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Initial Documents Required to Start an Application for Residency:

- U.S Government-issued photo ID
- Social Security Card or ITIN Documentation
- Completed Application and Questionnaire (**one per adult**)
- Money order for Application Fee of \$45 per adult
- Money order for Holding Fee of \$200 (**\*non-refundable after 48 hours**)
- 3 months of current consecutive paystubs and/or current awards letter for any income information (Social Security, Child Support, TANF)

Each Minor:

- Social Security Card
- Birth Certificate

Each Pet:

- Copy of Current Rabies Certificate
- Copy of Current Washoe County License (dogs only)
- \$300 pet deposit (\$150 Refundable) \$25 monthly pet rent. **Each animal**

\*The holding fee of \$200 is non-refundable after 48 hours of turning in your application(s). The fee is refundable to you only if the application(s) are denied by Management for reasons of Unacceptable credit, criminal history, or not meeting the income qualifications.

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10640 N McCarran Blvd  
Reno, NV 89503  
Phone: 775-624-0707  
Fax: 775-624-0709

FILL OUT COMPLETELY  
 DATE & TIME RECEIVED:


REQUESTED BEDROOM SIZE: \_\_\_\_\_

**LOW INCOME RENTAL APPLICATION**

COMPLEX \_\_\_\_\_

LAST NAME OF APPLICANT				FIRST	INITIAL	DAY PHONE	
STREET ADDRESS				CITY	STATE	ZIP	EVENING PHONE
DATE OF BIRTH	SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		MESSAGE PHONE		
LAST NAME OF CO-APPLICANT				FIRST	INITIAL	DAY PHONE	
DAY OF BIRTH	SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		E-mail		
RACE/ ETHNICITY CODES	<input type="checkbox"/> WHITE		<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE		<input type="checkbox"/> OTHER		CHECK ONE <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> HISPANIC
	<input type="checkbox"/> BLACK		<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER ETHNICITY				
PETS	DO YOU HAVE ANY PETS? (INCLUDE BIRDS, FISH, ETC.) <input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, WHAT KIND?					APARTMENT TO BE OCCUPIED BY # _____ PERSONS	
OCCUPANTS	LIST PERSONS WHO WILL OCCUPY APRTMENT - LIST YOURSELF & YOUR CO-APPLICANT.						IF MORE THAN 6 USE ADDITIONAL INFORMATION
NAME	BIRTH DATE	SEX	STUDENT	SOCIAL SECURITY NUMBER	RELATIONSHIP TO APPLICANT		
1		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
2		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
3		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
4		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
5		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
6		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCOME SOURCES		LIST SOURCES OF INCOME FOR ALL FAMILY MEMBERS 18 YEARS OR OLDER.					
Employment	\$ _____ /per _____	AFDC/TANF	\$ _____ /per _____	Pension	\$ _____ /per _____	Other (Type) _____	
Social security	\$ _____ /per _____	General Relief	\$ _____ /per _____	Alimony/Child Support	\$ _____ /per _____		
SSI	\$ _____ /per _____	Unemployment	\$ _____ /per _____	Disability	\$ _____ /per _____	\$ _____ /per _____	
ASSET/BANK ACCOUNTS	CHECKING <input type="checkbox"/> YES <input type="checkbox"/> NO	SAVINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	STOCK/BONDS <input type="checkbox"/> YES <input type="checkbox"/> NO	REAL ESTATE/PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO			
PRESENT EMPLOYER	NAME	TELEPHONE	SALARY	DATE OF EMPLOYMENT FROM:			
ADDRESS							
PRESENT LANDLORD	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	NAME	TELEPHONE	MONTHLY PAYMENT	DATE OF RESIDENCE FROM:		
ADDRESS							
PREVIOUS LANDLORD	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	NAME	TELEPHONE	MONTHLY PAYMENT	DATE OF RESIDENCE FROM:		
ADDRESS							
PREVIOUS LANDLORD	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	NAME	TELEPHONE	MONTHLY PAYMENT	DATE OF RESIDENCE FROM:		
ADDRESS							
OUT OF STATE RESIDENTIAL HISTORY		HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD 18 YEARS OF AGE OR OLDER EVER RESIEDED IN ANOTHER SATE? IF SO, PLEASE COMPLETE THE FOLLOWING: SHOULD YOU NEED ADDITIONAL SAPCE PLEASE USE A SEPARATE SHEET OF PAPER.					
NAME OF HOUSEHOLD MEMBER				DATES OF RESIDENCY			
OUT OF STATE ADDRESS				CITY	STATE	ZIP	



