



RENTAL APPLICATION APPROVAL CRITERIA

Before you apply to rent an apartment, please take the time to review our rental application approval criteria. The following information is offered so that all the applicants will have available to them a detailed statement of the rental qualifying policies adopted by Equity Management Partners and **HATTON HOUSE**. Although we have attempted to make this document easy to read and understand, it does include formal language and legal terms. If you have any questions regarding our policies or about the information contained in this document, please contact any member of our management team.

We will not discriminate against any person in the rental of an apartment because of race, color, religion, national origin, sex, age, familial status, sexual orientation or mental or physical handicap. Please be aware that some properties may have age restrictions.

The term "applicant(s)" under these criteria means the persons that will be signing the Lease as a "resident"; the term "occupant(s)" in these criteria means the person or persons that are authorized occupants under the lease. All adult occupants will be considered as responsible residents under the Lease Agreement and will be asked to sign the Lease as a resident. Please also note that these are our current rental criteria; nothing contained in these requirements shall constitute a guarantee or representation by us concerning current or prior residents or occupants. Our ability to verify whether these requirements have been met is limited to the information we receive from the various consumer reporting services used.

You have applied for and intend to live in a dwelling that is subject to the laws and regulations pertaining to the Low-Income Housing Tax Credit (LIHTC). Your eligibility and occupancy in such housing is dependent upon strict compliance with the specific income eligibility and other requirements of each program. To determine program eligibility, you will be asked to provide sources and documentation to verify all income, assets, student status and other eligibility information.

Confidentiality: We maintain a strict policy of confidentiality and privacy for our applicants and residents. We do not discuss information on applications with anyone other than the applicant. In addition, we do not discuss individual credit reports with an applicant. If you would like to discuss or dispute any information contained in your credit report, you will need to contact the consumer-reporting agency in which the report derived. We will provide you with the name and address of that consumer-reporting agency upon request. All information provided remains with your application and will not be returned, duplicated or forwarded.

Application for Residency: An Application for Residency must be completed and maintained for each adult applicant. Each applicant must complete the rental application fully and accurately. Falsification of information will result in denial of residency.

Application Fee: A non-refundable application fee of **\$50.00** for the first adult 18 years and older, and **\$50.00** for each additional adult occupants. All application fees are non-refundable. Because there are no exceptions, it is important that you review this information carefully before applying, making certain that, to the best of your knowledge; you meet the rental application approval criteria stated in this document.

Occupants: All applicants must meet the established occupancy standards. As a general policy, there should be no more than two persons per bedroom. The only exception to occupant limitations is anyone protected as familial status under Federal Fair Housing Guidelines. In this case, we will allow 2 persons per bedroom, plus one additional person in the apartment home.

Identification: All visitors must present a valid driver's license or other photo identification in order to view the community. Applicants must present a valid government issued photo identification for each person age 18 years and older that will be living in the apartment. Social Security cards will be necessary for all household members. Birth certificates are required for all minors in the household.

Income/Employment: Applicants must have a gross income source that can be verified and is at least **(2X) times the monthly rent of the apartment being leased**. Acceptable income verification required may include the applicant's 6 most recent consecutive paycheck stubs, an employment verification on company letterhead signed by a direct supervisor, payroll of human resources department representative. In the event of a job change, the previous employment will be verified, and the applicant must provide a copy of an employment contract or written offer letter from the new employer. Additional information may be requested.

Rental History: Previous rental history reports from previous landlords must reflect timely payment, sufficient notice of intent to vacate, no complaints regarding noise, disturbances or illegal activities, no NSF checks, and no damage to rental property or failure to leave the property clean and without damage when you left the property. Rental history must be rated satisfactory or better, with no record of evictions.

Income from other sources: You must list ALL income from sources other than employment for ALL household members on the Rental Application. This includes, but is not limited to Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Alimony, Child Support, Workmen's Compensation, IRA, Rental Income, Life Insurance, Trust Funds, Stocks, Bonds, etc.

Self-Employed Individuals: Such applicants must provide a full copy of the previous two (2) years tax returns with Schedule C attached, or if the business has been in existence less than two (2) years, must provide a letter from a Certified Accountant that states the true and accurate income from the business.

