

APPLICATION for LOW INCOME HOUSING TAX CREDIT (LIHTC) PROPERTY

Property Name _____ Unit # _____ No. of Bedrooms _____

Phone (home) _____ (Cell) _____ (work) _____

Current Address: _____

Email Address _____

PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.

PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: All adults must complete their own full application with their own income and asset information, even when married to the another adult in their household. Please list each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months.

Name <u>ALL</u> People to Occupy Unit			DOB	Age	Sex	Relationship	Social Security #	Student? "Yes" or "No"	If "Yes" PT or FT
LAST NAME	FIRST	MI							
						HEAD			
2.									
3.									
4.									
5.									
6.									

Please complete the following questions:

- (1) Spouse's Maiden Name: _____
- (2) Do you expect any changes in the household composition in the next 12 months? _____

- (3) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Y/N _____ (please describe).

- (4) Do all of the above household members reside in the household 100% of the time? Y/N _____ If no, please list the household members that do not live in the household 100% of the time: _____
- (5) Are all occupants' full time students? Yes _____ No _____ If Yes, please answer the following:
 - a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes _____ No _____ (If yes, and all household members are full time students, attach a copy of the Signed Federal Income Tax Return).
 - b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANE/TAFF/AFDC? Yes _____ No _____
 - c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State or local laws? Yes _____ No _____
 - d) Are any of the students a single parent with minor child(ren) and neither the student, nor any of the minor child(ren) in the household are claimed as a dependent of a third party? Yes _____ No _____ (If yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached).
 - e) Have any of the students ever been in Foster Care? Yes _____ No _____
- (6) a) Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student? Yes _____ No _____ If yes, who _____

Name of School(s): _____ Address: _____

b) Has any member of the household been a student within the CURRENT calendar year? Yes _____ No _____ IF YES, please identify the member and circle if student status was full or part time. _____ pt time full time _____ pt time full time _____ pt time full time _____ pt time full time

PART I - FAMILY COMPOSITION (CONTINUE) - To be completed by applicant

(7) Current Marital Status: Single _____ Married _____ (date _____) Divorced _____ (date _____) Separated _____ (date _____) Widowed _____ (date _____)

PART II - HOUSEHOLD INCOME - To be completed by applicant

For questions (8) through (27), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

(8) Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash)\$ _____	
(9) Child support (include child support you are entitled to but may not be receiving)	\$ _____
(10) Alimony (include alimony you are entitled to but may not be receiving)	\$ _____
(11) Social Security	\$ _____
(12) Supplemental Security Income (SSI)	\$ _____
(13) Cash Public Assistance - ADC, TANF, Aid to Families w/Dependent Children (AFDC)	\$ _____
(14) Veterans Administration Benefits	\$ _____
(15) Pensions and/or Annuities	\$ _____
(16) Unemployment Compensation	\$ _____
(17) Disability, Death Benefits and/or Life Insurance Dividends	\$ _____
(18) Workers' Compensation	\$ _____
(19) Severance Pay	\$ _____
(20) Net Income from a Business * Self Employment – Rental Property, land contracts, Door Dash, Uber, Eats, Uber or other delivery service is counted*	\$ _____
(21) Required Minimum Distributions or Monthly Payments from Retirement Accounts	\$ _____
(22) Regular Contributions and/or Gifts from Person not residing at unit	\$ _____
(23) Lottery Winnings or Inheritances (paid as an annuity)	\$ _____
(24) All regular pay paid to members of the Armed Forces (Military Pay)	\$ _____
(25) Education Grants, Scholarships or Other Student Benefits (including other sources i.e. parents)\$ _____	
(26) Long Term Medical Care Insurance Payments in excess of \$180.00 per day	\$ _____
(27) Other Consistent Income Sources _____	\$ _____
TOTAL	\$ _____
(28) Total Gross Annual Income from Previous Year	\$ _____

