



3. **Unemployment benefits or worker's compensation?**  
 Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_
4. **Public Assistance (such as TANF), Child Support, or Alimony?**  
 Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_
5. **Social Security, SSI, Veterans benefits, pension, retirement benefits, annuities, disability, death benefits or life insurance dividends**  
 Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_
6. **Any other income from any other source whatsoever (ex.: rental property, recurring gifts, etc.)?**  
 Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_

**Asset Information:**

Include all assets held and the corresponding annual interest rate, dividends, or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

YES NO **Include ALL assets held by ALL household members including minors. Do YOU or ANYONE in your household hold?**

1. Checking (average six-month balance), pay card (current balance), or savings account (current balance)?  
 Type of Account \_\_\_\_\_ Location of Account \_\_\_\_\_  
 Household Member's Name \_\_\_\_\_ Amount in Account \_\_\_\_\_  
 Account # \_\_\_\_\_ Interest Rate \_\_\_\_\_
2. CDs, money market accounts, mutual funds, treasury bills, stocks, bonds, securities, trust fund?  
 Type of Account \_\_\_\_\_ Location of Account \_\_\_\_\_  
 Household Member's Name \_\_\_\_\_ Amount in Account \_\_\_\_\_  
 Account # \_\_\_\_\_ Interest Rate \_\_\_\_\_
3. Pensions, IRAs, KEOGH, or other retirement accounts?  
 Type of Account \_\_\_\_\_ Location of Account \_\_\_\_\_  
 Household Member's Name \_\_\_\_\_ Amount in Account \_\_\_\_\_  
 Account # \_\_\_\_\_ Interest Rate \_\_\_\_\_
4. Whole Life Insurance or other Life Insurance Policies that have a cash value?  
 Type \_\_\_\_\_ Household Member Name \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Type \_\_\_\_\_ Household Member Name \_\_\_\_\_ Value \$ \_\_\_\_\_
5. Cash on hand (excluding any amounts listed above)?  
 Household Member's Name \_\_\_\_\_ Amount \_\_\_\_\_  
 Household Member's Name \_\_\_\_\_ Amount \_\_\_\_\_
6. Real estate, rental property, land, contract for deeds or other real estate holdings or personal property as an investment? (Includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property.)  
 Type \_\_\_\_\_ Household Member Name \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Type \_\_\_\_\_ Household Member Name \_\_\_\_\_ Value \$ \_\_\_\_\_
7. Have you or any household member disposed of, given away or sold any asset(s) for Less than fair market value within the past 2 years?  
 Household Member's Name \_\_\_\_\_ Amount \_\_\_\_\_  
 Explanation \_\_\_\_\_
- TOTAL DOLLAR AMOUNT OF ALL ASSETS COMBINED** \$ \_\_\_\_\_  
**TOTAL ANNUAL INCOME EARNED FROM COMBINED ASSETS** \$ \_\_\_\_\_

**Zero Income Verification: Are YOU or ANY OTHER ADULT member of your household Unemployed?**

- YES NO  
  **Claiming zero income and/or unemployed?** If so, who? \_\_\_\_\_

**Rental History:**

**List the past THREE (3) years of rental / housing references:**

Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
Landlord's Phone Number ( ) \_\_\_\_\_  
Your Address \_\_\_\_\_  
Dates From \_\_\_\_\_ to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Rented \_\_\_ Owned

-----  
Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
Landlord's Phone Number ( ) \_\_\_\_\_  
Your Previous Address \_\_\_\_\_  
Dates From \_\_\_\_\_ to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Rented \_\_\_ Owned

-----  
Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
Landlord's Phone Number ( ) \_\_\_\_\_  
Your Previous Address \_\_\_\_\_  
Dates From \_\_\_\_\_ to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Rented \_\_\_ Owned

YES NO

**Have you ever been evicted from an apartment for any reason or had foreclosure actions taken?**

If "YES", please provide explanation of circumstances: \_\_\_\_\_  
\_\_\_\_\_

**Personal References:**

**List two (2) personal references other than a relative.**

Name of Reference \_\_\_\_\_  
Address of Reference \_\_\_\_\_  
Your Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

-----  
Name of Reference \_\_\_\_\_  
Address of Reference \_\_\_\_\_  
Your Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

