

STATEMENT OF QUALIFICATIONS Gallery on the River June 15, 2023

When you meet the application standards you will have the peace of mind of knowing that you will be joining other residents who have also met strict standards.

If your application meets all the following criteria, you will be approved. If it does not, you may be approved with conditions, which may require you to pay an additional security deposit, or obtain a guarantor (in communities where permitted). If you do not meet the requirements set forth, your application will be denied.

NOTE: We do business in accordance with the Fair Housing Act. It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin, and any other characteristic protect by federal, state, or local law.

APPLICATION SCREENING REQUIREMENTS

<u>A complete application:</u> All lines must be filled in and questions answered for the application to be processed. All applicants over the age of 18 must complete an application, and all occupants over the age of 18 must sign the lease along with the lease holder(s). Any person under the age of 18 must be listed as an occupant on the lease.

<u>Two (2) forms of identification:</u> We require at least one valid government-issued photo identification document (ID) for all applicants over the age of 18. If your social security card is marked **VALID FOR WORK ONLY WITH DHS AUTHORIZATION** and you report income, you must provide the authorization card as well. Social Security cards are required for all HOME Assisted units.

Verifiable rental history: The standard approval process requires verifiable rental history for the last four (4) years. It is your responsibility to provide necessary information that allows us to contact your past landlord(s) for this information. You must have a history of paying your rent on time, have given proper notice, have no dispossessory warrant(s) filed, and must not owe any money to your landlord. If we are unable to verify your previous landlord(s) and/or references, or if you have no rental history, we reserve the right to charge additional security deposit and/or deny your application if the other criteria set forth are not met. Verifiable for these purposes means THIRD PARTY verification from someone other than a relative. We will consider a mortgage as rental history, if it has been active within the past two (2) years. However, if the mortgage is late or in default, you will be asked to give the reason why, show documentation to support the reason, and may be required to pay additional security deposit providing the other criteria set forth are met.

Income eligibility: To become eligible for approval you must meet the monthly requirement set forth by this community which is 2.75 times the tenant paid rent per month. Income will be verified by THIRD PARTY. Some examples include employment verification, the collection of six (6) to 10 consecutive paystubs depending on program requirements, the collection of SSI, SSD, SSA confirmation letters, the collection of legal settlement and divorce agreements, any other legal paperwork reflecting income (i.e. Child Support documentation, the



collection of bank statements (when applicable), and the collection of IRA, 401K, or other asset statements). A complete list of income documentation will be provided to you by the property staff once the initial interview for application is complete.

For applicants that are reporting income from a contributor (a person who makes regular monthly contributions to the applicant), the following applies:

- 50% of income or less from contribution A notarized affidavit from the contributor (form to be provided by office) AND six (6) months bank statements showing the amount of the contribution as a deposit. If the applicant cannot provide bank statements proving the contribution, then the contributor must be added as a GUARANTOR for the leaseholder.
- More than 50% of income from a contribution Supply the above documentation, PLUS the contributor must become a GUARANTOR for the leaseholder and earn at least FOUR (4) times the monthly rent, have verifiable impeccable credit, and score automatic approval (no conditions). Criminal history of guarantors will be considered. Guarantors must complete a Guarantor Pre-Leasing Application and pay the applicable application fee. Guarantors must also sign a Lease Contract Guaranty which must be signed in person at our office or notarized. Guarantors must sign a new Lease Contract Guaranty with each renewal.

<u>Credit History:</u> Credit accounts should have satisfactory ratings and all utility accounts must be current with no balance owing. If credit has been slow but all other qualifications for residency have been met, the application may be conditionally approved with payment of an additional security deposit.

If the bankruptcy has been dismissed or discharged, we may require further information for review but may still approve your application and/or may require additional security deposit.

<u>Criminal background:</u> Criminal background will be reviewed for all adult members of the household who have satisfactorily met all above income, credit, and rental history criteria.

- A history of any criminal conviction is not a denial of a rental application in all cases; criminal history is evaluated based on the nature and time of the conviction, as well as any relevant mitigating information provided by the applicant. Criminal history screening will not consider arrests, charges, expunged convictions, convictions reversed on appeal, offenses where adjudications was withheld or deferred, pardoned convictions, vacated convictions, and sealed juvenile records.
- Felony conviction for 1) the manufacture, sale, or distribution of a controlled substance; 2) arson; or 3) homicide will result in a denial of the application. Current registration as a sexual offender will result in automatic denial of the application.
- If the criminal history screening produces any relevant conviction, you will be given notice
 of the specific information from the screening that creates the concern and will have an
 opportunity to provide any additional information for us to consider in the evaluation of
 your application.

PROPERTY SPECIFIC INFORMATION:

<u>Maximum Occupants:</u> One Bedroom – Two (2) Persons, Two Bedroom – Four (4) Persons.