PART III - ASSET INCOME - To be completed by applicant

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

YES	NO	CASH VALUE/APY
Do You or Anyone in Your Household Have:		
(29) _____	_____	Savings Account? \$ _____ APY Bank _____
(30) _____	_____	Checking Account? \$ _____ APY Bank _____
(31) _____	_____	Certificates of Deposit? \$ _____ APY Bank _____
(32) _____	_____	Safety Deposit Box? \$ _____ APY Bank _____
(33) _____	_____	Trust Account? \$ _____ APY Bank _____
(34) _____	_____	Any Stocks or Securities, Treasury Bills? \$ _____ APY Bank _____
(35) _____	_____	Mutual Funds? \$ _____ APY Bank _____
(36) _____	_____	Savings Bonds? \$ _____ APY Bank _____
(37) _____	_____	Money Market Account? \$ _____ APY Bank _____
(38) _____	_____	Cash on Hand? \$ _____
(39) _____	_____	Pre-paid Debit Cards? \$ _____ Held _____
(40) _____	_____	Venmo or CashApp Account \$ _____ *Must Provide Current Month's Statement
(41) _____	_____	PayPal Account \$ _____ *Must Provide Current Month's Statement
(42) _____	_____	BitCoin or Acorns Account \$ _____ *Must Provide Current Month's Statement

(43) _____ Do you or any other member of your household have any Whole or Universal Life Insurance Policies? Is so who is this listed with: _____

Cash Value \$ _____

(44) _____ Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques etc.)? _____

Cash Value \$ _____

(45) _____ Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?

If yes, Type of Property: _____

Location of Property: _____

Appraised Market Value: _____

Mortgage or Outstanding loans balance due: _____

Amount of Annual Insurance Premium: _____
Amount of most recent tax bill: _____

PART III - ASSET INCOME (CONTINUE) - To be completed by applicant

(46) _____ Have you sold or disposed of any property in the last 2 years?

If yes, type of property: _____
Market Value when sold or disposed: _____
Amount sold or disposed for: _____
Date of Transaction: _____

(47) _____ Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value \$ _____
Where are Funds Held? _____

(48) _____ Have you disposed of any other assets in the last 2 years (Example: given money away to relatives, set up Irrevocable Trust Accounts)?

If yes, describe the asset: _____
Date of Disposition: _____
Amount disposed: _____

(49) _____ Do you have any other assets not listed above (excluding personal property)?

If yes, please list: _____

PART IV - EMPLOYMENT HISTORY - To be completed by applicant

(50) Head's Current Employer: _____

Start Date: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

(51) Head's Previous Employer: _____

Start Date: _____ End Date: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

(52) Spouse Co-Head or Other Applicant 1 Current Employer: _____

Start Date: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

(53) Spouse Co-Head or Other Applicant 1 Previous Employer: _____

Start Date: _____ End Date: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

PART V - CREDIT REFERENCES (CELLPHONE, CREDIT CARD, OTHER SOURCES OF MONTHLY PAYMENTS MADE TO COMPANIES - To be completed by applicant

	<u>Name</u>	<u>Address -/ Phone</u>	<u>Monthly Payment</u>
(54)	_____	_____	\$ _____
(55)	_____	_____	\$ _____

PART VI – RENTAL HISTORY - To be completed by applicant

(56) **Residence History: Current & Previous Landlords: (Past 2 years residence including any owned by applicants.)**

Current Address	City	State,	Zip	Rent/Month	Move in Date	Reason for Leaving
				Utilities/month	Move Out Date	Is Landlord a family member or friend?
Landlord Name			Landlord Address			Landlord Phone
Previous Address	City	State,	Zip	Rent/Month	Move in Date	Reason for Leaving
				Utilities/month	Move Out date	Is Landlord a family member or friend?
Landlord Name			Landlord Address			Landlord Phone

Drivers License # of applicant _____ state issued _____ Resident _____
 Drivers License # of applicant _____ state issued _____ Resident _____
 Drivers License # of applicant _____ state issued _____ Resident _____
 Drivers License # of applicant _____ state issued _____ Resident _____

PART VII - OTHER - To be completed by applicant

- (57) Do you have full custody of your child (ren)? Explain the custody arrangements: _____
- (58) Would you or any members of your household benefit from a handicapped-accessible unit? Yes _____ No _____
 If yes, explain: _____
- (59) Have you ever been evicted? Yes _____ No _____
 If yes, explain: _____
- (60) Have you ever filed for bankruptcy? Yes _____ No _____
 If yes, explain: _____
- (61) a) Have you ever been convicted of a felony? Yes _____ No _____ If yes, explain: _____
 b) Have you ever been convicted and a registered sex offender either nationally or in any state? Yes _____ No _____

PART VII - OTHER (CONTINUE) - To be completed by applicant

- (62) Will your household be receiving Section 8 rental assistance at the time of move-in? Yes _____ No _____
- (63) Will you household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
 Yes _____ No _____
 Explain: _____
- (64) Have you ever received rental assistance? Yes _____ No _____
 If yes, explain: _____
- a. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?

