



Homestead Senior Residences Bel Aire
5240 N Oliver
Bel Aire, KS 67220

Thank you for your interest in Homestead Senior Residences Bel Aire. Homestead Affordable Housing, Inc. has developed the community under the income restrictions of the housing tax credit program with some higher income units available as well.

We have enclosed the floor plans of the two unit types along with; the rental rate schedule, deposit amounts, income limits and the tenant selection plan. The rental housing application needs to be completed and returned to be put on the waiting list. You will be on the waiting list based on the date your application is received.

When we have a unit available we will contact you to come in and begin the qualification process. We will need documentation of all sources of income including a recent social security benefit letter, pension information, and asset verification. There is an application fee of \$22, to be paid with check or money order, for all adult household members.

If you have any questions about this process or the application, please contact the office at (785) 364-0110.

Thank you,

Brandi Schulze
Office: (785) 364-0110
Cell: (812) 243-9591
brandis@homesteadks.org

PHONE: 785-364-0110 ~ FAX: 785-364-0114



Now Leasing

Homestead Senior Residences Bel Aire

**One and Two Bedroom Units Available
Must be at least 55 years of Age**

Each apartment home features private entrances. All units have washer and dryer units, refrigerator, stove, microwave, dishwasher, walk in closets and safe room. The bathrooms feature grab bars around the shower and toilet area.

For more information please contact us at:

Telephone: 785-364-0110 TTY: 1-800-766-3777

Email: brandis@homesteadks.org



Homestead Senior Residences Bel Aire

Income Limits-Effective 5/2022

2022 LIHTC Income Limits				
	1 Person	2 Person	3 Person	4 Person
30%	17,820	20,370	22,920	25,440
40%	23,760	27,160	30,560	33,920
60%	35,640	40,740	45,840	50,880

2022 HTF Income Limits				
	1 Person	2 Person	3 Person	4 Person
	17,850	20,400	23,030	27,750

2022 HOME Income Limits				
	1 Person	2 Person	3 Person	4 Person
60%	35,640	40,740	45,840	50,880



Homestead Senior Residence Bel Aire
5240 N Oliver
Bel Aire, KS 67220

(These rates are subject to change)
Rental Rates Schedule

1 Bedroom Apartments- 740 SQ FT:

- ✚ 30% HTF Household-\$300.00
- ✚ 40% Household-\$450.00
- ✚ 60% AMI Household-\$575.00

2 Bedroom Apartments-894 SQ FT:

- ✚ 30% HTF Household-\$425.00
- ✚ 40% Household-\$575.00
- ✚ 60% AMI Household-\$675.00

2 Bedroom with Garage Apartments-1081 SQ FT:

- ✚ 30% HTF Household-\$ 425.00
- ✚ 40% Household-\$600.00
- ✚ 60% Household- \$ 760.00

Deposits:

