UNEMPLOYED AFFIDAVIT

This Affidavit is to be signed by each individual 18 years of age and older when no employment income for them is indicated on the Tenant Income Certification.

Check applicable statement:

		٦	
1			•

 \square

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

I am not presently employed, and not aware of an employment start date, but anticipate becoming employed within the next twelve (12) months. Based on my past work experience, skills, and income history, I expect to earn \$_____ /year when I become employed.

I am not presently employed, but am aware of an employment start date of ______at \$_____per _____(If amount is hourly, please provide number of hours per week, _____).

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

Signature of Applicant/Tenant

Printed Name

Date

(Updated 12/08)

SELF CERTIFICATION FORM

Household Name:	Date:
Property Name:	Unit # (if assigned):
I,	, certify that:

I do not receive any cash assistance payments from the Department of Human Services

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.

Signature of Applicant/Tenant

Date

UNDER \$5,000 ASSET CERTIFICATION

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

Household Name:	Unit #:	
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	
\$	Kate	\$	Savings Account	\$	Kate	\$	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	g Term):				
\$		\$	Other Retirement/Pension Funds	not named above	e:			
\$		\$	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.

MUST CHECK BOX 2 OR 3.

- 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. \Box 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 \$5000 and the annual income from the net family assets is ________. This amount is included in total gross annual income (Complete even if the amount is 0).

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.

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 YES NO or tax return)
 - 2. Does the household consist of single-parent(s) and their child(ren) and such parent(s) are YES NO 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))
 - 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), YES NO formally known as Aid to Families with Dependant Children (AFDC) (provide third party verification)
 - 4. Does at least one student participate in a program receiving assistance under the Job YES NO Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)
 - 5. Does the household consist of at least one student who was previously under foster care? YES NO (Provide verification of participation)

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)

MARITAL STATUS FORM

Project Name:		Project #		Date:
Applicant/Tenant	t:	SSN:		Apt. #:
Married	Single	Divorced	Widow	Separated
If divorced, p	lease attach a copy	of the recorded legal agro	eement.	
		y separated from your spou e attach a copy of your cur		on agreement.
	If "No" , please	e continue with questions b	, c, and d.	
	B.) My reasons for	not pursuing legal action a	re:	
	C.) My future plans	s for pursuing legal action a	ire:	
	· ·			year from my h names (checking account

(The use of white out, black out, or alteration of original information will void this document.)

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, household composition and marital status. I will not allow my spouse or other individuals to move into my apartment without prior written approval from management. I understand that if I do, this will be a breach of my lease agreement and may be considered 'other good cause' for eviction.

Applicant/Tenant Signature

Date

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

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	State Unemployment Agencies	Retirement Systems
Public Housing Agencies)	Social Security Administration	Banks and other Financial
Support and Alimony Providers	Medical and Child Care Providers	Institutions

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.

<u>The Legacy Senior Residences II – Round Rock, TX</u> Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Low Income Housing Tax Credit Program** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under <u>Low Income Housing Tax Credit Program</u>, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under <u>Low Income Housing Tax Credit Program</u>, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Low Income Housing Tax Credit Program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendarday period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she

believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

• Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking. The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

1) Would occur within an immediate time frame, and

2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with

Department of Housing and Urban Development (Fort Worth Regional Office) 307 W. 7th St., Suite 1000, Fort Worth, TX 76102 Phone (817) 978-5600 Fax (817-978-5569 TTY (800) 877-8339

For Additional Information

You may view a copy of HUD's final VAWA rule at [https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf].

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact

Department of Housing and Urban Development (Fort Worth Regional Office) 307 W. 7th St., Suite 1000, Fort Worth, TX 76102 Phone (817) 978-5600 Fax (817-978-5569 TTY (800) 877-8339

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact

Round Rock Police Department Phone (512) 341-3124

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at https://www.victimsofcrime.org/our-programs/stalking-resource-center.

