



STATEMENT OF QUALIFICATIONS Liberty Square Phase IV October 25, 2024

When you meet the application standards you will have the peace of mind of knowing that you will be joining other residents who have also met strict standards.

If your application meets all the following criteria, you will be approved. If it does not, you may be approved with conditions, which may require you to pay an additional security deposit, or obtain a guarantor (in communities where permitted). If you do not meet the requirements set forth, your application will be denied.

***NOTE:** We do business in accordance with the Fair Housing Act. It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin, and any other characteristic protect by federal, state, or local law.*

APPLICATION SCREENING REQUIREMENTS

A complete application: All applicants over the age of 18 must complete an application, and all occupants over the age of 18 must sign the lease along with the lease holder(s). Any person under the age of 18 must be listed as an occupant on the lease.

Two (2) forms of identification: We require at least one valid government-issued photo identification document (ID) for all applicants over the age of 18. If your social security card is marked **VALID FOR WORK ONLY WITH DHS AUTHORIZATION** and you report income, you must provide the authorization card as well. Social Security cards are required for all HOME Assisted units.

Verifiable rental history: The standard approval process requires verifiable rental history for the last two (2) years. It is your responsibility to provide necessary information that allows us to contact your past landlord(s) for this information. You must have a history of paying your rent on time, have given proper notice, have no dispossessionary warrant(s) filed, and must not owe any money to your landlord. If we are unable to verify your previous landlord(s) and/or references, or if you have no rental history, we reserve the right to charge additional security deposit and/or deny your application if the other criteria set forth are not met. Verifiable for these purposes means **THIRD PARTY** verification from someone other than a relative. We will consider a mortgage as rental history, if it has been active within the past two (2) years. However, if the mortgage is late or in default, you will be asked to give the reason why, show documentation to support the reason, and may be required to pay additional security deposit providing the other criteria set forth are met.

Income eligibility: To become eligible for approval you must meet the monthly requirement set forth by this community which is **3.00 times the tenant paid rent per month**. Some examples include employment verification, the collection of six (6) to 10 consecutive paystubs depending on program requirements, the collection of SSI, SSD, SSA confirmation letters, the collection of legal settlement and divorce agreements, any other legal paperwork reflecting income (i.e. Child Support documentation, the



collection of bank statements (when applicable), and the collection of IRA, 401K, or other asset statements). A complete list of income documentation will be provided to you by the property staff once the initial interview for application is complete.

TRG Management evaluates and qualifies all applications based on the criteria established by Affordable housing programs, which encompass, but are not limited to, the Low-Income Housing Tax Credit (LIHTC), Tax-exempt Multifamily Revenue Bonds, HOME, SHIP, and Live Local funding. These programs mandate that all applicants meet the necessary income and asset verification requirements to ensure program eligibility. Verifications needed may vary based on program requirements. Federal Tax returns, bank statements, paycheck stubs, employment verifications can be required.

For applicants that are reporting income from a contributor (a person who makes regular monthly contributions to the applicant), the following applies:

- 50% of income or less from contribution – A notarized affidavit from the contributor (form to be provided by office) AND six (6) months bank statements showing the amount of the contribution as a deposit. If the applicant cannot provide bank statements proving the contribution, then the contributor must be added as a GUARANTOR for the leaseholder.
- More than 50% of income from a contribution – Supply the above documentation, PLUS the contributor must become a GUARANTOR for the leaseholder and earn at least FOUR (4) times the monthly rent, have verifiable impeccable credit, and score automatic approval (no conditions). Criminal history of guarantors will not be considered. Guarantors must complete a *Guarantor Pre-Leasing Application* and pay the applicable application fee. Guarantors must also sign a *Lease Contract Guaranty* which must be signed in the office or notarized. Guarantors must sign a new *Lease Contract Guaranty* with each renewal.

Credit History: Credit accounts should have satisfactory ratings and all utility accounts must be current with no balance owing. If credit has been slow but all other qualifications for residency have been met, the application may be conditionally approved with payment of an additional security deposit.

If the bankruptcy has been dismissed or discharged, we may require further information for review but may still approve your application and/or may require additional security deposit.

Criminal background: Criminal background will be reviewed for all adult members of the household who have satisfactorily met all above income, credit, and rental history criteria.

