



Royal Castle Companies

June 30, 2016

Mr. Daniel A. Rosemond
City Manager and CRA Director
City of Hallandale Beach
400 South Federal Highway
Hallandale Beach, FL 33009

RE: Amendment to Proposal to Develop Parcels on Foster Road and First Avenue

Dear Mr. Rosemond:

We wish to modify our proposal to incorporate the parcel adjacent to our site which was recently acquired by the CRA. By its incorporation we will be able to bring substantial additional benefits to the community. As I stated in our proposal of February 10; there is a substantial and continuing need to provide affordable, quality, workforce housing in Hallandale Beach, as in the broader community. The Foster Road sites benefit from their proximity to employment which will reduce the cost to the workforce and assist in retention for the employers. Additionally, by a coordinated effort with the public transportation sector, we should be able to mitigate traffic congestion. Our modified plan will add an additional 20 affordable housing units to our original site bringing the total residential units to 102. Because of our increased scale we are able to add over 6000 square feet of commercial space to our development plan. For these reasons we are excited to present our amended plan for development.

Our community is modeled to provide financial support for working families by restricting our rents to no more than 30% of the median income for families and individuals earning 60% of the median income in Broward County. The details are provided within our proposal. Royal Castle Companies and its management company, Singer Management, will also provide programming in our clubhouse, which offers additional community benefits and support. These programs may include financial wellness education, neighborhood watch, health screening, first time homebuyers program, and academic tutoring. We work with local organizations to bring these and other programs our residents' desire.

Our plan will provide a private long term equity investment of approximately \$8,245,000 and a first mortgage loan of approximately \$7,055,000. The developer will commit its fee during the construction and a portion long term as required to provide adequate sources for our plan. The CRA funding of \$3,200,000 must be firmly committed in order for us to close on our financing, but will not be released until construction is completed. Yours will be the last money in. Your funds will collateralize the additional funds required during construction. During construction and for a period of time thereafter, Royal Castle and its principal anticipate providing personal guarantees for the development costs and for the development's operational compliance. Our

financing anticipates utilizing the Broward County Housing Finance Authority tax exempt bonds, and the affordable housing tax credit. These sources require a thorough underwriting prior to commitment and closing, as well as, a long term, fifteen year from time of completion, commitment to affordability. We will have the opportunity to convert from an affordably restricted property to a market rate community at the end of the fifteenth year. We believe this will further stimulate continued economic growth and diversity in our neighborhood. Site control is required to apply for tax exempt bond allocation. We have had communication with the HFA and there is sufficient allocation for our plan. The funding schedule, which requires advertising, community comment, underwriting, and several board actions, occurs each year, but our hope is to move forward to construction in the next twelve to eighteen months.

The most arduous part of our efforts was the design of our development. We created a space compatible with the neighborhood, while its scale should encourage private investment in the area, to meet the growth we are providing. We heard the community and its leaders, regarding parking, and we are meeting the parking requirements for our development by incorporating a garage into our plan. Our new building of approximately 30,000 square feet will house our leasing office and maintenance facility in addition to the gym, substantial space for a day care facility, space for a police substation, and retail space with frontage on Foster Road. We believe the new residents, in addition to the medical center traffic will add support for this retail space. Those businesses which include the day care provider can provide additional benefits to our residents as well as the neighborhood at large; therefore we anticipate providing our commercial space for rent at levels which are supportive to the long term health of these small but vital businesses. Our plan is designed to meet all current code requirements without seeking any variances. Upon your approval of our plan, we will immediately seek site plan approval, and thereafter, begin the process of acquiring building permits.

We are so excited to bring our plan before you at this time, and look forward to working with you make this development a hallmark of what a public/private partnership can accomplish.

Sincerely,

Royal Castle Companies

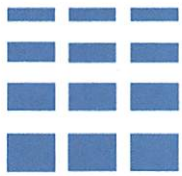
A handwritten signature in blue ink, appearing to read "Elliot Stone". The signature is stylized with a large, looped "E" and a long, sweeping horizontal stroke at the end.

Elliot Stone

Artist Haven

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Artist Haven

Project Description

Artist Haven is a gated Affordable Rental Apartment Project which includes an approximately 70,000 SF 3 story u-shaped residential building; an approximately 10,000 SF 2 story live/work townhouse building; a 3 story 105 space structured parking garage; and an approximately 30,000 SF 3 story building comprised of a main level, with both retail and office spaces, fitness center, community center, and day care facility, as well as 2nd and 3rd floors, encompassing 20 apartment units.

Units: 102 Total

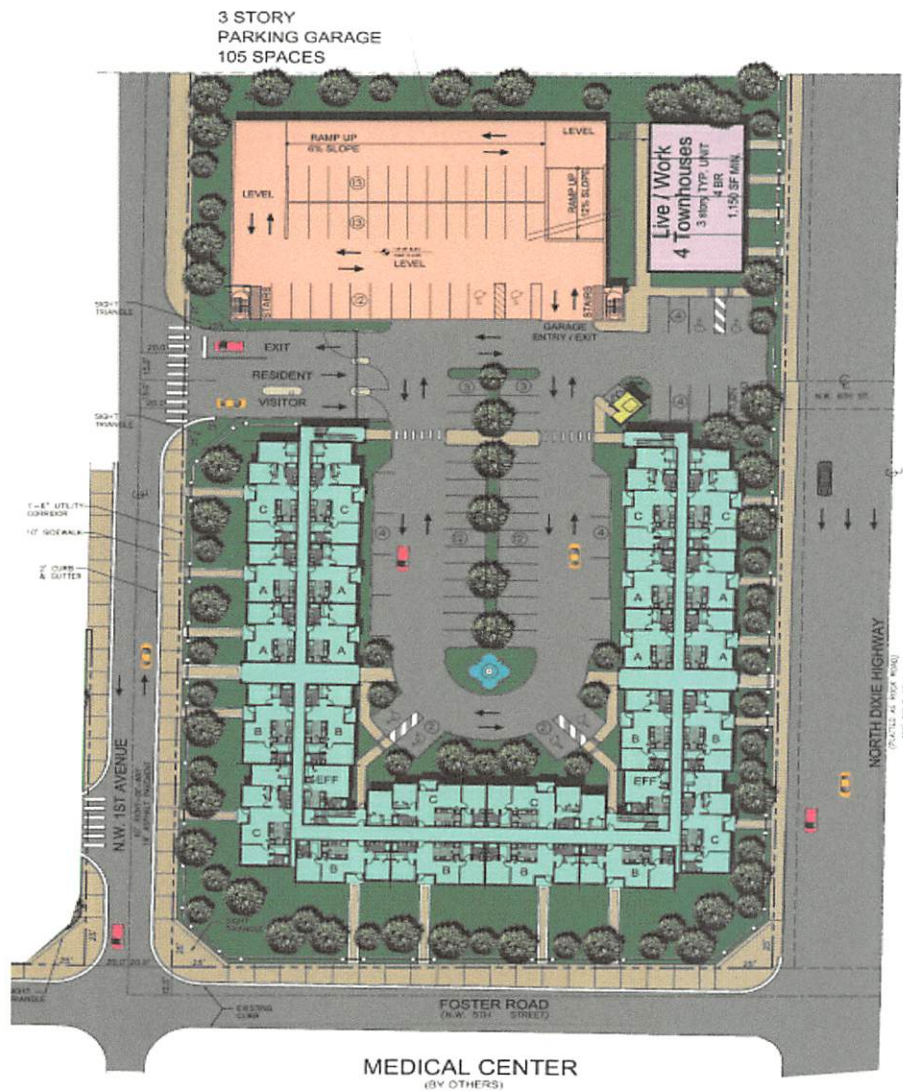
Unit Mix:

10	Efficiencies	+/- 541 SF
16	1 BR/1 BA	+/- 741 SF
40	2 BR/2 BA	+/- 891 SF
32	3 BR/2 BA	+/- 1,091 SF
4	Live/Work	+/- 2,666 SF

Parking: All parking, as required by code, is provided onsite by means of a structured garage and surface parking.