Pet Policy: We allow up to two (2) pets per apartment. Dogs must be 50 lbs. or less. We do not allow breeds that are classified as aggressive, as pets including but not limited to: American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier, Bull Terrier, Rottweiler, Chow Chow, Great Dane, Doberman Pincher, German Shepherd, Caucasian Ovcharka, Dogo Argentino, Saint Bernard, Fila Brasileiro, Perro De Presa Canario, Akita Inu, Husky, Bull Mastiff. All pets must be listed on your application and registered with the office. We also require that immunizations are up to date and a photo of your pet for the file. Additional information and requirements are available on the Animal Addendum and may be reviewed prior to moving in by request. We comply with all fair housing laws regarding Assistance Animals. No animal is permitted on the premises without prior written authorization from management.

Please refer to this community's Statement of Qualifications addendum for additional qualifying standards and fees/deposits.

| Tacknowledge the receipt of this screening/application criteria document. | | |
|---|--|--|
| | | |
| Applicant Signature | | |
| | | |
| Print Name | | |
| | | |
| Date | | |





STATEMENT OF QUALIFICATIONS ADDENDUM Gallery on the River October 02, 2023

Fees/Deposits

- Application Fee \$85 per adult over the age of 18
- Application Deposit- \$250 (may or may not be refundable)
- Security Deposit -\$500 standard deposit, \$1000 approved with conditions. Application deposit will be applied to the approved deposit balance.
- Pet fee \$350 per pet (non-refundable)
- Pet Rent \$30 per month per pet

Rent Range (subject to change)

1 Bedroom 50% Rent starting from: \$878 1 Bedroom 80% Rent starting from: \$1,459 1 Bedroom 140% Rent starting from: \$2,150 2 Bedroom 50% Rent starting from: \$1,029 2 Bedroom 80% Rent starting from: \$1,726 2 Bedroom 140% Rent starting from: \$2,780

MINIMUM ALLOWABLE COMBINED HOUSEHOLD INCOME TABLE

1 Bedroom 50%: \$28,974 1 Bedroom 80%: \$48,147 1 Bedroom 140%: \$70,950 2 Bedroom 50%: \$33,957 2 Bedroom 80%: \$56,958 2 Bedroom 140%: \$91,740

MAXIMUM ALLOWABLE COMBINED HOUSEHOLD INCOME TABLE

| 1 Person | 50% | \$36,150 | 1 Person 80% | \$57,840 | 1Person 140% | \$101,220 |
|-----------|-----|----------|---------------|----------|---------------|-----------|
| 2 Persons | 50% | \$41,300 | 2 Persons 80% | \$66,080 | 2Persons140% | \$115,640 |
| 3 Persons | 50% | \$46,450 | 3 Persons 80% | \$74,320 | 3Persons 140% | \$130,060 |
| 4 Persons | 50% | \$51,600 | 4 Persons 80% | \$82,560 | 4Persons140% | \$144,480 |

I acknowledge the receipt of this document:

| Applicant Signature: | |
|-----------------------|--|
| | |
| Print Applicant Name: | |
| • • | |
| Today's Date: | |





Required Documentation

Please bring the following documents upon returning application:

- Identification card and or driver license.
- Social Security card.
- Marriage certificate in English (If applicable).
- Proof of income last 6 consecutive paystubs (If applicable).
- Recent Social Security letter, Disability letter, or pension letter required. (English Only)
- If self-employed; notarized letter required along with 2 years of income taxes (If applicable).
- Last 6 months checking account bank statements.
- Last savings account bank statements.

Por favor traiga los siguientes documentos al devolver la solicitud:

- Tarjeta identificación o licencia de conducir.
- Tarjeta de seguro social.
- Certificado de matrimonio (En inglés) si aplica.
- Comprobante de ingresos últimos 6 recibos de sueldo (Si aplica)
- Carta reciente de la seguridad social o pensión. (En inglés)
- Si trabaja por cuenta propia, requiere una carta notarizada y dos anos de impuestos.
- Últimos 6 estados de cuenta bancarios, cuenta de cheques.
- Ultimo estado de cuenta de ahorros.





RENTAL APPLICATION FOR RESIDENTS AND OCCUPANTS

(Each co-applicant and each occupant 18 years old and over must submit a separate application.)



All applicants who indicate that they are not U.S. citizens will be asked to complete the supplemental questions in this Rental Application, unless otherwise noted. We are committed to compliance with fair housing laws and do not discriminate based on race, color, religion, sex, national origin, handicap or familial status. The purpose of the supplemental questions is:

- 1. to give you the option to furnish information about an emergency contact person for you in your home country;
- 2. to verify that you are lawfully in the United States;
- 3. to determine whether your right to be in the U.S. expires during your Lease Contract term; and

Date when filled out:

4. to enable us to better cooperate with government officials in the performance of their duties, when requested.