- A history of any criminal conviction is not a denial of a rental application in all cases; criminal history is evaluated based on the nature and time of the conviction, as well as any relevant mitigating information provided by the applicant. Criminal history screening will not consider arrests, charges, expunged convictions, convictions reversed on appeal, offenses where adjudications was withheld or deferred, pardoned convictions, vacated convictions, and sealed juvenile records. If current charges are pending results, charges will need to be finalized prior to approval unless charges are not a denial under screening criteria.
- Felony conviction for 1) the manufacture, sale, or distribution of a controlled substance; 2) arson; or 3) homicide will, in most cases, result in a denial of the application. Current registration as a sexual offender will result in automatic denial of the application.
- If the criminal history screening produces any relevant conviction, you will be given notice of the specific information from the screening that creates the concern and will have an opportunity to provide any additional information for us to consider in the evaluation of your application.

- **Unclassified Reports:** All unclassified reports will require investigation either through public records to determine status: felony or misdemeanor. It is the burden of the applicant to provide acceptable documentation on unclassified reports.

PROPERTY SPECIFIC INFORMATION:

Maximum Occupants: Studio – Two (2) Persons, One Bedroom – Two (2) Persons, Two Bedroom – Four (4) Persons.

Pet Policy: We allow up to two (2) pets per apartment. Dogs must be 25 lbs. or less. If more than one pet, combined weight must not exceed 50 lbs. We do not allow breeds that are classified as aggressive, as pets including but not limited to: American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier, Bull Terrier, Rottweiler, Chow Chow, Great Dane, Doberman Pincher, German Shepherd, Caucasian Ovcharka, Dogo Argentino, Saint Bernard, Fila Brasileiro, Perro De Presa Canario, Akita Inu, Husky, Bull Mastiff. All pets must be listed on your application and registered with the office. We also require that immunizations are up to date and a photo of your pet for the file. Additional information and requirements are available on the Animal Addendum and may be reviewed prior to moving in by request. We comply with all fair housing laws regarding Assistance Animals. No animal is permitted on the premises without prior written authorization from management.

Please refer to this community's Statement of Qualifications addendum for additional qualifying standards and fees/deposits.

I acknowledge the receipt of this screening/application criteria document:

Applicant Signature

Print Name

Date





**STATEMENT OF QUALIFICATIONS ADDENDUM
Liberty Square
Phase IV
October 25, 2024**

Fees/Deposits

- Application Fee – \$85 per adult over the age of 18
- Rent Deposit: \$500 Flat Fee (may not be refundable).
 - Applications approved with conditions will be subject to an additional security deposit of \$500 (may not be refundable)
- Application Deposit: \$250 (may or may not be refundable)
- Pet Fee Deposit (Non-Refundable): \$300 Per Pet (Max 2 Per-Household)
- Pet Rent – \$25 Per Pet
- Rent Late Fee: \$150.00

Rent Range (subject to change)

- 1 Bedroom 40% Rent starting from: \$779.00.
- 2 Bedroom 40% Rent starting from: \$918.00.
- 1 Bedroom 60% Rent starting from: \$1,205.00.
- 2 Bedroom 60% Rent starting from: \$1,428.00.
- 1 Bedroom 80% Rent starting from: \$1,630.00.
- 2 Bedroom 80% Rent starting from: \$1,939.00.

MINIMUM ALLOWABLE COMBINED HOUSEHOLD INCOME TABLE

- 1 Bedroom 40%: \$28,044.00
- 2 Bedroom 40%: \$33,048.00
- 1 Bedroom 60%: \$43,380.00
- 2 Bedroom 60%: \$51,408.00
- 1 Bedroom 80%: \$58,680.00
- 2 Bedroom 80%: \$69,804.00

MAXIMUM ALLOWABLE COMBINED HOUSEHOLD INCOME TABLE

- 1 Person: 40% \$31,800.00 - 60% \$47,700.00 - 80% \$63,550.00.
- 2 Person: 40% \$36,320.00 - 60% \$54,480.00 - 80% \$72,640.00.
- 3 Person: 40% \$40,840.00 - 60% \$61,260.00 - 80% \$81,680.00.
- 4 Person: 40% \$45,400.00 - 60% \$68,100.00 - 80% \$90,800.00.

I acknowledge the receipt of this document:

Applicant Signature: _____

Print Applicant Name: _____

Today's Date: _____

Applicant Signature: _____

Print Applicant Name: _____

Today's Date: _____





RENTAL APPLICATION FOR RESIDENTS AND OCCUPANTS
(Each co-applicant and each occupant 18 years old and over must submit a separate application.)