TO BE PROCESSED, THIS APPLICATION MUST BE FILLED OUT COMPLETELY ON BOTH SIDES AND SIGNED. 

**PREFERENCE ELIGIBILITY**

The Department of Housing and Urban Development has established requirements for ensuring that housing assistance is directed to those with the most urgent housing needs. These categories that may include one or more of the following as may be required by individual programs pursuant to statute or based upon HUD regulation.

If you think you may be eligible for the preference required by individual programs pursuant to statute or based upon HUD regulation, please check the box below.

- I have been displaced from an urban renewal area, or as a result of government auction, or as a result of a disaster determined by the President to be a major disaster.
- I do not think I am eligible for the displace preference at this time.
- I am 62 year or older.
- I am handicapped or disabled.

I agree to provide documentation sufficient to verify my qualification for a preference when the resident manager request that I do so.

If my eligibility for a preference changes in the future, I will contact the resident manager.

INITIAL \_\_\_\_\_

DATE \_\_\_\_\_

**SPECIAL UNIT REQUIREMENT(S)**

THIS SECTION TO BE INCLUDED IN EVERY APPLICATION. It is used to determine whether an applicant needs special features in its apartment. The need for special adaptations must be verified in order to assure that the limited number of apartments with special features go to families that actually need the features.

I choose not to complete this section of the form.

INITIAL \_\_\_\_\_

DATE \_\_\_\_\_

1. Do you, or does any member of your family have a condition that requires:

- a separate bedroom
- a barrier-free unit
- one-level unit
- unit for vision-impaired
- unit for hearing-impaired
- bedroom/bath on 1<sup>st</sup> floor
- physical modifications to a typical apartment

2. Can you and your entire family member go up and down stairs unassisted?  YES  NO

If No, please indicated how we could accommodate your family: \_\_\_\_\_

3. Will you or any of your family members require a live-in aide to assist you?  YES  NO

If Yes, please explain: \_\_\_\_\_

4. If you checked any of the above listed categories of apartments, please explain exactly what you need to accommodate your situation:

\_\_\_\_\_

5. What is/are the name(s) of the family member(s) who need/s the features identified above? \_\_\_\_\_

6. Who should be contacted to verify your needs for the features you have identified above?

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Address**

**PRIOR TENANCY**

Has your family's assistance or tenancy in a subsidized housing program ever been terminated for:

Fraud  YES  NO If Yes, explain \_\_\_\_\_

Nonpayment of rent  YES  NO If Yes, explain \_\_\_\_\_

Failure to cooperate with recertification procedures  YES  NO If Yes, explain \_\_\_\_\_

**CRIMINAL CONVICTION**

Have you or any member of your household ever been convicted of a crime?  YES  NO

If Yes, which family member  misdemeanor or  felony

If Yes, which family member  misdemeanor or  felony

WHEN WHERE - CITY & STATE

WHEN WHERE - CITY & STATE

EXPLAIN DETAILS

EXPLAIN DETAILS

We are an equal housing opportunity provider. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act.

Your signature below authorizes management to obtain a "consumer report" at any time during the application process or any time after initial occupancy as defined in the Fair Credit Reporting Act, 15 U.S.C Section 1681 a(d), seeking information on creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Owner or agent has the right to reject this application and return the deposit(s) at any time prior to execution of a lease agreement. If applicant(s) withdraws application or fails to execute a lease agreement upon request of owner or agent, the deposit(s) may be retained by owner as liquidated damages.

APPLICANT(S) HEREBY REPRESENTS THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE AND AUTHORIZES INQUIREIES OF ANY STATEMENT MADE HEREIN.