We don't anticipate sharing your responses to the supplemental questions with anyone except government officials who might inquire about you.

| APPLICANT INFORMATION | | | | |
|--|------------------------------------|-----------------------|----------------------------------|-------|
| | | | | |
| Full Name (Exactly as it appears on Drive | er's License or Govt. ID card) | | | |
| Former Name (if applicable) | | Gender (Optional) |) | |
| Birthdate | Social Security # | Driver's License | # | State |
| Government Photo ID card # | | Туре | | |
| Home Phone Number | Cell Phone Number | | Work Phone Number | |
| Email Address | | | | |
| Supplemental Questions Recquestions if you are not a U.S. citiz | • • • | • | • • | |
| Have you ever been asked or ordered b | by a representative of any governi | ment to leave the U. | S. or any other country? yes no | |
| If yes, please state when and what countr | y or countries (list all): | | | |
| Are you a U.S. citizen? yes no | | | | |
| Approximately how long have you been | | | | |
| Place of Birth | | • | , , | |
| Please check the U.S. Citizenship and I | • , | , | | |
| Form I-551 Permanent Resident Card | | | | |
| ☐ Form I-766 Employment Authorization Do ☐ Form I-94 Global Entry Form (form doe | | | | |
| USCIS receipt for replacement of one of | | | | |
| If you are relying on Form I-94, we will | | | | |
| Country issuing your passport: | | - | - | |
| Expiration Date: | | | | |
| Do you have a visa? yes no If ye | s, what type? 🔲 student 🔲 work | uvisitor other (| specify): | |
| Visa Expiration Date: | - | | | |
| We may ask to make a photocopy of ar | ny of the USCIS documents check | red above and, if nee | eded, your passport and visa. | |
| Marital Status: single married | | Do you or any od | ccupant smoke? 🔲 yes 🔲 no | |
| I am applying for the apartment located | | | | |
| Is there another co-applicant? | no | | | |
| Co-applicant Name | | | | |
| Email | | | | |
| Co-applicant Name | | | | |
| Email | | | | |
| Co-applicant Name | | | | |
| Email | | | | |
| Co-applicant Name | | | | |
| Email | | | | |
| Co-applicant Name | | | | |
| Fmail | | · | | |

| OTHER OCCUPANTS | | | |
|---|---|---|-------|
| Full Name | | Relationship | |
| Date of Birth | Social Security # | Driver's License # | State |
| Government Photo ID card # | | Type | |
| | | Required" box is checked, please answer the followed, the following questions are not required and are | |
| Has this occupant ever been asked of yes, please state when and what couls this occupant a U.S. citizen? yes Approximately how long has this occupant | or ordered by a representative of any untry or countries (list all):es no cupant been in the United States? | government to leave the U.S. or any other country? 🔲 yes | |
| | | ment that entitles the occupant to be in the United States | : |
| ☐ Form I-551 Permanent Resident Ca ☐ Form I-766 Employment Authorization ☐ Form I-94 Global Entry Form (form of USCIS receipt for replacement of or If relying on Form I-94, we will ask to | rd [Alien Registration Receipt Card] (form a Document (form includes photo and finge does not include photo or fingerprint). Ex ne of the above documents, with verificat to see occupant's passport and visa, and | m includes photo and fingerprint). Card Number: Card Number: Card Number: piration Date: Form Number: cion by USCIS of your entitlement above. Ind you will need to answer the questions below. Passport Number: Passport Number: | |
| | | work 🔲 visitor 🔲 other (specify): | |
| Visa Expiration Date: | | d above and, if needed, occupant's passport and visa. | |
| The may use to make a photocopy of | any or the oboid documents checke | a azore ana, n needed, occupant s passport dnu visă. | |
| Full Name | | Relationship | |
| Date of Birth | Social Security # | Driver's License # | State |
| Government Photo ID card # | | Туре | |
| | | Required" box is checked, please answer the followed, the following questions are not required and are | |
| If yes, please state when and what couls this occupant a U.S. citizen? ye Approximately how long has this occupant a U.S. citizen? ye Approximately how long has this occupant a U.S. Citizenship ar please check the U.S. Citizenship ar Form I-551 Permanent Resident Ca Form I-766 Employment Authorization Form I-94 Global Entry Form (form of USCIS receipt for replacement of or If relying on Form I-94, we will ask to Country issuing passport: Expiration Date: Does occupant have a visa? yes | intry or countries (list all):es no cupant been in the United States? Country or countries of ad Immigration Services (USCIS) document [Alien Registration Receipt Card] (form a Document (form includes photo and finge does not include photo or fingerprint). Explain the above documents, with verificate to see occupant's passport and visa, and no If yes, what type? student | Years Months which occupant is a citizen (list all): ment that entitles the occupant to be in the United States in includes photo and fingerprint). Card Number: printly. Expiration Date: Card Number: piration Date: Form Number: ion by USCIS of your entitlement above. nd you will need to answer the questions below. Passport Number: work visitor other (specify): d above and, if needed, occupant's passport and visa. | : |
| Full Name | | Relationship | |
| Date of Birth | Social Security # | Driver's License # | State |
| Government Photo ID card # | | Туре | |
| | | Required" box is checked, please answer the followed, the following questions are not required and are | |
| If yes, please state when and what couls this occupant a U.S. citizen? ye Approximately how long has this occupant a U.S. citizen? ye Approximately how long has this occupant a U.S. Citizenship ar Please check the U.S. Citizenship ar Form I-551 Permanent Resident Ca Form I-766 Employment Authorization Form I-94 Global Entry Form (form of USCIS receipt for replacement of or If relying on Form I-94, we will ask to Country issuing passport: | intry or countries (list all): cupant been in the United States? Country or countries of and Immigration Services (USCIS) document [Alien Registration Receipt Card] (form a Document (form includes photo and fingedoes not include photo or fingerprint). Expect of the above documents, with verificate to see occupant's passport and visa, and the second countries of | Years Months which occupant is a citizen (list all): ment that entitles the occupant to be in the United States in includes photo and fingerprint). Card Number: erprint). Expiration Date: Card Number: piration Date: Form Number: cion by USCIS of your entitlement above. Ind you will need to answer the questions below. Passport Number: | : |
| Visa Expiration Date: | □ no If yes, what type? □ student □ □ f any of the USCIS documents checker | work visitor other (specify): d above and, if needed, occupant's passport and visa. | |