Date when filled out: _____

All applicants who indicate that they are not U.S. citizens will be asked to complete the supplemental questions in this Rental Application, unless otherwise noted. We are committed to compliance with fair housing laws and do not discriminate based on race, color, religion, sex, national origin, handicap or familial status. The purpose of the supplemental questions is:

1. to give you the option to furnish information about an emergency contact person for you in your home country;
2. to verify that you are lawfully in the United States;
3. to determine whether your right to be in the U.S. expires during your Lease Contract term; and
4. to enable us to better cooperate with government officials in the performance of their duties, when requested.

We don't anticipate sharing your responses to the supplemental questions with anyone except government officials who might inquire about you.

APPLICANT INFORMATION

Full Name *(Exactly as it appears on Driver's License or Govt. ID card)* _____

Former Name *(if applicable)* _____ Gender *(Optional)* _____

Birthdate _____ Social Security # _____ Driver's License # _____ State _____

Government Photo ID card # _____ Type _____

Home Phone Number _____ Cell Phone Number _____ Work Phone Number _____

Email Address _____

Supplemental Questions Required Not Required *(If the "Required" box is checked, please answer the following questions if you are not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)*

Have you ever been asked or ordered by a representative of any government to leave the U.S. or any other country? yes no
 If yes, please state when and what country or countries (list all): _____

Are you a U.S. citizen? yes no

Approximately how long have you been in the United States? _____ Years _____ Months

Place of Birth _____ Country or countries of which you are a citizen (list all): _____

Please check the U.S. Citizenship and Immigration Services (USCIS) document that entitles you to be in the United States:

Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint). Card Number: _____

Form I-766 Employment Authorization Document (form includes photo and fingerprint). Expiration Date: _____ Card Number: _____

Form I-94 Global Entry Form (form does not include photo or fingerprint). Expiration Date: _____ Form Number: _____

USCIS receipt for replacement of one of the above documents, with verification by USCIS of your entitlement above.

If you are relying on Form I-94, we will ask to see your passport and visa, and you will need to answer the questions below.

Country issuing your passport: _____ Your Passport Number: _____

Expiration Date: _____

Do you have a visa? yes no If yes, what type? student work visitor other (specify): _____

Visa Expiration Date: _____

We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, your passport and visa.

Marital Status: single married widowed separated Do you or any occupant smoke? yes no

Servicemember Status: Are you an active-duty servicemember as defined in Florida Statute § 250.01? yes no

I am applying for the apartment located at: _____

Is there another co-applicant? yes no

Co-applicant Name _____

Email _____

OTHER OCCUPANTS

Full Name _____ Relationship _____
Date of Birth _____ Social Security # _____ Driver's License # _____ State _____
Government Photo ID card # _____ Type _____

Servicemember Status: Are you an active-duty servicemember as defined in Florida Statute § 250.01? yes no

Supplemental Questions Required Not Required (If the "Required" box is checked, please answer the following questions if this occupant is not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)

Has this occupant ever been asked or ordered by a representative of any government to leave the U.S. or any other country? yes no

If yes, please state when and what country or countries (list all): _____

Is this occupant a U.S. citizen? yes no

Approximately how long has this occupant been in the United States? _____ Years _____ Months

Place of Birth _____ Country or countries of which occupant is a citizen (list all): _____

Please check the U.S. Citizenship and Immigration Services (USCIS) document that entitles the occupant to be in the United States:

Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint). Card Number: _____

Form I-766 Employment Authorization Document (form includes photo and fingerprint). Expiration Date: _____ Card Number: _____

Form I-94 Global Entry Form (form does not include photo or fingerprint). Expiration Date: _____ Form Number: _____

USCIS receipt for replacement of one of the above documents, with verification by USCIS of your entitlement above.

If relying on Form I-94, we will ask to see occupant's passport and visa, and you will need to answer the questions below.

Country issuing passport: _____ Passport Number: _____

Expiration Date: _____

Does occupant have a visa? yes no If yes, what type? student work visitor other (specify): _____

Visa Expiration Date: _____

We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, occupant's passport and visa.