Credit History: An unsatisfactory credit report may disqualify an applicant from renting an apartment home at this community. An unsatisfactory credit report is one which reflects past or current bad debts, slow pays, evictions, late payments or unpaid bills, liens, judgments, return checks or debts to utility providers. Bankruptcies discharged within the last twelve (12) months may be re-evaluated if all other criteria is met. Foreclosures appearing on an applicant's credit report within the last twenty-four (24) months may be re-evaluated if the monthly rental amount for the apartment being applied for is less than the mortgage payment listed on the applicant's credit report. Multiple foreclosures are not accepted. Upon review of the credit history an additional deposit or last month's rent maybe required to obtain residency.

Criminal History: A criminal background check will be run on all applicants. An applicant may be automatically denied in the event the applicant(s) have ever been convicted of a felony or misdemeanor for a crime against a person, another person's property or against society. The applicant(s) may also be declined if they have received adjudication withheld or have been charged with a felony or misdemeanor offense(s) for a crime against a person, another person's property or against society. An automatic denial will also occur should an applicant appear on the list of known terrorists and wanted fugitives as provided by the Office of Foreign Asset Control (OFAC), federal agencies to include the FBI or other state and local law enforcement agencies, a sexual predator or sexual offender, or any other conviction of any length of time for any drug related, sexual related, murder related, theft or arson related crime.

MANAGEMENT RESERVES THE RIGHT TO REQUIRE CRIMINAL BACKGROUND CHECKS AT EACH RE-CERTIFICATION/RENEWAL.

The applicant agrees that the lease shall be terminated in the event the applicant, after moving onto the property, is convicted of a felony or misdemeanor for a crime against a person, another person's property or against society, and/or appears on the list of known terrorists and wanted fugitives. Note: This requirement does not constitute a guarantee or representation that residents or occupants residing at this apartment community have not been convicted of a felony or are not subject to deferred adjudication for a felony.

Guarantor: A Lease Guarantor and/or additional security deposit may be required upon evaluation of the rental application(s). Lease guarantors may be accepted for income qualification purposes only and must reside in the USA. Guarantors are required to fill out a separately rental application. The guarantor's gross monthly income must total at least **(4)** times the sum of the highest installment rate. Guarantor must have (1) verifiable employment in this country, or (2) verifiable source of income. If guarantor is self-employed or receives money from non-employment sources, the guarantor must provide (1) a photocopy of a tax return from the previous year, or (2) provide a financial statement from a CPA verifying employment and income, or (3) photocopies of the three most current bank statements. A credit check will be processed on all guarantors. The guarantor must reside in the United States and a social security number is required. Bankruptcy may result in a non-approval.

Pets: We welcome pets here at **HATTON HOUSE**; a non-refundable pet fee of **\$250.00.00** must be paid for each pet, plus a Monthly Pet Fee of **\$20.00 per pet**. No pet should be more than **35 lbs**. No more than 2 pets per apartment will be allowed. Cats must be spayed or neutered (Documentation from a veterinarian must be provided). No more than 2 pets per apartment will be allowed. No exotic pets, fish, fish tanks, and rodents will be allowed. The following pet breeds will not be accepted: Dalmatian, Boxer, Presa Canario, Chow-Chow, Alaskan malamute, St. Bernard, Husky, Siberian husky, German shepherd, Pit Bull, Rottweiler, Doberman pinscher, Akita, American Staffordshire terrier, Great Dane, Labrador retriever, Wolf-Hybrid and Rhodesian ridgeback. **All applicants with Emotional Support Animals (ESA) will receive a "Reasonable Accommodations" form. This form must be filled out by your healthcare professional before the companion animal is allowed on the property.**

ADA Statement: Our apartment community and the Owner are committed to compliance with the American with Disabilities Act by allowing the modification of existing premises for reasonable accommodations at the expense of the disabled person, if the disabled person agrees to restore the premises at their own expense to the pre-modified condition provided the modification would not affect the use and enjoyment of the premises for future residents.

Student Status: Pursuant to affordable housing programs, to the extent applicable, we cannot approve an application in which ALL occupants of a household will be students, unless they meet an acceptable exemption established by the affordable housing guidelines. Please ask a leasing associate for student qualifications.

All Initial Funds: Holding deposit, first month's rent, application fees, pet deposits, security deposits must be paid by cashier's check or money order payable to: **HATTON HOUSE**.

Evaluation: A third party company evaluates the above information with a scoring method that weights the indicators of future rent payment performance, rental, employment, credit and criminal history. Any exceptions to these criteria will need to be submitted in writing to Equity Management Partners for consideration. If approval is then given for such exceptions, additional security deposit, co-signer and/or additional "higher" rent, including last month's rent may be required.