- ✚ Security Deposit-is equal to 1 month's rent
- ✚ Pet Deposit-\$250.00

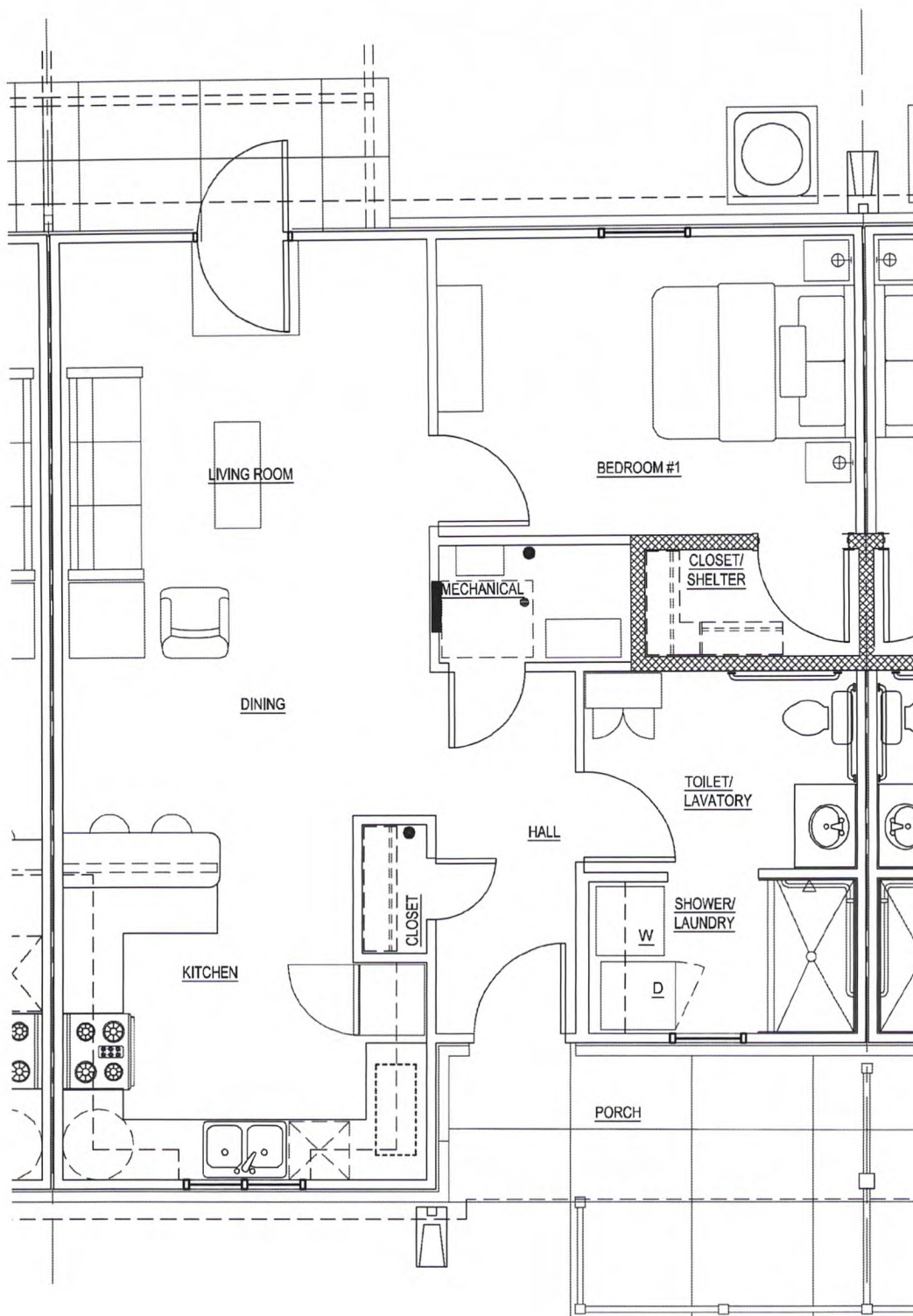
Utilities:

Tenant is responsible for Gas (Kansas Gas), Electric (Evergy), Water/Sewer (City of Bel Aire), & Phone/Internet/Cable (Cox Communications).

- ✚ Kansas Gas- (800) 794-4780
- ✚ City of Mulvane- (316) 744-2451
- ✚ Cox Communications- (844) 612-6348