| OTHER OCCUPANTS (conti | nued) | | |
|---|--|--|----------|
| | | | |
| Full Name | | Relationship | |
| Date of Birth | Social Security # | Driver's License # | State |
| Government Photo ID card # | | Туре | |
| | | he "Required" box is checked, please answer the follo ecked, the following questions are not required and a | |
| If yes, please state when and what c | ountry or countries (list all): | any government to leave the U.S. or any other country? 🔲 y | /es ☐ no |
| | occupant been in the United States | | |
| | | es of which occupant is a citizen (list all): | |
| | | document that entitles the occupant to be in the United State | |
| | |] (form includes photo and fingerprint). Card Number: I fingerprint). Expiration Date: Card Number: | |
| | | t). Expiration Date: Form Number: | |
| | | rification by USCIS of your entitlement above. | |
| | | isa, and you will need to answer the questions below. | |
| Expiration Date: | | Passport Number: | |
| | | t work visitor other (specify): | |
| | | necked above and, if needed, occupant's passport and visa. | |
| Full Name | | Deletionship | |
| | | Relationship | |
| Date of Birth | Social Security # | Driver's License # | State |
| Government Photo ID card # | | Туре | |
| | | he "Required" box is checked, please answer the follo ecked, the following questions are not required and a | |
| | | any government to leave the U.S. or any other country? $lacksquare$ | /es 🔲 no |
| If yes, please state when and what c Is this occupant a U.S. citizen? | | | |
| | occupant been in the United States | ? Years Months | |
| Place of Birth | Country or countri | es of which occupant is a citizen (list all): | |
| Please check the U.S. Citizenship | and Immigration Services (USCIS) | document that entitles the occupant to be in the United State | es: |
| | |] (form includes photo and fingerprint). Card Number: | |
| | | fingerprint). Expiration Date: Card Number: t). Expiration Date: Form Number: | |
| | · · · · · · · · · · · · · · · · · · · | rification by USCIS of your entitlement above. | |
| | | isa, and you will need to answer the questions below. | |
| | | Passport Number: | |
| Expiration Date: | | t 🔲 work 🔲 visitor 🔲 other (specify): | |
| Visa Expiration Date: | | necked above and, if needed, occupant's passport and visa. | |
| we may ask to make a photocopy | or any or the oscis documents ch | ескей авоче ани, и неейей, оссирані з раззропі ани visa. | |
| Full Name | | Relationship | |
| Date of Birth | Social Security # | Driver's License # | State |
| Government Photo ID card # | | Туре | |
| | | he "Required" box is checked, please answer the follo | |
| | | ecked, the following questions are not required and ar | - |
| If yes, please state when and what c Is this occupant a U.S. citizen? | ountry or countries (list all):yes | | res 🔲 no |
| | occupant been in the United States | es of which occupant is a citizen (list all): | |
| | - | document that entitles the occupant to be in the United State | |
| | , , | [(form includes photo and fingerprint). Card Number: | |
| | | I fingerprint). Expiration Date: Card Number: | |
| _ | | t). Expiration Date: Form Number: | |
| · · · · · · | | rification by USCIS of your entitlement above. | |
| | | isa, and you will need to answer the questions below. | |
| Expiration Date: | | Passport Number: | |
| | - s ☐ no If yes, what type? ☐ studen ^t | t 🔲 work 🔲 visitor 🔲 other (specify): | |
| Visa Expiration Date: | | | |
| We may ask to make a photocopy | of any of the USCIS documents ch | necked above and, if needed, occupant's passport and visa. | |