NOTIFY US IN WRITING OF ANY CHANGE TO INFORMATION PROVIDED WITHIN THIS RENTAL APPLICATION.

APPLICANT SIGNATURE X	DATE	CO-APPLICANT SIGNATURE X	DATE
MANAGEMENT SIGNATURE			DATE

Resident Survey: How did you hear about us? \_\_\_\_\_ Newspaper \_\_\_\_\_ Walk-In \_\_\_\_\_ Advertisement \_\_\_\_\_  
 \_\_\_\_\_ Internet \_\_\_\_\_ Referral \_\_\_\_\_ Other (Explain) \_\_\_\_\_



EQUAL HOUSING OPPORTUNITY



## TENANT INCOME CERTIFICATION QUESTIONNAIRE

*One Form per Adult Member of the Household*

NAME: _____	TELEPHONE NUMBER: _____
<input type="checkbox"/> Initial Certification	BIN # _____
<input type="checkbox"/> Re-certification	
<input type="checkbox"/> Other	Unit # _____

### INCOME INFORMATION

	YES	NO		MONTHLY GROSS INCOME
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self employment) _____	(use <u>net</u> income from self-employment only) \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  Name of Employer 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
3.	<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
12.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____	\$ _____ \$ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received <i>*For Households receiving Section 8 Assistance Only</i>	\$ _____

### ASSET INFORMATION

	YES	NO		INTEREST RATE	CASH VALUE
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

**TENANT RELEASE**

Date: _____ Property Name: _____ Property Address: _____ Property Phone #: _____	Applicant/Resident Name: _____ Social Security Number: _____ Application/Unit Number: _____ Property Fax #: _____ Property Email Address: _____	
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I/We, the undersigned hereby authorize the above listed company to gather information on my behalf regarding to employment, income, assets and/or residential history. I further release my information without liability my information regarding for purposes of verifying information on my/our Apartment Rental (owner or agent) 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/or assets. I/We understand that this authorization cannot be used to obtain nay information about me/us that is not pertinent to my eligibility for a continued participation as a Qualified Resident(s).

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

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

- |   |  |
|---|--|
| Past & Present Employers<br>Previous Landlords (including Public Housing Agencies)<br>Child Support and Alimony Providers<br>Welfare Agencies<br>State Unemployment Agencies<br>Social Security Administration<br>Criminal and Sex Offender Screening | Veteran's Administration<br>Retirement Systems<br>Banks and other Financial Institutions<br>Credit Reporting Agencies<br>EIV Screening |
|---|--|

**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 period of 120 days from the date signed. I/We understand that I/we have a right to review the information that has been supplied and correct the any incorrect information that may be given.

**SIGNATURES**

APPLICANT/RESIDENT SIGNATURE	PRINT NAME	DATE / /
APPLICANT/RESIDENT SIGNATURE	PRINT NAME	DATE / /
APPLICANT/RESIDENT SIGNATURE	PRINT NAME	DATE / /

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



17. <input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
18. <input type="checkbox"/> <input type="checkbox"/>	I have an EBT, Debit Visa, MasterCard account(s). (Including Social Security wages, Unemployment, Public Assistance, Disability, Etc...) If yes, list sources(s) of income being received/type of account(s) 1) _____ 2) _____ 3) _____		\$ _____ \$ _____ \$ _____
19. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
20. <input type="checkbox"/> <input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
21. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
22. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
23. <input type="checkbox"/> <input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
24. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

**STUDENT STATUS**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College, Trade School, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of the previous three questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - <b>not</b> SSA/SSI)
<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing (or are entitled to file) a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (currently age 18-24)

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE



TAX CREDIT STUDENT QUESTIONNAIRE/CERTIFICATION

TO BE COMPLETED BY INDIVIDUALLY BY ALL ADULTS HOUSEHOLD MEMBERS, 18 YEARS OR OLDER

Applicant/Resident Name \_\_\_\_\_ Unit No. \_\_\_\_\_

PART A

- 1. Are you currently enrolled at a school or educational institution? Yes [ ] No [ ]
2. Have you been enrolled at a school or educational institution within the past 12 months? Yes [ ] No [ ]

If you answered Yes to Number 1 and/ or 2, continue to Number 3. If you answered No, skip to the bottom of the page and sign and date where indicated.

