

COMPLIANCE APPLICATION

Property: Avenue Commons Apartments

Unit Number: _____

- All adults 18 years of age or older, not related by blood, marriage, or adoption, must complete their own application.
- The use of Liquid Paper (white-out), pencil or erasable ink will void this form
- To make a correction, please draw a single line through the incorrect information, initial and correct information
- Application MUST be completed in BLUE ink only

RESIDENT CONTACT INFORMATION

Resident: _____ Home Phone: (____) _____
 Address: _____ Work Phone: (____) _____
 _____ Mobile Phone: _____
 _____ Email: _____

HOUSEHOLD INFORMATION

Please list all household members that are applying to live in the apartment with you

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	SS#	Birth date (MM/DD/YY)	Marital Status S/M/W/SEP/D*	Student (Circle One)
	HEAD					Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N

*S=Single / M=Married / W=Widowed / SEP=Separated / D=Divorced

A. General Information:

1. Do you own a pet? YES NO If yes, what kind? _____ Weight: _____
2. Have you or anyone else on this application ever filed bankruptcy OR in the process of filing bankruptcy? YES NO

If yes, please explain (include dates):



3. Have you or anyone else named on this application been convicted OR in the process of being convicted of a felony? YES NO
If yes, please explain: _____
4. Have you or anyone else named on this application ever been evicted from OR in the process of being evicted from an apartment for any reason? YES NO
If yes, please explain: _____
5. Have you or anyone else on this application been convicted OR in the process of being convicted of dealing or manufacturing illegal drugs? YES NO
If yes, please explain: _____
6. Have you or anyone else named on this application been convicted OR in the process of being convicted of property damage? YES NO
If yes, please explain: _____
7. Is the household comprised entirely of full-time students? YES NO
8. If full-time student household, is the household comprised of a single parent who is not a tax dependent of another party **and** whose child(ren) cannot be claimed as a tax dependent by anyone other than the other parent? YES NO NA

B. Housing Reference: (List all residences and applicable landlord reference in the past thirty-six (36) months, use additional page if necessary.)

Present Address _____ City _____ State _____ Zip _____

From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____

Do you own this residence? YES NO If NO, do you rent this residence? YES NO

Landlord _____ Address _____ City _____

State _____ Zip _____ Landlord phone # _____ Rent per month _____

Previous Address _____ City _____ State _____ Zip _____

From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____

Did you own this residence? YES NO If NO, did you rent this residence? YES NO

Landlord _____ Address _____ City _____

State _____ Zip _____ Landlord phone # _____ Rent per month _____

C. Emergency Contact: (Other than person listed on application). Please list someone in the immediate area if possible.

Name _____ Relationship _____

Home Phone Number () _____ Work Phone Number () _____

D. Drivers License #: Head: _____ **Co-Head:** _____ **State Issued:** _____

6/15

CCS Form #501 W



Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), (8).



YES NO

1. Do you expect any additions to the Household in the next 12 months?

Name & Relationship: _____
Explanation: _____
When: _____

2. Is there anyone living with you now who won't be living with you at this property (Includes relatives)

Name & Relationship: _____
Explanation: _____

3. Do all the children in the household live with you 50% or more of the time? If no, obtain proof of amount of time child(ren) will be living in the unit.

Explanation: _____

4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the Military)

Explanation: _____

5. Does your household have or anticipate having any pets other than those that are used as service animals?

Explanation: _____

INCOME INFORMATION

- Income is counted for any household member who is 18 years of age or older or 17 years of age turning 18 in the next 12 months, unless legally emancipated. However, if the income is unearned, such as a grant or benefit, it is counted for all household members, including minors.
 - Include all income anticipated over the next 12 months.

Do YOU expect to receive income from:

CCS #205

6. Employment wages or salaries? (Include tips, overtime, bonuses, commissions or cash payments)
Form 221 must be included if the applicant indicates tips.

