

STATEMENT OF QUALIFICATIONS Liberty Square Phase IV June 10, 2025

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

<u>A complete application:</u> 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.

<u>Two (2) forms of identification:</u> 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 dispossessory 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.

<u>Income eligibility:</u> 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.

<u>Credit History:</u> 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.

<u>Criminal background:</u> 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:

<u>Maximum Occupants:</u> 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 June 10, 2025

Fees/Deposits

- Application Fee \$85 per adult over the age of 18
- Rent Deposit: \$500 \$1000 Flat Fee (may not be refundable).
 - Applications approved with conditions will be subject to an additional security deposit (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 PetRent Late Dee: \$150.00
- Rent Range (subject to change)
- 1 Bedroom 40% Rent starting from: \$857.00.
- 2 Bedroom 40% Rent starting from: \$1,012.00.
- 1 Bedroom 60% Rent starting from: \$1,322.00.
- 2 Bedroom 60% Rent starting from: \$1,569.00.
- 1 Bedroom 80% Rent starting from: \$1,787.00.
- 2 Bedroom 80% Rent starting from: \$2,127.00.
- MINIMUM ALLOWABLE COMBINED HOUSEHOLD INCOME TABLE
- 1 Bedroom 40%: \$30,852.00
- 2 Bedroom 40%: \$36,432.00
- 1 Bedroom 60%: \$47,592.00
- 2 Bedroom 60%: \$56,484.00
- 1 Bedroom 80%: \$64,332.00
- 2 Bedroom 80%: \$76,572.00

Applicant Signature:

- MAXIMUM ALLOWABLE COMBINED HOUSEHOLD INCOME TABLE
- 1 Person: 40% \$34,720.00 60% \$52,080.00 80% \$69,440.00.
- 2 Person: 40% \$39,640.00 60% \$59,460.00 80% \$79,280.00.
- 3 Person: 40% \$44,600.00 60% \$66,900.00 80% \$89,200.00.
- 4 Person: 40% \$49,560.00 60% \$74,340.00 80% \$99,120.00.

I acknowledge the receipt of this document:

• —	
Print Applicant Name:	
Today's Date:	
A 1: 40: 4	
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.)



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

Date when filled out:

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 (Option	al)	
Birthdate Social Security #	Driver's Licens	e#S	State
Government Photo ID card #	Type		
Home Phone Number Cell Phon	e Number	Work Phone Number	
Email Address			
Supplemental Questions ☐ Required ☐ Not Re	quired (If the "Dequired" hav	e chacked places answer the followin	0
questions if you are not a U.S. citizen. If no box is			9
Have you ever been asked or ordered by a representative		and the afternoon of the same and the same a	
If yes, please state when and what country or countries (list a		· · · · · · · · · · · · · · · · · · ·	
Are you a U.S. citizen? ☐ yes ☐ no			
Approximately how long have you been in the United Sta	tes? Years Month:	3	
Place of Birth Count			
Please check the U.S. Citizenship and Immigration Service	es (USCIS) document that entitle	s you to be in the United States:	
☐ Form I-551 Permanent Resident Card [Alien Registration I			
Form I-766 Employment Authorization Document (form included)			
☐ Form I-94 Global Entry Form (form does not include photo			
USCIS receipt for replacement of one of the above docum			
If you are relying on Form I-94, we will ask to see your pa			
Country issuing your passport:			
Expiration Date:			
Do you have a visa? yes no If yes, what type? stu	dent 🔲 work 🔲 visitor 🔲 othe	r (specify):	
Visa Expiration Date:		(1 · 2 /)	3.
We may ask to make a photocopy of any of the USCIS do	cuments checked above and, if n	eeded, your passport and visa.	
Marital Status: ☐ single ☐ married ☐ widowed ☐ se	narated Do you or any	occupant smoke? yes no	
Servicemember Status: Are you an active-duty servicemem	•		
I am applying for the apartment located at:	ber as defined in Florida Statute § 2	30.01: ges gillo	
Is there another co-applicant? yes no			
lo more unomer de applicants. The second			
Co-applicant Name			
Email			
Co-applicant Name			
Email			
Co-applicant Name			
Email			
Co-applicant Name			
Email			
Cilidii			
Co-applicant Name			
Email			