Validity Period: Approved applications remain in good standing for a period of sixty (60) days from the approval date. If the lease is not signed and/or the applicant fails to occupy an apartment within the viable time period, the application must be resubmitted for verification and approval and a new application fee must be paid.

Security Deposit: Security deposit is equal to **ONE MONTH'S RENT** with approved credit. It may increase depending on credit. No rental history – deposit equal to a month and a half of rent.

Cancellation of Application & Holding Deposit Refund: Reservation/Amenity Fee: **\$** . I fully understand that I may cancel this application by providing a notice in writing within 72 hours and receive a full refund of the reservation/amenity fee. If I cancel my application after 72 hours or fail to occupy the apartment upon the agreed date, I understand that I am no longer entitled to any refund of the reservation/amenity fee. Application fee will not be refundable. Application will not be processed for credit until we receive the written verification of employment. The 72-hour application clause begins at the time the application is submitted to management. It is the applicant's responsibility to ensure the required verification of employment is received within 72 hours.

Applicant's Name _____	Signature _____	Date _____
Add. Applicant's Name _____	Signature _____	Date _____
Property Rep. Name _____	Signature _____	Date _____



RENTAL APPLICATION FOR AFFORDABLE HOUSING PROGRAM

A separate application is required for each unmarried individual aged 18 years and over.
Married couples can fill out one application.

IF A QUESTION DOESN'T APPLY, WRITE "NONE" OR "ZERO." USE BLUE OR BLACK INK ONLY. DON'T USE WHITEOUT

APPLICANT'S FULL NAME _____ **DATE OF BIRTH** _____ **AGE** _____

SOCIAL SECURITY # _____ **IDENTIFICATION #** _____ **I.D TYPE** _____

PHONE # _____ **HOME** **MOBILE** **EMAIL ADDRESS** _____

MARITAL STATUS: **SINGLE** **MARRIED** **SEPARATED** **DIVORCED** **WIDOWED** **STUDENT?** _____ **IF YES:** **FULL TIME** **PART TIME**

PRESENT EMPLOYER (**NOT EMPLOYED**) _____ **JOB TITLE** _____

ADDRESS _____ **HIRE DATE** _____ **TO** _____

CONTACT PERSON _____ **PHONE** _____ **FAX** _____

WAGES/SALARY \$ _____ (*choose only one*) **HOURLY** **WEEKLY** **BI-WEEKLY** **SEMI-MONTHLY** **MONTHLY** **YEARLY**

PREVIOUS / 2ND EMPLOYER NAME _____ **JOB TITLE** _____

ADDRESS _____ **HIRE DATE** _____ **TO** _____

CONTACT PERSON _____ **PHONE** _____ **FAX** _____

WAGES/SALARY \$ _____ (*choose only one*) **HOURLY** **WEEKLY** **BI-WEEKLY** **SEMI-MONTHLY** **MONTHLY** **YEARLY**

SPOUSE'S FULL NAME _____ **DATE OF BIRTH** _____ **AGE** _____

SOCIAL SECURITY # _____ **IDENTIFICATION #** _____ **I.D TYPE** _____

PHONE # _____ **HOME** **MOBILE** **EMAIL ADDRESS** _____

STUDENT? _____ **IF YES:** **FULL TIME** **PART TIME**

PRESENT EMPLOYER (**NOT EMPLOYED**) _____ **JOB TITLE** _____

ADDRESS _____ **HIRE DATE** _____ **TO** _____

CONTACT PERSON _____ **PHONE** _____ **FAX** _____

WAGES/SALARY \$ _____ (*choose only one*) **HOURLY** **WEEKLY** **BI-WEEKLY** **SEMI-MONTHLY** **MONTHLY** **YEARLY**

PREVIOUS / 2ND EMPLOYER NAME _____ **POSITION** _____

ADDRESS _____ **HIRE DATE** _____ **TO** _____

CONTACT PERSON _____ **PHONE** _____ **FAX** _____

WAGES/SALARY \$ _____ (*choose only one*) **HOURLY** **WEEKLY** **BI-WEEKLY** **SEMI-MONTHLY** **MONTHLY** **YEARLY**

LIST ALL MINOR HOUSEHOLD MEMBERS (17 AND UNDER), INCLUDE UNBORN MEMBERS

- A. Do not include minors who will be present less than 50% of the time.
 B. List only children who are dependent of the persons listed on this application.