Amenities:

- Fitness Center
- Fully Equipped Tot Lot
- Community Recreation Room
- Day Care Facility Space
- Other Retail Space





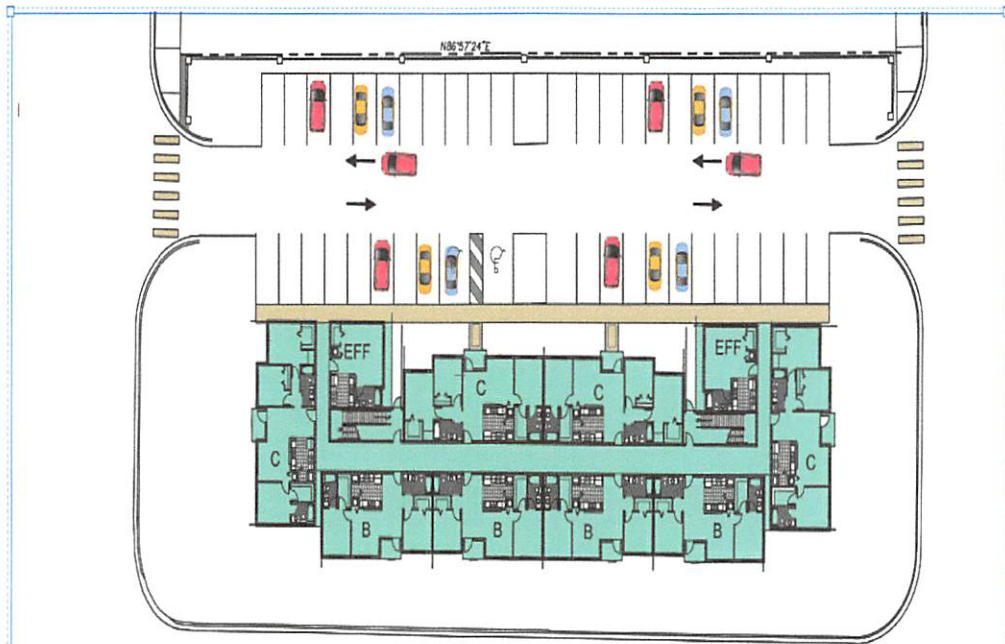
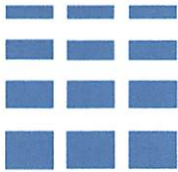
CITY OF HALLANDALE
FIRE STATION SITE

(BY OTHERS)



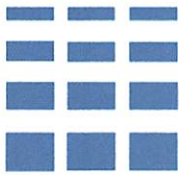
CONCEPTUAL SITE PLAN

SCALE: 1" = 30'-0"



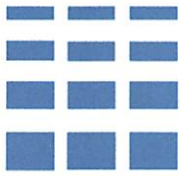
TYPICAL SECOND AND THIRD FLOOR PLAN

SCALE: 1" = 30'-0"



FOSTER ROAD AND NORTH DIXIE HIGHWAY

UNIT MIX						
	EFF	A	B	C	LIVE/WORK	Units per Building
	1BR/1BA	1BR/1BA	2BR/2BA	3BR/2BA	4BR/2BA	
Net Rentable SF	500 SF	700 SF	850 SF	1050 SF	2584 SF	
Patio/Balcony	41 SF	41 SF	41 SF	41 SF	82 SF	
Total Unit. Area	541 SF	741 SF	891 SF	1091 SF	2666 SF	
APARTMENTS	10	16	40	32		98
LIVE / WORK					4	4
Total units	10	16	40	32	4	102
Unit Percentage	9.8%	15.7%	39.2%	31.4%	3.9%	
Total NRSF:	5,410	11,856	35,640	34,912	10,664	98,482
					Avg NRSF:	966
First Floor						9,000
Off-street Parking						
Per Table 32-203(a)	1.00	1.25	1.75	1.75	2.00	
Minimum Required	10	20	70	56	8	164
Guest parking/ units	1st 20	21-50	51+			
Minimum Required	0.5	0.3	0.2			
	10	9	10.4			29
Residential Use						193
Business Uses	6,000/1 space per 300 S.F. of net floor area					20
Total Required						213
Off-Street Parking Provided 108 Ground level & 105 at 3 story parking garage						213
Total provided						213



Development Team

Developers



Royal Castle Companies

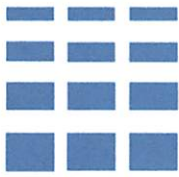


INTEGRA

(Development/Construction Consultant)

Property Management





Royal Castle Companies

In 1998, Elliot Stone founded the Royal Castle Companies, focusing on multi-family developments in several states, primarily financed through the Housing Tax Credit and Tax Exempt Bond programs.

Early in his career, Mr. Stone co-founded The Community Housing Initiative Trust, a non-profit, which is still in existence today. During this endeavor, he co-developed tax credit financed communities in South Carolina, Wyoming, and Michigan. He then moved on to The Related Group of Florida, where he developed in South Florida, before serving as the Regional Vice President of the National Housing Development Corporation, developing in Florida, Georgia, Louisiana and Texas.

The building of high quality affordable housing is Royal Castle's challenge, and a strict commitment to quality is the foundation upon which Royal Castle has been built.

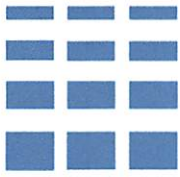
Royal Castle believes that not only should there be no visible difference between a market rate property, and an affordable property, but that an affordable housing development may even reach beyond the market rate development in services and amenities.



Royal Castle Companies

From individual unit design, to landscape design, Royal Castle's communities are indiscernible from higher priced market rate developments. Its full amenity package often includes a swimming pool and tot lot, as well as a clubhouse with a community room, community kitchen, fitness center, education center equipped with computers, and a central laundry facility. All units are designed with eat-in kitchens, featuring a full appliance package (refrigerator, range, dishwasher, disposal, and exhaust fans), walk-in closets, two full bathrooms in two and three bedroom units, and separate living and dining facilities.

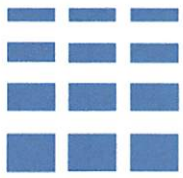
The affordable housing communities developed by Royal Castle are marked by a tremendously varied portfolio of architectural designs and site plans. This has been achieved by assembling one of the highest quality teams working in affordable housing nationwide. It is the diversity and quality of the team members which further define the end product.