OTHER OCCUPANTS			
Full Name	*	Relationship	
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Туре	
Servicemember Status: Are you an	active-duty servicemember as defined in	n Florida Statute § 250.01? 🔲 yes 🛄 no	
		"Required" box is checked, please answer the following questions are not required and a	
Has this occupant ever been asked	d or ordered by a representative of an	y government to leave the U.S. or any other country? 🔲	yes 🔲 no
Is this occupant a U.S. citizen?	ountry or countries (list all):yes □ no peccupant been in the United States? _		
		of which occupant is a citizen (list all):	
		cument that entitles the occupant to be in the United Stat	
		orm includes photo and fingerprint). Card Number:	
		gerprint), Expiration Date: Card Number:	
	. ` ` .	Expiration Date: Form Number:	
		ation 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:	-		
	s ∟ no If yes, what type? ☐ student □	work visitor other (specify):	
Visa Expiration Date:			
we may ask to make a photocopy	of any of the OSCIS documents check	ked 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	
	n active-duty servicemember as defined i	Type	
		"Required" box is checked, please answer the following questions are not required and a	
If yes, please state when and what on its this occupant a U.S. citizen?	country or countries (list all): yes		yes 🔲 no
	occupant been in the United States? _		
Place of Birth	Country or countries	of which occupant is a citizen (list all):	
Please check the U.S. Citizenship	and Immigration Services (USCIS) do	cument that entitles the occupant to be in the United Sta	tes:
		orm includes photo and fingerprint). Card Number:	
		gerprint). Expiration Date: Card Number:	
		Expiration Date:Form Number:	
		cation by USCIS of your entitlement above. and you will need to answer the questions below.	
		Passport Number:	
Expiration Date:			
Does occupant have a visa? ☐ ye	s 🔲 no If yes, what type? 🔲 student [work uvisitor other (specify):	
Visa Expiration Date:			
We may ask to make a photocopy	of any of the USCIS documents chec	ked 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 #		Туре	
		n Florida Statute § 250.01? 🔲 yes 🔲 no	
Supplemental Questions questions if this occupant is n	Required Not Required (If the not a U.S. citizen. If no box is chec	"Required" box is checked, please answer the foll ked, the following questions are not required and a	lowing are optional.)
		y government to leave the U.S. or any other country?	Martine: Mt. J., strong v. ob., markly, office in
If yes, please state when and what o	country or countries (list all):	y government to loave the city of any other country!	yes
Is this occupant a U.S. citizen?		Vocas Mantha	
	occupant been in the United States?		
	Country or countries	of which occupant is a citizen (list all):	
	and bundance to a constant		
Form I-551 Permanent Resident		cument that entitles the occupant to be in the United Sta	
Form L766 Employment Authority	Card [Alien Registration Receipt Card] (f	orm includes photo and fingerprint). Card Number:	
	Card [Alien Registration Receipt Card] (fition Document (form includes photo and fin	· ·	