MINOR(S) FULL NAME	DATE OF BIRTH	AGE	RELATIONSHIP	SOCIAL SECURITY #	STUDENT?
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

- DO YOU HAVE CUSTODY OF ALL THE MINORS (17 AND UNDER) LISTED ABOVE? **YES** **NO** **DOES NOT APPLY**
- ARE THERE ANY OTHER HOUSEHOLD MEMBERS NOT LISTED HERE OR ON A SEPARATE APPLICATION (SPOUSE, ABSENT SPOUSE, ROOMMATE, OR OTHERS)? **YES** **NO** **IF YES, PLEASE EXPLAIN:** _____
- DOES ANYONE PLAN TO LIVE WITH IN THE FUTURE WHO IS NOT LISTED? **YES** **NO** – **IF YES, WHO?** _____
- ANYONE LISTED ABOVE A FOSTER MEMBER? **YES** **NO**
- WILL ANYONE IN THIS APPLICATION NEED A LIVE-IN AIDE? **YES** **NO** – **IF YES TELL US WHO?** _____
- IS ANY ADULT HOUSEHOLD MEMBER CLAIMING "ZERO INCOME" FOR THE NEXT 12 MONTHS? **YES** **NO**. **IF YES, TELL US WHO** _____

RENTAL HISTORY

CURRENT ADDRESS _____ APT # _____ CITY/STATE/ZIP _____
LANDLORD/COMMUNITY NAME _____ PHONE _____ FAX _____
MONTHLY PAYMENT \$ _____ RENT / MORTGAGE OCCUPANCY DATES: FROM _____ TO _____
REASON FOR MOVING OUT? _____

PREVIOUS ADDRESS _____ APT # _____ CITY/STATE/ZIP _____
LANDLORD/COMMUNITY NAME _____ PHONE _____ FAX _____
MONTHLY PAYMENT \$ _____ RENT / MORTGAGE OCCUPANCY DATES: FROM _____ TO _____
REASON FOR MOVING OUT? _____

MARKETING SOURCE

HOW DID YOU HEAR ABOUT US? _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____ PHONE # _____
DO YOU ALLOW THE PERSON NAMED ABOVE TO ENTER YOUR UNIT IN AN EMERGENCY? YES NO

PET INFORMATION

NAME _____ TYPE _____ BREED _____ COLOR _____ AGE _____
NAME _____ TYPE _____ BREED _____ COLOR _____ AGE _____
UNDER FEDERAL LAW, IS ANY OF THE LISTED PETS CONSIDERED A SERVICE OR EMOTIONAL SUPPORT ANIMAL? YES NO

VEHICLE INFORMATION

YEAR _____ MAKE _____ MODEL _____ COLOR _____ PLATE _____ STATE _____
YEAR _____ MAKE _____ MODEL _____ COLOR _____ PLATE _____ STATE _____

RENTAL & BACKGROUND HISTORY

HAVE YOU OR ANY OCCUPANT LISTED IN THIS APPLICATION EVER?

1. BEEN EVICTED OR ASKED TO MOVE OUT? YES NO
2. MOVE OUT OF A DWELLING BEFORE THE END OF THE LEASE TERM WITHOUT THE OWNER'S CONSENT? YES NO
3. DECLARED BANKRUPTCY? YES NO
4. BEEN SUED FOR RENT? YES NO
5. BEEN SUED FOR PROPERTY DAMAGE? YES NO
6. BEEN CONVICTED (OR RECEIVED AN ALTERNATIVE ADJUDICATION EQUIVALENT TO CONVICTION) OF A FELONY, MISDEMEANOR INVOLVING A CONTROLLED SUBSTANCE, VIOLENCE TO ANOTHER PERSON, DESTRUCTION OF PROPERTY, THEFT, AND/OR A SEX CRIME? YES NO

IF YES TO ANY QUESTION ABOVE, 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) _____

WILL YOUR HOUSEHOLD BE RECEIVING SECTION 8 (HOUSING VOUCHER) RENTAL ASSISTANCE AT THE TIME OF MOVE-IN? YES NO

HOUSING AUTHORITY NAME _____ VOUCHER BEDROOM SIZE _____
CASE WORKER NAME _____ PHONE _____ EXT # _____

DOES ANYONE IN THE HOUSEHOLD RECEIVE ANY TYPE OF SCHOLARSHIPS AND/OR GRANTS OR ANY OTHER SOURCE OF INCOME FOR SCHOOLING? YES NO.