For help regarding sexual assault, you may contact

Round Rock Police Department Phone (512) 341-3124

Victims of stalking seeking help may contact

Round Rock Police Department Phone (512) 341-3124

Attachment: Certification form HUD-5382

Acknowledgement of Receipt of "Notice of Occupancy Rights Under the Violence Against Women Act"

 I
 _______acknowledge that _____The Legacy Senior Residences _______located

 at ______1551 Red Bud Lane. Round Rock, TX 78664 ________management has provided me with a

 copy of the Notice of Occupancy Rights Under the Violence Against Women Act on

 _______.

Signed

Dated

5

(Cell)

Unit	t #

(work)

No. of Bedrooms

Phone (home)

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

Project Name

Directions to Applicant: Please complete the table below for <u>each</u> 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. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST MI	DOB	Age	Sex	Relationship	Social Security #	Student? "Yes" or "No"	If "Yes" PT or FT
1.				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: ______

 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

 spouse? Yes
 No

 General Income Tax Return
 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 TANF/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 <u>any</u> 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_____

(5)

(6)	a) Does any	adult member	of the household <u>anticipate</u> enrolling in the next twelve (12)	months as a student?
	Ves	No	If yes, who	

	II yes, who			
Name of School(s):		Address:		
b) Has any member of the h	ousehold been a s	student within the CURRENT calendar year? Yes No	0	IF YES,
please identify the member	and circle if stude	ent status was full or part time.	pt time	full time
pt time	e 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 <u>anticipated</u> income for all household members named in the table on page 1 (for minors, unearned income amounts <u>only</u>), 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) Public Assistance - ADC, TANF, and/or 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 de	livery service is counted
(21) Income from Assets (Include annual minimum distributions if they apply)	\$
(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. par	rents)\$
(26) Long Term Medical Care Insurance Payments in excess of \$180.00 per day	\$
(27) Other Income	\$

	TOTAL	\$
(28) Total Gross Annual Income from Previous Year		\$
PART III - ASSET INCOME - To be completed by applicant		

<u>CURRENT ASSETS</u> - 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		H VALUE/A	
	Do You o	or Anyone in You	r Household	Have:
9)	Savings Account?	\$	APY	_ Bank
0)	Checking Account?	\$	APY	Bank
1)	Certificates of Deposit?	\$	APY	Bank
32)	Safety Deposit Box?	\$	APY	Bank
33)	Trust Account?	\$	APY	Bank
34)	Any Stocks or Securities, Tre	easury Bills? \$	APY	Bank
35)	Retirement Fund? (Include IRA's, Keogh accou	nts) \$	APY	Bank
36)	Mutual Funds?	\$	APY	Bank
37)	Savings Bonds?	\$	АРУ	Bank
38)	Money Market Account?	\$	APY	Bank
39)	Cash on Hand?	\$		
40)	Pre-paid Debit Cards?	\$		Held
41)	Venmo or CashApp Account	nt \$	*Must	Provide Current Month's Statement
41) (a)	PayPal or Zelle Account	(circle one) \$	*N	Aust Provide Current Month's Statement
41) (b)	BitCoin or Acorns Acco	ount \$	*Must	Provide Current Month's Statement

(43) _____ 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 \$_____

(44) _____ 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)?