OTHER OCCUPANTS (contin	nued)		
If relying on Form I-94, we will ask t	to see occupant's passport and visa, a	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 uvisitor other (specify):	
Visa Expiration Date:			
We may ask to make a photocopy o	of any of the USCIS documents check	ed above and, if needed, occupant's passport and visa.	
Full Name		Relationship	
V			:- <u>-</u>
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Туре	
	active-duty servicemember as defined in	••	
			•
		'Required" box is checked, please answer the follow ed, the following questions are not required and are	
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	or ordered by a representative of any ountry or countries (list all):	government to leave the U.S. or any other country? 🔲 ye	s 🔲 no
Is this occupant a U.S. citizen? 🔲 y	ves 🔲 no		
	ccupant been in the United States? _		
Place of Birth	Country or countries of	f which occupant is a citizen (list all):	
Please check the U.S. Citizenship a	and Immigration Services (USCIS) doc	ument that entitles the occupant to be in the United States	s:
☐ Form I-551 Permanent Resident C	ard [Alien Registration Receipt Card] (fo	rm includes photo and fingerprint). Card Number:	
	, , , , , , , , , , , , , , , , , , , ,	erprint). Expiration Date: Card Number:	
		xpiration Date: Form Number:	
		ation by USCIS of your entitlement above.	
		and you will need to answer the questions below.	
Expiration Date:		_ Passport Number:	
	□ no If ves, what type? □ student □	work 🔲 visitor 🔲 other (specify):	
Visa Expiration Date:			
We may ask to make a photocopy of	of any of the USCIS documents check	ed above and, if needed, occupant's passport and visa.	
Full Name		Relationship	
Date of Birth	Social Security #	Driver's License #	State
	Social Security #	Driver's License #	State
Government Photo ID card #		Туре	State
Government Photo ID card #	Social Security # active-duty servicemember as defined in	Туре	State
Government Photo ID card # Servicemember Status: Are you an Supplemental Questions	active-duty servicemember as defined in Required Not Required (If the	Type □ Florida Statute § 250.01? □ yes □ no "Required" box is checked, please answer the follow	wing
Government Photo ID card # Servicemember Status: Are you an Supplemental Questions	active-duty servicemember as defined in Required Not Required (If the	Type □ Florida Statute § 250.01? □ yes □ no	wing
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OTHER OCCUPANTS (continued)				
Please check the U.S. Citizenship and Immigr	ation Services (USCIS)	document that en	titles the occupant to be	in the United States:
☐ Form I-551 Permanent Resident Card [Alien F	•			
☐ Form I-766 Employment Authorization Documer				
☐ Form I-94 Global Entry Form (form does not in				
USCIS receipt for replacement of one of the a				
If relying on Form I-94, we will ask to see occ Country issuing passport:				
Expiration Date:				
Does occupant have a visa? ☐ yes ☐ no If y	es, what type? 🔲 studen	t 🔲 work 🔲 visit	tor 🔲 other (specify):	
Visa Expiration Date:				
We may ask to make a photocopy of any of the	ne USCIS documents ch	ecked above and,	if needed, occupant's p	assport and visa.
RESIDENCY INFORMATION				
Current Home Address (where you live now)				Do you 🔲 rent or
City		State	Zip Code	☐ own?
Dates:			\$	
From	То		Monthly Pa	yment
Apartment Name				
Landlord/Lender Name			Phone	
Editatora/Editator Haine			1 110110	
Reason for Leaving				
(The following is only applicable if at current add	ress for less than 6 mont	hs.)		
, , , ,		,		
Previous Home Address				
				Do you ☐ rent or ☐ own?
City		State	Zip Code	
Dates:	To		\$ Monthly Pa	wment
110111	10		Monthly Fa	yment
Apartment Name				
Landlord/Lender Name			Phone	
Reason for Leaving				
EMPLOYMENT INFORMATION				
Present Employer		Address		
City		State	Zip Code	Work Phone
Dates:				
From	То		Gross Mon	thly Income
Position				
Supervisor Name			Phone	
		" `	Phone	•
(The following is only applicable if at current em	ployer for less than 6 mol	nths.)		
Previous Employer		Address		
, <u>, , , , , , , , , , , , , , , , , , </u>				
City		State	Zip Code	Work Phone
Dates:	_		\$	
From	То		Gross Mor	nthly Income
Position				
Supervisor Name			Phone	9
ADDITIONAL INCOME				
(Income must be verified to be considered)			*	
Туре	Source		\$ Gross Monthly	Amount
-36-2			© Coss Monthly	AIIIVAIII
Туре	Source		Gross Monthly	Amount
CREDIT HISTORY (if applicable)				
If applicable, please explain any past credit prol	olem:			
1				
<u> </u>				