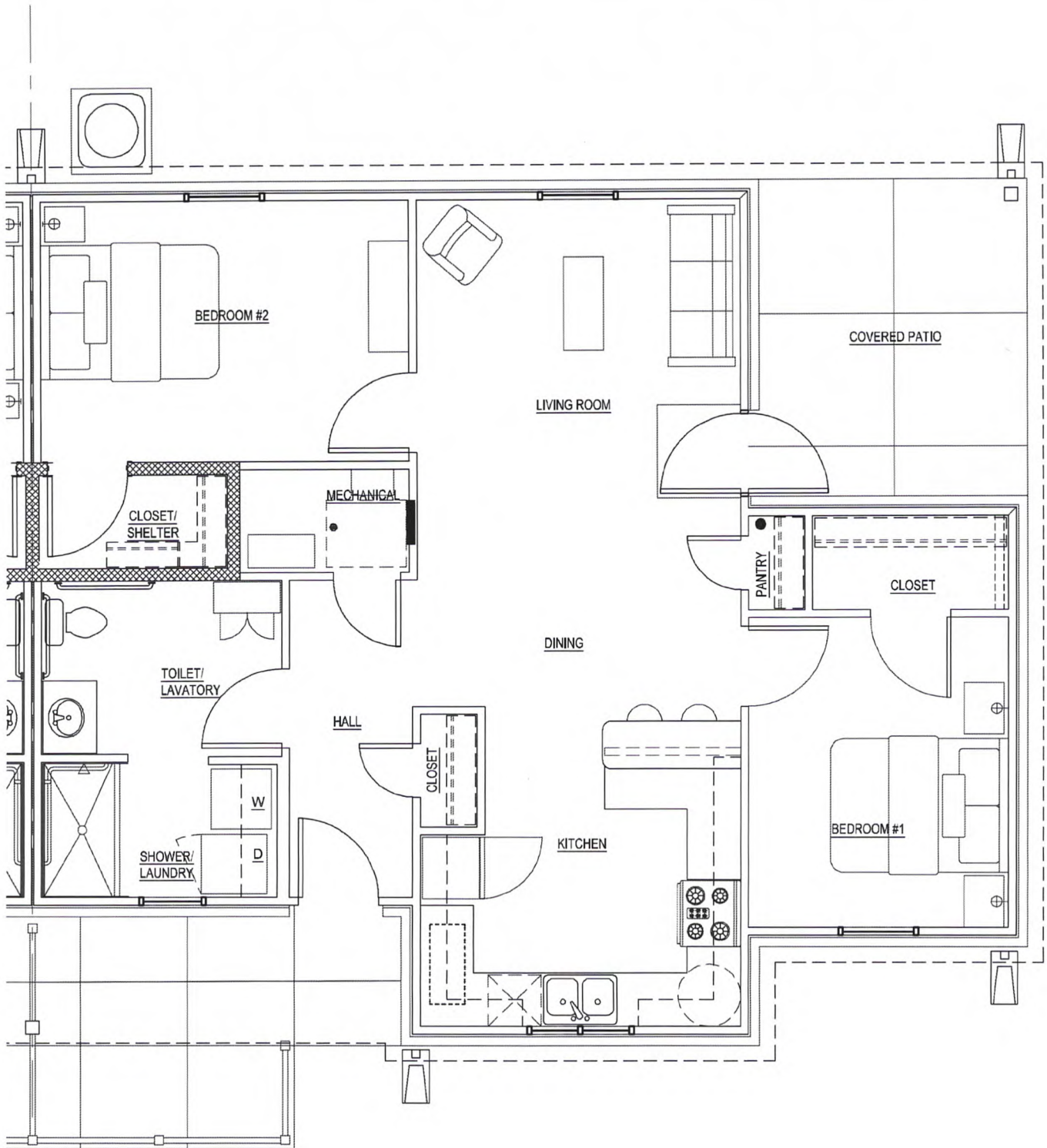
****Application fee is \$22 per adult member of the household. This fee is non-refundable, nor can it be applied to rent or security deposit.****