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount*</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*# of hours per week & weeks per year or net or gross income per year

CCS #222

7. Are you or any other ADULT household members claiming zero employment income?

(i.e. Does not receive employment income)

Household Member: _____
Explanation: _____

CCS #222/#224

8. Are you or any other ADULT household members claiming zero income?

Household Member: _____
Explanation: _____



YES NO

CCS #218/#219

9. Self-Employment?

Household Member	Name of Company	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

CCS #211

10. Regular pay as a member of the Armed Forces?

Household Member	Base Name and Branch	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

CCS #223

11. Unemployment benefits?

Household Member	Name of Company	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

CCS #203/#204

12. Worker's Compensation, Disability, or Insurance Payments (Not Social Security)?

Household Member	Name of Company	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

CCS #220

13. Public Assistance, General Relief or AFDC, W – 2, or Temporary Assistance for Needy Families?

Household Member	Name of Company	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

CCS #201/#202

14. A. Child Support

Household Member	Payor & Child(ren)	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. How is the support received?

- Child Support Enforcement Agency Name of Agency: _____
- Court of Law Name of Court : _____
- Directly from Person Name of Person: _____
- Other Explain: _____

C. If court-ordered, but not actually received, are you taking legal action to remedy?

Explain: _____



YES NO

CCS #202

15. Alimony/Maintenance? If there is a court order, must provide.

Household Member Payor Amount Frequency

CCS #217

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

Household Member SSA Office Amount Frequency

CCS #212/ #216

17. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member Name of Company Amount Frequency

CCS #208

18. Regular payment from a severance package?

Household Member Name of Company Amount Frequency

CCS #208

19. Regular payments from any type of settlement? (For example: insurance settlement)

Household Member Name of Company Amount Frequency

CCS #214

20. Regular gifts or payments from anyone outside the household? (Includes anyone supplementing your income or paying any of your bills)

Household Member Source of Benefit Amount Frequency

CCS #208

21. Regular payments from lottery winnings or inheritances?

Household Member Source of Benefit Amount Frequency

CCS #215

22. Regular payments from rental property or any other types of real estate transactions?

Household Member Source of Benefit Amount Frequency

CCS #200/#208

23. Any other income sources or types not listed?

Household Member Source of Benefit Amount Frequency



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ASSET INFORMATION

- Include all assets held and the income derived from the asset.
- INCLUDED ALL ASSETS HELD BY YOU AND YOUR MINOR CHILDREN

YES NO

CCS #101

24. Checking or savings account?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #101

25. CDs, Money Market accounts or treasury bills?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #113

26. Stocks, Bonds, Mutual Funds or Securities?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #101

27. Trust fund?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #108

28. Pensions, IRAs, Keogh, 401K, or other retirement accounts? (Referring to benefits as a current employee)

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #112

29. Cash on hand?

<u>Household Member</u>	<u>Amount</u>
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CCS #114

30. Whole Life or Universal Insurance policy? (Not term insurance policy)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
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CCS
#103/#107/#110/#111

31. Real estate, rental property, land contract / contract for deeds or other real estate holdings?

(This includes your personal residence, mobile homes, vacant lands, farms, vacation homes or commercial properties)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Address of Property</u>	<u>Market Value</u>
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YES NO

CCS #109

32. Personal property held as an investment?

(This includes paintings, coin/stamp collections, artwork, collector or show cars, campers, boats, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Household Member Source of Benefit Type Market Value

CCS #112

33. A safe deposit box?

Household Member Amount

CCS #102

34. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past two years?

Household Member Amount Explanation

CCS #106

35. Have you or any other household member received a lump sum in the past 12 months?

Household Member Amount Explanation

\$ _____

36. What is the CASH value of your combined total assets? (Items total #24-#35 and put amount in box)

- Cash value is less than \$5,000 – Complete Under \$5,000 Asset Certification (#105)
- Cash value is greater than \$5,000 – 3rd Party verification required.

Complete the necessary form(s) as indicated above.

The following questions pertain to specific eligibility requirements.

CCS #313

37. Are you or any other household member (INCLUDING MINORS) currently a part/full-time student?

Household Member Name of School

CCS #313/#305

38. Do you or any other household member (INCLUDING MINORS) expect to be a full-time student in the next 12 months?

Household Member Name of School Date Last Attended



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YES NO

CCS #313

39. Have you or any other household member (INCLUDING MINORS) been a full-time student in this calendar year?

<u>Household Member</u>	<u>Name of School</u>	<u>Date Last Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

40. If yes to #38, #39, or #40 and you are attending any school other than elementary through high school, how are you paying for the tuition and all other necessary fees associated with school, college, tech school, et cetera?