**Emergency Contact:**

In Case of Emergency, Notify (nearest relative not living with you):

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Live-In Care Attendant:**

YES NO

**Will you or anyone in your household require a live-in care attendant?** (A copy of their social security card/ picture identification is required with this application)

Name of Live-In Care Attendant \_\_\_\_\_  
Relationship (if any) \_\_\_\_\_

**Other Information:**

**Answer either "YES" or "NO" to each question.**

YES NO

**1. Have you ever filed for bankruptcy or had credit problems?** If "YES", please provide explanation of circumstances:

\_\_\_\_\_

2. **Have you been convicted of a felony within the last 7 years?** If "YES", please provide explanation of circumstances:  
\_\_\_\_\_
3. **Do you expect any changes to your household in the next 12 months?** If "YES", please provide explanation of circumstances:  
\_\_\_\_\_

**Section 8 Rental Assistance:**

YES NO  
  **Will your household be receiving Section 8 rental assistance at the time of move-in? (A copy of the voucher or certificate is required with application)**  
 Name of Agency \_\_\_\_\_  
 Contact Person Name \_\_\_\_\_

**Vehicle Identification:**

Automobile Information (List ALL Vehicles Owned including Motorcycles):  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_ Color: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet Information:**

YES NO **Do you have a pet? If "YES", please describe:**  
  Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ License/Date: \_\_\_\_\_

**Referral Information**

**How were you referred to our Apartment Community?**

Check One:  Internet  Drive-By  Current Resident  Other (provide) \_\_\_\_\_

All questions that were answered "YES" will be verified through the appropriate third-party source, if applicable. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information or documentation that may be required to expedite this process.

**Application Fee (Where Applicable)**

Applicant will pay an application fee in the amount of \$ \_\_\_\_\_. **THIS APPLICATION FEE IS NON-REFUNDABLE**

**SECURITY DEPOSIT AGREEMENT**

Applicant has deposited a "Security Deposit" (in the amount stated below) in consideration for owner's taking the dwelling apartment home off the market while considering approval of this application. If applicant is approved, but fails to promptly enter into the contemplated lease, the security deposit shall be forfeited to owner as liquidated damages. The security deposit will be refunded only if applicant is not approved. Keys will be furnished *only* after contemplated lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only and does not obligate owner's agent to execute a lease or deliver possession of the proposed premises.

**SIGNATURE CLAUSE:**

I understand that management is relying on this information to qualify my household for eligibility under the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting the management company's resident selection criteria and the Housing Credit Program requirements, if applicable.

**All ADULT (18 Years or older) household members must sign below:**

\_\_\_\_\_  
 Applicant's Signature Date

\_\_\_\_\_  
 Applicant's Signature Date

\_\_\_\_\_  
 Management Signature Date

**Information for Government Monitoring Purposes**

The following information is requested by the apartment community owner in order to assure that Federal laws prohibiting discrimination against applicants on the basis of race, national origin, sex, color, religion, familial or handicapped status are being complied with. This information will not be used in evaluating your application or to discriminate against you in any way. You are not

required to furnish this information, but you are encouraged to do so. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**APPLICANT:** I do not wish to furnish this information \_\_\_\_\_ (Initials)

**Race/National Origin:**

- Am. Indian    Hispanic    African-American    Asian, Pac. Island    Caucasian  
 Other \_\_\_\_\_

**Sex:**

- Male    Female

**CO-APPLICANT:** I do not wish to furnish this information \_\_\_\_\_ (Initials)

**Race/National Origin:**

- Am. Indian    Hispanic    African-American    Asian, Pac. Island    Caucasian  
 Other \_\_\_\_\_

**Sex:**

- Male    Female

RAM

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*For Apartment Office Use Only*

Move in Date: \_\_\_\_\_  
Apt Type: \_\_\_\_\_  
Apt# \_\_\_\_\_  
Address: \_\_\_\_\_  
Lease Term: \_\_\_\_\_  
Manager Approval: \_\_\_\_\_  
Monthly Rate: \_\_\_\_\_  
Security Deposit: \_\_\_\_\_  
Application Fee: \_\_\_\_\_  
Non-Refundable Pet Fee (if applicable) \_\_\_\_\_

