

Capital Towers
4808-4812 Six Forks Rd. Raleigh, NC 27609
Telephone: 919 787-1231
Fax: 919 881-9417
Offering Affordable Senior Housing

| Basic Information | Capital Towers II (55 and older) |
|----------------------------|---|
| Rent | Studio - \$714.00 including utilities/plus \$10.00 for basic satellite TV 1 bedroom - \$829.00 including utilities/plus \$10.00 for basic satellite TV |
| Security Deposit | The equivalent one month's rent |
| Amenities | Beauty Salon, Library, Movie Room & Laundry facilities. |
| Transportation | Provided to and from Grocery Store only |
| Internet/WIFI | Residents choose their own providers. |
| Income Restrictions | Annual Maximum \$33,720 (single) Annual Maximum \$38,520 (couple) |
| Parking | Non-reserved Parking available |
| Application Fee | \$12.00 |

- **Activities Coordinator onsite**
- **Free Bus Rides to local grocery stores and specific shopping centers.**

Capital Towers

Affordable Housing for Senior Adults

ELIGIBILITY GUIDELINES FOR RESIDENCE AT CAPITAL TOWERS, INC.

1. An applicant must be 62 years of age or older at time of occupancy for Capital Towers I or 55 years of age or older for Capital Towers II. In the case of married couples, only one spouse must meet the age requirement. Proof of age is required.
2. After an applicant has been notified that an apartment is available, the following steps must be taken before the Compliance Department can approve the applicant:
 - a. Application fee of \$12 is required of each applicant.
 - b. Criminal and Eviction background check required.
 - c. The staff must personally interview the applicant. This may be done over the telephone.
 - d. In lieu of an administration fee, applicants must pay at least $\frac{1}{2}$ of the security deposit to hold the apartment while verifications are processed.
 - e. All income and assets must be certified as being within HUD and Tax Credit guidelines.
3. A statement of the amount of assets held and the gross amount of income received from all sources are required at time of application. Information of assets and income must be updated at the time an apartment is offered. Income must be recertified each year prior to the anniversary date of the lease.
4. Financial eligibility is determined by computing a set percentage of assets plus gross income, other than from assets. Maximum income cannot exceed the income limits set forth by HUD on the attached sheet.
5. Tenants must sign a one-year lease prior to occupancy and provide a security deposit equivalent to one month's rent at time of acceptance of apartment.



CAPITAL TOWERS BASIC INFORMATION

Office 919-787-1231

CAPITAL TOWERS I - Age 62+

Rent for Efficiency\$582 - \$624/ Month
Rent for One Bedroom\$699 - \$745/ Month
Reserved Parking\$5/Month

BASIC UTILITIES INCLUDED IN RENT

142 One Bedrooms - Even Numbers – North Side Shady
Odd Numbers – South Side Sunny
One Bedrooms are approximately 570 SQ. FT.

66 Efficiencies
Efficiencies are approximately 450 SQ. FT.

Last Two Digits of Apt No. Designate the Following:

Open Kitchen, One Bedroom01,07,09,18
Regular One Bedroom02,03,04,05,14,15,16,17
Pie Shaped Efficiencies 06,08
Regular Efficiencies10,11,12,13

MAXIMUM Annual Income – Individual \$28,000 Couple \$32,000

CAPITAL TOWERS II - Age 55+

Rent for Studio\$714/Month
Rent for One Bedroom\$829/Month
Satellite Cable TV\$10/Month

BASIC UTILITIES INCLUDED IN RENT

54 Studio Apartments on 1st, 2nd, 3rd Floors
36 One Bedroom Apartments 4th, 5th, 6th Floors

Studios are approximately 400 SQ. FT.
One Bedrooms are approximately 600 SQ. FT.