Full Name _____ Relationship _____
Date of Birth _____ Social Security # _____ Driver's License # _____ State _____
Government Photo ID card # _____ Type _____

Servicemember Status: Are you an active-duty servicemember as defined in Florida Statute § 250.01? yes no

Supplemental Questions Required Not Required (If the "Required" box is checked, please answer the following questions if this occupant is not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)

Has this occupant ever been asked or ordered by a representative of any government to leave the U.S. or any other country? yes no

If yes, please state when and what country or countries (list all): _____

Is this occupant a U.S. citizen? yes no

Approximately how long has this occupant been in the United States? _____ Years _____ Months

Place of Birth _____ Country or countries of which occupant is a citizen (list all): _____

Please check the U.S. Citizenship and Immigration Services (USCIS) document that entitles the occupant to be in the United States:

Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint). Card Number: _____

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USCIS receipt for replacement of one of the above documents, with verification by USCIS of your entitlement above.

If relying on Form I-94, we will ask to see occupant's passport and visa, and you will need to answer the questions below.

Country issuing passport: _____ Passport Number: _____

Expiration Date: _____

Does occupant have a visa? yes no If yes, what type? student work visitor other (specify): _____

Visa Expiration Date: _____

We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, occupant's passport and visa.

Full Name _____ Relationship _____
Date of Birth _____ Social Security # _____ Driver's License # _____ State _____
Government Photo ID card # _____ Type _____

Servicemember Status: Are you an active-duty servicemember as defined in Florida Statute § 250.01? yes no

Supplemental Questions Required Not Required (If the "Required" box is checked, please answer the following questions if this occupant is not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)

Has this occupant ever been asked or ordered by a representative of any government to leave the U.S. or any other country? yes no

If yes, please state when and what country or countries (list all): _____

Is this occupant a U.S. citizen? yes no

Approximately how long has this occupant been in the United States? _____ Years _____ Months

Place of Birth _____ Country or countries of which occupant is a citizen (list all): _____

Please check the U.S. Citizenship and Immigration Services (USCIS) document that entitles the occupant to be in the United States:

Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint). Card Number: _____

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USCIS receipt for replacement of one of the above documents, with verification by USCIS of your entitlement above.

OTHER OCCUPANTS (continued)

If relying on Form I-94, we will ask to see occupant's passport and visa, and you will need to answer the questions below.

Country issuing passport: _____ Passport Number: _____

Expiration Date: _____

Does occupant have a visa? yes no If yes, what type? student work visitor other (specify): _____

Visa Expiration Date: _____

We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, occupant's passport and visa.

Full Name _____ Relationship _____

Date of Birth _____ Social Security # _____ Driver's License # _____ State _____

Government Photo ID card # _____ Type _____

Servicemember Status: Are you an active-duty servicemember as defined in Florida Statute § 250.01? yes no

Supplemental Questions Required Not Required (If the "Required" box is checked, please answer the following questions if this occupant is not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)

Has this occupant ever been asked or ordered by a representative of any government to leave the U.S. or any other country? yes no

If yes, please state when and what country or countries (list all): _____

Is this occupant a U.S. citizen? yes no

Approximately how long has this occupant been in the United States? _____ Years _____ Months

Place of Birth _____ Country or countries of which occupant is a citizen (list all): _____

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If relying on Form I-94, we will ask to see occupant's passport and visa, and you will need to answer the questions below.

Country issuing passport: _____ Passport Number: _____

Expiration Date: _____

Does occupant have a visa? yes no If yes, what type? student work visitor other (specify): _____

Visa Expiration Date: _____

We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, occupant's passport and visa.

Full Name _____ Relationship _____

Date of Birth _____ Social Security # _____ Driver's License # _____ State _____

Government Photo ID card # _____ Type _____

Servicemember Status: Are you an active-duty servicemember as defined in Florida Statute § 250.01? yes no

Supplemental Questions Required Not Required (If the "Required" box is checked, please answer the following questions if this occupant is not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)

Has this occupant ever been asked or ordered by a representative of any government to leave the U.S. or any other country? yes no

If yes, please state when and what country or countries (list all): _____

Is this occupant a U.S. citizen? yes no

Approximately how long has this occupant been in the United States? _____ Years _____ Months

Place of Birth _____ Country or countries of which occupant is a citizen (list all): _____

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Country issuing passport: _____ Passport Number: _____

Expiration Date: _____

Does occupant have a visa? yes no If yes, what type? student work visitor other (specify): _____

Visa Expiration Date: _____

We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, occupant's passport and visa.

Full Name _____ Relationship _____

Date of Birth _____ Social Security # _____ Driver's License # _____ State _____

Government Photo ID card # _____ Type _____

Servicemember Status: Are you an active-duty servicemember as defined in Florida Statute § 250.01? yes no

Supplemental Questions Required Not Required (If the "Required" box is checked, please answer the following questions if this occupant is not a U.S. citizen. If no box is checked, the following questions are not required and are optional.)