Regional Manager Approval (if applicable): \_\_\_\_\_



## Resident Selection Criteria

**IT IS THE POLICY OF ROYAL AMERICAN MANAGEMENT TO PROVIDE HOUSING ON AN EQUAL OPPORTUNITY BASIS. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, FAMILIAL STATUS, NATIONAL ORIGIN OR HANDICAP.**

### ELIGIBILITY CRITERIA

In the selection of applicants for admission, Eligibility Criteria have been established. All applicants will be screened carefully and the following eligibility standards will be applied:

1. **Income Limits:** Applicants must qualify under the income guidelines established. Minimum income guidelines are as follows: The combined gross annual household income of all the applicants for each apartment must equal or exceed three times the annual rent under lease. Roommates must equal or exceed four times annual rent. Affordable Housing Program applicant's income must equal/exceed two times resident portion of the rent. Income must be verified.
2. **Occupancy Standards:** All applicants must meet the established occupancy standards. As a general policy, there should be no more than two persons per bedroom. Management shall take into consideration mitigating circumstances in cases where applicants or residents have a verifiable need for a unit that would not meet occupancy standards.

**Note:** Any family placed in a unit size different than that defined in these Occupancy Standards shall agree to transfer to an appropriate size unit when one becomes available (in accordance with the Transfer Policy and Lease Addendum).

3. **Social Security Numbers:** *If Applicable*, all applicants must disclose and provide documentation of social security numbers for all household members.
4. **Identification/Birth Certificates:** Birth certificates and/or valid photo identification must be provided for all household members if applicable under affordable program.
5. **U.S. Citizenship:** Applicants must declare U. S. Citizenship, or submit evidence of eligible immigration status for each family member in accordance with Section 214 of the Housing and Community Development Act of 1980, as amended. Households that have no members with citizenship or eligible immigration status do not qualify.

### ACCEPTANCE CRITERIA

All applicants must cooperate in completing the rental application and providing information necessary to determine an acceptable credit, rental, and criminal history. For acceptance, the applicant and all members of the household must demonstrate:

1. **Good Rental History:** A willingness and ability to:
  - a. conform to rules and regulations and a respect for the rights of others;
  - b. abide by the lease and house rules; to include good housekeeping
  - c. pay rent and utilities on time.
2. **Good Credit History:** A satisfactory history in meeting financial obligations on a timely basis; including rent, utility payments, loans, and credit.
3. **Good Criminal Record:** A history of the applicant or any household member, which does not include any unacceptable criminal activity.

### REJECTION CRITERIA

Management reserves the right to reject applicants for admission if it is determined that the applicant or any member of the household falls within any one or more of the following categories:

1. **Misrepresentation:** Willful or serious misrepresentation in the application procedure for the apartment or certification process for any apartment home.
2. **Records of Disturbance of Neighbors, Destruction of Property or Other Disruptive or Dangerous Behavior:** Includes behavior or conduct which adversely affects the safety or welfare of other persons by physical violence, gross negligence or irresponsibility, which damages the equipment or premises in which the family resides, or which is disturbing or dangerous to neighbors or disrupts the quiet and peaceful enjoyment of their home and community life.