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	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 oc	cupants (including cars, trucks, n	notorcycles, trailers, etc.).				
Make	Model		Color			
Year	License Plate #		State			
	8-					
Make	Model	1	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 withou animal addendum, which may require additional			your requested animal, you must sign a separate			
Name	Туре		Breed			
Gender	Weight	72	Color			
Age	Assistance Animal Status:	yes 🔲 no				
1,790						
Name	Туре		Breed			
Gender	Weight		Color			
Age	Assistance Animal Status:] yes 🔲 no				

APPLICATION AGREEMENT

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease Contract. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease Contract. In order to continue with this application, you'll need to review the Application Agreement carefully and acknowledge that you accept its terms.

- 1. Lease Contract Information. The Lease Contract contemplated by the parties will be the current Lease Contract. Special information and conditions must be explicitly noted on the Lease Contract.
- 2. Approval When Lease Contract Is Signed in Advance. If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit or other amounts owed under the Lease Contract when the Lease Contract has been signed.
- 3. Approval When Lease Contract Isn't Yet Signed. If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit or other amounts owed under the Lease Contract when the Lease Contract has been signed.
- 4. If you Fail to Sign Lease Contract After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you our approval. If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.
- 5. If You Withdraw Before Approval. If you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.
- 6. Approval/Non-Approval. We will notify you whether you've been approved within 10 days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within 10 days after we have received a completed Application. Notification may be in person or by mail, or by e-mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 10-day time period may be changed only by separate written agreement.
- 7. Refund after Non-Approval. If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, we'll refund all application deposits within 30 days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
- 8. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 4, 6, or 7 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
- 9. Keys or Access Devices. We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
- 10. Service-member Status: If you or any co-applicant are an active-duty service-member as defined in Florida Statutes § 250.01, we will provide you with a written approval or denial of the application within seven (7) days after submission and, if denied, the reason for denial.
- 11. Application Submission. Submission of a rental application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease Contract.

DISCLOSURES

- Application Fee (Non-Refundable). You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph
 Payment of the application fee does not guarantee that your application will be accepted. The application fee partially defrays the cost of administrative paperwork. It is non-refundable.
- 2. Application Deposit (may or may not be refundable). In addition to any application fee(s), you agree to pay to our representative an application deposit in the amount indicated in paragraph 3. The application deposit is not a security deposit. The application deposit will be credited toward the required security deposit or other amounts owed under the Lease Contract when the Lease Contract has been signed; OR, it will be refunded under paragraph 7 of the Application Agreement if your application is not approved; OR, it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraphs 4 or 5 of the Application Agreement.
- 3. Fees Due. Your Rental Application will not be processed until we receive your completed Rental Application (and the completed Rental Application of all co-applicants, if applicable) and the following fees:
 - 1. Application fee (non-refundable): \$
 - 2. Application deposit (may or may not be refundable): \$__
- 4. Completed Application. Your Rental Application for Residents and Occupants will not be considered "completed" and will not be processed until we receive the following documentation and fees:
 - 1. Your completed Rental Application;
 - 2. Completed Rental Applications for each co-applicant (if applicable);
 - 3. Application fees for all applicants;
 - Application deposit for the Unit.

CDECIAL DOOMICIONS

- 5. Notice to or from Co-Applicants. Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.
- 6. SHIP Disclosure Statement. If this property or you are a tenant who may be receiving funds from the Florida State Housing Initiatives Partnership program (SHIP), then this application is subject to the Florida's public records laws, Chapter 119, Florida Statutes. Most of the information that you provide may be required to be released if there is a public records request. If you believe that you qualify to have your information protected, you must notify us in writing of the specific law or statute that protects your information. All non-exempt information will be released in response to a public records request.