Has this occupant ever been asked or ordered by a representative of any government to leave the U.S. or any other country? yes no

If yes, please state when and what country or countries (list all): _____

Is this occupant a U.S. citizen? yes no

Approximately how long has this occupant been in the United States? _____ Years _____ Months

Place of Birth _____ Country or countries of which occupant is a citizen (list all): _____

OTHER OCCUPANTS (continued)

Please check the U.S. Citizenship and Immigration Services (USCIS) document that entitles the occupant to be in the United States:

- Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint). Card Number: _____
- Form I-766 Employment Authorization Document (form includes photo and fingerprint). Expiration Date: _____ Card Number: _____
- Form I-94 Global Entry Form (form does not include photo or fingerprint). Expiration Date: _____ Form Number: _____
- USCIS receipt for replacement of one of the above documents, with verification by USCIS of your entitlement above.

If relying on Form I-94, we will ask to see occupant's passport and visa, and you will need to answer the questions below.

Country issuing passport: _____ Passport Number: _____

Expiration Date: _____

Does occupant have a visa? yes no If yes, what type? student work visitor other (specify): _____

Visa Expiration Date: _____

We may ask to make a photocopy of any of the USCIS documents checked above and, if needed, occupant's passport and visa.

RESIDENCY INFORMATION

Current Home Address (where you live now)

City _____ State _____ Zip Code _____ Do you rent or own?

Dates: _____ \$ _____
 From _____ To _____ Monthly Payment

Apartment Name _____

Landlord/Lender Name _____ Phone _____

Reason for Leaving _____

(The following is only applicable if at current address for less than 6 months.)

Previous Home Address

City _____ State _____ Zip Code _____ Do you rent or own?

Dates: _____ \$ _____
 From _____ To _____ Monthly Payment

Apartment Name _____

Landlord/Lender Name _____ Phone _____

Reason for Leaving _____

EMPLOYMENT INFORMATION

Present Employer _____ Address _____

City _____ State _____ Zip Code _____ Work Phone _____

Dates: _____ \$ _____
 From _____ To _____ Gross Monthly Income

Position _____

Supervisor Name _____ Phone _____

(The following is only applicable if at current employer for less than 6 months.)

Previous Employer _____ Address _____

City _____ State _____ Zip Code _____ Work Phone _____

Dates: _____ \$ _____
 From _____ To _____ Gross Monthly Income

Position _____

Supervisor Name _____ Phone _____

ADDITIONAL INCOME

(Income must be verified to be considered)

Type _____ Source _____ \$ _____
 Gross Monthly Amount

Type _____ Source _____ \$ _____
 Gross Monthly Amount

CREDIT HISTORY (if applicable)

If applicable, please explain any past credit problem:

RENTAL/CRIMINAL HISTORY*(Check only if applicable)*

Have you or any occupant listed in this Application ever:

- been evicted or asked to move out?
- moved out of a dwelling before the end of the lease term without the owner's consent?
- declared bankruptcy?
- been sued for rent?
- been sued for property damage?
- been convicted (or received an alternative form of adjudication equivalent to conviction) of a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime?

Please indicate the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. *You represent the answer is "no" to any item not checked above.*

REFERRAL INFORMATION

How did you find us?

- Online search. Website address: _____
- Referral from a person. Name: _____
- Social Media. Which one? _____
- Other _____

EMERGENCY CONTACT

Emergency contact person over 18, who will not be living with you:

Name	Relationship
Address	City
State	Zip Code
Home Phone #	Cell Phone #
Work Phone #	Email Address

VEHICLE INFORMATION (if applicable)*List all vehicles owned or operated by you or any occupants (including cars, trucks, motorcycles, trailers, etc.).*

Make	Model	Color
Year	License Plate #	State
Make	Model	Color
Year	License Plate #	State
Make	Model	Color
Year	License Plate #	State
Make	Model	Color
Year	License Plate #	State

PET INFORMATION (if applicable)

You may not have any animal in your unit without management's prior authorization in writing. If we allow your requested animal, you must sign a separate animal addendum, which may require additional deposits, rents, fees or other charges.