Explanation: _____

CCS #306/#307

41. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____
Relationship (if any): _____

CCS #304

42. Was your household receiving Section 8 or any other type of rental assistance at the time of move-in?

Name of Agency: _____
Contact Person: _____

CCS #304

43. Is your household currently receiving Section 8 or any other type of rental assistance?

CCS #304

44. Will your household be eligible or are you applying to receive Section 8 or any other type of rental assistance in the next 12 months?

Expected Date: _____
Agency/Contact Person: _____

45. Are you currently or will you be an employee of Commonwealth Management? Will any rental/employee discount be provided?

Total Unit Rent: _____
Your Portion: _____
Discount Amount: _____



SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility for 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 authorize my consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Credit Program requirements.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

This is a preliminary application and gives you no lease or rental rights. Additional information may be required at a later date to complete processing of this application. If this application is approved, and I fail to enter into a lease or rental agreement, the earnest money and any subsequent payments may be retained to compensate the Landlord's costs and damages, subject to the Landlord's duty to mitigate, or per state statues. The earnest money and any subsequent payments will be refunded to me by the end of the next business day if: (1) this application is rejected, or withdrawn before approval; or (2) if the Landlord takes no action on this application by the end of the 21st day following the Landlord's receipt of the earnest money. Any application fee is non-refundable.

Wisconsin applicants only: Applicant hereby acknowledges receipt of a copy of the lease, the policies and procedures addendum, the NONSTANDARD RENTAL PROVISIONS addendum, and any other addenda that applicant has expressed interest in which will require the applicant's signature upon entering into a lease.

ADULT HOUSEHOLD MEMBERS MUST INITIAL HERE: _____

APPLICANT SIGNATURES

_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date

Management has acknowledged they have reviewed this application with the applicants:

_____ Signature	_____ Printed Name	_____ Date
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Number of Total Applications for household _____ of _____



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TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorize release of information without liability to the owner/ manager of the apartment community listed below, and/or the Texas State Affordable Housing Corporation and/or the Corporation’s Service provider.

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 not limited to: personal identity, student status, employment, income, assets, and medical or child care allowances. I/We understand that the authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The group or individuals that may be asked to release the above information include, but not limited to:

- | | | |
|--|--|----------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | State Unemployment Agencies | Retirement Systems |
| Educations Institutions | Social Security Administration | Medical and Child Care Providers |
| Banks and Other Financial Institutions | Previous Landlords (including Public Housing Agencies) | |

CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purpose stated above. The original of his 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.

SIGNATURES

Applicant/Resident (Print Name) Date

Co/Applicant/Resident (Print Name) Date

Adult Member (Print Name) Date

Adult Member (Print Name) Date

Apartment Name Contact Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF A TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

NEW CONSTRUCTION LEASE ADDENDUM

Name: _____	Site Name: <u>Avenue Commons Apartments</u>
Unit Address: _____ _____	Site Address: <u>500 SE Mustang Drive</u> <u>Andrews, TX 79714</u>

Congratulations on becoming the newest resident at Avenue Commons! We are very pleased you have decided to make this your new home. Our goal is your satisfaction and for you to truly enjoy living here.

As with all new building projects, timing for move in dates may change according to construction delays and/or City certifications. Please understand and acknowledge that your move-in date may change. Also note that all community amenities may remain under construction as of the date you take occupancy and may not be utilized until fully completed and City certified.

Thank you for your understanding regarding these matters. We look forward to serving you in your new apartment home.

_____ I/We acknowledge that due to unforeseen circumstances due to the construction company and/or City inspections, the apartment in question may not be ready on the day you were promised.

_____ I/We acknowledge that due to construction and/or City delays all apartment amenities, for example the fitness center, clubhouse, etc. may not be ready or useable until fully completed and City certified. The community amenities may not be open as of your specific move-in date.

By the execution of this Construction Addendum, Resident(s) acknowledges and agrees that Management / Developer is not responsible for any delays due to construction problems, acts of Nature or weather conditions and Resident(s) agrees to hold Management / Developer harmless from any and all loss suffered by Resident(s) due to any delays.