PHONE: 785-364-0110 ~ FAX: 785-364-0114



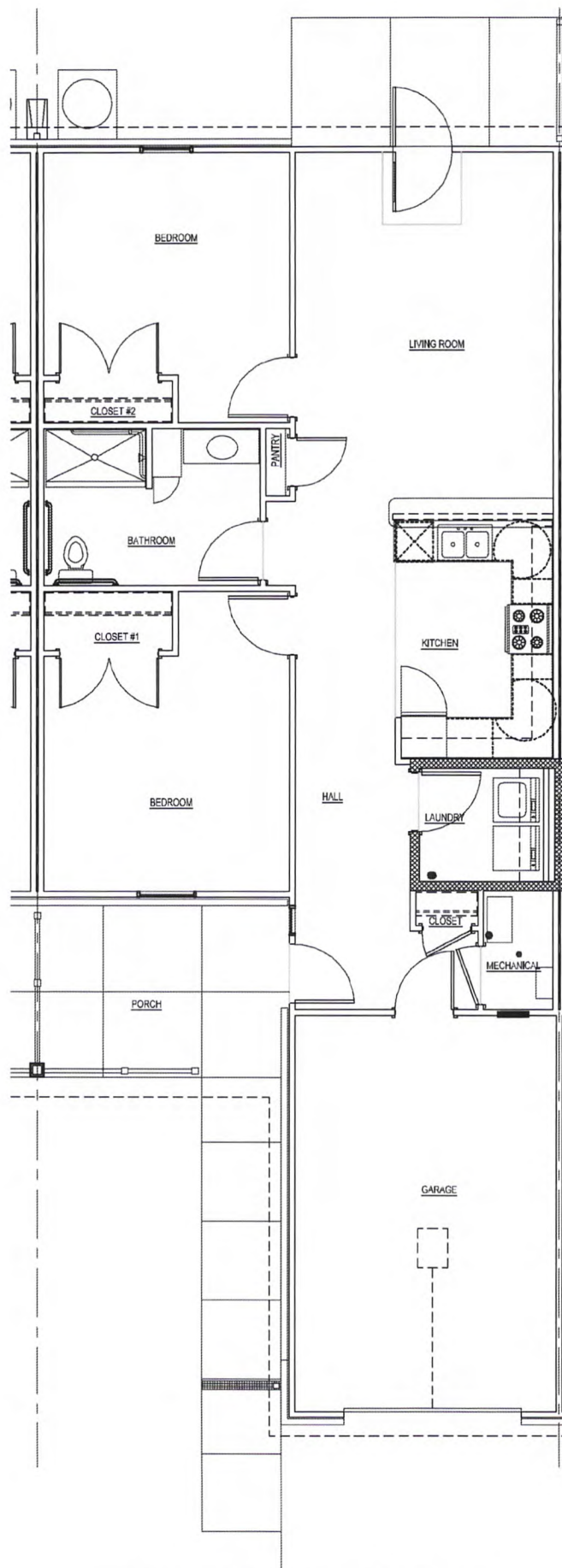
C 1 BEDROOM 4-PLEX FLOOR PLAN





D 2 BEDROOM 4-PLEX FLOOR PLAN





F 2 BEDROOM W/ GARAGE
4-PLEX FLOOR PLAN

SCALE: 1/4" = 1'-0"



TENANT SELECTION PLAN

PROJECT AND PROGRAM ELIGIBILITY REQUIREMENTS

Section 42 Affordable Housing is a tax code that allows investors to build affordable housing for people of lower incomes. It is not a rental assistance program such as Section 8. The rent amount is based on rent limits set by HUD and the Kansas Housing Resource Corporation annually. **HOME Grant Funds** are funded by HUD and grant compliance is monitored by Kansas Housing Resource Corporation. The following housing eligibility guidelines and occupancy standards are based on the funding requirements of the programs described above

- The property is limited to elderly, 55 and older and disabled.
- Assistance in subsidized housing is restricted to U.S. citizens or nationals and non-citizens who have eligible immigration status as determined by HUD. All family members, regardless of age, must declare their citizenship or immigration status. Applicants who hold a non-citizen student visa are ineligible for assistance, as are any non-citizen family members living with the student. Non-citizen applicants will be required to submit evidence of eligible immigration status at the time of application and will be verified through the U.S. Immigration & Customs Enforcement, Systematic Alien Verification for Entitlements (SAVE) Program.
- Each member of an applicant's household; except those who do not claim to have eligible immigration status or persons who were 62 or older and whose initial determination of eligibility was prior to January 31, 2010, must disclose and provide documentation of Social Security Numbers (SSN) before the household may be housed. All SSN's for an applicant's household must be verified using appropriate documentation before the household can be admitted into the project. However, they do not need to disclose their SSN in order to be placed on the waiting list. SSN's will be verified through the Enterprise Income Verification (EIV) System within 90 days of move-in. Addition of a new household member (to an existing household) under the age of 6 with no assigned SSN is allowed; however, the SSN must be provided within 90 calendar days of the child being added to the household.
- All family members who are 18 years of age or older are required to sign consent and verification forms. All information reported by the family is subject to verification.
- The unit must be the family's sole residence. The owner must not provide assistance to applicants who will maintain a residence in addition to the HUD assisted unit. Under no circumstance may any tenant benefit from more than one subsidy. When processing the application the property will conduct an Existing Tenant Search through the Enterprise Income Verification (EIV) System to verify the applicants and/or other household members are not currently residing in subsidized housing.
- Applicants must agree to pay the rent required by the program under which they will receive assistance.
- Applicants' gross income must not exceed the HUD established income limits for the property. Income eligible applicants must also need the assistance; the amount the family would be required to pay using the applicable HUD rent formula must be less than the Gross Rent for the unit.
- Student eligibility requirements apply to applicants enrolled at an institution of higher education who are under 24 years of age, unless the applicant is a student who is living with his/her parents who are applying for Section 8 assistance. Students who are 24 years of age or over, married, a veteran of the US Military, have a dependent child or is a person with disabilities, as defined in section 3(b)(3)(F) of the United States Housing Act of 1937 (42 USC 1437a (b3E)) that was receiving Section 8 assistance as of November 30, 2005 qualify. If the applicant is legal contract age and is not claimed as a dependent on their parent(s) or guardian(s) latest tax return or meets the criteria from at least one of following questions, they qualify:
 1. Will you be at least 24 years old by December 31 of the current year?
 2. Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy?