| RESIDENCY INFORMATION | | | | |
|---|---------------------------------|--------------------------|----------------------------|--------------------------------|
| Current Home Address (where you live r | now) | | | Do you ☐ rent or |
| City | | State | Zip Code | own? |
| Dates: | | | \$ Monthly Payme | nt |
| Apartment Name | | | | |
| | | | | |
| Landlord/Lender Name | | | Phone | |
| Reason for Leaving (The following is only applicable if at curre | nt address for less than 6 m | onths.) | | |
| Previous Home Address | | | | |
| | | | | Do you 🔲 rent or 🔲 own? |
| City Dates: | | State | Zip Code \$ | |
| From | То | | Monthly Payme | nt |
| Apartment Name | | | | |
| Landlord/Lender Name | | | Phone | |
| Reason for Leaving | | | | |
| EMPLOYMENT INFORMATION | | | | |
| Present Employer | | Address | | |
| City | | | Zip Code | Work Phone |
| Dates: | | | \$ Gross Monthly I | Income |
| | 10 | | Gross monthly i | income |
| Position | | | | |
| Supervisor Name (The following is only applicable if at curre | nt employer for less than 6 r | nonths) | Phone | |
| | | | | |
| Previous Employer | | Address | | |
| City Dates: | | State | Zip Code \$ | Work Phone |
| From | То | | Gross Monthly I | ncome |
| Position | | | | |
| Supervisor Name | | | Phone | |
| ADDITIONAL INCOME | | | | |
| (Income must be verified to be considered | <i>(</i>) | | \$ | |
| Туре | Source | | Gross Monthly Amou | unt |
| Туре | Source | | Gross Monthly Amou | unt |
| CREDIT HISTORY (if applicable) | | | | |
| If applicable, please explain any past cred | it problem: | | | |
| | | | | |
| RENTAL/CRIMINAL HISTORY | | | | |
| (Check only if applicable) Have you or any occupant listed in this Ap | plication ever: | | | |
| ☐ been evicted or asked to move out? | | ha aumaw'a aanaant? | | |
| moved out of a dwelling before the endeclared bankruptcy?been sued for rent? | d of the lease term without t | ne owner's consent? | | |
| been sued for property damage? | native form of adjudication e | quivalent to conviction) | of a felony misdemeanor in | volving a controlled substance |
| been convicted (or received an alterr violence to another person or destruct Please indicate the year, location and type | tion of property, or a sex crin | ne? | | |
| property, or sex crime other than those res answer is "no" to any item not checked ab | solved by dismissal or acquit | | | |
| | | | | |
| | | | | |

| REFERRAL INFORMATION | | | |
|--|------------------------------------|-------------------------------|--|
| How did you find us? | | | |
| Online search. Website address: | | | |
| Referral from a person. Name: | | | |
| Social Media. Which one? | | | |
| | | | |
| EMERGENCY CONTACT | ha Budan will war | | |
| Emergency contact person over 18, who will not | be living with you: | | |
| | | | |
| Name | | Relationship | |
| | | | |
| Address | | City | |
| 7:01 | | | 0.1171 |
| State Zip Code | Home Phone # | | Cell Phone # |
| Work Phone # | Email Address | | |
| WOIK FIIOTIE # | Email Address | | |
| VEHICLE INFORMATION (if applicable |) | | |
| List all vehicles owned or operated by you or any oc | cupants (including cars, trucks, i | motorcycles, trailers, etc.). | |
| | | | |
| Make | Model | | Color |
| | | | |
| Year | License Plate # | | State |
| | | | |
| Make | Madal | | Color |
| Make | Model | | Color |
| Year | License Plate # | | State |
| | | | |
| | | | |
| Make | Model | | Color |
| Year | License Plate # | | State |
| | | | |
| | | | |
| Make | Model | | Color |
| Year | License Plate # | | State |
| 100. | Licence i late ii | | |
| PET INFORMATION (if applicable) | | | |
| | management's prior authoriza | ation in writing. If we allow | your requested animal, you must sign a separate |
| animal addendum, which may require additional | | | your requested difficult, you must sign a separate |
| | | | |
| Name | Туре | | Breed |
| Traine | | | |
| Gender | Weight | | Color |
| | Assistance Animal Status: | yes 🔲 no | |
| Age | | | |
| | | | |
| Nama | Typo | | Prood |
| Name | Туре | | Breed |
| Gender | Weight | | Color |
| | Assistance Animal Status: | yes 🔲 no | |
| Age | | | |

APPLICATION AGREEMENT

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease Contract. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease Contract. In order to continue with this application, you'll need to review the Application Agreement carefully and acknowledge that you accept its terms.

- 1. Lease Contract Information. The Lease Contract contemplated by the parties will be the current Lease Contract. Special information and conditions must be explicitly noted on the Lease Contract.
- 2. Approval When Lease Contract Is Signed in Advance. If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit or other amounts owed under the Lease Contract when the Lease Contract has been signed.
- 3. Approval When Lease Contract Isn't Yet Signed. If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit or other amounts owed under the Lease Contract when the Lease Contract has been signed.
- 4. If you Fail to Sign Lease Contract After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you our approval. If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.
- 5. If You Withdraw Before Approval. If you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.
- 6. Approval/Non-Approval. We will notify you whether you've been approved within 10 days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within 10 days after we have received a completed Application. Notification may be in person or by mail, or by e-mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 10-day time period may be changed only by separate written agreement.

APPLICATION AGREEMENT (continued)

- 7. Refund after Non-Approval. If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, we'll refund all application deposits within 30 days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
- 8. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 4, 6, or 7 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
- 9. Keys or Access Devices. We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
- **10. Application Submission.** Submission of a rental application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease Contract.