	£ Druger gentered							
II yes, Type of E	of Property: Property:							
Appraised M	Property: arket Value:							
	Outstanding loans balar							
	nnual Insurance Premiu							
Amount of m	ost recent tax bill:							
PART III - ASSET IN	NCOME (CONTINUE)	- To be comple	ted by applica	ant				
(45)	_ Have you sold or disp	osed of any propert	y in the last 2	years?				
If yes, type of	f property:		-					
Market Valu	e when sold or disposed:							
	or disposed for:							
Date of Tran	saction:							
	_ Received any Lump S							
and other claims)?	When		Cas	sh Value	\$			
Where are Funds Hel	d?							
(47)	_ Have you disposed of	any other assets in	the last 2 year	rs (Example:	given m	onev awa	v to relative	s. set un
Irrevocable Trust Aco	- · ·	any other assets m	une luse 2 year		gi vin m	oney unu	<i>y co relative</i>	s, see up
	be the asset:							
Date of Dispo	osition:							
Amount disp	osed:							
(48)	Do you have any othe	r assets not listed al	bove (excludii	ng personal p	property)	?		
	list:							
ΔΑ DT IV ΕΜΒΙ Ο Υ	MENT HISTORY -	To be completed b	v opplicont					
	WIENT HISTORY -	To be completed t	by applicant					
(49) Head's Curre	ent Employer:							
Start Date:	Supervisor:							
Salary: \$		Circle One:	Annually	Weekly	Bi-w	eekly	Monthly	
Employer Address:								
	Address	City		State	Zip	Phone		
(50) Head's Previ	ous Employer:							
	End Date:	Supervis	sor:					
Salary: \$		Circle One:	Annually	Weekly	Bi-w	eekly	Monthly	
Employer Address:								
	Address	Cit	y	State	Zip	Phone	e	
	ead or Other ApplicantSupervisor:							
Salary: \$		Circle One:	Annually	Weekly	Bi-w	eekly	Monthly	
Employer Address:								
	Address	City		State	Zip	Phone		
	ead or Other Applicant End Date:							
				Weekly	Bi-w	eekly	Monthly	
			-	-			-	
· · · · ·	Address	Cit	y	State	Zip	Phone	2	

(52a) Other Applie	cant's Current Employer:						
Start Date:	Supervisor:						
Salary: \$		Circle One:	Annually	Weekly	Bi-w	eekly	Monthly
Employer Address:							
	Address	City		State	Zip	Phone	

PART V - CREDIT REFERENCES - To be completed by applicant

	<u>Name</u>	Address / Phone	Monthly Payment
(53)			\$
(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, Z	ip		Rent/Month	Move in Date	Reason for Le	eaving
			Utilities/month	Move Out Date	Is Landlord a fa	amily member or friend?
Landlord Name		Lar	ndlord Address			Landlord Phone
Previous Address City State,	Zip		Rent/Month	Move in Date	Reason for Le	eaving
			Utilities/month	Move Out date	Is Landlord a fa	amily member or friend?
Landlord Name		Lar	ndlord Address	I		Landlord Phone
Drivers License # of applicant			sta	ate issued	Resident	
Drivers License # of applicant			sta	ate issued		
Drivers License # of applicant				ate issued		
Drivers License # of applicant			Sta	ate 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 ____

Vill you household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Asses No Asplain:
ave you <u>ever</u> received rental assistance? Yes No yes, explain:
Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? es No If yes, explain:
ill this be your only place of residence? Yes No no, explain:

(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.

<u>I understand that all funds are deposited when they are received, application fees are non refundable</u>. 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
Applicant Signature (Co-Head)	Date
Other Applicant Signature	Date
Other Applicant Signature	Date

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:	\$ x 140%	<u>(Current</u> Income Limit for Household Size) (multiplied x 140%)
	\$	TOTAL
Signature of Owner's or Developer's Authorized Representative:		Date

FOR OFFICE	E 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			
	ON SUMMARY		
(FOR OFFIC	E USE ONLY)		
Landlord History 🔲 yes 🗌 no			Credit Acceptable 🔲 yes 🔲 no
Does Income meet qualifying standards?	🗌 yes 🗌 no		Does Applicant Meet Qualifying Standards? yes no
By:	Manager's Approva	al:	-
Date Applicant Notified:	· .	By Whom:	
(Must contact applicant within 24 Hours)			

SELF CERTIFICATION FORM

Household Name:	Date:	
Property Name:	Unit # (if assigned):	
,	certify that:	
I am not a veteran		

Important information for Former Military Service Members. Women and men who served in any brand of the United States Armed Forces including Army, Navy, Marines, Air Force, Coast Guard, Reserves or National Guard may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at https://veterans.portal.tx.gov

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.