Elliot Stone/Royal Castle Companies

Properties Developed

- Villas at Costa Dorada
(248 Units)
San Antonio, TX
- Villas at Costa Brava
(250 Units)
San Antonio, TX
- Villas of Cordoba
(156 Units)
Austin, TX
- Georgetown Place
(176 Units)
Georgetown, TX
- Villas de Mallorca
(252 Units)
Miramar, FL
- Hampton Court
(288 Units)
Magnolia Park, FL
- Village at Joseph's Run
(128 Units)
Midland, MI
- Dorchester Court
(131 Units)
Port Huron, MI
- Roxbury Court
(90 Units)
Clio, MI
- Suffolk Court
(120 Units)
Flushing, MI
- Bristol Court
(144 Units)
Mount Morris, MI
- Villas del Lago
(288 Units)
Miami, FL
- River Park Place
(144 Units)
Indian River County, FL
- Villas of Capri
(240 Units)
Naples, FL



Villas de Mallorca

Miramar, FL



Elevation



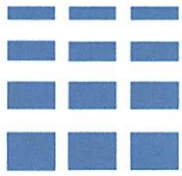
Fountain



Leasing Office



Pool Area

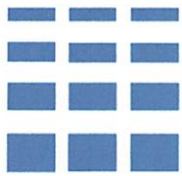


INTEGRA

Integra Investments (www.integrafl.com) is a fully-integrated developer with expertise in acquisitions, construction management, and asset management. The company focuses on development and re-development projects which have an opportunistic and high value-add profile. Integra, which invests exclusively in projects in Florida, currently owns or is developing several mixed-use, multifamily, residential condo, and commercial/office investment opportunities.

Steven Sorensen is Integra's Chief Development Officer. With over 25 years of project development experience, Mr. Sorensen has directed the acquisition, entitlement, programming, asset management, and disposition of over \$2 billion of luxury residential, hotel, and mixed-use real estate. Mr. Sorensen handles the company's day-to-day development efforts, overseeing projects from conception to completion.

Integra is proud to bring its expertise to this development process, in order to ensure the best outcome for all of the stakeholders in this community redevelopment plan.



Singer Management specializes in affordable residential rental property management, marketing, and services. Its team has an extensive background in residential apartment management, particularly affordable housing properties. Singer Management is committed to providing quality service to its residents and clients. Inherent in its vision, is the philosophy that every property has individual investment requirements regarding capital investment, personnel, and time, that must be managed in a way that will maximize the benefit to its resident's quality of life, while maintaining and enhancing its long term financial goals. Singer Management provides its associates with all of the tools, technology, training, and support needed to succeed. It focuses on positive customer service, and works diligently to create an employment environment for its associates that fosters long term dedication, professionalism, creativity, and career enhancement.

As a service-oriented company, Singer Management commits to serving the needs of its clients by providing superior reporting and property management services. Its sound fiscal approach requires continuous attention to the long term maintenance of the apartment community. The maintenance and management teams appreciate that Singer Management deems success to mean a community that keeps looking as good as the day of its completion, regardless of age. This is central to the service Singer Management provides to its residents.

Background:

Singer Management, LLC, manages properties in three states: Florida, Texas, and Michigan. It has experience managing LIHTC, MMRB, SHIP, HOME, and HUD financed properties.



Properties Under Current Management:

PROPERTY	NO. OF UNITS	LOCATION	HOUSING PROGRAM
Villas de Mallorca	252	Miramar, FL	HC/MMRB
Hampton Court	288	Mangonia Park, FL	HC/MMRB
Costa Brava	250	San Antonio, TX	HC/Market
Costa Dorada	248	San Antonio, TX	HC/Market
Georgetown Place	176	Georgetown, TX	HC/Market
Villas of Cordoba	156	Austin, TX	HC/Market
Suffolk Court	120	Flushing, MI	HC
Roxbury Court	90	Clio, MI	HC
Dorchester Court	131	Port Huron, MI	HC
Village at Joseph's Run	128	Midland, MI	HC

HC:

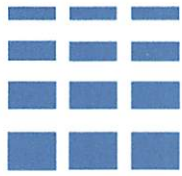
Housing Credit

MMRB:

Multifamily Mortgage Revenue Bonds

Unrestricted Market:

Rents set in accordance with market rates



Affordable Housing

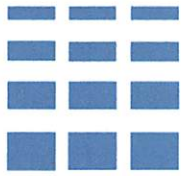
Operational Points

Anticipated Monthly Rental Rates:

Efficiency	\$666
1 BR/1 BA	\$718
2 BR/2 BA	\$863
3 BR/2 BA	\$951
Live/Work	\$1,052

Current Tenant Income Level Restrictions:

Family of 1	\$26,700 per year
Family of 2	\$30,540 per year
Family of 3	\$34,320 per year
Family of 4	\$38,160 per year
Family of 5	\$41,220 per year
Family of 6	\$44,280 per year



Affordable Housing

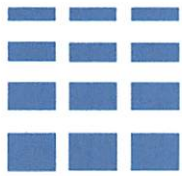
Operational Points

Resident Prequalification Process (Prior to the signing of a lease):

- * The applicant's assets and income are verified
- * A credit check is run as to defaults, evictions, and bankruptcies
- * A criminal background check is run
- * An employment verification form is sent to the current employer
- * The previous landlord is contacted
- * A Declaration of Child Support Income form is signed (when applicable)

(See Resident Application Package in attachment)

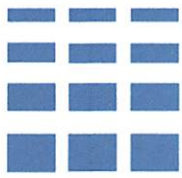
All restrictions pertaining to rental rates, income, and resident qualifications will remain in place for the next 15 years.



Foster Road/Artist Haven

Development Budget

Land:		\$0
Hard Cost:		
Structure:	\$9,200,000	
Garage:	\$1,848,000	
Site work:	<u>\$2,000,000</u>	
Sub Total Hard Cost:		\$13,048,000
Soft Cost:		
Building Permit:	\$120,000	
Road Impact Fee:	\$132,000	
Fire/EMS:	\$72,000	
School Impact Fee:	\$414,000	
Park Impact Fee	\$30,000	
Design/Arch:	\$400,000	
Water/Sewer:	\$150,000	
Geo/Env:	\$29,000	
Contingency:	\$300,000	
Interest during Const:	\$210,000	
RE Taxes:	\$30,000	
Insurance:	\$50,000	
Loan Fee/Recording:	\$430,000	
Bond Fee:	\$60,000	
Bridge Interest:	\$80,000	
Legal/Accounting:	\$200,000	
Mgt./Marketing:	<u>\$145,000</u>	
Sub Total Soft Cost:		\$2,852,000
Developer/Gen. Cond/OVHD Fees:	<u>\$2,600,000</u>	
Total Development Budget:		<u>\$18,500,000</u>



Financial Summary

Construction Financing

Construction Loan:	\$10,500,000
Owner's Equity:	\$5,755,000
Deferred Developer Fee:	<u>\$2,245,000</u>
Total:	\$18,500,000

Permanent Financing

1 ST Mortgage:	\$7,055,000
Owner Equity:	\$7,670,000
CRA Grant:	<u>\$3,200,000</u>
Sub Total:	\$17,925,000
Deferred Developer Fee:	<u>\$575,000</u>
Total:	\$18,500,000

*Construction and permanent loans will be provided via Tax Exempt Bond,
issued by the Broward County Housing Finance Authority.*



June 29, 2016

Mr. Elliot Stone
President
Always Forward 4, LLC
11900 Biscayne Boulevard #262
North Miami, FL 33181

Subject: FHA 221(d)(4) Loan Commitment

Dear Mr. Stone:

Bellwether Enterprise Real Estate Capital, LLC ("we", "Lender" or "BEREC") appreciates the opportunity to obtain the debt capital necessary to refinance the projects listed below.