IF THE QUESTION ABOVE IS "YES", PLEASE PROVIDE NAME OF SCHOLARSHIP/GRANT PROVIDER: _____
AND TOTAL FUNDING FOR TUITION, BOOKS, AND LIVING EXPENSES ANTICIPATED IN THE NEXT TWELVE MONTHS \$ _____

ADDITIONAL MONTHLY INCOME

DO YOU, OR ANYONE LISTED IN THIS APPLICATION RECEIVE OR HAVE BEEN AWARDED ANY OF THE FOLLOWING?

		HEAD OF HOUSEHOLD	SPOUSE	MINOR MEMBER(S)
SSI/SSA (SOCIAL SECURITY)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
SELF-EMPLOYMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
RETIREMENT/PENSION	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
UNEMPLOYMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
WORKER'S COMP	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
RECURRING CONTRIBUTION	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
CHILD SUPPORT OR ALIMONY	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
HAVE CHILD SUPPORT COURT ORDER	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
AFDC/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
V/MILITARY INCOME	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
RENTAL INCOME	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____

HOUSEHOLD ASSET INFORMATION

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

		HEAD OF HOUSEHOLD	SPOUSE	MINOR MEMBER(S)
CHECKING(S) ACCOUNT	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
SAVING(S) ACCOUNT	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
CASH ON HAND	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
SAFETY DEPOSIT BOX	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
CERTIFICATE OF DEPOSIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
MONEY MARKET FUNDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
STOCKS/BONDS/MUTUAL FUNDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
IRA/401K/KEOGH	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
TRUST FUND	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
RETIREMENT/PENSION	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
LAND CONTRACTS	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
LUMP SUM RECEIPTS	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
CAPITAL INVESTMENTS	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
LIFE INSURANCE (EXCLUDE TERM)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
PROPERTY HELD AS INVESTMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____

NOTE: ONLY INCLUDE FULLY ACCESSIBLE FUNDS (E.G., RETIREMENT, PENSION, TRUST) FOR HOUSEHOLD MEMBERS.

BANK ACCOUNT INFORMATION

BANK NAME (CHECKING ACCOUNT) _____ LOCATION _____ ACCT # _____

BANK NAME (SAVING'S ACCOUNT) _____ LOCATION _____ ACCT # _____

SAVINGS CERTIFICATE(S), CERTIFICATE(S) OF DEPOSIT, MONEY MARKET(S) INFORMATION

BANK NAME _____ LOCATION _____ ACCT # _____

- DO YOU OWN A HOME OR REAL ESTATE? YES NO – IF YES, BANK NAME _____ PHONE # _____
- HAVE YOU OR ANYONE LISTED HAVE SOLD OR GIVEN AWAY ASSETS (INCLUDING CASH, REAL ESTATE, ETC.) FOR LESS THAN FAIR MARKET VALUE (FMV) DURING THE PAST TWO (2) YEARS? YES NO IF YES, WHAT WAS THE VALUE WHEN SOLD? \$ _____

APPLICATION AUTHORIZATION AND ACKNOWLEDGEMENT

THE APPLICANT CONFIRMS ALL STATEMENTS ARE TRUE AND AUTHORIZES VERIFICATION OF INFORMATION, REFERENCES, CREDIT, AND CRIMINAL RECORDS. A NON-REFUNDABLE FEE HAS BEEN PAID FOR THESE CHECKS. FALSE INFORMATION MAY LEAD TO APPLICATION REJECTION, TERMINATION OF OCCUPANCY RIGHTS, FORFEITURE OF DEPOSITS, AND POTENTIAL CRIMINAL CHARGES.

A NON-REFUNDABLE **\$50.00** APPLICATION FOR THE FIRST ADULT AGED 18 AND OVER, AND **\$50.00** FOR EACH ADDITIONAL ADULT OCCUPYING THE APARTMENT, THIS FEE COVERS PROCESSING COSTS AND IS NOT A RENT OR SECURITY DEPOSIT. ACCEPTANCE OR REJECTION OF THE APPLICATION DOES NOT REFUND THIS FEE.