Yes _____ No _____ If yes, explain: _____

(65) Will this be your only place of residence? Yes _____ No _____

If no, explain: _____

PART VIII - RESIDENT'S STATEMENT - To be completed by applicant

(66) Do you have a legal right to be in the United States: (check one that applies)

_____ Yes, because I am a United States Citizen

_____ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)

_____ No

If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a NonCitizen with eligible immigration status.

PART IX – SPECIAL NEEDS - To be completed by applicant

(67) Does anyone your household have special needs? (Y/N) _____

(68) Special living accommodations required? (Y/N) _____

If yes please explain: _____

(69) Does anyone in the household have any pets? If so, what kind? _____

(70) Does anyone in the household have a service animal? If so, what kind? _____
(proper documentation required on Property's form and verified annually)

PART X – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone

PART XI - RESIDENT'S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law. I hereby make application to lease and agree that the rent is payable the first day of each month in advance. As consideration, I paid a deposit and application fee. Balance of deposit to be paid upon execution of the lease unless otherwise stated in the lease. I understand that, in addition, my application fee will be retained, to offset the Landlords cost, time, and effort in processing my application. Upon acceptance of this application, I agree to execute a lease. I recognize that, as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained regarding my credit history, employment history, criminal history, and housekeeping history. This inquiry includes information as to my character, reputation, personal characteristics, and mode of living. I understand that I may have the right to make a written request within a

reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. In the event this application is accepted, but I subsequently refuse to sign a lease and/or take possession of the premises, the deposit will be forfeited as damages. I state that the information I have provided is true and correct to the best of my knowledge. *Note: If Applicant is under 19 in the State of Nebraska or under 18 in the State of Iowa, the applicant is considered a minor; therefore, a Guarantor is required.*

I understand that all funds are deposited when they are received, application fees are non refundable. If the application is denied the deposit refund will be issued by mail to the address provided on this application.

Most Properties participate in online payments only, I acknowledge this policy is in place and agree to make payments via the Online Tenant Portal OR other method as directed. I understand personal checks, money orders and/or cash will not be accepted.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head)	Date
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Applicant Signature (Co-Head)	Date
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Other Applicant Signature	Date
---------------------------	------

Other Applicant Signature	Date
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To be completed by Owner / Property Manager:

OWNER'S STATEMENT: Based on the representations herein and upon the proof and documentation obtained, the household named in Section 1 of this Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident who's anticipated annual income for the next twelve months does not exceed:

For Initial Application: \$ _____ (Income Limit for Household Size)

For Recertification: \$ _____ (Current Income Limit for Household Size)
 x 140% (multiplied x 140%)

\$ _____ TOTAL

Signature of Owner's or Developer's
Authorized Representative: _____ Date _____

FOR OFFICE USE ONLY

Community	Date Apartment Needed
Address	Apartment Number
Concessions (if any)	Apartment Type
Monthly Rent	Application Fee
Security Deposit	Length of Lease Term
Application Taken By	

**VERIFICATION SUMMARY
(FOR OFFICE USE ONLY)**

Landlord History <input type="checkbox"/> yes <input type="checkbox"/> no	Credit Acceptable <input type="checkbox"/> yes <input type="checkbox"/> no
Does Income meet qualifying standards? <input type="checkbox"/> yes <input type="checkbox"/> no	Does Applicant Meet Qualifying Standards? <input type="checkbox"/> yes <input type="checkbox"/> no
By:	Manager's Approval:
Date Applicant Notified: (Must contact applicant within 24 Hours)	By Whom:



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
A Tenant Rights and Resources Guide
For Tenants Living in a TDHCA Monitored Rental Property
 Property Name: The Legacy Senior Residences



Management Company*	Property Owner*
Company Name: <u>Beacon Management</u>	<u>Legacy - Lockhart Partners, LP</u>
Contact Name: <u>Shawn Coonen or Sarah Goldman</u>	<u>Bobbi Lucas</u>
Phone Number: <u>402-341-0892</u>	<u>402-341-0888</u>
Email Address: <u>info@beacon.cc</u>	<u>blucas@cstonellc.net</u>

* As listed in TDHCA's Compliance Monitoring Tracking System ("CMTS").