This is a Commitment for permanent financing for the referenced development. Upon issuance of an acceptable FHA commitment to Borrower and Lender, Lender will fund the permanent loan pursuant to the following general terms:

<u>Project Location(s):</u>	Artist Haven, Ft. Lauderdale, Broward County, Florida
<u>Number of Units:</u>	102 units
<u>Target Loan Amount(s):</u>	~7,055,000
<u>Program:</u>	U.S. Department of Housing and Urban Development's FHA 221(d)(4)
<u>Target Interest Rate:</u>	4.25% (Rate including 0.25% MIP)
<u>Prepayment Terms:</u>	A prepayment lockout for 1 year followed by a prepayment penalty of 9% the 2nd year declining by 1% per year through the 10 th year. No penalty thereafter.
<u>Purpose:</u>	It is stated the intention of the Borrower to utilize the proposed facility from the Lender to provide construction financing and permanent financing for a residential project targeting low-income residents, located in Ft. Lauderdale, Broward County, Florida, utilizing Section 42 Low Income Housing Tax Credits ("LIHTC's")
<u>Equity:</u>	Borrower will contribute capital in the amount of at least \$11,358,909 which may be evidenced by a combination of LIHTC Syndication Proceeds, government grants, private loans or grants and in kind equity/deferred developer fees. Such equity must be sufficient when combined with the proposed loan to balance the sources with the proposed uses.
<u>Permanent Term:</u>	40 years, plus construction term
<u>Security:</u>	The loan shall be secured by a first lien on all project assets.
<u>Non-Recourse Loan:</u>	This loan will be non-recourse, excepting the carve outs for Key Principals in item 50 of the FHA Regulatory Agreement.
<u>Financing & Placement Fees:</u>	A fee equal to 2% of the mortgage amount, payable from Loan proceeds at Initial Endorsement.

Bellwether Enterprise Real Estate Capital, LLC
■ 6340 Sugarloaf Parkway, Suite 250 ■ Duluth, GA ■ Ph: 678-892-3178 ■ Cell: 678-412-5634 ■ www.bellwetherenterprise.com

Lender Legal Fees:

Included in the Lender Financing Fees

Engagement Fee:

\$10,000; 50% is non Refundable upon receipt of an invitation to submit a firm commitment.

3rd Party Report Estimates:

Appraisal	\$10,000
ESA	\$ 4,000
HUD AEC	\$20,000

Total: \$34,500

HUD Exam Fee:

0.30% of FHA Loan Amount

HUD Annual MIP:

0.25% annually, .50% Up front

HUD Inspection Fee:

The HUD Inspection Fee is \$5 per thousand of the mortgage amount for new construction.

Annual Deposit to Reserve Estimate:

Not less than \$300 per unit per annum

Consultant:

Not Applicable

Special Conditions:

(i) Written evidence from various State and Local Agencies of their willingness to conform to the US Department Subordinate financing requirements as detailed in Chapter 8.9 of the MAP Guide.

(ii) This commitment is conditioned upon obtaining necessary tax credits and soft funds to meet the equity requirement, receipt of third party reports indicating a loan amount not to exceed the 221(d)(4) requirements, form 2530 clearance, final construction budget, cost certification, acceptable partnership agreement to lender, acceptable borrower financial information and organizational documents, and confirmation of market conditions.

(iii) Bond issuance at \$10,455,000 including excess bonds in the amount of \$3,400,000 to be paid down to the mortgage amount of \$7,055,000 upon project completion and stabilization. Excess bonds must be collateralized until redeemed by cash, LOC, bridge or other form of collateral.

We appreciate the opportunity to provide construction and permanent financing for the proposed project. The terms of this commitment will expire on December 1, 2016. As stipulated above, this commitment is subject to due diligence satisfaction by Lender and the U.S Department of Housing and Urban Development.

Bellwether Enterprise is a FHA approved Mortgagee and also approved by the U.S Department of Housing and Urban Development to submit Applications under its Multifamily Accelerated Processing (MAP) Program.

The following provides the projected total expenses, net operating income and debt service for the first year of stabilized operation:

Effective Gross Income (incl. 5% vacancy)	\$1,041,823
Total Operating Expenses	\$536,084
Net Operating Income	\$505,739
Annual Debt Service	\$371,464

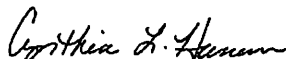
The Project will be feasible for the next 30 years.

We estimate that upon engagement the approximate time frame to underwrite and close the FHA loans will be from six to nine months, depending upon borrower responsiveness and the HUD field office's workload at the time when each loan enters HUD's processing queue.

All final FHA loan amounts will be subject to Lender and US Department of HUD review and approval. The FHA firm commitment must be mutually acceptable to both the Lender and the Client.

As a Senior Vice President the undersigned is authorized to execute this Engagement on behalf of BEREC. Please remit the Engagement fee to Lender in the amount of \$10,000, along with an executed copy of this Engagement letter to the Lender's address.

Very truly yours,



Cynthia L. Hannon
Senior Vice President

Accepted this ____ day of _____, 2016

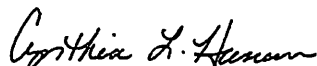
Certification regarding Private, State and Federal Resources

I, Cynthia L. Hannon, Bellwether Enterprise Real Estate Capital, Inc. hereby attest that Bellwether Enterprise Real Estate Capital, Inc has provided a Commitment for a permanent loan in the amount of \$7,055,000 to the applicant, Always Forward 4, LLC, for the development of Artist Haven. I further attest that Bellwether Enterprise Real Estate Capital, Inc is not the Applicant, Developer, Consultant, Related Party, or any individual or entity acting on behalf of the proposed Application, and attest that none of the funds commitment were first provided to Bellwether Enterprise Real Estate Capital, Inc by the Applicant, Developer, Consultant, Related Party or any individual or entity acting on behalf of the proposed Application.

Certified by:

Bellwether Enterprise Real Estate Capital, LLC

By:



Cynthia L. Hannon
Senior Vice President
Bellwether Enterprise Real Estate Capital, LLC

Date: 6/29/2016



LETTER OF INTEREST

June 29, 2016

Mr. Elliot Stone
President
Always Forward 4, LLC
11900 Biscayne Boulevard #262
North Miami, FL 33181

Re: Artist Haven (the "Project")

Dear Mr. Stone:

The purpose of this letter is provide an indication of interest from Enterprise Community Investment, Inc. ("Enterprise") for providing equity as a Limited Partner in the Project through an investment fund which would be formed by Enterprise. Enterprise is one of the leading syndicators of low income housing tax credits ("LIHTC"). Since the enactment of the federal Low Income Housing Tax Credit program in 1986, Enterprise has raised more than \$9.0 billion in equity for the development of low income housing.