3. Please answer all questions:

- I am married. Yes [ ] No [ ]
I have dependant child(ren). Yes [ ] No [ ]
I am living with my parent(s). Yes [ ] No [ ]

If you an answered Yes to any of the questions in Section Number 3, continue to Part B. If you answered No, skip to the bottom of the page and sign and date where indicated.

PART B

- 1. Are you receiving financial aid, such as scholarship, grants, loans, or work-study? Yes [ ] No [ ]

If you answered Yes to Number 1, continue to Number 2. If you answered No, continue to Number 4.

- 2. Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF) ? Yes [ ] No [ ]

Are you enrolled in a job training program receiving assistance through the Job Training Participation ACT (JTPA) or other similar program? Yes [ ] No [ ]

Are you Married and eligible to or have filed a joint tax return? Yes [ ] No [ ]

Are you a Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual? Yes [ ] No [ ]

Have you previously been enrolled in the Foster Care program? Yes [ ] No [ ]

- 3. Please complete the name and address of your school / educational institution:

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

I agree to notify the Resident Manager immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in LIHTC program. Under penalty of perjury, I certify that the information presented in this certification is true and correct to the best of my knowledge. The undersigned future understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

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

Date \_\_\_\_\_



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



## Instructions for Exhibit G - Race and Ethnic Data Reporting Form

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Nevada Housing Division.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Housing Division will use this form for gathering race and ethnic data in order to comply with the HUD Tenant Data Collection requirement for all LIHTC, HOME, and NSP funded properties/programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **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."
  2. **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.
2. The five racial categories to choose from are defined below: You may mark one or more.
  1. **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.
  2. **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.
  3. **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."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
  6. **Other**
  7. **Choose not to respond** – There is no penalty for refusing to respond





**Exhibit G  
 Race and Ethnic Data Reporting Form**

Name of Property \_\_\_\_\_

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

Address of Property \_\_\_\_\_

Type of assistance/Program Title (HOME, LIHTC, etc) \_\_\_\_\_

Household Members Name(s) (Including Head of Household)						
<i>Ethnic Categories – Check only one</i>						
1) Hispanic or Latino						
2) Not-Hispanic or Latino						
<i>Racial Categories – Check all that apply</i>						
1) American Indian or Alaska Native						
2) Asian						
3) Black or African American						
4) Native Hawaiian or Other Pacific Islander						
5) White						
6) Other						
7) Choose not to respond						

Is Head of Household a woman Yes \_\_\_ or No \_\_\_

Is Head of Household disabled Yes \_\_\_ or No \_\_\_

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

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

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

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

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

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



**This form is for reporting purposes only  
There is no penalty for persons who do not complete the form.**



**EXHIBIT NV-2i**  
**UNDER \$5,000 ASSET CERTIFICATION**

For households whose combined net assets do not exceed \$5,000.  
Complete only one form per household; include assets of children.

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

Complete all that apply for 1 through 4:

1. 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
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list): _____				

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

\*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.

2.  Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred).
3.  I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4.  I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ \_\_\_\_\_. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification 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 \_\_\_\_\_



## Resident Selection Plan *Zephyr Pointe Apartments*

Zephyr Pointe Apartments does not discriminate against any person or household based on race, color, religion, sex, disability, familial status, national origin, ancestry, marital status, source of income, age, sexual orientation or any other protected class status. The Rental Criteria listed below explains the policies of this community with regard to standards that must be met by each applicant in order to be approved for residency. This community is operated under the Low Income Housing Tax Credit (LIHTC) program of Section 42 of the Internal Revenue Code and, by the Regulations of the State of Nevada, Department of Housing & Community Development, Rental Housing Construction Program, Title 25 of the California Code of Regulations, Section 8075, and et seq. In addition to the criteria shown below, applicants are required to meet certain income guidelines as defined in the HUD Handbook. In addition to the LIHTC and HCD program, there may be other sources of assistance (such as Tax-Exempt Bonds, Ground Lease, Redevelopment Agency Funds or Housing Authority Funds) that place additional restrictions income and assets. This community is not a part of the Section 8 program; however, we welcome applicants with Section 8 vouchers to apply for residency.