Name	Type	Breed
Gender	Weight	Color
Age	Assistance Animal Status: <input type="checkbox"/> yes <input type="checkbox"/> no	
Name	Type	Breed
Gender	Weight	Color
Age	Assistance Animal Status: <input type="checkbox"/> yes <input type="checkbox"/> no	

AUTHORIZATION AND ACKNOWLEDGMENT

AUTHORIZATION

I authorize Liberty Square Phase Four

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Payment Authorization

I authorize Liberty Square Phase Four

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-Sufficient Funds and Dishonored Payments.

If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- (i) Applicant shall pay to us the NSF Charge; and
- (ii) We reserve the right to refer the matter for criminal prosecution

ACKNOWLEDGMENT

You declare that all your statements in this Application are true and complete. You authorize us to verify the same through any means. If you fail to answer any question(s) or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Apt. name or dwelling address (street, city)

Unit # or type

Person accepting application

Phone

Person processing application

Phone

Applicant or Co-applicant was notified by telephone letter email, or in person of acceptance or non-acceptance on _____.

(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)

Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):

Name(s)

Name of owner's representative who notified above person(s)

ADDITIONAL COMMENTS



General Instructions:

This form is to be complete by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing & Urban Development. Owner & agents are required to offer the applicant/tenant the option to complete this form. This form is to be completed at initial application or at lease signing. In-Place tenants must also be offered the opportunity to complete the form as part of their next interim or annual recertification. Once the form is completed it need not be completed again unless the Head of House hold or household composition changes. There is no penalty for persons who do not complete the form. However, the owner/agent may place a note in the file stating that the applicant/tenant refused to complete the form. **Parent/Guardians are to complete the form for children under the age of 18.**

The Office of Housing as been issued permission to use this form to gather race & ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together & placed in the Household's file.

PART XI - STATISTICAL DATA

For Office Use: Household elected not to participate.

New Households

Prior Housing Information
(Answer for household head)

Monthly rent payment _____
 Monthly house payment _____
 ZIP Code _____

All Households

Current Employment
(Answer for household head)

Occupation _____
 ZIP Code _____

Primary Transportation Mode
(Answer for household head)

Motor vehicle _____
 Public transportation _____
 Other _____

Additional Household Information

A member of the household:
(Check all that Apply)

Receives Medicare benefits _____
 Receives Medicaid benefits _____
 Is a Person With a Disability * _____

Racial Categories* (Select All That Apply)	Total Number of Household Members Per Category	Total Number of Hispanic or Latino Household Members
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> Black or African American		
Asian <i>and</i> Black or African American		
Other mutiple race combination		
TOTALS		

*** Definitions**

- Person With a Disability: A person who has a mental or physical impairment that substantially limits one or more of such person's * Major Life Activities; has a record of such impairment; or is regarded as having such an impairment. Functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, sitting, standing, lifting, reaching, thinking, concentrating, reading, interacting with others, learning, sleeping and working.
- Major Life Activities: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
- Hispanic or Latino: A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not-Hispanic or Latino: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- American Indian or Alaska Native: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Asian: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
- Black or African American: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are to required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual recertification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and place in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Relations Assistance Certification System). This information is considered non-sensitive and does not require any specific protection.

I/We, _____, by signing below certify that I/We

- Have provided the information listed above**
- Elected not to provide the information listed above**

I certify all information is true and accurate to the best of my knowledge.

Resident Signature _____ Date _____ Resident Signature _____ Date _____ Resident Signature _____ Date _____



MARITAL & ESTRANGEMENT DECLARATION
Sworn Declaration of Marital Status and Declaration of Estrangement Addendum to the Application

Property Name: _____

Please complete either "A", "B", "C", "D" or "E" below as appropriate regarding your marital status:

PART A:

I, _____, duly state that I am currently legally separated from my spouse and have attached a copy of my divorce decree, current legal separation agreement, or letter from my attorney.

PART B:

I, _____, duly state that I am currently separated from my spouse but have NOT taken any legal action regarding my marital status. I hereby state that the following conditions apply:

MY REASONS FOR NOT PURSUING LEGAL ACTION ARE AS FOLLOWS: _____

For example: restraining order, fear of retaliation, incarceration, religious beliefs, or other reason explained.

If separated but not divorced, for the above reason, please read and complete the estrangement section below:

- 1. I am separated and estranged from my spouse

Full Name of Estranged Spouse: _____

I further certify that I do not intend to reconcile with my spouse.