This letter of interest is based on a preliminary review of the materials you provided. This information indicates that the Project would generate, at this time, a low income housing tax credit allocation of approximately \$745,127.

The pro forma presented to Enterprise as part of the preliminary submission indicates an equity investment in the amount of \$7,674,038. This estimate of pricing appears supportable if the transaction were to close today. The ultimate ability of Enterprise to commit to firm pricing on this transaction will be determined by investor yield requirements and the availability of capital closer to the time of closing.

As soon as you receive a reservation of tax credits, please contact us so that we can continue the underwriting of the Project and, if appropriate, negotiate a firm commitment letter.

Sincerely,

A handwritten signature in black ink that reads "B Hollander". The signature is fluid and cursive, with the first letter of the last name being a large, stylized 'H'.

Bryan Hollander
Director, Syndication

Artist Haven

Resident Application Package

VI. Household Assets

Does any household member (including children) have a checking or savings account, IRA, CD, Bonds, Real Estate, or any other type of asset(s)?

☐ NO ☐ YES If yes, list type of asset and name of institution:

Applicant	Spouse	Child	Type of Asset	Institution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Has anyone in your household disposed of any asset(s) in the past twenty-four (24) months?

☐ NO ☐ YES If yes, explain: _____

VII. General Information

Emergency Contact Information:

Applicant's Emergency Contact:

Contact Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone #: _____ 2nd Phone #: _____
 Relationship: _____

Spouse's Emergency Contact:

Contact Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone #: _____ 2nd Phone #: _____
 Relationship: _____

Vehicle Information:

Applicant's Vehicle:

License Plate #: _____ State: _____
 Make: _____ Type: _____ Color: _____

Spouse's Vehicle:

License Plate #: _____ State: _____
 Make: _____ Type: _____ Color: _____

Other Information Needed:

Does anyone in the household have any pets?

☐ NO ☐ YES If yes, Number of pets: _____

Breed/Kind: _____ Size (lbs): _____

Did you hear about us from one our resident? ☐ NO ☐ YES

If yes, Resident's Name: _____ Unit # _____

We hereby authorize _____ (Company) to make investigations to confirm the contents contained in this application for rental. Furthermore, we authorize investigations be extended or for subsequent investigations to be completed in connection with an update, lease renewal, recertification, extension or collections, with respect to or in connection with the rental or lease of a residency for which this application was made. We understand that these investigations might include, but not necessarily be limited to: credit report, verifications of employment, past rental history, banking relations and criminal background check. We consent to these investigations and authorize and direct any employer (past or present), credit reporting agency, landlord, property management company, banking institution and law enforcement agency to release to the above mentioned Company without any liability therefore, any information contained in the records concerning the undersigned applicant and knowledge and agree that any misrepresentation and/or omission of fact or detrimental information contained in this report shall constitute a default under the applicant's initial rental application/lease agreement and may, in the sole discretion of management, be grounds for denial of applicant's rental application or eviction proceedings. We further agree that the information contained in this application may be used in such investigation(s) and above mentioned Company shall be held harmless for any action or claim by means in connection with the use of the information contained herein or any investigation conducted by the above mentioned Company.

Credit Check Charge - Applicant has to submit the sum of \$ _____ which is non-refundable payment for a credit check and processing charge, receipt of which is acknowledged by management. Such sum is not rental payment or deposit amount. In the event this application is approved or disapproved, this sum will be retained by management to cover the cost of processing application as furnished by applicant. Good Faith Deposit - We hereby deposit \$ _____ with management as a good faith deposit in connection with this rental application. If my application is accepted, we understand this deposit can be applied towards payment of my security deposit of \$ _____ when we take possession of the apartment. If for any reason management decides to decline my application, the management will refund this good faith deposit in full. We understand we may cancel this application by written notice within twenty-four hours and receive a full refund of this good faith deposit within 30 days of the cancellation. If we cancel after twenty-four hours or refuse to occupy the premises on the agreed upon date, we understand this good faith deposit will be forfeited.

TITLE VII of the CIVIL RIGHTS ACT of 1964 makes discrimination based on race, color, religion, sex or national origin illegal in connection with the rental of most housing. The Federal agency, which administers compliance with this law concerning this company, is The Department of Housing and Urban Development. EQUAL CREDIT OPPORTUNITY ACT - The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status. The Federal agency, which administers compliance with this company's Equal Credit Opportunity, is The Federal Trade Commission, Washington, DC 20580.

Applicant's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____



Declaration of Assets

Assets include, but are not limited to: bank accounts, 401k accounts, real-estate owned.

The applicant furnishes his/her current savings account balance, a six (6) month average for checking accounts, and any available interest rates.

The balance and employer matching funds are reviewed on all 401k accounts, from the date of inception.

If assets total five thousand dollars or more, a verification of asset form must be completed by the financial institution.

Verification of Assets

This Asset Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment **unit number:** _____
(Stamp Property Address Below)

I hereby grant disclosure of the information required below.

Applicant's Signature: _____ Date: _____

Printed Name: _____

TO BE COMPLETED BY BANKING INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of all assets and income from assets. Please provide the information requested below:

CHECKING ACCOUNT	SAVINGS ACCOUNT
Account number:	Account number:
Average 6 month balance: \$	Current balance: \$
Annual percentage rate of interest: %	Annual percentage rate of interest: %
OTHER (please describe):	OTHER (please describe):
Account number:	Account number:
Average 6 month balance: \$	Current balance: \$
Annual percentage rate of interest: %	Annual percentage rate of interest: %
Penalty for early withdrawal:	Penalty for early withdrawal:

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Title: _____ Fax: _____

Banking Institution _____

BANKING INSTITUTION
STAMP
REQUIRED

Other Assets Worksheet

Use this form to calculate CDs, Money Market, Treasury Bills, Bonds, Trust Funds, Pensions, IRAs, Keogh or other Retirement Accounts.

3) Total Net Value of Such Asset \$ _____ Date of Purchase: _____

Type of Asset: _____ Account Number: _____

4) Income from Asset

1) Total Gross Value of the Asset _____ X _____ = \$ _____

2) Less: Total Withdrawal Fees and other Costs* _____

3) Total Net Value of Such Asset \$ _____ Date of Purchase: _____

Type of Asset: _____ Account Number: _____

4) Income from Asset

1) Total Gross Value of the Asset _____ X _____ = \$ _____

2) Less: Total Withdrawal Fees and other Costs* _____

3) Total Net Value of Such Asset \$ _____ Date of Purchase: _____

Type of Asset: _____ Account Number: _____

4) Income from Asset

1) Total Gross Value of the Asset _____ X _____ = \$ _____

2) Less: Total Withdrawal Fees and other Costs* _____

3) Total Net Value of Such Asset \$ _____ Date of Purchase: _____

Type of Asset: _____ Account Number: _____

4) Income from Asset

1) Total Gross Value of the Asset _____ X _____ = \$ _____

2) Less: Total Withdrawal Fees and other Costs* _____

3) Total Net Value of Such Asset \$ _____ Date of Purchase: _____

Type of Asset: _____ Account Number: _____

4) Income from Asset

1) Total Gross Value of the Asset _____ X _____ = \$ _____

2) Less: Total Withdrawal Fees and other Costs* _____

3) Total Net Value of Such Asset \$ _____ Date of Purchase: _____

Combine all Assets Listed Above	Value of Asset	Income From all Assets Listed Above
Totals		

*Penalties for Series EE Bonds are 50% + 3 months of earned interest if held < 5 years; if > 5 years from purchase date-no penalties.