### **Age**

All applicants must be of legal age. All parties 18 years of age or older, all heads of household under 18 years of age and all emancipated minors are required to complete an application.

### **Identity Verification**

All applicants are required to show a driver's license or government-issued photo identification to prove their identity and a Social Security or Taxpayer Identification card to prove the validity of the number provided. For those without a Social Security or Taxpayer Identification Number, instructions are found later in this document.

### **Credit History**

A Credit, Eviction and Criminal Record history will be obtained and evaluated by screening pro, a third-party tenant screening service. Each household will receive a score based on statistical data such as payment history, number and type of accounts, outstanding debt and age of accounts. Based on the score, the application will be accepted, declined or accepted with conditions.

- **Accepted:** The applicant will be accepted and, upon completion of a successful criminal background check and verification of household income and assets within the limits established by our Income & Rent Schedule, may assume occupancy with the standard deposits.
- **Declined:** Application will not be accepted. Applicant will be provided with contact information for the consumer reporting agencies who provided the consumer information. In the event that applicant disputes the accuracy of information on their credit, eviction or criminal report, it is the applicant's responsibility to contact the appropriate reporting agency and work with them to have the information corrected. If applicant is able to clear any incorrect or disputed information, applicant may re-apply for residency within ninety (90) days of the original Decline and will be reinstated to their



original spot on the waiting list. After ninety (90) days, applicants wishing to apply for residency must reapply to the waiting list.

- **Accepted with Conditions:** After successful processing of criminal background and verification of household income and assets within the limits established by our Rent & Income Schedule, the applicant may assume occupancy after paying an additional deposit equal to one month's rent (this is in addition to the community's standard security deposit) in order to occupy the apartment.

**Applicants with no credit history** ("No Record Found") must provide:\*

- Proof of employment or other suitable source of verifiable income of at least 2.0 times the amount of rent.
- **And** rental history for past 12 months.

Applicants who are unable to provide rental history may be approved with an additional deposit.

**Residents of Foreign Countries:** If the applicant has no social security or Taxpayer Identification number, the following will be required:

- Proof of foreign citizenship;
- **And**, written verification of employment or recent pay check stub
- **And**, proof of monthly income equal to 2.0 times the amount of rent

### Student Status

The LIHTC Program is designed to assist low and moderate-income applicants. It does not allow for the participation of households comprised solely of full-time students. Exceptions to this rule are as follows:

- Students receiving assistance under Title IV of the Social Security Act (AFDC/TANF/CalWorks – **not** SSA/SSI).
- Students enrolled in a job training program under the Job Training Partnership Act or under other similar program.
- Single parent with a dependent child or children and neither the parent nor the child(ren) are dependent of another individual.
- Married and filing (or are entitled to file) a joint tax return.
- Previously enrolled in the foster care program and aged 18-24.

### Income Verification

If the application is accepted or accepted with conditions, verification of income in an amount equal to two and one-half times the monthly rent per household will be required by one or more of the following:

- Social Security and/or SSI Benefit Statement
- Pay stubs reflecting three (3) months of pay history (mandatory unless applicant has been at their present job for less than (3) months
- Award letter for public assistance
- Pension information
- Bank statement showing recurring pay deposits
- Income tax return
- Letter from employer on company letterhead verifying income and employment
- Additional income requires proof of payment.



- If the applicant has insufficient income or no recurring source of income, applicant must: 1) provide proof of financial institution accounts greater than 3 times the rental amount for the term of the lease less any verifiable income and have acceptable (with conditions) credit, eviction and tenancy history.