Signature of Applicant/Tenant

I am a veteran

Date

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*: TDHCA File # / N.° de expediente de TDHCA: Household Name / Nombre del grupo familiar:

Unit Number / Número de unidad

Signature / Firma

* 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

Date / Fecha



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS A Tenant Rights and Resources Guide For Tenants Living in a TDHCA Monitored Rental Property



Property Name:

	Management Company*	Property Owner*
Company Name:		
Contact Name:		
Phone Number:		
Email Address:		
* An lintod in TDUC	A'a Camplianaa Manitaring Traaking System ("CMTS	")

* 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: <u>https://goo.gl/A3Rm6S</u>

If you want to know	Ask for this
 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: 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
 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 <u>open.records@tdhca.state.tx.us</u>.

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 x 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 <u>open.records@tdhca.state.tx.us</u>.
- 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 Civil Rights Division 1117 Trinity Street, Room 144-T Austin, TX 78701 Call: 512-463-2642 Toll free: 888-452-4778 TTY: 512-371-7473 Fax: 512-463-2643 Email: <u>housingcomplaints@twc.state.tx.us</u>

• 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 Office of Fair Housing and Equal Opportunity 801 Cherry Street, Unit #45, Suite 2500 Fort Worth, TX 76102

Call: 817-978-5900 Toll free: 800-669-9777 TTY: 817-978-5595

• 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
Have a concern about	Step 1: Call or write your property manager and
 Property issues, such as parking, broken cars, 	state your concern.
	Step 2: Give your property <i>manager</i> time to
 A neighbor is making too much noise or 	respond to your concern.
	Step 3: Call or write your property <i>owner</i> if the
 Your apartment manager is unprofessional or rude. 	manager has not responded to your concern.
Suspect that a neighbor	Step 4: Give your property owner time to
 Doesn't report everyone living in the unit. 	respond to your concern.
 Does not report their total income. 	
 Rents or sublets their apartment. 	
 Is using or selling illegal drugs. 	
	Step 1: Ask the management office to submit a
 Something fixed in your unit, like a leaky faucet, 	written work order or submit a request
broken smoke detector, defective or missing refrigerator seal, broken window, or some other	yourself. Step 2: Give the property management time to
repair.	respond to your request.
	Step 3: File a complaint with TDHCA only if
seven days to respond to your written request	property management has not
(except if the request is related to an	responded to your request.
imminent threat to health or safety).	Mail TDHCA Attn: Housing Resource Center
A reasonable accommodation or modification to	P.O. Box 13941
your unit. You may make the request verbally or	Austin, Texas 78711-3941
submit it in writing. Generally, property management has 14 	Fax 800-733-5120
calendar days to respond to your request.	Online www.tdhca.state.tx.us/complaint.htm
	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.
	TDHCA may take up to 15 working days to
	respond to your complaint.
Have a complaint about	File a written complaint with TDHCA. Mail TDHCA
 Specific information about property management renting apartments to households 	Attn: Housing Resource Center
that make too much money.	P.O. Box 13941
	Austin, Texas 78711-3941
	Fax 800-733-5120
	Online www.tdhca.state.tx.us/complaint.htm

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: <u>http://oig.hhsc.state.tx.us/Fraud_Report_Home.aspx</u>
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 <u>www.TexasAttorneyGeneral.gov/cpd/tenant-rights</u> 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 <u>http://guides.sll.texas.gov/landlord-tenant-law.</u>
- Texas A&M Real Estate Center has also published a Landlord Tenants Guide which is available at <u>https://assets.recenter.tamu.edu/documents/articles/866.pdf</u>
- 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

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	Lone Star Legal Aid
Call: 888-529-5277 Visit: <u>www.lanwt.org</u>	Call: 800-733-8394 Visit: <u>www.LoneStarLegal.org</u>
Texas Rio Grande Legal Aid	Volunteer Legal Services of Central Texas
Call: 888-988-9996 Visit: <u>www.trla.org</u>	Call: 512-476-5550 Visit: <u>www.vlsoct.org</u>