MILITARY PAY VERIFICATION

Date: _____

Unit Number/Identification: _____

TO: _____

RETURN TO: (Rental Community Address)

Dear Sir/Madam:

We are required by the Internal Revenue Service (IRS) to verify the incomes of all family members applying for admission to any Tax Credit Housing Program. The _____ State Housing Authority monitors compliance for IRS requirements. The following information is requested as part of the household qualification process. The information provided will remain confidential and will only be used to determine the family's eligibility for admission or continued occupancy. Your assistance by completing the bottom half of this form and returning it to the address shown below in a timely manner will be greatly appreciated. Your cooperation is appreciated.

Applicant/Resident Name _____

I hereby authorize release of the information requested below in order to determine my eligibility for residency at the rental community named above in the upcoming year.

Signature _____

Social Security # _____

Signature _____

Telephone Number _____

Printed Name _____

Title _____

Name _____

Serial # _____

Branch of Service _____

Rank _____

Pay Grade _____

Date of:

Original Enlistment _____

Current Enlistment _____

Total years of service _____

Base pay, including longevity _____ \$

Quarters allowance _____ \$

Subsistence allowance _____ \$

Sea duty or foreign duty _____ \$

Hazardous or Special Duty pay _____ \$

Other (Identify) _____ \$

Total Salary per Month _____ \$

Deduction for Social Security _____ \$

Additional Remarks _____

I hereby certify that the information supplied in this section is true and complete.

Signature _____

Completion Date _____

Telephone Number _____

Printed Name _____

Title _____

DECLARATION OF TIP INCOME

To be completed by all applicants/residents who work in the service industry.
(Servers, bartenders, massage therapists, etc.)

Applicant's Name: _____ Unit #: _____

Employer: _____ Position: _____

I have made an application to rent in a community that has a program that requires disclosure of all of my income in order to determine household eligibility. I hereby declare that (check one):

- ☐ I do not receive tips.
- ☐ I receive tips, but all of my tips are declared to my employer for tax purposes.
- ☐ I receive tips, and I do not declare all of my tips to my employer.

I earn on average \$_____ each week in undeclared tips.

Under penalty of perjury I hereby certify that all the above information is correct, and that I understand that failure to provide accurate information will result in denial of my application or immediate termination of my lease agreement. Furthermore I understand that the community for which application is being made is financed through a program governed by the Internal Revenue Services wherein qualification for occupancy requires that certain income, including child support be included and verified.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Real Estate Status Declaration

Applicant's Name: _____

Unit Number: _____

Applicant's Name: _____

Unit Number: _____

Real Estate Information:

Street Address: _____

City: _____

County: _____

State: _____

I/we certify that the current status of my/our Real Estate is as stated below:

(Please check one)

☐ Rented (must provide copy of Lease Agreement and operating expenses)

☐ Vacant Held as an Investment

☐ Other (please explain) _____

I/we hereby certify that I/we will notify said property management office of any and all changes before and/or after move-in, regarding the status of the above-mentioned real estate and will provide all paperwork I/we receive as a result of the change for further documentation of my resident file. I/we do understand that any income anticipated from my assets must be considered, and could affect my/our eligibility for residency. I/We also understand that if our household fails to do so, my/our Lease will immediately be terminated and consent to my/our immediate eviction for failure to qualify as an eligible tenant.

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

Recurring Contribution and Gifts Declaration

APPLICANT'S STATEMENT:

Applicant's Name: _____ Unit Number: _____

I have made an application to rent in a community that has a program that requires I disclose all of my income in order to determine household eligibility. Therefore, I certify that I anticipate receiving:

\$ _____ *Per month* for the next twelve (12) months as a contribution or gifts from the person listed below:

Applicant's Signature: _____ Date: _____

PROVIDER OF CONTRIBUTION OR GIFT STATEMENT:

Provider's Name: _____ Phone Number: _____

Street Address: _____ City, State, Zip: _____

I, hereby certify that I anticipate providing as a contribution or gift in the amount of \$ _____ *per month* for the next twelve (12) months to the above named applicant/resident of the above community managed by Professional Management Inc. Furthermore, I understand that in order to provide evidence of this payment, management may request third party verification of such contribution or gift and that I must notify management of any changes in the amount or frequency of this contribution or gift.

Provider's Signature

NOTARY INFORMATION

State of _____, County of _____

Before me personally appeared _____ (listed above as Provider) who acknowledged to me that he/she/they executed the foregoing instrument this _____ day of _____, 20____.

Notary of Public State of _____

Self-Employed or Income from Business Declaration

Applicant's Name: _____

Unit Number: _____

I have made an application to rent in a community that has a program that requires I disclose all my income in order to determine household eligibility.

☐ I am currently **Self-employed** and have been since _____

☐ I earn income from a **Business** and have since _____

List type of Self-employment or Business _____

Income from such source is as follow:

Start Date: _____ End Date: _____ \$ _____

I will provide the following documentation to support this declaration:

Income from Self-employment:

- ☐ A signed copy of my last year's Federal Tax return (Form 1040/1040A, showing amount earned and employment period), or
- ☐ *Financial Statement of Net Income completed by an accountant, (audited or unaudited). I understand such statement must be sent to the property directly from the third party.

Income from a Business:

- ☐ A signed copy of my last year's Federal Tax return (Form 1040 and IRS Schedule C, E, or F as applicable), or
- ☐ Copies of a recent loan application listing income derived from the business during the preceding 12 months, or
- ☐ *Financial Statement of Net Income completed by an accountant, (audited or unaudited). Including the accountant's calculation of straight-line depreciation expense. I understand such statement must be sent to the property directly from the third party.

*A Financial Statement of Net Income completed by an accountant can be provided when the application is dated on or after January 1st through March 14th for income from a business, or through April 14th for self-employed income. In order to use such statement after these dates through October 15th, provide copy of filed IRS "Application for Automatic Extension", IRS Form 7004 for income from a business or IRS Form 4868 for income from self employment.

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

Applicant's Signature: _____

Date: _____

Printed Name: _____

Unemployed Declaration

Applicant's Name: _____

Unit Number: _____

I have made an application to rent in a community that has a program that requires I disclose all of my income in order to determine household eligibility. Let it be known that:

1. Check the one that is applicable to your status:

- ☐ I am not presently employed and do not anticipate becoming employed within the next twelve (12) months.
- ☐ I am not presently employed but anticipate becoming employed within the next twelve (12) months. My anticipated income is \$_____ (see attached letter from future employer showing anticipated income and hire date).

2. In addition, check one that describes your current and anticipated status for the next twelve (12) months:

- ☐ I am currently collecting or expect collecting unemployment benefits in the next twelve (12) months (see verification attached).
- ☐ I am not collecting unemployment benefits, nor do I expect to collect unemployment benefits in the next twelve (12) months.

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

Applicant's Signature: _____

Date: _____

Printed Name: _____

Verification of Student Status

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment **unit number**: _____

(Stamp Property Address Below)

I hereby grant disclosure of the information required below.