AN "APARTMENT DEPOSIT" IS MADE TO HOLD A UNIT OFF THE MARKET DURING APPROVAL. IF APPROVED AND A LEASE IS SIGNED, IT CREDITS THE SECURITY DEPOSIT. IF NO LEASE IS SIGNED, THE DEPOSIT IS FORFEITED. KEYS ARE GIVEN POST-LEASE EXECUTION AND PAYMENT.

A \$0 HOLDING DEPOSIT CAN BE REFUNDED WITHIN 72 HOURS OF APPLICATION CANCELLATION. AFTER 72 HOURS, OR IF THE LEASE ISN'T SIGNED, IT SERVES AS LIQUIDATED DAMAGES.

POST-APPROVAL, THE LEASE MUST BE SIGNED WITHIN 3 DAYS (IN-PERSON/PHONE) OR 5 DAYS (MAIL). FAILURE RESULTS IN FORFEITING THE APPLICATION DEPOSIT.

WITHDRAWAL BEFORE APPROVAL ALLOWS MANAGEMENT TO KEEP ALL APPLICATION DEPOSITS AS LIQUIDATED DAMAGES.

IF INVOLVED WITH FLORIDA'S SHIP PROGRAM, THIS APPLICATION IS SUBJECT TO PUBLIC RECORDS LAWS. NOTIFY US IN WRITING IF YOU BELIEVE YOUR INFORMATION SHOULD BE PROTECTED; OTHERWISE, NON-EXEMPT INFORMATION MAY BE RELEASED.

UNDER PENALTY OF PERJURY, I/WE CERTIFY THAT THE INFORMATION PRESENTED IN THIS DECLARATION IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTAND(S) THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION MAY RESULT IN THE TERMINATION OF A LEASE AGREEMENT.

APPLICANT PRINT NAME

SIGNATURE

DATE

APPLICANT PRINT NAME

SIGNATURE

DATE

OWNER/OWNER'S AGENT PRINT NAME

SIGNATURE

DATE

TENANT RELEASE AND CONSENT AUTHORIZATION

I/WE, (WHOSE'S NAME AND SIGNATURE(S) APPEAR AT THE BOTTOM OF THIS DOCUMENT) THE UNDERSIGNED HEREBY AUTHORIZE ALL PERSONS OR COMPANIES IN THE CATEGORIES LISTED BELOW TO RELEASE WITHOUT LIABILITY, INFORMATION REGARDING EMPLOYMENT, INCOME, AND/OR ASSETS TO **HATTON HOUSE** (OWNER OR AGENT) FOR PURPOSES OF VERIFYING INFORMATION ON MY/OUR APARTMENT RENTAL APPLICATION.

INFORMATION COVERED: I/WE UNDERSTAND THAT PREVIOUS OR CURRENT INFORMATION REGARDING ME/US MAY BE NEEDED. VERIFICATIONS AND INQUIRIES THAT MAY BE REQUESTED INCLUDE BUT ARE NOT LIMITED TO: PERSONAL IDENTITY; EMPLOYMENT, INCOME, AND ASSETS; MEDICAL OR CHILD CARE ALLOWANCES. I/WE UNDERSTAND THAT THIS AUTHORIZATION CANNOT BE USED TO OBTAIN ANY INFORMATION ABOUT ME/US THAT IS NOT PERTINENT TO MY ELIGIBILITY FOR AND CONTINUED PARTICIPATION AS A QUALIFIED TENANT.

THE GROUPS OR INDIVIDUALS THAT MAY BE ASKED TO RELEASE THE ABOVE INFORMATION INCLUDE, BUT ARE NOT LIMITED TO:

- PAST AND PRESENT EMPLOYERS
- WELFARE AGENCIES
- VETERANS ADMINISTRATION
- PROVIDERS MEDICAL AND CHILD CARE PROVIDERS
- CREDIT PROVIDERS & BUREAUS
- PREVIOUS LANDLORDS (INCLUDING PUBLIC HOUSING AGENCIES)
- STATE UNEMPLOYMENT AGENCIES
- RETIREMENT SYSTEM
- LAW ENFORCEMENT AGENCIES
- UTILITY COMPANIES
- SOCIAL SECURITY ADMINISTRATION
- BANKS AND OTHER FINANCIAL INSTITUTIONS
- SUPPORT AND ALIMONY
- SCHOOLS AND COLLEGES
- COURTS AND POST OFFICES

CONDITIONS: I/WE AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. THE ORIGINAL OF THIS AUTHORIZATION IS ON FILE AND WILL STAY IN EFFECT FOR A YEAR AND ONE MONTH FROM THE DATE SIGNED. I/WE UNDERSTAND I/WE HAVE A RIGHT TO REVIEW THIS FILE AND CORRECT ANY INFORMATION THAT IS INCORRECT.