Property Policies, Regulations and Requirements

Texas Administrative Code

- This property received either public funds or low income housing tax credits through the Texas Department of Housing and Community Affairs ("TDHCA"). That means this property must follow certain State rules that are in the Texas Administrative Code or "TAC."
- Part of the TAC says rental properties must have certain policies.
- You can ask your property manager for a copy of the full Written Policies and Procedures part of the TAC (Title 10, Part 1, Chapter 10, Subchapter F, Rule Section 10.610) or you can ask for certain sections or use this short URL to read the full Written Policies and Procedures online:
<https://goo.gl/A3Rm6S>

If you want to know...	Ask for this...
<ul style="list-style-type: none"> ▪ The requirement(s) that you need to meet to live at this property. ▪ How and when you will be notified if your application is denied, and why your application was denied. 	Tenant Selection Criteria Policy
How a person with a disability may request certain accommodations, and how long it may take for a response.	Reasonable Accommodation Policy
How a waiting list is opened and closed and how applicants are selected.	Wait List Policy
What must be included in notices about ending your occupancy: <ul style="list-style-type: none"> ▪ The specific reason why your occupancy is ending. ▪ Information about rights under the Violence Against Women Act ("VAWA"). ▪ How a person with a disability can request a reasonable accommodation in reply to the notice. ▪ Information on the appeals process (if one is used by the property). 	Non-Renewal and/or Termination Notice Policy
<ul style="list-style-type: none"> ▪ How to ask for a unit transfer. ▪ What happens to the security deposits for your current and new unit. ▪ Transfers related to reasonable accommodations for persons with disabilities. 	Unit Transfer Policy

Texas Property Code

This property must follow all applicable Texas State Landlord-Tenant Laws, which outline the responsibilities of landlords and tenants in residential rental agreements. These laws can be found in the Texas Property Code at <https://goo.gl/aHDQ7e>.

Land Use Restriction Agreement (“LURA”)

- This property must operate in accordance with its Land Use Restriction Agreement (“LURA”) as affordable housing, whether or not ownership or management agents change.
- The LURA:
 - Says the property must be suitable for occupancy and in good repair;
 - Sets the maximum rents that can be charged;
 - Prohibits evictions for other than good cause;
 - Provides your rights to occupy a unit if you participate in the Housing Choice Voucher (“HCV”), HOME Tenant Based Rental Assistance (“TBRA”), or other federal, state, or local rent payment program;
 - Lists the number and type of property amenities and/or services that must be provided by the TDHCA monitored property. The amenities and/or services required to be provided at this property include: [This section should not be blank when provided to the tenant.]

Common Areas	Unit Amenities	Required Services

- You can request a copy of the LURA from the property or by calling TDHCA at 800-525-0657 or by email to open.records@tdhca.state.tx.us.

Your Rights as a Renter in a TDHCA Monitored Property

In addition to Texas Property Code requirements, TDHCA Monitored Property Owners Must:

- Keep properties suitable for occupancy and in good repair consistent with Uniform Physical Condition Standards (“UPCS”) published by the U.S. Department of Housing and Urban Development (“HUD”).
- Estimate utility costs at the property, annually review the utility allowance they calculate, and make utility allowances available for inspection. Utility allowances are used to help determine the amount a property owner will charge for rent.
- Provide reasonable accommodations or modifications for a tenant’s disability at the property owner’s expense unless the request presents an undue financial and administrative burden on the owner or if the property was awarded tax credits before 2001 (unless otherwise agreed to in the LURA).
- Offer written leases.

- Provide tenants with written notice in the event of lease termination or non-renewal.

TDHCA Monitored Property Owners **Are Not Allowed To:**

- Lock out or seize property of tenants who have not paid rent except by judicial process or as expressly allowed under Texas Government Code §2306.6738 (cases of necessary repair, construction work, emergencies, or in the event of tenant abandonment of a unit).
- Charge rents in excess of program-specific rent limits that are published each year.
- Require households that get rent payment help from a federal program, such as Housing Choice Voucher/Section 8, HOME or other federal program, to establish a minimum income standard that requires more than 2.5 times their portion of the monthly rent or \$2,500 whichever is greater.
 - Example: If your household gets federal rent payment help and your household's portion of the rent is \$200 per month, you do not have to show that your household makes more than \$500 per month ($\$200 \times 2.5 = \500) to be eligible for housing.
 - Example: If your household gets federal rent payment help and your household income is less than \$50 per month, you do not have to show that your household makes more than \$2,500 per year to be eligible for housing.
- Deny households housing just because of participation in the Housing Choice Voucher/Section 8, HOME or other federal, state, or local rental assistance program
- Refuse to renew the lease or evict tenants without good cause. Landlords may not retaliate against renters who have made a discrimination complaint or who have assisted others in exercising their fair housing rights, including rights to request a reasonable accommodation or modification.