MAXIMUM Annual Income – Individual \$33,600 Couple \$38,400

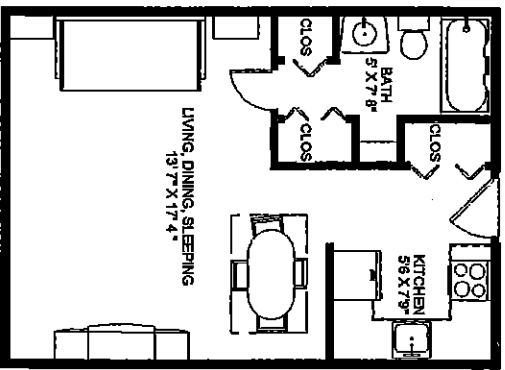
PET DEPOSIT FOR BOTH BUILDINGS = \$300

The following is needed to begin the process for move in. Please attach this information to application upon submitting.

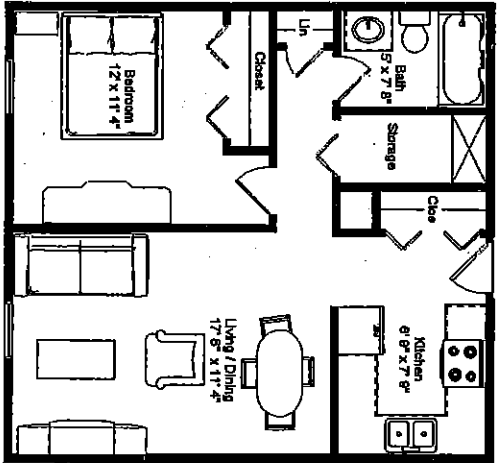
1. Copy of Birth Certificate
2. Copy of Social Security Card. If you are unable to locate your card, you will need to contact the Social Security office to obtain a new card.
3. Current statement for Social Security showing amount receiving.
4. Current statement for Retirement and/or Pension showing amount receiving.
5. Copies of last six Pay Stubs if Employed.
6. Copy of last six months Bank Statements for Checking and Money Market Accounts.
7. Copy of most current Bank statement for Savings Accounts and Certificate of Deposits.
8. Copy of last six months of Stock, Bonds, Treasuries, Mutual Funds, and Annuity Statements.
9. Copy of Bonds owned if not carried through a broker.
10. Copy of Current Year Tax Assessment if you currently own home/land or if you sold a home or land in the last 2 years.
11. Copy of Life Insurance Policy(s).
12. If applicant has any other assets or income not listed above, please provide copies.
13. **PLEASE PROVIDE NAME, ADDRESS, PHONE NUMBER & FAX NUMBER FOR ALL FINANCIAL INSTITUTES FOR ITEMS 5 THROUGH 13.**
14. Please provide name of Supplemental Health Insurance you have to pay for.
15. Security Deposit equal to one month rent upon applicant accepting an apartment with Capital Towers. This Deposit is held until move out. It is non-refundable if applicant backs out of contract to move in.
16. Please allow 4-5 weeks for actually move in to take place. This time frame is based on amount of financials each applicant has. It could possibly take less or longer depending upon individual circumstances.

If any questions, please contact Lenora Nelson at (919) 787-1231.

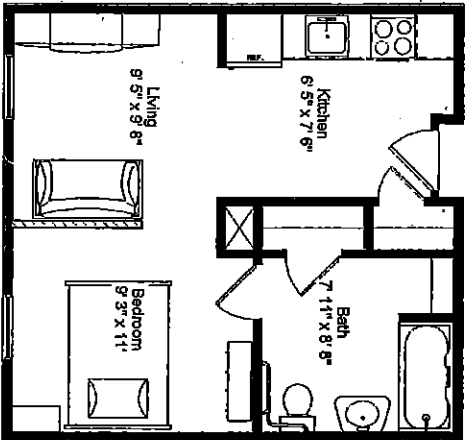
We don't want you to give up your independence, just your worries~



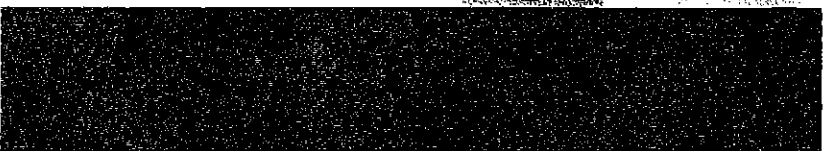
CT1 THE RALEIGH
Studio- 450 sq. ft
RENT \$ _____
SECURITY DEPOSIT \$ _____
APPLICATION FEE \$ _____