3. **Violent Behavior:** Includes evidence of acts of violence or of any other conduct, which would constitute a danger or disruption to the peaceful occupancy or neighbors.
4. **Non-compliance with Rental Agreement:** Includes evidence of any failure to comply with the terms of rental agreements at prior residences, such as failure to recertify as required, providing shelter to unauthorized persons, keeping pets, or other acts in violation of rules and regulations to include untimely payment of rent and/or previous evictions for any reason.
5. **Owing Prior Landlords:** Applicants who owe a balance to present or prior landlords will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the causes for nonpayment of rent or damages have changed sufficiently to enable the family to pay rent and other charges when due.
6. **Owing Utility Providers:** Applicants who owe a balance to present or prior utility providers for their residences will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contribution causes for failure to pay the utility bill have changed sufficiently to enable the family to pay and maintain utilities in the name of the head of household.
7. **Unsanitary or Hazardous Housekeeping:** Includes generally creating any health or safety hazard through acts of neglect and causing or permitting any damage to or misuse of premises and equipment. If the family is responsible for such hazard, damage, or misuse, including but not limited to, causing or permitting infestation, foul odors, or other problems injurious to other persons' health, welfare, or enjoyment of the premises; depositing garbage improperly; failing to use in a reasonable and proper manner all utilities, facilities, services, appliances, and equipment within the dwelling unit or failing to maintain them in a clean condition; or any other conduct or neglect that could result health or safety problems or in damage to the premises.
8. **Credit History:** A consistent, severe, recent history of deficiencies in overall credit or rent payment which indicate the family will be unable or would otherwise fail to pay when due rent for the apartment and other expenses relating to occupancy of the apartment.
9. **Criminal Activity:** Management has established a policy to reject all applications where the applicant or any household member has engaged in certain criminal activity. The activities that are grounds for rejection of an application include but are not limited to:
  - a. Any conviction or adjudication other than acquittal within the last 7 years which involved **injury to a person or property or theft of property.**
  - b. Any conviction or adjudication other than acquittal for the **sale, distribution, possession, illegal use, or manufacture of any controlled or illegal substance.**
  - c. Any conviction or adjudication other than acquittal, for **any sexual offense or terrorist related crimes.**

**Management reserves the right to require criminal background checks at each recertification/renewal.**

10. Pets are not permitted on the property, permanently or temporarily, without written permission from management. We require a pet deposit and/or non-refundable pet fee to be paid. We limit two pets per apartment, which must not exceed 35 pounds each at full growth. (Depending on individual community, this policy may vary.) Birds larger than a cockatiel will require pet monies. No reptiles, pigs, rabbits, or ferrets are permitted. Violation of this policy will result in a daily fine and/or termination of lease.
11. If an applicant is unable to meet all acceptance requirements above, management may consider acceptance of guarantor, increased security deposit and/or deposit and and/or additional rent, if allowable.
12. All household members may not be full-time students under certain affordable programs.

*\*Effective November 1, 2008; Foreclosure Amendment – In light of the current economic climate, a credit report indicating a recent mortgage foreclosure action will not necessarily deny an applicant residency, so long as the applicant meets all other acceptance criteria, to include demonstrating the ability to pay the required rent.*

**I have been given the opportunity to ask any questions that pertain to the Resident Selection Guidelines. Anyone who falsifies any information on their application will be denied acceptance. The deposit will automatically be forfeited. By signing below, certify that we have read and received a copy of these guidelines.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date

## **RELEASE OF INFORMATION CONSENT FORM**

Note: This form must be signed by all members of the household 18 years of age or older in order for certification to be processed.

### **CONSENT**

I authorize and direct any federal, state or local agency, organization, business, or individual to release information necessary to verify my application for the purpose of determining eligibility status for federally assisted housing programs. I understand and agree this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) AND/OR THE Rural Economic and Community Development (RECD) in administering and enforcing program rules and policies. I also consent for HUD, RECD or the Managing Agent to release information from my file to credit bureaus, collection agencies, or future landlords. This includes, but is not limited to, records on my payment history and any violations of my lease or occupancy policies.

### **INFORMATION COVERED**

I understand, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include, but are not limited to:

|                                  |                              |                              |
|----------------------------------|------------------------------|------------------------------|
| Identity and Marital Status      | Employment, Income & Assets  | Residences & Rental Activity |
| Medical or Child Care Allowances | Credit and Criminal Activity |                              |

### **GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked or who may ask us to release the above information (depending on program requirements) include, but are not limited to:

|  |                                   |
|--|-----------------------------------|
| GHFA (State Authorities w/Section 8)                   | Past and Present Employers        |
| Courts and Post Offices                                | Welfare Agencies                  |
| State Unemployment Agencies                            | Schools and Colleges              |
| Law Enforcement Agencies                               | Social Security Administration    |
| Retirement Systems                                     | Medical/Pharmaceutical Providers  |
| Veterans Administration                                | Utility Companies                 |
| Banks and other Financial Institutions                 | Credit Providers & Credit Bureaus |
| Previous Landlords (including Public Housing Agencies) | Child Care providers              |

### **CONDITIONS**

I agree a photocopy of this authorization may be used for the purposes stated above. The original of the authorization is on file in the Management office and will stay in effect for a year and one month from the date signed.