UNDER PENALTY OF PERJURY, I/WE CERTIFY THAT THE INFORMATION PRESENTED IN THIS DECLARATION IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTAND(S) THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION MAY RESULT IN THE TERMINATION OF A LEASE AGREEMENT.

APPLICANT PRINT NAME

SIGNATURE

DATE

APPLICANT PRINT NAME

SIGNATURE

DATE

OWNER/OWNER'S AGENT PRINT NAME

SIGNATURE

DATE

Sworn Declaration of Student Status
Addendum to Application

Date
Applicant/Resident Name
Development Name Hatton House
Unit Number/Identification

This rental community has received funding from a program which does not generally allow occupancy by households comprised entirely of full-time students.

A "Student" is an individual who is a fulltime student at an educational organization which normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on, for at least five calendar months during a calendar year.

The following information is requested as part of the household qualification process. Please mark the applicable item(s).

- A. I am not a student and do not anticipate enrolling as a student in the upcoming year.
B. I anticipate enrolling as a student in the upcoming year.
C. I am a part-time student and expect to remain a part-time student in the upcoming year.
D. I am a full-time student.
E. I am a full-time student and offer the following explanation for eligibility consideration:
1. I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act.
2. I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar Federal, State, or local laws.
3. I am a single parent with dependent children and none of the household members are dependents of another party other than a parent of the children.
4. I am married and file a joint federal tax return with my spouse.
5. I am a former foster child in transition to independence.

NOTE: Developments that participate in only the pre-1986 MMRB program shall apply explanation 4 only.

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 an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I will provide proof of credit hours or other documentation that may be required for each school term during my occupancy of a unit at this rental community.

Applicant/Resident Signature Date
Owner Representative Signature and Title Date



UNEMPLOYMENT AFFIDAVIT

NOTE: COMPLETE AND SIGNED ONLY IF UNEMPLOYED

Date: _____

Applicant/Tenant: _____

Property Name: Hatton House

Unit Number: _____

1. Check (a) or (b) as applicable:

_____ (a) I am collecting unemployment benefits. A statement of earnings are attached.

_____ (b) I am **NOT** collecting unemployment benefits, nor do I expect to collect unemployment benefits.

2. Check (a) or (b) as applicable:

_____ (a) I am **NOT** presently employed and do not anticipate becoming employed within the next twelve (12) months.

_____ (b) I am not presently employed, but anticipate becoming employed within the next twelve (12) months. Based on my past work experience, skills, and income history as reflected in my income tax return for the most recent tax year (copy attached) and with adjustments to reflect circumstances anticipated within the next twelve (12) months, I expect to earn \$ _____ per year when I become employed.

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

Signature

Date

Warning

Section 1001 of Title 18, United States Code provides, "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact or makes any false, fictitious or fraudulent statements or representations, or makes use any false writing or document knowing the same contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$250,000 or imprisoned not more than five years, or both."



MARITAL STATUS DECLARATION

Property: **Hatton House**

Unit #: _____

Please complete either "A", "B" or "C" below as appropriate with regard to 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, _____, hereby certify that:

1. I am separated and estranged from my spouse

Full name of 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, out entire household must re-qualify as a new household.
-

PART C:

I, _____, have never been married.

I, _____, am married and residing with my spouse, _____

I, _____, am widowed.

Other: _____

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 an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Resident

Date

DEMOGRAPHICS STATISTICAL DATA FOR REPORTING PURPOSES

(ONE FORM NEEDED PER HOUSEHOLD)

