applications are provided. If you need more applications, please make more copies from one of the applications.

HELPFUL HINT(S)

Never leave any question unanswered. All questions **MUST** be marked either YES or NO. If a question is unanswered, your package will be considered incomplete and returned to you.

Please remember **PRINT YOUR NAME** and **SIGN** the application. Also write the date you signed your application.

Asset information

Yes	No		Interest Rate	Cash Value
16.	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
17.	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
18.	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
19.	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
20.	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
21.	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
22.	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
23.	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
24.	<input type="checkbox"/>	I have cash on hand.		\$ _____
25.	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

Student Status

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students (Examples: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to either of the previous two questions are you: <ul style="list-style-type: none"> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF) • Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program • Married and filing a joint tax return • Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual • Previously enrolled in the Forster Care Program

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

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE

Asset information

Yes	No		Interest Rate	Cash Value
16.	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
17.	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
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19.	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
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22.	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
23.	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
24.	<input type="checkbox"/>	I have cash on hand.		\$ _____
25.	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

Student Status

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students (Examples: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to either of the previous two questions are you: <ul style="list-style-type: none"> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF) • Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program • Married and filing a joint tax return • Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual • Previously enrolled in the Forster Care Program

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

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE

PAY CHECK STUBS AND TAX RETURNS

We need copies of your most recent pay stubs. We need **3 consecutive months** of pay stubs.

CORRECT
(January, February & March)

NOT CORRECT
(November, January, March)

We need copies of each paycheck you receive in these consecutive months.

HOW ARE YOU PAID?

Each week If you are paid each week, we will need a minimum of **12 pay stubs**

Every 2 weeks If you are paid every 2 weeks, we will need a minimum of **6 pay stubs**

Every month If you are paid every month, we will need a minimum of **3 stubs**

PLEASE PUT THEM IN DATE ORDER

TAX RETURN

We need a copy of your tax return W2/1099 of your most recent year.

CHILD SUPPORT QUESTIONNAIRE

Each person 18 years or older must complete this form. **Even if you have NO children, you must still complete this form.**

Two (2) applications are provided. If you need more questionnaires, please make more copies from one of the applications.

HELPFUL HINT(S)

NO CHILDREN OR NOT RECEIVING CHILD SUPPORT?

If you have no children or do not receive child support, answer questions A and C1 and sign and date the form.

DO YOU RECEIVE CHILD SUPPORT?

Please fill out this form **COMPLETELY** and sign and date the form.

CHILD SUPPORT AFFIDAVIT

Applicant/Resident Name: _____

Development Name: Shadows Apartments

Unit number/Identification: _____

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to B	Go to C.1
B. I receive:		
1. Payment amount	\$ _____	
2. Frequency	_____	
3. Name(s) of Child(ren)	_____	_____
	_____	_____
4. Name of source	_____	
	<i>Complete multiple affidavit forms if there are multiple sources.</i>	
5. Go to C.1		
C. 1. Have you been awarded child support by court order?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to C.2	Sign Form
2. Provide copy of entire document, enter amount of award		
\$ _____, and frequency _____		; go to C.3.
3. Is payment being received as awarded?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to 3.a	Go to 3.b
a. Indicate the manner by which payment is received and sign form.		
i. _____ Enforcement agency	Name agency _____	and provide agency print out
ii. _____ Court of Law	Name court _____	
iii. _____ Direct from responsible party	Name source _____	Provide affidavit or statement from the source.
iv. _____ Other (Explain) _____		
b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.		

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.		
_____	_____	
Applicant/Resident Signature	Date	

**CHILD SUPPORT
SUPPLEMENTAL INFORMATION
SELF AFFIDAVIT**

Do you anticipate receiving Child Support in the next 12 months? Yes No

If No, please sign and date the bottom of the form.

If Yes, please answer the following:

What is the anticipated amount of Child Support you will be receiving: _____

Was this amount authorized by a court Yes No

If Yes, please provide a copy of the agreement or court order.

If this amount was made as a personal agreement between you and the other parent please provide the name, address and phone number of the other parent or party making the payment.

NAME: _____

ADDRESS: _____

PHONE: _____

Are you owed Child Support in Arrears? Yes No

If yes, how much in arrears are you owed? _____

Are you expecting this amount in one lump sum? Yes No

If no, how much per month will be disbursed: _____

Comments: _____

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.

Applicant/Resident Signature

Date

CHILD SUPPORT AFFIDAVIT

Applicant/Resident Name: _____

Development Name: Shadows Apartments

Unit number/Identification: _____

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to B	Go to C.1
B. I receive:		
1. Payment amount	\$ _____	
2. Frequency	_____	
3. Name(s) of Child(ren)	_____	_____
	_____	_____
4. Name of source	_____	
	<i>Complete multiple affidavit forms if there are multiple sources.</i>	
5. Go to C.1		
C. 1. Have you been awarded child support by court order?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to C.2	Sign Form
2. Provide copy of entire document, enter amount of award		
	\$ _____, and frequency _____; go to C.3.	
3. Is payment being received as awarded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to 3.a	Go to 3.b
a. Indicate the manner by which payment is received and sign form.		
i. _____ Enforcement agency	Name agency _____	_____
	<i>and provide agency print out</i>	
ii. _____ Court of Law	Name court _____	_____
iii. _____ Direct from responsible party	Name source _____	_____
	<i>Provide affidavit or statement from the source.</i>	
iv. _____ Other (Explain)	_____	_____
b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.		