### Minimum and Maximum Occupancy Standards

Due to additional programs at Zephyr Pointe, this community has minimum and maximum occupancy standards. Guidelines are below:

- | <u>Unit Size</u> | <u>Minimum Occupancy</u> | <u>Maximum Occupancy</u> |
|------------------|--------------------------|--------------------------|
| • One Bedroom    | One Person               | Two Persons              |
| • Two bedroom    | Two persons              | Four Persons             |
| • Three Bedroom  | Three Persons            | Six Persons              |
- During the first six months of the original rental term, no one will be allowed to be added to the lease or become an additional occupant unless they are a new born or newly adopted child.

### Apartment Deposits

- An apartment deposit of the following is required at time of move-in. (OAC)
  - 1 bedroom \$400 or 1 mos.
  - 2 bedroom \$500 or 1 mos.
  - 3 bedroom \$600 or 1 mos.
  -
- Additional deposits as described elsewhere in this document may be required at the time of move-in to secure the performance of the rental agreement.
- Payment in full of the one-month's rent plus all deposits are required prior to or on the day of move-in and must be paid by money order or cashier's check.

### Pets

- Whittell Pointe Apartments allows pets.
  - **Pet Rents**
  - \$25 pet rent
  - \$300 pet deposit (½ refundable ½ is not)
  - Pets under 25lbs. welcome
- Assistive animals are not pets and are not subject to the above pet policy. To be classified as an assistive animal, verification that the animal may be needed for the individual to have equal opportunity to use and enjoy the housing will be required.

### Opening/Closing the Waiting List

The waiting list shall remain open until there is at least a three-year backlog of applicants for a unit. At the point where there are at least enough applicants on the waiting list to fill the average number of vacancies occurring over the course of two years, the list may be closed. When the applicant backlog falls below two years, the waiting list may be reopened.

- **Waiting List Order:**  
The waiting list is maintained in reverse chronological order with the applicants first applying at the top of the list. Management will admit only extremely low-income



families until the 40% target is met. Once the target has been reached, admission of applicants in waiting list order will be applied.

- **Waiting List Data:**

The waiting list shall include the following data:

- Date Applicant submitted the completed and signed application
- Name of Head of Household
- Annual Income Level: low (LI) or very low (VLI)
- Need for accessible features
- Comment/Contact information
- Removed/Rejection Date
- Move-in Date

- When an applicant is admitted to the complex or is rejected, the waiting list shall be appropriately noted with the date the action occurred.

### **Transfers**

After move-in, residents may transfer to a different unit. A transfer can occur at either the agent's or the Resident's request. Reasons for a transfer may include, but not be limited to, overcrowding or to accommodate a disability. Occupancy Standards must still be followed.

Transfers of current Residents whose names are on the Transfer Waiting List due to disability accommodation or overcrowding will take priority over Applicants on the outside Waiting List. All other pending transfers will be given the same consideration as applicants on the outside Waiting List.

Applicant understands that, should applicant's apartment become overcrowded, management may require a transfer to a larger unit that will accommodate the new household.

### **Criminal Background Screening**

A criminal background screening will be conducted for all applicants. This screening will check criminal history and applicants will be denied based on certain felony and/or misdemeanor convictions and arrests pending trial.

**Automatic Denial.** Applicants will automatically be denied residency if there is falsification of any information entered on application forms.

**Grievance and Appeal Procedure** Applicants have the right to request an informal grievance hearing and are encouraged to use it without concern that it will reflect on their status of future residency. The applicant must request a hearing in writing within ten days to the Management's District Manager or Regional Manager, after the action, inaction or decision has occurred. The request for a hearing should state the reasons for which the applicant believes the finding was unjustified. The District Manager or Regional Manager will schedule a meeting within five days of your request. The request for a hearing should be sent to:

Zephyr Pointe Apartments District Manager

An Applicant who is uncertain whether he or she is entitled to an informal hearing or has any questions regarding the appeal procedure should email: [b.gonzalez@amllc.net](mailto:b.gonzalez@amllc.net)



Please sign and return with completed application.

I acknowledge receipt of a copy of this Resident Selection Criteria and understand its contents.

\_\_\_\_\_  
Signature

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Date

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Signature

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