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS A Tenant Rights and Resources Guide For Tenants Living in a TDHCA Monitored Rental Property



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	Management Company*	Property Owner*
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Contact Name:		
Phone Number:		
Email Address:		
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- Advertise to everyone broadly and in a non-discriminatory manner.
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 - 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 <u>open.records@tdhca.state.tx.us</u>.
- 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 Civil Rights Division 1117 Trinity Street, Room 144-T Austin, TX 78701 Call: 512-463-2642 Toll free: 888-452-4778 TTY: 512-371-7473 Fax: 512-463-2643 Email: <u>housingcomplaints@twc.state.tx.us</u>

• 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 Office of Fair Housing and Equal Opportunity 801 Cherry Street, Unit #45, Suite 2500 Fort Worth, TX 76102

Call: 817-978-5900 Toll free: 800-669-9777 TTY: 817-978-5595

• 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

 Have a concern about 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. Suspect that a neighbor Does not report everyone living in the unit. Does not report their total income. Rents or sublets their apartment. Is using or selling illegal drugs. Need Something fixed in your unit, like a leaky faucet, broken smoke detector, defective or missing Step 1: Call or write your property <i>manager</i> a state your concern. Step 2: Give your property <i>manager</i> time to respond to your concern. Step 3: Call or write your property <i>owner</i> if the manager has not responded to your concern. Step 4: Give your property <i>owner</i> time to respond to your concern. Step 4: Give your concern. Step 4: Give your property <i>owner</i> time to respond to your concern. 	
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Something fixed in your unit, like a leaky faucet, written work order or submit a request	
broken smoke detector, detective or missing Vourself.	st
	to
refrigerator seal, broken window, or some other repair. Step 2: Give the property management time respond to your request.	.0
- You must give the property management Step 3: File a complaint with TDHCA only if	
seven days to respond to your written request property management has not	
(except if the request is related to an responded to your request.	
imminent threat to health or safety). Mail TDHCA	
A reasonable accommodation or modification to P.O. Box 13941	
your unit. You may make the request verbally or Austin Texas 78711-30/1	
Submit it in writing. Eax 800-733-5120	
 Generally, property management has 14 calendar days to respond to your request. Online <u>www.tdhca.state.tx.us/complaint.htm</u> 	
Individuals with a disability may request a	
reasonable accommodation to submit compla	
over the phone by calling 512-475-3800 or tol	
free 800-525-0657, 800-735-2989 or 7-1-1 Vo	ICe.
TDHCA may take up to 15 working days to	
respond to your complaint.	
Have a complaint about File a written complaint with TDHCA.	
Specific information about property Mail TDHCA Attn: Housing Resource Center	
management renting apartments to householdsAttn: Housing Resource Centerthat make too much money.P.O. Box 13941	
Austin, Texas 78711-3941	
Fax 800-733-5120	
Online <u>www.tdhca.state.tx.us/complaint.htm</u>	

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: <u>http://oig.hhsc.state.tx.us/Fraud_Report_Home.aspx</u>
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 <u>www.TexasAttorneyGeneral.gov/cpd/tenant-rights</u> 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 <u>http://guides.sll.texas.gov/landlord-tenant-law.</u>
- Texas A&M Real Estate Center has also published a Landlord Tenants Guide which is available at <u>https://assets.recenter.tamu.edu/documents/articles/866.pdf</u>
- 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

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	Lone Star Legal Aid
Call: 888-529-5277 Visit: <u>www.lanwt.org</u>	Call: 800-733-8394 Visit: <u>www.LoneStarLegal.org</u>
Texas Rio Grande Legal Aid	Volunteer Legal Services of Central Texas
Call: 888-988-9996 Visit: <u>www.trla.org</u>	Call: 512-476-5550 Visit: <u>www.vlsoct.org</u>

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*: TDHCA File # / N.° de expediente de TDHCA: Household Name / Nombre del grupo familiar:

Unit Number / Número de unidad

Signature / Firma

* 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

Date / Fecha