- 2. If reconciliation occurs, my spouse will not be permitted to reside with me in the above - referenced development, unless at least twelve months have elapsed since the beginning of the initial lease term.
- 3. If reconciliation occurs prior to expiration of the twelve - months time frame cited above, and my spouse wishes to reside with me in the above - referenced development, our entire household must re - qualify as a new household.

Please select one of the options below to address potential child support for the next 12 months:

_____ I have children with my separated spouse and **I do not** anticipate filing for or receiving child support in the next 12 months.

_____ I have children with my separated spouse and **I do** anticipate filing for or receiving child support in the next 12 months and **I have attached verification of the anticipated child support.**

_____ I do not have children with my separated spouse and will not be receiving any child support.

PART C:

I, _____, duly state that I am widow/widower

PART D:

I, _____, have never been married.

PART E:

I, _____, and my spouse, _____ will both reside in the above referenced development.

REPORTING AND LEASE REQUIREMENTS:

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, asset sources, household composition and marital status. I will not allow my spouse or any other individual to move into my residence, without PRIOR approval with management.

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes and act of fraud. False, misleading or incomplete information may result in termination of a lease agreement.

Signature of Applicant/Resident Printed Name of Applicant/Resident Date

Signature of Applicant/Resident Printed Name of Applicant/Resident Date

Applicant Addendum Questionnaire

Applicant Name: _____

YES

NO

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. Do you have full custody of your child(ren)? <i>(If no, obtain proof of amount of time child{ren} will be living in unit.)</i> |
| | | Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 2. Are there any absent household members who under normal conditions would live with you? <i>(For example, a spouse away in the military or child away in school.)</i> |
| | | Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 3. Do you expect any changes to your household composition in the next 12 months? |
| | | Explanation: _____ |

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU receive OR expect to receive income from any of the following sources?

YES

NO

- | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|-------------------------------|---|-------------------------------|-------------------------------|-----------------------------|-------|-------|-------|-------|-------|-------|-------------------------|-------------------|------------------------|-------|-------|-------|-------|-------|-------|
| <input type="radio"/> | <input type="radio"/> | 4. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i> | | | | | | | | | | | | | | | | | | |
| | | <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><u>Company Name:</u></td> <td style="width: 33%;"><u>Address:</u></td> <td style="width: 33%;"><u>Monthly Gross Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><u>Telephone Number</u></td> <td style="text-align: center;"><u>Fax Number</u></td> <td style="text-align: center;"><u>HR Contact Name</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | <u>Company Name:</u> | <u>Address:</u> | <u>Monthly Gross Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ | <u>Telephone Number</u> | <u>Fax Number</u> | <u>HR Contact Name</u> | _____ | _____ | _____ | _____ | _____ | _____ |
| <u>Company Name:</u> | <u>Address:</u> | <u>Monthly Gross Amount</u> | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| <u>Telephone Number</u> | <u>Fax Number</u> | <u>HR Contact Name</u> | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | 5. Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i> | | | | | | | | | | | | | | | | | | |
| | | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><u>Type of Business</u></td> <td style="width: 50%;"><u>NET Income</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> | <u>Type of Business</u> | <u>NET Income</u> | _____ | _____ | | | | | | | | | | | | | | |
| <u>Type of Business</u> | <u>NET Income</u> | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | 6. Regular pay as a member of the Armed Forces/Military? | | | | | | | | | | | | | | | | | | |
| | | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><u>Base Name & Branch</u></td> <td style="width: 50%;"><u>Gross Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> | <u>Base Name & Branch</u> | <u>Gross Amount</u> | _____ | _____ | | | | | | | | | | | | | | |
| <u>Base Name & Branch</u> | <u>Gross Amount</u> | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | 7. Unemployment benefits? Or workman's compensation? | | | | | | | | | | | | | | | | | | |
| | | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><u>Unemployment Amount</u></td> <td style="width: 50%;"><u>Workman's Compensation</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> | <u>Unemployment Amount</u> | <u>Workman's Compensation</u> | _____ | _____ | | | | | | | | | | | | | | |
| <u>Unemployment Amount</u> | <u>Workman's Compensation</u> | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | 8. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)? | | | | | | | | | | | | | | | | | | |
| | | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><u>Type of Assistance</u></td> <td style="width: 50%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> | <u>Type of Assistance</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | | | | | | | | | | | | |
| <u>Type of Assistance</u> | <u>Amount</u> | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | 9. (a) Child support? | | | | | | | | | | | | | | | | | | |
| | | <i>(We must count court-ordered support whether is received or not unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)</i> | | | | | | | | | | | | | | | | | | |
| | | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Child's Name</u></td> <td style="width: 33%;"><u>Payor</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | <u>Child's Name</u> | <u>Payor</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | | | | | | |
| <u>Child's Name</u> | <u>Payor</u> | <u>Amount</u> | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | (b) Alimony? If yes, Name of Payor and Amount _____ | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | (c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy? | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Explanation: _____ | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | 10. Social Security, SSI or any other payments from the Social Security Administration? | | | | | | | | | | | | | | | | | | |
| | | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><u>Type of Payment</u></td> <td style="width: 50%;"><u>Monthly Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> | <u>Type of Payment</u> | <u>Monthly Amount</u> | _____ | _____ | | | | | | | | | | | | | | |
| <u>Type of Payment</u> | <u>Monthly Amount</u> | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | |

(If yes, obtain court papers)

Yes NO

11. **Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**
Type of Payment Source of Benefit Monthly Amount

12. **Regular payments from a severance package?**
Source of Payment Amount

13. **Regular payments from any type of settlement? (For example, insurance settlements.)**
Source of Payment Amount

14. **Regular gifts or payments from anyone outside of the household?**
Source of Payment Monthly Amount

15. **Regular payments from lottery winnings or inheritances?**
Source of Payment Amount

16. **Regular payments from rental property or other types of Real Estate transactions?**
Source of Payment Amount

17. **Any other income sources or types not listed? (Please include below)**
Source of Payment Amount

18. **Do you expect any changes to your income in the next 12 months?**
Explanation: _____

If you **DO NOT** receive any income from any of the sources listed above and you are a Zero Income applicant/resident, please add your initials here _____

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU hold:

YES NO

19. **Checking or savings account? (Checking must have last 6 months average balance, saving current)**
Type of Account Financial Institute Amount AND Interest Rate

20. **CDs, money market accounts or treasury bills?**
Type of Account Financial Institute Amount

21. **Stocks, bonds or securities?**
Type of Account Company or Broker Amount

22. **Trust Funds?**
Type of Account Financial Institute Amount

Application Documents Required

We value your time and interest, in order to process your application please bring in the following documents, as applicable to your household. All documents must be current (with in the past 90 days) and in English. If documents are in any other language, verification must be obtained.

Please bring the following documents when applying:

- Government Issued Identification**
- Social Security card**
- Marriage certificate (if applicable)**
- Proof of income (as applicable):**
 - Employment** - last 8 consecutive paystubs
 - Social Security Benefits** - Award letter, Disability letter, or pension letter required
 - Self-employment** - Accountant Profit/Loss statement required along with 2 years of fixed income tax returns
 - Child Support** – Court order and 1 year of payment history
- Asset Verification:**
 - Checking Accounts** - Last 6 statements (6 months)
 - Savings account** – Most recent bank statement (1 month)
 - Real Estate** - Documentation of any real estate transactions in the past 24 months
 - Retirement Account** – Current Verification of Value of account (401k/IRA/403B, etc..)



Application Documents Required

Valoramos su tiempo e interés, para procesar su solicitud, traiga los siguientes documentos, según corresponda a su hogar. Todos los documentos deben estar actualizados (en los últimos 90 días) y en inglés. Si los documentos están en cualquier otro idioma, se debe obtener la verificación en inglés.

Por favor traiga los siguientes documentos al devolver la solicitud:

- Identificación emitida por el gobierno**
- Tarjeta de Seguro Social**
- Certificado de matrimonio (si corresponde)**
- Comprobante de ingresos (según corresponda):**
 - Empleo:** últimos 8 recibos de pago consecutivos
 - Beneficios del Seguro Social:** se requiere una carta de adjudicación monetaria, una carta de discapacidad o una carta de pension
 - Trabajo por cuenta propia :** se requiere un estado de pérdidas y ganancias del contador junto con 2 años de declaraciones de impuestos sobre ingresos fijos
 - Manutención de los hijos :** orden judicial y 1 año de historial de pagos
- Verificación de activos:**
 - Cuentas de cheques -** Últimos 6 estados de cuenta (6 meses)
 - Cuenta de ahorros:** estado de cuenta bancario más reciente (1 mes)
 - Bienes Raíces -** Documentación de cualquier transacción de bienes raíces en los últimos 24 meses
 - Cuenta de jubilación -** Verificación actual del valor de la cuenta (401k/IRA/403B, etc.)