|  |                     |               |                            |
|--|---------------------|---------------|----------------------------|
| _____<br>Signature - Head of Household | _____<br>Print Name | _____<br>Date | _____<br>Social Security # |
| _____<br>Signature - Adult #2          | _____<br>Print Name | _____<br>Date | _____<br>Social Security # |
| _____<br>Signature - Adult #3          | _____<br>Print Name | _____<br>Date | _____<br>Social Security # |



Sworn Declaration of Student Status
Addendum to Application

Date
Applicant/Resident Name
Development Name Pelican Pointe Apartments
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



Royal American Management
Certification/Affidavit of Child Support/Alimony Payments

If multiple payors, separate forms must be completed for each payor.

Date \_\_\_\_\_

Applicant/Resident Name \_\_\_\_\_

Community Name Pelican Pointe Apartments

Unit Number \_\_\_\_\_

Child/Children's Name(s)

\_\_\_\_\_  
\_\_\_\_\_

As part of the household qualification process, the following information is needed:

Yes No

A. Do you receive child support or alimony?

[ ] [ ]

B. If receiving, complete the section below

1. Payment Amount \_\_\_\_\_

2. Frequency \_\_\_\_\_

3. Name of Payor \_\_\_\_\_

Yes No

C. Is child support or alimony court ordered?

[ ] [ ]

1. If yes, enter amount of court order: \_\_\_\_\_  
And how often ordered to pay: \_\_\_\_\_

Yes No

2. Is child support or alimony received through an enforcement agency?  
If yes, indicate name of enforcement agency: \_\_\_\_\_

[ ] [ ]

3. Is child support or alimony received through a court of law?  
If yes, indicate: State \_\_\_\_\_ County \_\_\_\_\_

[ ] [ ]

4. Is child support or alimony received directly from the payor?

[ ] [ ]

Please provide the following verification:

If court ordered: Copy of court order

If through an enforcement agency: Copy of printout provided by the agency

If paid directly: Statement from payor, if possible, or third party verification

If indicated in divorce agreement: Copy of divorce agreement

Amounts of support specified in a court ordered decree or agreement shall be counted even if not being received, unless documentation is provided verifying that efforts have been made to collect the amount due, including the courts or agencies responsible for enforcing payments.

If support is court ordered and not being received, please indicate efforts you have made to collect support:

\_\_\_\_\_

I certify that the information provided above is true and accurate.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

**SELF-CERTIFICATION OF UNBORN  
CHILD/ADOPTION/CUSTODY**

Applicant's Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

For purposes of determining the income limit and/or number of bedrooms applicable for my household size, I hereby certify that I am:

- Expecting a child (or children). The due date is: \_\_\_\_\_
- In the process of adopting a child (or children).
- In the process of obtaining custody of child (or children).

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

SS #: \_\_\_\_\_

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

**Sworn Declaration of Estrangement  
Addendum to Application**

Household Name \_\_\_\_\_ Unit # \_\_\_\_\_  
Development \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_

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-month timeframe cited above, and my spouse wishes to reside with me in the above-referenced development, our entire household must re-qualify as a new household.

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/Tenant      Printed Name of Applicant/Tenant      Date



### CERTIFICATION OF TIP INCOME

*(To be completed by any adult household member working in a service industry position where tip income is expected. Form is to be utilized after management has documented failed attempts at a third-party verification of tips.)*

**Household Name:** \_\_\_\_\_

**Unit No.** \_\_\_\_\_

**Development Name: Pelican Pointe Apartments**

Initial Certification

Effective Date: \_\_\_\_\_

Recertification

Effective Date: \_\_\_\_\_

I, \_\_\_\_\_, understand that I have applied for occupancy at an Affordable Housing development governed by the rules of the Housing Tax Credit (HTC) program. I further understand that this Program requires me to certify all of my income, assets and eligibility information as part of determining my eligibility AND that my employment status has a direct impact on my eligibility. Thus I certify that: My employment does not generate any tip income. Explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My estimated weekly earnings in tips are \$\_\_\_\_\_, this amount will be pro-rated to determine my annual gross income.