DISCLOSURES

- Application Fee (Non-Refundable). You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph
 Payment of the application fee does not guarantee that your application will be accepted. The application fee partially defrays the cost of administrative paperwork. It is non-refundable.
- 2. Application Deposit (may or may not be refundable). In addition to any application fee(s), you agree to pay to our representative an application deposit in the amount indicated in paragraph 3. The application deposit is not a security deposit. The application deposit will be credited toward the required security deposit or other amounts owed under the Lease Contract when the Lease Contract has been signed; OR, it will be refunded under paragraph 7 of the Application Agreement if your application is not approved; OR, it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraphs 4 or 5 of the Application Agreement.
- 3. Fees Due. Your Rental Application will not be processed until we receive your completed Rental Application (and the completed Rental Application of all co-applicants, if applicable) and the following fees:
 - 1. Application fee (non-refundable): \$ 85.00
 - 2. Application deposit (may or may not be refundable): \$ 250.00
- **4. Completed Application.** Your Rental Application for Residents and Occupants will not be considered "completed" and will not be processed until we receive the following documentation and fees:
 - 1. Your completed Rental Application:
 - 2. Completed Rental Applications for each co-applicant (if applicable);
 - 3. Application fees for all applicants;
 - Application deposit for the Unit.
- 5. Notice to or from Co-Applicants. Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.
- **6. SHIP Disclosure Statement.** If this property or you are a tenant who may be receiving funds from the Florida State Housing Initiatives Partnership program (SHIP), then this application is subject to the Florida's public records laws, Chapter 119, Florida Statutes. Most of the information that you provide may be required to be released if there is a public records request. If you believe that you qualify to have your information protected, you must notify us in writing of the specific law or statute that protects your information. All non-exempt information will be released in response to a public records request.

| AUTHORIZATION AND ACKNOWLEDGMENT | |
|---|---|
| AUTHORIZATION authorize The Gallery on the River, LLC | |
| (name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, lease by the above owner to me and to verify, by all available means, the information in this application, including history and other information reported by employer(s) to any state employment security agency. Work history information. Authority to obtain work history information expires 365 days from the date of this Application. | criminal background information, income |
| Payment Authorization authorize The Gallery on the River, LLC | |
| (name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under the substitution of the specified of the substitution of the specified of | d payment from applicant to us is rejected, r debit card transaction, then: rough any means. If you fail to answer any dated damages for our time and expense, to the application or Lease Contract, the turnish information to consumer reporting |
| Applicant's Signature Date | |
| FOR OFFICE USE ONLY | |
| Apt. name or dwelling address (street, city) | Unit # or type |
| Person accepting application | Phone |
| Person processing application Applicant or Co-applicant was notified by _ telephone _ letter _ email, or _ in person of _ a | Phone acceptance on non-acceptance on |
| (Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person of Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): | or by telephone, five days if by mail.) |
| Name(s) | |

Name of owner's representative who notified above person(s)

| ADDITIONAL COMMENTS | | | |
|---------------------|--|--|--|
| | | | |
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| | | | |

Applicant Addendum Questionnaire Applicant Name: _____

| <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| o | o | 1. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child{ren} will be living in unit.) |
| | | Explanation: |
| o | o | 2. Are there any absent household members who under normal conditions would live with you? (For example, a spouse away in the military or child away in school.) |
| | | Explanation: |
| o | o | 3. Do you expect any changes to your household composition in the next 12 months? Explanation: |
| | | |

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

| | Do Y | OU re | eceive OR expect to receive income from any of the following sources? |
|----------|--------------------------------|-------|---|
| YES o | <u>NO</u> o | 4. | Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.) Company Name: Address: Monthly Gross Amount |
| | | | Telephone Number Fax Number HR Contact Name |
| 0 | o | 5. | Self-employment? (Include overtime, tips, bonuses, commissions and payments received in cash.) <u>Type of Business</u> <u>NET Income</u> |
| o | 0 | 6. | Regular pay as a member of the Armed Forces/Military? Base Name & Branch Gross Amount |
| o | o | 7. | Unemployment benefits? Or workman's compensation? <u>Unemployment Amount</u> <u>Workman's Compensation</u> |
| o | o | 8. | Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)? Type of Assistance Amount |
| o | o | 9. | (a) Child support? (We must count court-ordered support whether is received or not unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.) Child's Name Payor Amount |
| | o o otain court oers) | | (b) Alimony? If yes, Name of Payor and Amount |
| o | o | 10. | Social Security, SSI or any other payments from the Social Security Administration? <u>Type of Payment</u> <u>Monthly Amount</u> |