Applicant's Signature: _____ Date: _____

Printed Name: _____ Student ID#: _____

TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at this educational institution? ☐ YES ☐ NO

If yes, based on the definition shown below, please define student status:

☐ PART-TIME ☐ FULL-TIME

Full-Time Definition:

For the purpose of complying with IRC Section 42 full-time students are those attending or who will attend public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools (does not include those attending on-the-job training courses) for five months during the current and/or upcoming calendar year (months need not be consecutive).

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____ Phone #: _____

Title: _____ Fax #: _____

Educational Institution: _____

EDUCATIONAL
INSTITUTION
STAMP
Required

Student Eligibility Affidavit

Applicant's Name: _____

Unit Number: _____

This rental community has received funding from a program, which does not generally allow occupancy by households comprised entirely of full-time students. Full-time students are those attending or who will attend public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools (does not include those attending on-the-job training courses) for five months during the current and/or upcoming calendar year (months need not be consecutive).

Based on the above definition of Full-Time Students, I am:

☐ Not a Student

☐ Part-Time Student

Student MUST complete a Student Income Certification form if the household receives rental assistance.

If all household members are students, provide from the school a completed Student Verification form.

☐ Full-Time Student

Student MUST complete a Student Income Certification form if the household receives rental assistance.

When counting only \$480 of the full-time student's income, provide Student Verification form.

Only when a Full-Time Student check which applies:

☐ At least one household member will be residing in the unit who is NOT a full-time student.

List such household member:

☐ I am married and entitled to a joint tax return (*MMRB, SAIL, and/or HC*)

PLEASE PROVIDE: A signed copy of most recent tax return and copy of marriage license

☐ I am a single parent with child(ren), I am not a dependant of another individual and the child(ren) is/are not dependent(s) of someone other than a parent (*HC and MMRB only*)

PLEASE PROVIDE: A signed copy of most recent tax return

☐ Our household is currently receiving assistance under Title IV of the Social Security Act (e.g. AFDC or TANF) (*HC and MMRB only*)

PLEASE PROVIDE: A third-party verification of AFDC or TANF award

☐ I am a full-time student who previously was under the care and placement of a foster care program (*HC and MMRB only*)

PLEASE PROVIDE: Third party verification of participation of foster care program

☐ I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar federal, state, or local laws (*HC and/or SAIL only*)

PLEASE PROVIDE: A third-party verification of participation in such program and the programs mission statement

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

Applicant's Signature: _____

Date: _____

Printed Name: _____

Student Income Certification

Applicant's Name: _____

Unit Number: _____

This rental community has received funding from a program, which requires all educational assistance be counted when determining income eligibility of the household. The following information is requested as part of the household qualification process.

Student Certification

As stated in the Student Eligibility Affidavit I am a student. Therefore I hereby certify that:

- ☐ I am 24 years old or older *WITH* a dependant child or I am a 23 years old or younger full-time student and will be residing with my parents or guardians, I understand I am exempt from having to disclose all educational assistance.
- ☐ I am *NOT* 24 years old or older *WITH* a dependant child, nor am I a 23 years old or younger full-time student that will be residing with parents or guardians, I understand I am required to disclose income I receive from all educational assistance. Therefore, I hereafter certify that I do or do not individually receive educational assistance from the following sources:

Pell Grants	<input type="checkbox"/> No	<input type="checkbox"/> Yes, if yes – must provide 3 rd party verification
Scholarships	<input type="checkbox"/> No	<input type="checkbox"/> Yes, if yes – must provide 3 rd party verification
Parental Contributions	<input type="checkbox"/> No	<input type="checkbox"/> Yes, if yes – must provide 3 rd party verification
Work Study	<input type="checkbox"/> No	<input type="checkbox"/> Yes, if yes – must provide 3 rd party verification
Stipends	<input type="checkbox"/> No	<input type="checkbox"/> Yes, if yes – must provide 3 rd party verification
Student Loans	<input type="checkbox"/> No	<input type="checkbox"/> Yes, if yes – must provide 3 rd party verification
Other sources used to pay for school	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If yes, must describe type and provide 3rd party verification: _____

Furthermore, I understand that only when 3rd party verification is received, management will add income from all such sources, subtract any student loans and cost of tuition, and the remaining balance will be considered income when determining my household's eligibility for residency. Documented as follows:

Total Income from Educational Assistance: \$ _____

Excluded - Total Student Loans:* \$ _____ *(3rd party verification required)

Excluded - Total Cost of Tuition:* \$ _____ *(3rd party verification required)

"Net" Income from Educational Assistance:** \$ _____ ** (always add to household's income)

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

Applicant's Signature: _____

Date: _____

Printed Name: _____

Military Questionnaire Affidavit

Applicant's Name: _____

Unit Number: _____

I have made an application to rent in a community that has a program that requires I disclose all of my income in order to determine household eligibility. Let it be known that:

☐ I have served in the military, but I am not presently in active duty, active reserves, or National Guard, and I do not receive nor do I anticipate receiving disability income or any other income in the next twelve months for services rendered.

☐ I have served in the military, but am not presently in active duty, active reserves, or National Guard, but I am currently receiving or anticipate receiving income in the next twelve months from the following source(s) due to services rendered.

List Source: _____ Amount: \$ _____

Provide community staff with a copy of the award letter

☐ I am currently serving in the military in active duty, active reserves, or National Guard.

Provide: Community Staff copy of latest DJMS Leave and Earnings Statements (LES) DFAS Form 702

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

Applicant's Signature: _____

Date: _____

Printed Name: _____

CREDIT AND CRIMINAL BACKGROUND CHECK

We utilize the information from the application form in order to complete the screening request in Yardi. The background checks screen for such items as: eviction judgments, bankruptcies, repossessions, charge offs, arrests, and convictions.

Verification of Employment Income

The applicant completes a verification of employment income form authorizing his/her employer to furnish the requested information.

This form is then faxed, emailed, or mailed to the employer with a request that it be returned in the same manner.

Eighteen (18) consecutive months of employment are required but it is not essential that such be with the same employer.

Verification of Employment Income

Employer Name: _____ Phone: _____
Street Address: _____ Fax: _____
City, State, Zip: _____ E-mail: _____

The person listed below has made an application for residency in our community. This rental community requires documentation of income as part of the qualification process. The applicant has indicated that he/she is employed by your organization and has giving us authorization to request the following needed information.

Employee Name: _____ SS#: _____

Employers - please fully and clearly answer sections 1 through 4

1. Current Wages/Salary \$ _____
☐ Hourly – Average Number Hours per Week _____
☐ Bi-weekly ☐ Weekly ☐ Semi-monthly
☐ Monthly ☐ Annually
2. Is overtime (OT) available?
☐ No ☐ Yes If yes, OT rate \$ _____ Average Number Hours per Week _____
3. Are commissions, tips, bonuses, shift differential or any other income available?
☐ No ☐ Yes If yes, list amount \$ _____ (check one)
☐ Bi-weekly ☐ Weekly ☐ Semi-monthly
☐ Monthly ☐ Annually
☐ If other explain _____
4. Any pay increase anticipated in the next twelve months?
☐ No ☐ Yes If yes, enter effective date _____, % Increase _____%

Under penalty of perjury, I hereby certify that I am authorized to release this information and all payroll information for employees of the above named company. In addition, I certify that the information supplied in this section is true and complete and it includes all anticipated income expected to be earned by this employee. Also that I understand, that federal and state law prohibits employers from providing false or inaccurate income information.