Fair Housing - It's Your Right!

This property must follow federal, state, and local fair housing laws. Fair housing laws say everyone has a right to fair and equal housing choices and opportunities. This means you cannot be denied an apartment based on your race, color, national origin, religion, sex, disability, or whether or not your household includes children under the age of 18.

For example, all properties must:

- Give everyone the same rental terms and conditions.
- Show everyone the location of every available apartment.
- Advertise to everyone broadly and in a non-discriminatory manner.
- Make reasonable accommodations or modifications for people with disabilities.
 - A reasonable accommodation or modification request may be made by a person with a disability or on their behalf. The accommodation or modification must:
 - Be related to a disability;
 - Not cause an undue administrative and financial burden to the owner; and
 - Not change the basic nature of the program governing the property
 - If your request is denied, your property representative must talk with you about an alternative option that may meet your disability-related needs.

How to Request Reasonable Accommodations and Modifications

- If you have a disability-related need, ask your property manager for the Reasonable Accommodation Policy. This policy will tell you how to request an accommodation or modification. A tenant should know that a property *can* request verification of a disability if the disability or need for

the accommodation is not obvious, but the property *cannot* request information about the nature, extent, or severity of the disability.

- **Reasonable Accommodations:** A reasonable accommodation is a change in the way things are usually done that may be needed for a person with a disability to use and enjoy a dwelling or common area. Examples include:
 - Allowing a service dog, even if the property has a 'no pet' policy.
 - Providing an assigned parking space closer to a unit.
 - Requesting a unit transfer from an upper floor to a ground floor unit.
 - Requesting interpreters or auxiliary aids to communicate effectively with management.
- **Reasonable Modifications:** A reasonable modification is a change to an apartment.
 - Property managers may allow a disabled person to make changes to an apartment.
 - The disabled person may have to pay for the changes.
 - Examples of reasonable modifications include:
 - Adding grab bars to a bath tub or shower
 - Widening doorways
 - Adding a ramp to make an entrance accessible
- A tenant should know that owners have a right to deny a request in certain situations.
- Reasonable accommodations or modifications for the tenant's disability may be provided at the owner's expense unless the request presents an undue financial or administrative burden on the owner or the property was awarded tax credits before 2001.
 - If you need to find out if a property was awarded tax credits before 2001 or to request a copy of the LURA, contact TDHCA at 800-525-0657 or email open.records@tdhca.state.tx.us.
- To learn more about Reasonable Accommodations and Fair Housing, visit <http://www.tdhca.state.tx.us/fair-housing/index.htm>.

Complaints

Fair Housing Complaints

If you believe you have been discriminated against based on race, color, national origin, religion, sex, family status, or disability, you can file a complaint.

- The **Texas Workforce Commission**, not TDHCA, handles complaints under the Fair Housing Act in the State of Texas.

Texas Workforce Commission	Call: 512-463-2642	Toll free: 888-452-4778
Civil Rights Division	TTY: 512-371-7473	Fax: 512-463-2643
1117 Trinity Street, Room 144-T	Email: housingcomplaints@twc.state.tx.us	
Austin, TX 78701		
- The Texas Workforce Commission may file your complaint with the U.S. Department of Housing and Urban Development ("HUD"). However, you can also send a complaint directly to HUD.

HUD Fort Worth Regional Office	Call: 817-978-5900
Office of Fair Housing and Equal Opportunity	Toll free: 800-669-9777
801 Cherry Street, Unit #45, Suite 2500	TTY: 817-978-5595
Fort Worth, TX 76102	
- Some Texas cities have a local fair housing agency that may help with fair housing complaints. Find a list of local fair housing enforcement agencies at www.tdhca.state.tx.us/fair-housing/renters.htm