SPECIAL PROVISIONS		
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AUTHORIZATION AND ACKNOWLEDGMENT	
AUTHORIZATION authorize Liberty Square Phase Four	
(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, a lease by the above owner to me and to verify, by all available means, the information in this application, including history and other information reported by employer(s) to any state employment security agency. Work history info Application. Authority to obtain work history information expires 365 days from the date of this Application.	criminal background information, income
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 up	oder 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 or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or (i) Applicant shall pay to us the NSF Charge; and (ii) We reserve the right to refer the matter for criminal prosecution	payment from applicant to us is rejected,
ACKNOWLEDGMENT You declare that all your statements in this Application are true and complete. You authorize us to verify the same thr question(s) or give false information, we may reject the application, retain all application fees and deposits as liquic and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time fu agencies and other rental housing owners regarding your performance of your legal obligations, including both favory your compliance with the Lease Contract, the rules, and financial obligations.	dated damages for our time and expense, to the application or Lease Contract, the urnish information to consumer reporting
Applicant's Signature Date	
Approving a digitation	
FOR OFFICE USE ONLY	
	Unit # or type
FOR OFFICE USE ONLY	Unit # or type Phone
FOR OFFICE USE ONLY Apt. name or dwelling address (street, city) Person accepting application Person processing application	Phone
Apt. name or dwelling address (street, city) Person accepting application	Phone
FOR OFFICE USE ONLY Apt. name or dwelling address (street, city) Person accepting application Person processing application	Phone Phone acceptance or non-acceptance on
FOR OFFICE USE ONLY Apt. name or dwelling address (street, city) Person accepting application Person processing application Applicant or Co-applicant was notified by telephone letter email, or in person of acceptance in person of acceptance in person of the control of the	Phone Phone acceptance or non-acceptance on
FOR OFFICE USE ONLY Apt. name or dwelling address (street, city) Person accepting application Person processing application Applicant or Co-applicant was notified by telephone letter email, or in person of a (Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person of Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):	Phone Phone acceptance or non-acceptance on
Apt. name or dwelling address (street, city) Person accepting application Person processing application Applicant or Co-applicant was notified by telephone letter email, or in person of acceptance in person of person(s) who were notified (at least one applicant must be notified if multiple applicants): Name(s)	Phone Phone acceptance or non-acceptance on
FOR OFFICE USE ONLY Apt. name or dwelling address (street, city) Person accepting application Person processing application Applicant or Co-applicant was notified by telephone telephone telephone in person of acceptance in person of telephone of telephone telephone telephone telephone telephone in person of telephone tel	Phone Phone acceptance or non-acceptance on
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FOR OFFICE USE ONLY Apt. name or dwelling address (street, city) Person accepting application Person processing application Applicant or Co-applicant was notified by telephone telephone email, or in person of acceptance in person of acceptance in person of telephone 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)	Phone Phone acceptance or non-acceptance on