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.		
_____	_____	
Applicant/Resident Signature	Date	

**CHILD SUPPORT
SUPPLEMENTAL INFORMATION
SELF AFFIDAVIT**

Do you anticipate receiving Child Support in the next 12 months? Yes No

If No, please sign and date the bottom of the form.

If Yes, please answer the following:

What is the anticipated amount of Child Support you will be receiving: _____

Was this amount authorized by a court Yes No

If Yes, please provide a copy of the agreement or court order.

If this amount was made as a personal agreement between you and the other parent please provide the name, address and phone number of the other parent or party making the payment.

NAME: _____

ADDRESS: _____

PHONE: _____

Are you owed Child Support in Arrears? Yes No

If yes, how much in arrears are you owed? _____

Are you expecting this amount in one lump sum? Yes No

If no, how much per month will be disbursed: _____

Comments: _____

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.

Applicant/Resident Signature

Date

UNDER \$5,000 ASSET CERTIFICATION

Each person 18 years or older must complete this form.

Two (2) applications are provided. If you need more applications, please make more copies from one of the applications.

HELPFUL HINT(S)

This form is **NOT** about your income you earn as a salary or your wages. This form is about income you make from your Investments/Assets.

ANNUAL INCOME SOURCE is income only from your investment, NOT your salary or wages.

For example:

You have \$4,000 in a savings account that earns 2% per year.

(A)	(B)	(A*B)	SOURCE
Cash Value		Interest Rate	Annual Income Source
\$4,000	2%	\$80.00	Savings Account

Money people sometimes forget to put on form

Remember cash in hand (cash under a mattress, in a shoe box, in your pocket) is an asset and should be noted on this form.

If you are saving money for your security deposit, this amount should also be noted on this form.

FULL TIME STUDENT SELF AFFIDAVIT

Two (2) affidavits are provided. If you need more affidavits, please make more copies from one of the applications.

Each person 18 years or older must complete this form.

Even if you are NOT a student, part time student, you must still complete this form. This form is to be completed by each adult member of the household, regardless of whether you are a full time student, part time student or not a student at all.

HELPFUL HINT(S)

Are you NOT a student and over 18 years old?

You must still fill out this form.

Are you a PART TIME student and over 18 years old?

You must still fill out this form.

Are you FULL TIME student and over 18 years old?

You must fill out this form.

FULL-TIME STUDENT SELF AFFIDAVIT

(One form to be complete per adult in Household)

Applicant / Resident Name: _____

Unit #: _____

YOU MUST READ THE FOLLOWING DEFINITION: A **full-time student** is any individual who is currently enrolled in an educational institution on a full-time basis, expects to be enrolled within the next 12 months, or has been enrolled on a full-time basis for at least 5 months out of the current calendar year.

Initial Certification Date of Expected Move-In: _____

Recertification Effective Date: _____

1. I am a Full-Time Student _____ **For Self- Declared Full-Time Students no Further Verification is Required**
Initial

2. I am not a Student at all _____ **No further Verification is Required.**
Initial

3. I am a Part-Time Student _____ **Student Verification Form Required for All Part-Time Students.**
Initial

Name of School: _____

Address of School: _____

City, State, Zip: _____ Student ID# _____

Statement of Applicant/Resident – This section is only applicable if ALL household members are full-time students.

Check all the student exceptions that are applicable to your household (proof of the exception MUST be provided):*

- A. At least one member of the household receives assistance under title IV of the Social Security Act (for example, payments under AFDC). *(Please provide: A third-party verification of AFDC/TANF award required.)*
- B. 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. *(Please provide: A verification of enrollment & mission statement of the program if not JTPA)*
- C. The head of household is a single parent with children and neither the parent nor the children are the dependent of another individual. *(Please provide: A signed copy of most recent tax return.)*
- D. The members of the household are married and file a joint federal tax return. *(Please provide: A signed copy of most recent tax return) (Note: this is the only exception to the full-time student rule for properties with tax-exempt bond financing.)*
- E. Previously enrolled in the Foster Care Program

****If all household members are full-time students, and proof cannot be provided that the household is able to meet one of the above mentioned exceptions, then the above household is not eligible to reside in a LIHTC unit.***

I agree to notify management immediately if my status changes. I understand that changes in my student status may affect my eligibility to participate in this program. I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

(Applicant/Resident Signature)

(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 federal agency.