HOUSEHOLD NAME: _____ **UNIT:** _____

YOU HAVE APPLIED FOR, OR CURRENTLY RESIDE IN, A RENTAL HOUSING UNIT LOCATED IN A DEVELOPMENT OPERATING UNDER THE "LOW-INCOME HOUSING TAX CREDIT" (LIHTC) PROGRAM OF SECTION 42 OF THE INTERNAL REVENUE CODE. THE COLLECTION OF CERTAIN RESIDENT DATA IS AUTHORIZED BY THE HOUSING & ECONOMIC RECOVERY ACT OF 2008 AND WILL BE FURNISHED TO THE U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT (HUD). EACH HOUSEHOLD MUST BE OFFERED THE OPPORTUNITY TO DISCLOSE THEIR RACE, ETHNICITY, AND DISABILITY STATUS. PARENTS/GUARDIANS ARE ASKED TO DISCLOSE ON BEHALF OF ALL CHILDREN IN THE HOUSEHOLD WHO ARE UNDER THE AGE OF 18. THERE IS NO PENALTY FOR THOSE HOUSEHOLDS WHO DO NOT WISH TO PROVIDE THE REQUESTED INFORMATION. HOWEVER, ALL ADULT MEMBERS (18 YEARS OR OLDER) MUST SIGN/DATE AT THE BOTTOM OF THIS FORM AS PROOF THAT THE OPTION TO DISCLOSE WAS MADE AVAILABLE. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY.

- I ELECT TO PARTICIPATE AND PROVIDE THE FOLLOWING INFORMATION. (FULLY COMPLETE THE FORM)
- I ELECT NOT TO PARTICIPATE. (DO NOT COMPLETE FORM & SIGN)

RACIAL CATEGORIES (SELECT ALL THAT APPLY)	TOTAL NUMBER OF HOUSEHOLD MEMBERS PER CATEGORY	TOTAL NUMBER OF HISPANIC OR LATINO HOUSEHOLD MEMBERS
<input type="checkbox"/> American Indian Or Alaska Native		
<input type="checkbox"/> Asian		
<input type="checkbox"/> Black Or African American		
<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander		
<input type="checkbox"/> White		
<input type="checkbox"/> American Indian Or Alaska Native <i>And</i> White		
<input type="checkbox"/> Asian <i>And</i> White		
<input type="checkbox"/> Black Or African American <i>And</i> White		
<input type="checkbox"/> American Indian Or Alaska Native <i>And</i> Black Or African American		
<input type="checkbox"/> Asian <i>And</i> Black Or African American		
<input type="checkbox"/> Other Multiple Race Combination		

New Households

Prior Housing Information

(Answer for head of household only)

Monthly rent payment \$ _____
 Monthly house payment \$ _____
 ZIP Code _____

All Households

Current Employment

(Answer for head of household only)

Occupation _____
 ZIP Code _____

Primary Transportation Mode

(Check for head of household only)

Motor vehicle _____
 Public transportation _____
 Other _____

A member of the household:

(Check all that Apply)

Receives Medicare benefits _____
 Receives Medicaid benefits _____
 Is a Person with a Disability _____

 Applicant Print Name

 Applicant Print Name

 Applicant Print Name

 Owner/Owner's Agent Print Name

 Signature

 Signature

 Signature

 Signature

 Date

 Date

 Date

 Date

Household Assets Sworn Declaration

Complete only one form per household; include assets of children.

Household Name _____ Unit # _____
 Development _____
 Name Hatton House Apartments City Sneads

Complete all that apply for 1 through 6:

1. I (we) do not have any net family assets (as defined in 24 CFR 813.102) at this time.
2. I (we) hereby state that the combined value of net family assets does not exceed \$5,000 and the anticipated annual income from these assets is \$ _____.
3. I (we) hereby state that the combined value of net family assets exceeds \$5,000 and the anticipated annual income from these assets is \$ _____.
4. My (our) assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money Market Funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds 401K
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in Real Estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital Investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term insurance)				\$ _____
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above (identify):				\$ _____
\$ _____	_____	\$ _____	Personal property held as an investment (identify)**:				\$ _____
\$ _____	_____	\$ _____	Other (identify):				\$ _____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to household members. Include only those amounts which are fully available.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

5. I (we) have not sold or given away assets (including cash, real estate, etc.) for less than fair market value (FMV) during the past two (2) years.
6. Within the past two (2) years, I (we) have sold or given away assets for more than \$1,000 below their fair market value (FMV). The difference between FMV and the amount received, for each asset on which this occurred is included above and is equal to a total of \$ _____.

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

Applicant/Tenant Date Applicant/Tenant Date

**Sworn Declaration of Child Support
Addendum to Application**

Applicant/Resident Name _____
 Development Name Hatton House Apartments
 Unit Number/Identification _____

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

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

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

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

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