Resident Signature	Printed Name	Date
Resident Signature	Printed Name	Date
Resident Signature	Printed Name	Date
Resident Signature	Printed Name	Date
Community Manager Signature	Printed Name	Date



CHANGE IN INCOME CERTIFICATION

TO: _____

TEL. #: _____

DATE: _____ APT. #: _____
DEVELOPMENT NAME: Avenue Commons Apartments
APPLICANT/RESIDENT: _____

FROM: _____
TEL. #: (432) 310-4194

FAX #: (432) 219-2936

You are in the process of, or have been, approved for an apartment which operates in accordance with the requirements of the low-income housing credit program under Section 42 of the Internal Revenue code of 1986. This means that at this time, your income has been verified to be within the eligible income guidelines.

If there are changes to your assets, income, student status, or household composition, it is the applicants/residents responsibility to report the changes to management immediately. These changes to your household status may affect your eligibility.

By signing below you agree to notify management immediately of any changes.

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date





Resident Selection Criteria

A rental application must be completed and processed for all prospective residents 18 years of age or older (and under age 18 if spouse, or co-head of household).

Each applicant must provide a valid local, state or federal government issued photo identification at the point of application for verification purposes.

A non-refundable Application Fee is required from each person of age and a Security Deposit or a Letter of Guarantee from a local agency is required to hold an apartment off the market.

Standard Lease Terms Eligibility Requirements:

- I. Income** – Newly qualifying households applying for housing participating in an Affordable Housing Program are required to disclose all sources of income and unless prohibited by local governing agencies, need to meet the minimum requirement of approximately 2.5 times the household's portion of the rent, but not to exceed the annual income boundaries of the governing program. Sources of income must be verifiable through a 3rd party source whenever possible. In the absence of a 3rd party source we may require such documents as four (4) consecutive and most recent paycheck stubs, four (4) consecutive and up to the present months' bank statements, the previous years' tax return, etc.
- II. Rental/Credit History** – Applicants must provide current residency information including any out of state residences during the past three years. Each applicant's rental and credit history must reflect an overall good standing. A lack of credit and/or rental history, as opposed to poor credit and/or rental history will not result in an automatic decline.
- III. Public Records History** – Applicants must provide their full legal name and date of birth as well as any names the applicant may have been formerly known as. Each applicant's public records history must reflect an overall good standing. A lack of having a public record, as opposed to having a public record and/or history involving physical violence to a person or property, or record of other acts which may endanger or be perceived to endanger the health, safety, welfare, business practices and/or reputation of ownership, management, it's personnel and/or other residents will not result in an automatic decline.

If the findings of the overall review of information received on the applicant's consumer reports, rental application and during the interview related to eligibility are neither within the parameters for a Standard Lease Terms approval nor within the parameters for a Decline the applicant may remain eligible, under the direction of a Accept with Conditions.

Terms of an Accept with Conditions – Unless prohibited by local governing agencies, prior to the execution of the Lease Agreement the applicant in receipt of an Accept with Conditions outcome will need pay an additional Security Deposit.

Applicants may be declined for the following:

- A. Falsification, misrepresentation or withholding of information or submission of inaccurate and/or incomplete information on any application or during the interview related to eligibility, award of preference for admission, family composition or rent.
- B. For adverse information received during the interview related to eligibility, received on the application and/or received from information contained in a consumer credit report or a public records history report.
- C. Anyone having been and/or in the process of being evicted from a previous landlord.
- D. Anyone currently in the process of filing bankruptcy.
- E. Anyone refusing to comply with housing program requirements, policies and/or procedures.
- F. Applications will not be approved from un-emancipated minors and/or persons under the age of 18 as head of household.
- G. Applications will not be approved from those that are not a U.S. Citizen, National or a Non-citizen with eligible immigration status, unless prohibited by local governing agencies.
- H. The household may not exceed 2 occupants per bedroom.

The following racial and ethnic definitions are modeled after the OMB-approved form, “Race and Ethnic Data Reporting Form” (HUD-27061), used by the U.S. Department of Housing and Urban Development (HUD):

A. Household members can select one or more of the following applicable racial definitions:

White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American - A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

B. Household members can select one of the following applicable ethnic definitions:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

Not Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The following definition of “disabled” comes directly from the Fair Housing Act:

C. Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at:

<http://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions>

ASSESSMENT OF HOUSEHOLD DEMOGRAPHICS

Property Name: Avenue Commons Apartments

Unit #: _____

Name of Head of Household (HOH)

Name of Household Member #2

Name of Household Member #3

Name of Household Member #4

Name of Household Member #5

Name of Household Member #6

Name of Household Member #7

THIS FORM TO BE COMPLETED BY APPLICANT/TENANT

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 tenant 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.