3. Were you an orphan, ward of the court, a child in foster care at any time from age 13 on?
 4. Were you emancipated or in legal guardianship immediately prior to turning 18?
 5. Are you an unaccompanied youth who is homeless or at risk of homelessness?
 6. Are you a veteran of the U.S. Armed Forces?
 7. Do you have legal dependents other than a spouse?
 8. Are you a graduate or professional student?
 9. Are you married?
- The student must obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.
 - If the applicant is claimed on their parent(s) or guardian(s) latest tax return or does not meet the criteria from at least one of above questions; they must meet eligibility requirements for Section 8 assistance and their parents, individually or jointly, must be income eligible for section 8 assistance.

INCOME ELIGIBILITY REQUIREMENTS

- HUD establishes and publishes income limits annually based on family size for each county in the United States based on the median income of the geographic area. The family's annual income must not exceed program income limits. Income limits for this property are listed below:

Extremely low-income limit 30% of median income
 Very low-income limit 50% of median income
 Low-income limit 80% of median income

- Owners must make at least 40 percent of the assisted units that become available each year (project's fiscal year) available for leasing to families whose income do not exceed 30 percent of the area median income (extremely low-income) at the time of admission. If the owner actively marketed at least 40 percent of the annually available units to extremely low-income families but was unable to fill all of the units with families meeting the requirement, the owner is permitted to rent to other eligible families after a reasonable marketing period has expired.

OCCUPANCY STANDARDS UNIT SIZE MINIMUM OCCUPANTS MAXIMUM OCCUPANTS

1 Bedroom	Minimum Occupant -1	Maximum Occupant - 2
2 Bedroom	Minimum Occupant-1	Maximum Occupant- 4

- It is the policy of the project to rent apartments based on the following Occupancy Standards: two persons per bedroom.
- When determining the size of the unit that would be appropriate for a particular family, the project will count the following as members of the household:
 - All full-time members of the family
 - All anticipated children (children expected to be born to a pregnant woman; children in the process of being adopted by an adult family member; children whose custody is being obtained by an adult family member; foster children who will reside in the unit; children who are temporarily in a foster home who will return to the family; and children in joint custody arrangements who are present in the household 50% or more of the time)
 - A live-in aide
 - Foster Adults living in the unit
- The project will not count nonfamily members, such as adult children on active military duty, permanently institutionalized family members, or visitors.

VAWA PROTECTIONS

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy of a victim who is protected from acts under the domestic or family violence laws of the jurisdiction.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.
4. Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking. An "Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking" has been drafted for Village East aka Homestead Senior Residences Harper. This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the Management Agent is in compliance with VAWA. It is available in the Management office with a list of available referral agencies.
 - a. **Reasonable Belief of Imminent Threat:** To qualify for the transfer, the tenant must reasonably believe there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying. Proof Requirements for Transfers Housing providers can accept a written or oral request for an ET from a tenant. Village East aka Homestead Senior Residences Harper will not require written request if there are exigent circumstances where the victim's health or safety is at risk. Tenants must also provide information that they are covered under VAWA, such as an oral representation or the HUD self-certification form.
 - b. **Strict Confidentiality:** The ETP must incorporate strict confidentiality measures to ensure that Village East aka Homestead Senior Residence Harper does not disclose the location of the dwelling unit of the tenant to a person who committed or threatened to commit the violence against the tenant;
 - c. **Internal Transfers:** Village East aka Homestead Senior Residence Harper must provide internal transfers to safe units under the same covered housing program within the owner's control which have one waitlist. These tenants should not be placed on a waitlist. If feasible, housing providers should also allow transfers outside the owner's control and in a different property for victims when there is no available, safe unit, whether they have to apply for the unit or not. Internal and external transfers can happen concurrently.
 - d. **Timing of Emergency Transfer:** According to HUD, individuals who qualify for an emergency transfer under VAWA should receive a meaningful opportunity to transfer as expeditiously as possible and to avoid the possibility that such individuals may, for example, be placed on the bottom of an applicant waiting list with no other measures taken to assist the individuals, contrary to the intent of the ET provision. These transfers will be prioritized over other general transfer requests. However, Section 504 transfers trump VAWA ETs in terms of priority. The