Employer Signature: _____ Date: _____
Printed Name: _____ Phone: _____
Title: _____ E-mail: _____

This statement cannot be handled by the employee,
please fax, email, or mail from your office to the address shown on the coversheet.

Employee's Consent:
I authorize my employer to release the above requested information to the named community. I also understand that information provided by my employer will no way be considered a binding contract from my employer.

Employee Signature: _____ Title/Position: _____ Date: _____

Verification of Residence

Twelve (12) consecutive months of qualified, verifiable, rental history are required. Rental from a family member or friend(s) is not acceptable.

The form is faxed, or emailed, to the landlord, with the request that such be returned in the same manner.

If the applicant has rented through an individual owner, either a cancelled checks, or money order stubs are required.

VERIFICATION OF RESIDENCE

Date: _____

To: _____

_____ IS APPLYING TO LEASE AN APARTMENT AT
VILLAS DE MALLORCA APARTMENTS.

APPLICANT'S SIGNATURE TO RELEASE INFORMATION: _____

PLEASE COMPLETE THE FOLLOWING:

LENGTH OF RESIDENCY: _____ SIZE OF UNIT: _____

OF OCCUPANTS: _____ ADULTS: _____ CHILDREN: _____ PETS: _____

MONTHLY PAYMENT: _____ ANY UTILITIES INCLUDED: _____

PAYMENT HISTORY: (☐) EXCELLENT (☐) GOOD (☐) POOR

ANY NSF CHECKS? _____ NUMBER OF NSF CHECKS _____

ANY LEASE AND/OR RULES AND REGULATION VIOLATIONS: _____

ANY HOUSEKEEPING OR PEST CONTROL ISSUES: _____

WAS PROPER NOTICE OF LEASE TERMINATION GIVEN: _____

EXPLAIN: _____

HOW WOULD YOU RATE BEHAVIOR: (☐) EXCELLENT (☐) FAIR (☐) POOR

NAME AND POSITION OF PERSON SUPPLYING THIS INFORMATION:

SIGNATURE: _____

PLEASE FAX YOUR REPLY TO: 954-704-2665 OR E-MAIL: villasdemallorcamlgr@singermgmt.com

Villas De Mallorca

3430 Douglas Road, Miramar, Florida 33025

Phone 954-704-2662

Fax 954-704-2665

Declaration of Child Support Income

In the event an applicant is a divorced or single parent, he/she must complete this form, indicating whether or not they receive child support. If support is received through the court, a court order is be required. If the court order is more than a year old, a print out from the applicable child enforcement agency, indicating payments received, is also be required.

If child support is not received through the court, a notarized recurring contribution form from the payee is required, indicating the monthly payment amount.

Declaration of Child Support Income

Applicant's Name: _____

Unit Number: _____

List only child/children from the same absent parent:

Child/Children Name: _____

A. Do you receive child support?

☐ No ☐ Yes

If yes, list amount \$_____ (check one) ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly

☐ Monthly ☐ Annually

☐ If other explain _____

B. Do you have a court order for child support?

☐ No ☐ Yes

If yes, list amount \$_____ (check one) ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly

Provide copy of entire document

☐ Monthly ☐ Annually

☐ If other explain _____

*If payment is not received or if amount received is less than amount awarded provide documentation of collections effort.
(I.e. motion for contempt, documents from attorney)*

C. If child support is not court ordered:

List source: _____

Relationship to child/children: _____

Under penalty of perjury I hereby certify that all the above information is correct, and that I understand that failure to provide accurate information will result in denial of my application or immediate termination of my lease agreement. Furthermore I understand that the community for which application is being made is finance through a program governed by the Internal Revenue Services wherein qualification for occupancy requires that certain income, including child support be included and verified.

Applicant's Signature: _____

Date: _____

Printed Name: _____

Divorce Decree Information/Declaration

Applicant's Name: _____

Unit Number: _____

I have made an application to rent in a community that has a program that requires I disclose all of my income in order to determine household eligibility. Therefore, I hereby declare the following in the absence of the Divorce Decree or because the provided Divorce Decree is in a language other than English.

Divorce Decree:

- ☐ I do not have and cannot obtain a copy of my Divorce Decree due to the following reason:

- ☐ I do have a copy of my Divorce Decree, but it is in a language other than English. A copy has been included with my application: Language: _____

Parties:

Case No: _____ ☐ Not Available

Plaintiff: _____

Defendant: _____

Marital Information:

Dissolution Date / Effective Date of Divorce: _____

Judicial District: _____

State or Country of Dissolution of Marriage: _____

Income and Asset Awarded:

Child Support: ☐ No ☐ Yes \$ _____ ☐ Weekly ☐ Monthly ☐ Annually ☐ Other _____

Alimony: ☐ No ☐ Yes \$ _____ ☐ Weekly ☐ Monthly ☐ Annually ☐ Other _____

Shared Pension: ☐ No ☐ Yes \$ _____ Curr. receiving: ☐ Yes ☐ No, effective date: _____

Assets: ☐ No ☐ Yes, list type of asset _____

Shared Real-Estate: ☐ No ☐ Yes, list status _____

Other(s): ☐ No ☐ Yes, list type _____

Under penalty of perjury, I declare that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the immediate termination of the lease agreement.

Applicant's Signature: _____

Date: _____

Printed Name: _____

Estranged Spouse Declaration

Applicant's Name: _____

Unit Number: _____

I hereby certified that I have made an application to rent in the above-mentioned community:

I am separated and estranged from my spouse, _____
(Full Name of Spouse)

I further certify that I do not intend to reconcile with my spouse.

(Int.) If reconciliation occurs, I understand that my spouse will not be permitted to reside with me in the above-referenced community unless at least twelve (12) months have elapsed since the beginning of the initial lease term.

(Int.) I further understand that, if reconciliation occurs prior to expiration of the twelve (12) month timeframe cited in section 3 of this affidavit, and my spouse wishes to reside with me in the above-referenced community, our entire household must re-qualify as a new household, and that failure to do so will constitute a material violation of the lease and I will be subject to immediate termination of my lease agreement.

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

Applicant's Signature: _____

Date: _____

Printed Name: _____

Translation of a Birth Certificate

Applicant's Name: _____

Unit Number: _____

Child's Information:

Child's Name: _____

DOB: _____

Birth Place: _____

Father's Name: _____

Mother's Name: _____

Certificate Information:

Certificate Found: (check one) ☐ Archive ☐ Register ☐ Other _____

Certificate Number: _____

Certificate Issued Date: _____

Issuing Country: _____

Issuing Agent: (check one) ☐ Hospital ☐ Department Civil Registry

☐ Embassy ☐ Other _____

Certificate of Translator's Competence

Prepared by:

Agency/Person's Name: _____

Phone: _____

Street Address: _____

Fax: _____

City, State, Zip: _____

E-mail: _____

I hereby certify under penalty of perjury, that the above information is an accurate translation of an original Birth Certificate and that I am competent in both the English and _____ languages to render such translation.

Translator's Signature: _____

Date: _____