Property Complaints

If you...	Do this...
<p>Have a concern about...</p> <ul style="list-style-type: none"> ▪ Property issues, such as parking, broken cars, trash, safety, or pets. ▪ A neighbor is making too much noise or disturbing you. ▪ Your apartment manager is unprofessional or rude. <p>Suspect that a neighbor...</p> <ul style="list-style-type: none"> ▪ Doesn't report everyone living in the unit. ▪ Does not report their total income. ▪ Rents or sublets their apartment. ▪ Is using or selling illegal drugs. 	<p>Step 1: Call or write your property <i>manager</i> and state your concern.</p> <p>Step 2: Give your property <i>manager</i> time to respond to your concern.</p> <p>Step 3: Call or write your property <i>owner</i> if the manager has not responded to your concern.</p> <p>Step 4: Give your property <i>owner</i> time to respond to your concern.</p>
<p>Need...</p> <ul style="list-style-type: none"> ▪ Something fixed in your unit, like a leaky faucet, broken smoke detector, defective or missing refrigerator seal, broken window, or some other repair. <ul style="list-style-type: none"> - You must give the property management seven days to respond to your written request (except if the request is related to an imminent threat to health or safety). ▪ A reasonable accommodation or modification to your unit. You may make the request verbally or submit it in writing. <ul style="list-style-type: none"> - Generally, property management has 14 calendar days to respond to your request. 	<p>Step 1: Ask the management office to submit a written work order or submit a request yourself.</p> <p>Step 2: Give the property management time to respond to your request.</p> <p>Step 3: File a complaint with TDHCA <i>only if property management has not responded to your request.</i></p> <p>Mail TDHCA Attn: Housing Resource Center P.O. Box 13941 Austin, Texas 78711-3941</p> <p>Fax 800-733-5120</p> <p>Online www.tdhca.state.tx.us/complaint.htm</p> <p>Individuals with a disability may request a reasonable accommodation to submit complaints over the phone by calling 512-475-3800 or toll free 800-525-0657, 800-735-2989 or 7-1-1 Voice.</p> <p><i>TDHCA may take up to 15 working days to respond to your complaint.</i></p>
<p>Have a complaint about...</p> <ul style="list-style-type: none"> ▪ Specific information about property management renting apartments to households that make too much money. 	<p>File a written complaint with TDHCA.</p> <p>Mail TDHCA Attn: Housing Resource Center P.O. Box 13941 Austin, Texas 78711-3941</p> <p>Fax 800-733-5120</p> <p>Online www.tdhca.state.tx.us/complaint.htm</p>

General Complaints

TDHCA cannot resolve complaints about abuse, criminal activity, rent payment assistance, or other issues. If you have a complaint about these types of activities, please contact the appropriate organization as provided below.

For complaints about...	Contact...
Abuse, neglect, or exploitation of a child, person with a disability, or elderly	Texas Department of Family and Protective Services Toll free (hotline): 800-252-5400
Social services issues, such as Medicaid, Supplemental Nutrition Assistance Program ("SNAP"), Temporary Assistance for Needy Families ("TANF")	Texas Health and Human Services Commission Office of the Inspector General Call: 800-436-6184 Web: http://oig.hhsc.state.tx.us/Fraud_Report_Home.aspx
Criminal activities, such as illegal drug activities, violence	Your local law enforcement office or dial 9-1-1
Rent payment assistance	Call your rent payment assistance provider.

Tenant Rights

Landlord-Tenant Issues

- Visit the Office of the Attorney General ("OAG") at www.TexasAttorneyGeneral.gov/cpd/tenant-rights or call the OAG's Consumer Protection Hotline toll free at 800-621-0508.
- Visit the Texas State Law Library's Landlord/Tenant Law page at <http://guides.sll.texas.gov/landlord-tenant-law>.
- Texas A&M Real Estate Center has also published a Landlord Tenants Guide which is available at <https://assets.recenter.tamu.edu/documents/articles/866.pdf>
- Contact the U.S. Department of Housing and Urban Development ("HUD")
Toll Free: 800-955-2232 Email: TX_WebManager@hud.gov
TTY: 800-877-8339 Hours: 8:00 a.m. to 4:30 p.m., Monday - Friday
- Regional and Field Offices:

HUD Fort Worth Regional Office 801 Cherry St., Unit 45, Suite 2500 Fort Worth, TX 76102 Phone: 817-978-5600 Fax: 817-978-5569	HUD Houston Field Office 1301 Fannin St., Suite 2200 Houston, TX 77002 Phone: 713-718-3199 Fax: 713-718-3225	HUD San Antonio Field Office 615 E. Houston St., Suite 347 San Antonio, TX 78205-2001 Phone: 210-475-6800 Fax: 210-472-6804
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Need Legal Help?