tenant decides if a unit is safe, based upon the tenant's personal knowledge and reasonable belief about what is safe.

APPLICANT SCREENING CRITERIA

- All applicants age 18 or older will be screened for suitability prior to residency. Screening criteria will be applied consistently to all applicants, consideration of extenuating circumstances will be considered in the screening process.
 - **Credit History.** Priority will be given to current credit activity over older activity. All rent and utilities must be paid in full. Poor credit history is grounds for rejection; however a lack of credit history is not.
 - **Rental History.** Past record of destruction, consistent late or unpaid rental obligations, police activity or poor housekeeping habits resulting in health or safety hazards is grounds for rejection. Lack of rental history is not grounds for rejection.
 - **Criminal History.** Applicants will be rejected if any of the following apply:
 - *Note: The same criteria regarding criminal history applies to live-in aides also.
- 1. Any household member has been evicted from Federally-assisted housing for drug-related criminal activity, for three (3) years from the date of eviction. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household) the Owner may, but is not required to, admit the household.
- 2. Any household member is currently engaging in illegal drug use.
- 3. Any member of the household is subject to a lifetime registration requirement or is currently registered under a state sex offender registration program. During the admissions screening process, the Owner will perform the necessary criminal history background checks in the state where the housing is located and in all other states where the household members are known to have resided.
- 4. The Owner determines that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug or alcohol may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. Screening standards will be based on behavior, not the condition of alcoholism. Criminal history may be used to establish a pattern.
- 5. Failure to disclose criminal behavior or provide a complete list of states all members of the household is grounds for rejection or eviction.
- 6. Any member of the applicant's household has been convicted of the manufacture of methamphetamine on the premises of federally subsidized housing.
- 7. Violent criminal activity which indicates a pattern of violence that may threaten the safety of residents or staff. Violent criminal activity includes, but is not limited to, sex crimes, crimes against children, assault and stalking.
- 8. Any criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, the owner or any employee who is involved in the housing operations.
- 9. Unlawfully obtaining government assistance.

NOTIFICATION OF APPLICANT REJECTION

If an applicant is denied admission to the property they will receive a written notice stating the reason (s) for the rejection. The applicant has the right to respond in writing or request a meeting to dispute the rejection within 14 days of the notice. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process. If admission is denied because criminal background screening indicates the applicant provided false information; the entity making the determination must provide the subject of the record and the applicant a copy of the information the action is based upon. The subject of the record and the applicant have the opportunity to dispute the accuracy and relevance of the information obtained from any law enforcement agency.

APPLICATION AND WAITING LIST PROCEDURE

- Applications completed in full and properly signed will be accepted according to unit size and type in chronological order. Families that include persons with disabilities will be given preference for units with special accessibility features. If a unit that fits the applicant's needs is not available, their name will be placed on the waiting list (maintained in the same order) after preliminary eligibility determination. If an extremely low-income applicant is needed to achieve targeting requirements, and the next applicant has income above the extremely low-income limit, that applicant must be placed on the waiting list until the property is ready to house an applicant with income above the extremely low-income limit.
- Applicants will be removed from the waiting list for the following reasons:
 1. The applicant no longer meets the eligibility requirements.
 2. The applicant fails to respond to a written notice for an eligibility interview.
 3. The applicant fails to provide SSNs for all household members.
 4. Mail sent to the applicant's address is returned as undeliverable.
 5. Family characteristics change and no appropriate size unit exists in the property.
- The waiting list will be updated every six (6) months. Applicants and current tenants will receive a mailed notice asking them to confirm their interest to remain on the list. A response will be required within 30 days by mail, phone, or email as to the applicant's or tenant's intention to remain on the waiting list. If there is no response received the applicant or tenant will be removed from the waiting list.
- Opening and Closing the Waiting List: The wait list will be open as long as it is at 49 prospects and below. The waitlist will be closed at 50 prospects and above. We update our answering machine stating indicating the status of our waitlist as well as website and onsite marketing.