| Yes | <u>NO</u> | | | | |
|------------------------|----------------|-----------|---|---|--|
| o | o | 11. | Regular payments from a Vetera | nn's benefit, pension, retirements Source of Benefit | nt benefit or annuities? <u>Monthly Amount</u> |
| | | | | | |
| o | o | 12. | Regular payments from a severa Source of Payment | nce package? <u>Amount</u> | |
| o | o | 13. | Regular payments from any type Source of Payment | e of settlement? (For example, insu Amount | rance settlements.) |
| o | o | 14. | Regular gifts or payments from a Source of Payment | anyone outside of the househol <u>Monthly Amount</u> | ld? |
| o | o | 15. | Regular payments from lottery v | vinnings or inheritances? <u>Amount</u> | |
| o | o | 16. | Regular payments from rental progression of Payment | roperty or other types of Real Amount | Estate transactions? |
| o | o | 17. | Any other income sources or typ <u>Source of Payment</u> | es not listed? (Please include below Amount | <i>)</i> |
| o | o | 18. | Do you expect any changes to you explanation: | ur income in the next 12 mont | hs? |
| • | | | ve any income from any of | | and you are a Zero |
| Income a | pplicant/ | /reside | ent, please add your initials h | ere | |
| | | | Asset Infor | mation | |
| Include all as MINORS. | sets held and | the incon | ne derived from the asset. INCLUDE ALL AS | SSETS HELD BY ALL HOUSEHOLD | MEMBERS INCLUDING |
| | | | Do YOU | hold: | |
| YES o | <u>NO</u> o | 19. | Checking or savings account? (Cl | necking must have last 6 months aver <u>Financial Institute</u> | age balance, saving current) Amount AND Interest Rate |
| o | o | 20. | CDs, money market accounts or Type of Account | treasury bills? <u>Financial Institute</u> | Amount |
| o | o | 21. | Stocks, bonds or securities? Type of Account | Company or Broker | Amount |
| o | o | 22. | Trust Funds? Type of Account | Financial Institute | Amount |
| | | | | | |

| <u>Yes</u> | <u>No</u> | | | | |
|---|--|---|---|--|---|
| o | o | 23. | Pensions, IRAs, Keogh or other r <u>Type of Account</u> | retirement accounts? <u>Financial Institute</u> | <u>Amount</u> |
| | | | | | |
| o | o | 24. | Whole life insurance policy? <u>Insurance Carrier</u> | Telephone Number | Amount |
| | | | | | |
| o | 0 | 25. | Real estate, rental property, land holdings? (This includes your personal residence, mole Address of Property | | |
| o | o | 26. | Personal property held as an invo (This includes paintings, coin or stamp colle include your personal belongings such as you ltem | ections, artwork, collector or show cars | s, and antiques. This does not |
| | | | | | |
| o | 0 | 27. | A safe deposit boxes? <u>Financial Institute</u> | Amount | |
| _ | | | | | |
| 0 | 0 | 28. | Do you have any cash on hand? | | _ |
| o | 0 | 29. | Have you or any other household LESS than fair market value with | | n away any asset(s) for |
| | | | Household Member: | Amount: | |
| | | | Explanation: | | |
| | | | Student Status I | Information: | |
| | | | | | |
| o | 0 | 30. | Are you or anyone in your housel recent class schedule including the words " Household Member | | , please provide a copy of the most |
| | | | | | _ |
| o | o | 31. | Are you or anyone in your house recent class schedule including the words "Household Member | | s, please provide a copy of the most |
| | | | | | |
| | | | Signature | Clauso | |
| | | | Signature | | |
| information at determine my understand that I authorize my occupancy. I information re | nd answers to eligibility. I at such action consent to have will provide a equired for ex | the above understand may result ave manall necessipediting to | ving on this information to prove my househole equestions are true and complete to the best of the death of that providing false information or making all in criminal penalties. In agement verify the information contained in the lary information including source names, address process. I understand that my occupancy is | of my knowledge. I consent to release the false statements may be grounds for definition addendum for purposes of the seeks, phone numbers, account numbers. | the necessary information to enial of my application. I also of proving my eligibility for s where applicable and any other |
| Housing Cred | it Program red | quiremen | ts. Please sign and | date below: | |
| | | | | | |
| Printed Na | ıme | | | Date | |
| Signature | | | | | |

MARITAL & ESTRANGEMENT DECLARATION

Sworn Declaration of Marital Status and Declaration of Estrangement Addendum to the Application One form per adult, minimum is required. One form per Marriage / Divorce must be completed. Property: Please complete either "A", "B", "C", "D" or "E" below as appropriate with regard to your marital status: **PART A:** , duly state that I am currently legally separated from my spouse and have attached a copy of my divorce decree, current legal separation agreement, or letter from my attorney. **PART B:** , duly state that I am currently separated from my spouse, but have NOT taken any legal action with regard to my marital status. I hereby state that the following conditions apply: MY REASONS FOR NOT PURSUING LEGAL ACTION ARE AS FOLLOWS: ____ For example: restraining order, fear of retaliation, incarceration, religious beliefs, or other reason explained. If separated but not divorced, for the above reason, please read and complete the estrangement section below: 1. I am separated and estranged from my spouse Full Name of Estranged Spouse: ___ I further certify that I do not intend to reconcile with my spouse. If reconciliation occurs, my spouse will not be permitted to reside with me in the above - referenced development, unless at lease twelve months have elapsed since the beginning of the initial lease term. If reconciliation occurs prior to expiration of the twelve - months time frame cited above, and my spouse wishes to reside with me in the above - referenced development, our entire household must re - qualify as a new household. Please select one of the options below to address potential child support for the next 12 months: I have children with my separated spouse and <u>I do not</u> anticipate filing for or receiving child support in the next 12 months. I have children with my separated spouse and I do anticipate filing for or receiving child support in the next 12 months and I have attached verification of the anticipated child support. I do not have children with my separated spouse and will not be receiving any child support. PART C: , duly state that I am widow/widower PART D: , have never been married. **PART E:** , and my spouse, _____ will both reside in the above referenced development. REPORTING AND LEASE REQUIREMENTS: I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, asset sources, household composition and marital status. I will not allow my spouse or any other individual to move into my residence, without PRIOR approval with management. Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes and act of fraud. False, misleading or incomplete information may result in termination of a lease agreement. Signature of Applicant/Tenant Printed Name of Applicant/Tenant Date