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 - STATISTIC	AL DATA			
	e: Househo	old elected not to participate.				
New Households						
Prior Housing Information (Answer for household head)						
Monthly rent payment	_					
Monthly house payment	_					
ZIP Code						
All Households				Additional Hou A member of th	usehold Information	1
Current Employment (Answer for household head)		Primary Transportation Mode (Answer for household head)		(Check all that Ap		
Occupation		Motor vehicle		Receives Medic	are benefits	
10.5	_	Public				
ZIP Code		transportation		Receives Medic Is a Person With		
		Other	······································	*		
			Total	Number of	Total Number of	f
Racial Categories* (Select A	II That Amelia		Househ	old Members	Hispanic or Latin	no
			Fei,	Category	nousenoid memb	ers
American Indian or Alaska N	alive					
Asian						
Black or African American	_00_1-1-1-		_			
Native Hawaiian or Other Pa	icific Islande	ır				
White						
American Indian or Alaska N	lative <i>and</i> W	hite				
Asian and White						
Black or African American a	nd White					
American Indian or Alaska N	lative and B	lack or African American				
Asian and Black or African A	merican					
Other mutiple race combinat	ion		_			
Person With a Disability	Functi	ctivities; has a record of such impairme ons such as caring for one's self, perfe, standing, lifting, reaching, thinking, c	orming manua	l tasks, walking	ı, seeing, hearing, sp	eaking, breathing,
Major Life Activities		son of Cuban, Mexican, Puerto Rican,				
Hispanic or Latino	-	fless of race. The term "Spanish origions of the control of Cuban, Mexican, Puerto Rice."				
Not-Hispanic or Latino	regard	lless of race.				•
American Indian or Alaska Native	•	son having origins in any of the origina naintains tribal affiliation or community		orth and South	America (including (Jentral America),
		son having origins in any of the origina				
Asian	vietna	ample, Cambodia, China, India, Japan am.	i, Korea, Maia	ysia, Pakistan,	the Philippine Island	s, I naliand, and
Black or African American		son having origins in any of the black r lition to "Black" or "African American."	acial groups o	of Africa. Terms	s such as "Haitian" o	: "Negro" can be u
Native Hawaiian		son having origins in any of the origina	al peoples of H	lawaii, Guam, S	Samoa, or other	
or Other Pacific Islander		c Islands. son having origins in any of the origina	d noonlos of E	urana tha Mide	do East or	
White		Africa.	ii peoples of L	urope, trie midt	ne cast of	
esources, gathering and maintaining coluntary. HUD may not collect this information is authorized by the U.S. Development Technical Amendmen ecording the 50059 Data Requirem pplication interview or lease signing warer/agent to collect the needed in the collect the needed in purpopriate system upgrades have be	g the data nees information. 3. Housing Acts of 1984. The ents to HUD. ag. In-place to formation on the are to complete implementation.	mated to average 10 minutes per response, aded, and completing and reviewing the content and you are to required to complete this content of 1937 as amended, the Housing and U this information is needed to be incompliant. Owners/agents must offer the opportunity enants must complete the format as part of all members of the household. Completed plete the self-certification for children under the different and the complete the self-certification for children under the complete th	ollection of inforform, unless it of from Rural Reconce with OMB-y to the head an their next interfed documents should be the age of 18 port the race and or the race and of t	rmation. This infilisplays a current covery Act of 198 mandated changed d co-head of each im or annual recould be stapled to 3. Once system d d ethnicity data e	formation is required to the valid OMB control of and housing and Co es to Ethnicity and Rac the household to "self co- pretification. This proce objection for each house evelopment funds are in lectronically to the TR	o obtain benefits and number. This mmunity he categories for critfy" during the ss will allow the hold and place in the provided and
/We,				, by sig	ning below cer	tify that I/We
☐ Have provided the i						
_		formation listed above				
certify all information	is true ai	nd accurate to the best of my	/ knowledg	ge.		
sident Signature	Date	Resident Signature	Date	Resident	Signature	Date

Resident Signature

Resident Signature

Date



MARITAL & ESTRANGEMENT DECLARATION

Sworn Declaration of Marital Status and Declaration of Estrangement Addendum to the Application

Property Name:

Plana annulate cithen "A" "P"	"C", "D" or "E" below as appropriate regarding y	our monital status					
Please complete either A, B, PART A:	C, D or E below as appropriate regarding y	our maritai status:					
duly state that I am currently legally separated from my spouse and have trached a copy of my divorce decree, current legal separation agreement, or letter from my attorney.							
PART B:							
	1	but base NOT tales					
any legal action regarding my marital stat	nly state that I am currently separated from my spus. I hereby state that the following conditions app	pouse but have NOT taken ply:					
MY REASONS FOR NOT PURSUING I	EGAL ACTION ARE AS FOLLOWS:						
For example: restraining order, fear of retaliation	on, incarceration, religious beliefs, or other reason explain	ned.					
If separated but not divorced, for the all 1. I am separated and estranged from	oove reason, please read and complete the estra om my spouse	ngement section below:					
Full Name of Estranged Spouse:		-					
	reconcile with my spouse. will not be permitted to reside with me in the above - r d since the beginning of the initial lease term.	referenced development, unless					
	piration of the twelve – months time frame cited above, a development, our entire household must re – qualify as a						
I have children with my sep in the next 12 months. I have children with my sep next 12 months and I have if I do not have children with	paddress potential child support for the next 12 parated spouse and I do not anticipate filing for or arated spouse and I do anticipate filing for or receing attached verification of the anticipated child suppose and will not be receiving any	receiving child support ving child support in the port.					
PART C:							
I,, dul	y state that I am widow/widower						
PART D:							
I,, hav	re never been married.						
PART E:							
I,, and my spou	ee, will both reside in the abov	e referenced development.					
household composition and marital status. I PRIOR approval with management. Under penalty of perjury, I certify that the infe	g situation. This includes, but is not limited to, change will not allow my spouse or any other individual to me ormation presented in this declaration is true and accurate viding false representations herein constitutes and act	e to the best of my knowledge.					
Signature of Applicant/Resident	Printed Name of Applicant/Resident	Date					
Signature of Applicant/Resident	Printed Name of Applicant/Resident	Date					
Revised 12/2018							

Applicant Addendum Questionnaire Applicant Name:

		App	meant Name:		
<u>YES</u>	<u>NO</u>				
o	o	1.	Do you have full custody of your clin unit.)	hild(ren)? (If no, obtain proof of amou	unt of time child{ren} will be living
			Explanation:		
0	o	2.	Are there any absent household myou? (For example, a spouse away in the mi Explanation:		ditions would live with
o	o	3.	Do you expect any changes to your Explanation:	r household composition in the	next 12 months?
				155-1197/1107/3 HAI	120,7721. 170.
			Income Info	rmation	
come is cour	nted for anyone	e 18 or ol	der (unless legally emancipated). However, if t	the income is unearned income such as a	grant or benefit it is counted for
	nembers include			are movine is uncurred movine such as a	State of bottom, it is boarded to:
	Do Y	OU re	Include all income anticipated ceive OR expect to receive incor		; sources?
<u>YES</u>	<u>NO</u>	4	Ti		
0	0	4.	Employment wages or salaries? (In Company Name:	iclude overtime, tips, bonuses, commission Address:	Monthly Gross Amount
		9	Telephone Number	<u>Fax Number</u>	HR Contact Name
o	o	5.	Self-employment? (Include overtime, ti	ps, bonuses, commissions and payments <u>NET Income</u>	received in cash.)
o	o	6.	Regular pay as a member of the A	armed Forces/Military? <u>Gross Amount</u>	
				-	
o	0	7.	Unemployment benefits? Or wor	kman's compensation?	
			Unemployment Amount	Workman's Compensation	
o	o	8.	Public Assistance, General Relief, (TANF)?	AFDC or Temporary Assistan	ce for Needy Families
			Type of Assistance	<u>Amount</u>	
0	o	9.	(a) Child support?	:=	
·	v		(We must count court-ordered suppor	t whether is received or not unless legal t court-ordered rather received directly j	
			Child's Name	Pavor	<u>Amount</u>
•	•		(b) Alimon-9 va		
0	0		(b) Alimony? If yes, Name of Payor		
	o otain court oers)		(c) If support/alimony is court-ordered Explanation:	but not actually received, are you tak	ing legal action to remedy?