Check all that apply for each household member							
(A) Racial Categories*	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
1. White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply for each household member							
(B) Ethnic Categories*	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
1. Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) Disability Status*:	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Are any household members disabled according to the Fair Housing Act? If yes, check each box that applies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please refer to the attached page for definitions of race, ethnicity, and disability.

(D) Decline:

I/we were given the opportunity to furnish the above-listed information for our household but choose not to. (Do NOT check this box if your household furnished the data requested in sections A, B, and C above.)

Head of Household Signature

Date

Signature

Date

Signature

Date

Signature

Date



Application Deposit Agreement

I/We _____ (Applicant/s), residing at _____ (Current Address) have applied to Avenue Commons Apartments (Property Name) for a residential dwelling at 500 SE Mustang Drive (Property Address), Andrews, TX 79714

As part of the application process, I/We hereby agree to the following terms:

- 1. Processing Fee.** Applicant has paid the sum of \$ 20.00 as a non-refundable application fee for Owner's costs of processing the application.
 - a. Owner will not cash or retain the application/processing fee if there are pending applicants for the unit listed above or until prior applicants have been denied and/or declined the dwelling.
- 2. Application Deposit.** In addition to the above processing fee, Applicant has deposited the sum of **\$100.00** in consideration for owner taking the dwelling home off the market while considering the approval of this application. The application deposit is not a damage deposit at this time. The application deposit will be either:
 - Credited to the required damage deposit
 - Refunded to applicant under paragraph 4 below in accordance with landlord tenant law.
 - Retained by Owner as liquidated damages for Owner's cost and expenses in taking the dwelling home off the market, as well as reletting expenses such as advertising and overhead under paragraph 7 below.
- 3. Approval where lease is not yet signed by Applicant.** If Applicant has not yet signed the lease at the time of the Owner's approval, the Owner will notify the Applicant of such approval and the lease will be signed by the Owner and Applicant within 3 business days, but no later than the agreed upon start date of the lease agreement.
- 4. Where the Applicant is not approved.** If Applicant is denied, the application deposit will be refunded to Applicant per Landlord Tenant laws. If the applicant was charged an application/processing fee and the rental property owners reject the applicant, the owner must, per landlord tenant law, notify the applicant in writing of the reasons for rejection, including any criteria that the applicant failed to meet along with the name, address and contact numbers of the applicant screening agency. The application deposit, based on landlord tenant law MAY be refunded.

The applicant chooses the following method for return of the application deposit:

- Mailing it to the applicant as stated on the application form
- Destroying
- Hold for retrieval by the applicant upon 1 business days' notice

- 5. Where Applicant withdraws Application or fails to sign the lease upon being approved.** If Applicant notifies Owner that Applicant wishes to withdraw their application prior to approval, or if Applicant fails to sign the lease after approval, the application deposit shall be forfeited to Owner as liquidated for damages for Owner's costs and expenses in taking the dwelling home off the market, as well as reletting expenses such as advertising and administrative overhead.

6. **Application deposit agreement preliminary.** This Application Deposit Agreement is preliminary only, and does not obligate Owner to execute a lease or deliver possession of the proposed premises.

7. **Keys.** Keys will be furnished only after:

- Lease and all applicable addenda have been properly executed.
- All applicable rental costs and damage deposits have been paid in full.

8. **Notices.** Owner may notify Applicant of Owner’s decision of approval by telephone or letter. Owner may notify Applicant of Owner’s decision of denial by letter Notification to the Applicant’s spouse shall be considered notice to both. Notification to co-applicant shall be considered notification to all co-applicants.

9. **Receipt**

Processing Fee (cash and deposited upon receipt) \$ 20.00

Application Deposit - once the application is approved **\$100.00**

Total money received on date below \$ _____

(Attach copies of all money orders received)

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Owners Representative Signature

Date