Printed Name of Applicant/Tenant

Date

Revised 9-10

Signature of Applicant/Tenant

General Instructions:

Resident Signature

This form is to be complete by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing & Urban Development. Owner & agents are required to offer the applicant/tenant the option to complete this form. This form is to be completed at initial application or at lease signing. In-Place tenants must also be offered the opportunity to complete the form as part of their next interim or annual recertification. Once the form is completed it need not be completed again unless the Head of House hold or household composition changes. There is no penalty for persons who do not complete the form. However, the owner/agent may place a note in the file stating that the applicant/tenant refused to complete the form. Parent/Guardians are to complete the form for children under the age of 18.

The Office of Housing as been issued permission to use this form to gather race & ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together & placed in the Household's file.

| | PART XI - STATISTICAL | DATA | | | | |
|--|--|---------------------------------|--------------------------------------|--|--|--|
| For Office Us | e: Household elected not to participate. | DATA | | | | |
| New Households | | | | | | |
| Prior Housing Information | | | | | | |
| (Answer for household head) | | | | | | |
| Monthly rent payment | | | | | | |
| Monthly house payment | | | | | | |
| ZIP Code | | | | | | |
| All Households | Delin on Tono or orbitor Mode | Additional Ho A member of th | usehold Information ne household: | | | |
| Current Employment (Answer for household head) | Primary Transportation Mode (Answer for household head) | (Check all that A | | | | |
| Occupation | Motor vehicle | Receives Medic | care benefits | | | |
| | Public | Dessives Media | | | | |
| ZIP Code | transportation | Receives Medic | | | | |
| | Other | * | · | | | |
| | | Total Number of | Total Number of | | | |
| Pacial Catagorian* (Calast A) | I Th-4 AI-) | Household Members | Hispanic or Latino | | | |
| Racial Categories* (Select Al | | Per Category | Household Members | | | |
| American Indian or Alaska Na | ative | | | | | |
| Asian | | | | | | |
| Black or African American | | | | | | |
| Native Hawaiian or Other Pa | cific Islander | | | | | |
| White | | | | | | |
| American Indian or Alaska N | ative <i>and</i> White | | | | | |
| Asian and White | | | | | | |
| Black or African American an | nd White | | | | | |
| American Indian or Alaska Na | ative <i>and</i> Black or African American | | | | | |
| Asian and Black or African A | merican | | | | | |
| Other mutiple race combinati | on | | | | | |
| | TOTALS | | | | | |
| * Definitions | A person who has a mental or physical impairm | ent that substantially limit | s one or more of such perso | | | |
| Person With a Disability | Life Activities; has a record of such impairment; | or is regarded as having | such an impairment. | | | |
| | Functions such as caring for one's self, perform sitting, standing, lifting, reaching, thinking, conc | | | | | |
| Major Life Activities | working. | uth or Control American | or other Spenish culture or o | | | |
| Hispanic or Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino." | | | | | |
| Not-Hispanic or Latino | A person not of Cuban, Mexican, Puerto Rican, | South or Central America | an, or other Spanish culture | | | |
| American Indian | regardless of race. A person having origins in any of the original peoples of North and South America (including Central Am | | | | | |
| or Alaska Native | who maintains tribal affiliation or community attachment. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub- | | | | | |
| | for example, Cambodia, China, India, Japan, Ko | | | | | |
| Asian | Vietnam. A person having origins in any of the black racia | al groups of Africa Terms | s such as "Haitian" or "Negr | | | |
| Black or African American | A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" c in addition to "Black" or "African American." | | | | | |
| Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | | | | | |
| | A person having origins in any of the original peoples of Europe, the Middle East or | | | | | |
| White | North Africa. | | | | | |
| | ction is estimated to average 10 minutes per response, incl | | | | | |
| | the data needed, and completing and reviewing the collec information, and you are to required to complete this form | | | | | |
| | Housing Act of 1937 as amended, the Housing and Urbar | | | | | |
| | s of 1984. This information is needed to be incompliance onts to HUD. Owners/agents must offer the opportunity to | | | | | |
| | g. In-place tenants must complete the format as part of their | | • | | | |
| | formation on all members of the household. Completed do | | | | | |
| | s are to complete the self-certification for children under the en implemented, owners/agents will be required to report | | | | | |
| | rstem). This information is considered non-sensitive and c | | | | | |
| I/W _a | | 1 * | min a halann a mie re | | | |
| I/We, | formation listed above | , by sig | ning below certify t | | | |
| - | nformation listed above | | | | | |
| - | le the information listed above | 1 1 | | | | |
| certify all information i | s true and accurate to the best of my ki | nowledge. | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Resident Signature

Date

Resident Signature

Date

Date