- TDHCA does not provide legal advice or help with resolving landlord-tenant issues.
 - TDHCA may try to resolve these issues for reasonable accommodation requests.
- If you received a property violation or eviction notice and need help, contact one of the following organizations.

Legal Aid of Northwest Texas
Call: 888-529-5277 Visit: www.lanwt.org

Lone Star Legal Aid
Call: 800-733-8394 Visit: www.LoneStarLegal.org

Texas Rio Grande Legal Aid
Call: 888-988-9996 Visit: www.trla.org

Volunteer Legal Services of Central Texas
Call: 512-476-5550 Visit: www.vlsoct.org



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

A Tenant Rights and Resources Guide
Acknowledgement of Receipt Form



DEPARTAMENTO DE VIVIENDA Y ASUNTOS COMUNITARIOS DE TEXAS

Guía de derechos y recursos de los inquilinos
Formulario de acuse de recibo

Property Name* / Nombre de la propiedad*: Legacy Senior Residences (Lockhart) _____

TDHCA File # / N.º de expediente de TDHCA: 22443 _____

Household Name / Nombre del grupo familiar: _____

Unit Number / Número de unidad _____

* As listed in TDHCA's Compliance Monitoring Tracking System ("CMTS"). / Según se detalla en el Sistema de Seguimiento de Control de Cumplimiento del TDHCA ("CMTS", por sus siglas en inglés).

I/we acknowledge that I/we have received the *Resident's Guide* as of the date this document is signed below. / Acuso/acusamos recibo de la *Guía del Residente* a la fecha de firma de este documento.

Signature / Firma

Date / Fecha

Signature / Firma

Date / Fecha

Signature / Firma

Date / Fecha

Signature / Firma

Date / Fecha

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to, 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 assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

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:

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

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____	_____	_____
Applicant/Resident	(Print Name)	Date
_____	_____	_____
Co-Applicant/Resident	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

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

ANNUAL STUDENT CERTIFICATION

Effective Date: _____
 Move-in Date: _____
(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____
 _____ Building Address: _____

Check A, B, or C, as applicable (note that "student" includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five or more months out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. _____ Household contains all FULL TIME students for five or more months out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) YES NO
2. Does the household consist of single-parent(s) and their child(ren) and such parent(s) are not dependents on another individual tax return and such children are not dependents of another individual other than a parent of such child? (attach student's most recent tax return or Certification of Dependent Child(ren)) YES NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), formally known as Aid to Families with Dependant Children (AFDC) (provide third party verification) YES NO
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) YES NO
5. Does the household consist of at least one student who was previously under foster care? (Provide verification of participation) YES NO

*Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household.*

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

All household members age 18 or older must sign and date.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

ASSET SELF-CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.

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

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. *Cash value is **current market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*

Household Name:				Unit#:			
PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)							
<input type="checkbox"/> Yes <input type="checkbox"/> No		Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV).					
Asset #1:		Date of Disposal:		FMV - amt received:			
Asset #2:		Date of Disposal:		FMV - amt received:			
PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT							
Have you received a federal tax return or refundable federal tax credit in the last 12 months?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of return/credit:						\$	
PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)							
<input type="checkbox"/> Yes <input type="checkbox"/> No		I/we do not have any non-necessary personal property					
Type of Asset		(A) Cash Value*	(B) Annual Income	Type of Asset		(A) Cash Value*	(B) Annual Income
Cash on Hand		\$	N/AP	Cryptocurrency		\$	\$
Pre-paid Debit Card (including Govt. Benefits)		\$	N/AP	Money Market/ CD		\$	\$
Checking/Savings		\$	\$	Annuities		\$	\$
Checking/Savings		\$	\$	Brokerage Account		\$	\$
Savings		\$	\$	Stocks/Bonds		\$	\$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)		\$	\$	Other: _____		\$	\$
Whole Life Insurance		\$	\$	Other: _____		\$	\$
Non-Account Based							
Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business							
Description						(A) Cash Value *	
						\$	
						\$	
						\$	
						\$	
PART IV. REAL PROPERTY							
<input type="checkbox"/> Yes <input type="checkbox"/> No		I/we do not have any real property					
Description of Property				(C) Cash Value*		(D) 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.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

PENALTIES FOR MISUSING THIS CONTENT: 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 department 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 uses of information collected based on the consent form. Use of the 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). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).