10. Social Security, SSI or any other payments from the Social Security Administration?

<u>Type of Payment</u>

<u>Monthly Amount</u>

Yes	<u>NO</u>				
o	o	11.	Regular payments from a Vetera	n's benefit, pension, retiremen	t benefit or annuities?
			Type of Payment	Source of Benefit	Monthly Amount
		8			
0	0	12.	Regular payments from a several Source of Payment	nce package? <u>Amount</u>	
o	o	13.	Regular payments from any type Source of Payment	of settlement? (For example, insura	ance settlements.)
		77			
o	o	14.	Regular gifts or payments from a Source of Payment	nnyone outside of the househole <u>Monthly Amount</u>	1?
o	o	15.	Regular payments from lottery w	vinnings or inheritances? Amount	
				9	
o	o	16.	Regular payments from rental pa	roperty or other types of Real A	Estate transactions?
			-	-	
o	O	17.	Any other income sources or types Source of Payment	es not listed? (Please include below) Amount	1
		10			0
0	0	18.	Do you expect any changes to you Explanation:	ur income in the next 12 month	18?
T.C	DO NOT			41 12.4. 1 - 1	7
			ve any income from any of ent, please add your initials h		ind you are a Zero
N. SELECTION	/5/3 E(())	20.15	Billion Batter Danie vine surrei	RUST DESIGNATION OF THE RESIDENCE	USA LUCIONI LUCIO IN
			Asset Info	rmation	
Include all	assets held and	the incor	ne derived from the asset. INCLUDE ALL A	SSETS HELD BY ALL HOUSEHOLD	MEMBERS INCLUDING
11111101101			Do YOU	hold:	
YES	<u>NO</u>				
o	o	19.	Checking or savings account? (C	hecking must have last 6 months avera	age balance, saving current) Amount AND Interest Rate
o	o	20.	CDs, money market accounts or	treasury bills?	Amount
				- Indicat Institute	Ismount
				1	
o	o	21.	Stocks, bonds or securities? Type of Account	Company or Broker	Amount
o	o	22.	Trust Funds? Type of Account	Financial Institute	Amount

Yes	No				
o	o	23.	Pensions, IRAs, Keogh or other to Type of Account	retirement accounts? <u>Financial Institute</u>	<u>Amount</u>
o	0	24.	Whole life insurance policy? <u>Insurance Carrier</u>	Telephone Number	Amount
o	o	25.	Real estate, rental property, land holdings? (This includes your personal residence, mo		
o	O	26.	Personal property held as an inv (This includes paintings, coin or stamp col- include your personal belongings such as y <u>Item</u>	lections, artwork, collector or show cars	, and antiques. This does not
0	0	27.	A safe deposit boxes? Financial Institute	Amount	
o	o	20			
0	o	28. 29.	Do you have any cash on hand? Have you or any other househole		n away any asset(s) for
			LESS than fair market value wi		
			Household Member: Explanation:	Amount:	
	\$637-b		Student Status	Information	
			的证明的特殊的证明	建立地的特别的。而此是	
o	o	30.	Are you or anyone in your house recent class schedule including the words Household Member		please provide a copy of the most
					
o	o	31.	Are you or anyone in your hous recent class schedule including the words Household Member		— is, please provide a copy of the most
			Signature	· Clause	
information determine m understand t I authorize n occupancy, information	and answers to y eligibility. I hat such action ny consent to h I will provide a required for ex	the aborundersta may res ave man all neces pediting	ying on this information to prove my househ we questions are true and complete to the best and that providing false information or makinult in criminal penalties. agement verify the information contained in sary information including source names, add this process. I understand that my occupancy	t of my knowledge. I consent to release to g false statements may be grounds for dotthis application addendum for purposes dresses, phone numbers, account number	the necessary information to enial of my application. I also of proving my eligibility for s where applicable and any other
nousing Cre	edit Program re	quireme	Please sign and	l date below:	
Printed N	Vame			Date	
Signature	e				



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			
_	A ====4	W7			

☐ 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 ingles.

Port	favor traiga	los siguientes	documentos	al devolver	la solicitud:
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	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.)