UNIT TRANSFER PROCEDURE

- Current tenants requiring a unit transfer for the following reasons will be given preference over applicants and those on the waiting list.
 - A unit transfer for a medical reason certified by a doctor or the need for an accessible unit.
- Current tenants requesting a unit transfer for any other reason will be added to the waiting list of applicants provided there is no record of consistent late or unpaid rental obligations, no record of police activity and inspection of the tenant's current unit must indicate there is no damage to the property or poor housekeeping habits resulting in health or safety hazards.

LIMITED ENGLISH PROFICIENCY (LEP)

For persons who do not speak English as their primary language and those who have a limited ability to speak, read, write, or understand English; we will make reasonable efforts to provide language assistance. We will arrange to provide forms relating to tenancy in a language that is understood by the individual. We will make every effort to obtain oral interpretation and written translation services if deemed necessary.

NON-DISCRIMINATION

The property adheres to the Fair Housing Act and Federal Civil Rights Laws. We will not discriminate against applicants or tenants based on race, color, national origin, sex, age, disability, religion or familial status. In compliance with Section 504 regulations, we will take reasonable, nondiscriminatory steps to maximize the use of accessible units by eligible individuals whose disability requires the accessibility features of a particular unit. We will consider extenuating circumstances in the screening process for applicants with disabilities, where required as a matter of reasonable accommodation.

Housing shall be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.

Anyone needing assistance completing the application process, please contact us at:

Homestead Senior Residences Bel Aire

Brandi Schulze

(785) 364-0110

1-800-766-3777 TTY

Email: brandis@homesteadks.org

HOMESTEAD SENIOR RESIDENCES BEL AIRE
Rental Housing Application
5240 N Oliver, Bel Aire KS 67220

Property Name: Homestead Senior Residences Bel Aire

Date Application Received:

What unit type do you prefer: ☐ One Bedroom ☐ Two Bedroom ☐ Either

Household Information

This application may incur a non-refundable application and processing fee that will not exceed the amount paid to the service provider/credit bureau. You may be charged an application fee for any person age 18 and over. ½ of deposit must be put down on the unit in order for us to process.

Last Name, First Name, MI	Social Security Number, Alien Registration, Work/Student Visa #	Sex	Date of Birth	Student (Yes or No)

If the household currently has a person without valid proof of legal status proof of registration must be provided within 90 days. Failure to provide proof could result in denial of the application. You must provide a valid picture ID.

Current marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Legally Separated

Do all the persons above plan on living in the unit 100% of the time: ☐ Yes ☐ No ☐ Shared custody for children

Do you require a live-in aide: ☐ Yes ☐ No

Is the live-in aide certified: ☐ Yes ☐ No Is the live-in aide a Family Member: ☐ Yes ☐ No

Do you have full custody of your children: ☐ Yes ☐ No ☐ N/A

Are any children not currently living with you going to live with you when the new residence is established: ☐ Yes ☐ No ☐ N/A

Are you in the process of adopting any children: ☐ Yes ☐ No Do you care for any foster children or adults: ☐ Yes ☐ No

Do you have a pet: ☐ Yes ☐ No If Yes, Type/Size:

Have you or anyone on the application applied for a therapy pet or service animal: ☐ Yes ☐ No

Is anyone in the household a full-time student: ☐ Yes ☐ No

Does anyone plan on attending school full time in the next twelve (12) months: ☐ Yes ☐ No

Housing History

Current Address:

Phone Number:	
How long have you lived at this address:	Do you rent or own: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Neither
Landlords Name:	Landlord Phone Number:
If you have not lived at the current address for 12 months please provide a previous address.	
Previous Address:	
How long have did you live at this address:	Did you rent or own: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Neither
Landlords Name:	Landlord Phone Number:
Will this be your only place of residence: <input type="checkbox"/> Yes <input type="checkbox"/> No	
As a renter are you aware of your rights and responsibilities under the Kansas Residential Landlord and Tenant Act: <input type="checkbox"/> Yes <input type="checkbox"/> No	
As a renter are you aware of your rights to file grievances: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you familiar with your rights under the Fair Housing Act: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been evicted: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Do you currently have an overdue balance on rent or utility bills: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive rental assistance: <input type="checkbox"/> Project based <input type="checkbox"/> Voucher <input type="checkbox"/> Other source	
Have you ever received rental assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on the rental voucher waiting list: <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your rental assistance ever been terminated due to fraud, non-payment, or failure to recertify: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed for bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
Have you or anyone on the application ever been convicted of a felony in the last five years: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you applying for housing under the Reentry Program for ex-offenders: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has anyone been convicted of using, possessing for sale, or manufacturing an illegal drug: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
Are you or anyone on the application currently in a drug treatment or rehabilitation program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require a reasonable modification or accommodation: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Income			
Income Source	Annual Total Amount	Income Source	Annual Total Amount
<input type="checkbox"/> Wages		<input type="checkbox"/> Severance Pay	
<input type="checkbox"/> Child Support		<input type="checkbox"/> Self Employment	
<input type="checkbox"/> Alimony		<input type="checkbox"/> Business Income-rental	
<input type="checkbox"/> Social Security/SSI		<input type="checkbox"/> Contributions/Gifts	
<input type="checkbox"/> Pension payments		<input type="checkbox"/> Lottery Winnings	
<input type="checkbox"/> Public Assistance/Welfare		<input type="checkbox"/> Armed Forces Pay	
<input type="checkbox"/> VA Benefits		<input type="checkbox"/> Educational Funds	
<input type="checkbox"/> IRA, 401K payments		<input type="checkbox"/> Medical Care Payments	

<input type="checkbox"/> Annuity payments		<input type="checkbox"/> Inheritance			
<input type="checkbox"/> Unemployment		<input type="checkbox"/> Workman's Comp			
<input type="checkbox"/> Disability, Death Benefit		<input type="checkbox"/> Other			
Has your income recently changed or will it change significantly in the next year: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes above please explain:					
Is your household claiming zero income: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Asset Information					
Asset	Amount of Worth	Interest Earned	Asset	Amount of Worth	Interest Earned
<input type="checkbox"/> Checking			<input type="checkbox"/> Other		
<input type="checkbox"/> Savings			<input type="checkbox"/> Life Insurance		
<input type="checkbox"/> Certificates of Deposit			<input type="checkbox"/> Real Estate		
<input type="checkbox"/> Money Markets			<input type="checkbox"/> Rental Property		
<input type="checkbox"/> Treasury Bills			<input type="checkbox"/> Mortgage for Deed		
<input type="checkbox"/> Stocks, Bonds, Securities			<input type="checkbox"/> Personal Property held as		
<input type="checkbox"/> Mutual Funds			an Investment		
<input type="checkbox"/> Pensions			<input type="checkbox"/> Annuity		
<input type="checkbox"/> IRAs, Keoghs, 401K			<input type="checkbox"/> Other		
Do you have a revocable/irrevocable trust: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have access to money/assets in the trust: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you or any person on the application disposed of or given away any asset(s) for less than fair market value in the last two years: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employer Information					
Head of Household:			Employer:		
Position:			Address:		
Hire Date:		Termination Date:	Phone:		
Salary/Wage:			Fax:		
Additional Household Member:			Employer:		
Position:			Address:		
Hire Date:		Termination Date:	Phone:		
Salary/Wage:			Fax:		
Vehicle Information					

Type/Make of Vehicle:	Year:	Color:
License Number:	Insurance Number:	
Type/Make of Vehicle:	Year:	Color:
License Number:	Insurance Number:	

Personal Reference/Emergency Contact		
Name	Telephone Number	Emergency Contact
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Failure to completely fill out this application will delay/stop processing.
<p>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 income and asset information. I/we further certify that the statements made in this application/certification are true and complete to the best of my/our knowledge and are aware that missing information and false statements will be reason for denial and any deposits placed on the unit will be forfeited. All parties age 18 and over must sign this application.</p>

Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date

<p>If this application was signed more than 120 days prior to the first day of occupancy, please review all information provided on the application and make changes necessary to provide current information. Please sign below to acknowledge your review of this application.</p>

Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date