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

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date



**AFFIDAVIT OF NON-EMPLOYMENT**  
(To be completed by adult household members with **UNEARNED** income\*)

Household Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Development Name: Pelican Pointe Apartments

Initial Certification      Effective Date: \_\_\_\_\_

Recertification      Effective Date: \_\_\_\_\_

I, \_\_\_\_\_, understand I have applied for occupancy at an Affordable Housing development governed by the rules of the Housing Tax Credit program. I further understand this program requires me to certify all of my income, assets, and eligible information as part of determining my eligibility AND that my employment status has a direct impact on my eligibility. Thus, I hereby certify:

\_\_\_\_\_ I am **NOT** presently employed and **I DO NOT** anticipate becoming employed within the next twelve ( 12 ) months.

**OR**

\_\_\_\_\_ I am not presently employed and **DO** 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 become I employed.

Under penalty of perjury, I certify the information presented in this affidavit is true and accurate to the best of my knowledge. I further understand providing false representations herein constitute an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement.

*\*Unearned income includes income from Social Security, AFDC/TANF, Child Support, or Family Contribution.*

\_\_\_\_\_  
Signature of Applicant / Tenant

\_\_\_\_\_  
Print Name of Applicant/Tenant

\_\_\_\_\_  
Date

**Sworn Declaration of Zero Income Status  
Addendum to Application**

*To be completed by each adult household member who does not receive income.*

Household Name \_\_\_\_\_ Unit # \_\_\_\_\_

Development Name Pelican Pointe Apartments

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Social Security payments, annuities, insurance policies, retirement funds, pensions, Supplemental Security Income (SSI), or death benefits;
  - e. Unemployment or disability payments;
  - f. Public assistance payments;
  - g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - h. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - i. Any other source not named above.

2. During the next 12 months there is no change expected in my financial or employment status.

3. I will be using the following sources of funds to pay for rent and other necessities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

## SELF-EMPLOYMENT AFFIDAVIT

TENANT/APPLICANT: \_\_\_\_\_  
PROPERTY NAME: **PELICAN POINTE APARTMENTS**

DATE: \_\_\_\_\_  
UNIT NUMBER: \_\_\_\_\_

Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Date Business Opened \_\_\_\_\_  
Have operations been continuous? Yes  No   
Type of Business \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that I am self-employed and that for the most current tax year \_\_\_\_\_, my net earnings were \$\_\_\_\_\_. I hereby attach copies of my individual federal income tax returns for the three ( 3 ) calendar years immediately preceding the date referenced at the bottom of this form. I anticipate my annual earnings for the next calendar year to be \$\_\_\_\_\_. I certify that the information shown in such accompanying income tax returns is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Check all that apply:

- Previous year's tax return (Certified Form 1040)
- Financial statements
- Loan application listing business income from the preceding 12 months

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I hereby certify that the information provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT/TENANT**

\_\_\_\_\_  
**DATE**

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

## SELF-EMPLOYMENT AFFIDAVIT





# Self-Employment Income Certification

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Business Opened: \_\_\_\_\_

This statement of income is based on business from \_\_\_\_\_ to \_\_\_\_\_ (enter dates, typically past 12 months).

1. Gross Income: \$ \_\_\_\_\_

2. Expenses:

- a. Interest on loan(s) \$ \_\_\_\_\_
- b. Cost of goods/materials \$ \_\_\_\_\_
- c. Rent \$ \_\_\_\_\_
- d. Utilities \$ \_\_\_\_\_
- e. Wages & salaries \$ \_\_\_\_\_
- f. Employee contributions \$ \_\_\_\_\_
- g. Federal withholding tax \$ \_\_\_\_\_
- h. State withholding tax \$ \_\_\_\_\_
- i. FICA \$ \_\_\_\_\_
- j. Sales tax \$ \_\_\_\_\_
- k. Other (itemize on back) \$ \_\_\_\_\_
- l. Straight line depreciation \$ \_\_\_\_\_

Total expenses \$ \_\_\_\_\_

3. Net Income: \$ \_\_\_\_\_

Do you expect the income to be the same in the coming year?  Yes  No

If no, please explain: \_\_\_\_\_

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

This information is supported by attached copies of my federal and state individual income tax returns.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date