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

(Signature of Notary Public)

(Commission Expires)

**FULL TIME STUDENT
SUPPLEMENTAL INFORMATION
SELF AFFIDAVIT**

In the next twelve (12) months do you anticipate being a Full Time Student? _____ Yes _____ No

If No, _____ please initial then sign and date below.

If Yes: When do you anticipate starting school? _____
MM/DD/YYYY

Please circle which months you anticipate going to school Full Time within this calendar year.
If you went to school already please circle the days you were a Full Time student previously within this
Calendar year.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Please provide the following:

School Name: _____

School Address: _____

School Phone: _____

Student ID: _____

Comments: _____

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.

Applicant/Resident Signature

Date

FULL-TIME STUDENT SELF AFFIDAVIT

(One form to be complete per adult in Household)

Applicant / Resident Name: _____

Unit #: _____

YOU MUST READ THE FOLLOWING DEFINITION: A **full-time student** is any individual who is currently enrolled in an educational institution on a full-time basis, expects to be enrolled within the next 12 months, or has been enrolled on a full-time basis for at least 5 months out of the current calendar year.

Initial Certification Date of Expected Move-In: _____

Recertification Effective Date: _____

4. I am a Full-Time Student _____ **For Self- Declared Full-Time Students no Further Verification is Required**
Initial

5. I am not a Student at all _____ **No further Verification is Required.**
Initial

6. I am a Part-Time Student _____ **Student Verification Form Required for All Part-Time Students.**
Initial

Name of School: _____

Address of School: _____

City, State, Zip: _____ Student ID# _____

Statement of Applicant/Resident – This section is only applicable if ALL household members are full-time students.

Check all the student exceptions that are applicable to your household (proof of the exception MUST be provided):*

- A. At least one member of the household receives assistance under title IV of the Social Security Act (for example, payments under AFDC). *(Please provide: A third-party verification of AFDC/TANF award required.)*
- B. 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. *(Please provide: A verification of enrollment & mission statement of the program if not JTPA)*
- C. The head of household is a single parent with children and neither the parent nor the children are the dependent of another individual. *(Please provide: A signed copy of most recent tax return.)*
- D. The members of the household are married and file a joint federal tax return. *(Please provide: A signed copy of most recent tax return) (Note: this is the only exception to the full-time student rule for properties with tax-exempt bond financing.)*
- E. Previously enrolled in the Foster Care Program

****If all household members are full-time students, and proof cannot be provided that the household is able to meet one of the above mentioned exceptions, then the above household is not eligible to reside in a LIHTC unit.***

I agree to notify management immediately if my status changes. I understand that changes in my student status may affect my eligibility to participate in this program. I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

(Applicant/Resident Signature)

(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 federal agency.

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

(Signature of Notary Public)

(Commission Expires)

**FULL TIME STUDENT
SUPPLEMENTAL INFORMATION
SELF AFFIDAVIT**

In the next twelve (12) months do you anticipate being a Full Time Student? _____ Yes _____ No

If No, _____ please initial then sign and date below.

If Yes: When do you anticipate starting school? _____
MM/DD/YYYY

Please circle which months you anticipate going to school Full Time within this calendar year.
If you went to school already please circle the days you were a Full Time student previously within this
Calendar year.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Please provide the following:

School Name: _____

School Address: _____

School Phone: _____

Student ID: _____

Comments: _____

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.

Applicant/Resident Signature

Date

SINGLE PARENT FULL-TIME STUDENT SELF AFFIDAVIT

RE: _____
Applicant / Tenant Name Social Security Number Applicant / Tenant Address

Please check one of the following:

I _____, am a single parent and currently a full-time student. I certify the following:

- All dependent children in my household are attending school on a full-time basis.
- All children are being claimed by me, on a yearly basis, as dependents for tax-filing purposes.
- A copy of my most recent tax filing is found in the file showing the dependent status.

I _____, am a single parent and currently a full-time student. I certify the following:

- All dependent children in my household are attending school on a full-time basis
- Some or all of my children are being claimed as a dependent on the other parent's tax return

Under penalties of perjury, I certify the above representations to be true as of the date shown below. I further understand that any misrepresentation herein will be considered a material breach of the lease agreement and subject to immediate action, including the possibility of eviction.

Applicant / Tenant signature

Date

Management Representative Signature

Date

TENANT RELEASE AND CONSENT

Each person 18 years or older must write their name and sign this form.

SUPPLEMENTAL INFORMATION FORM

One form per Household. Fill out the names of each household member.

If you do not want to provide information regarding your ethnicity, please check off the box at the bottom of the page and initial for each household member.

If you have anyone under the age of 18 please initial for them.

PART IX. SUPPLEMENTAL INFORMATION FORM FOR NEW MOVE-IN'S

(To be completed only at Initial Move-in)

The California Tax Credit Allocation Committee (CTCAC) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the CTCAC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for each household member (see below for codes)

TENANT DEMOGRAPHIC PROFILE

HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y/N)
1						
2						
3						
4						
5						
6						
7						

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Check “Y” if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100=201.
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) _____
(HH#) 1. 2. 3. 4. 5. 6. 7.