CT1 THE EXECUTIVE
One Bedroom/One Bath- 570 sq. ft
RENT \$ _____
SECURITY DEPOSIT \$ _____
APPLICATION FEE \$ _____

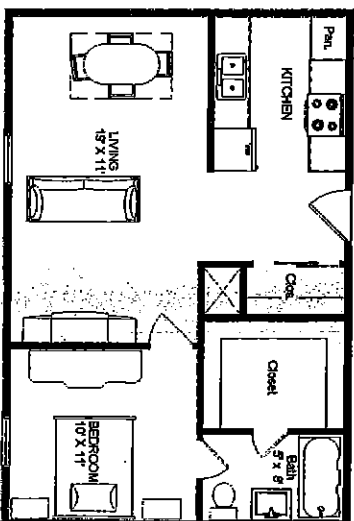
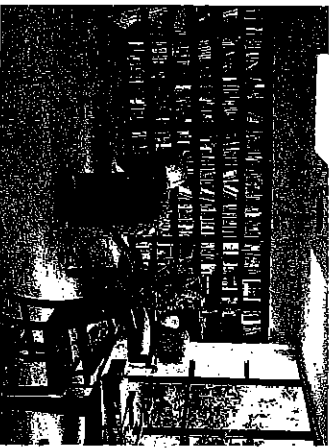


CT2 THE DIPLOMAT
Studio- 400 sq. ft
RENT \$ _____
SECURITY DEPOSIT \$ _____
APPLICATION FEE \$ _____



Amenities

- After hours Courtesy Officers
- Public transportation
- Amazing views
- Library & Game room
- Home theater room
- Full service salon
- Community room
- Many sitting areas
- Billiards room
- Many public services offered
- Affordable housing program
- ALL UTILITIES INCLUDED!!



CT2 THE GOVERNOR
One Bedroom/One Bath- 600 sq. ft
RENT \$ _____
SECURITY DEPOSIT \$ _____
APPLICATION FEE \$ _____

EXCEL PROPERTY MANAGEMENT RENTAL APPLICATION

Capital Towers
 4808-4812 Six Forks Rd Raleigh, NC 27609
 PH: (919) 787-1231 FAX: (919) 881-9417
 manager@capitaltowers.com

| | |
|--------------------------|--|
| MGR. INITIALS | |
| DATE @ TIME RECEIVED | |
| SOCIAL SECURITY VERIFIED | |

What size apartment would you like to occupy? EFF STUDIO 1BR

What date do you anticipate moving? _____ Email: _____

Best telephone number to reach you: (____) _____

LIST ALL HOUSEHOLD MEMBERS WHO WILL LIVE IN THE APARTMENT UPON MOVE-IN OR WITHIN THE NEXT TWELVE (12) MONTHS. INCLUDING ANY TEMPORARILY ABSENT (SUCH AS MILITARY/STUDENT/SPOUSE) MEMBERS WHO WILL BE RETURNING TO THE HOUSEHOLD.

UNMARRIED ADULT CO-APPLICANTS MUST COMPLETE A SEPARATE APPLICATION.

| | Name all Household Members- Starting with Head of Household | | | Relationship to Head of Household | Birth Date | Social Security Number | Is HH member employed: (Circle One) | |
|---|--|--------|------|---|------------|---------------------------|---|----|
| | First | Middle | Last | | | | YES | NO |
| 1 | First | Middle | Last | | | | YES | NO |
| 2 | First | Middle | Last | | | | YES | NO |
| 3 | First | Middle | Last | | | | YES | NO |
| 4 | First | Middle | Last | | | | YES | NO |
| 5 | First | Middle | Last | | | | YES | NO |
| 6 | First | Middle | Last | | | | YES | NO |

Do all household members live in the household full time? YES NO Number of foster children? _____

List names of all household members that are a student, plan on being a student in the next 12 months or was a student in the last 5 months: _____

Do you expect any changes to household in the next 12 months? YES NO

Will this apartment be your only place of residency? YES NO

If NO, please explain: _____

Have you ever been evicted or has a landlord ever terminated your lease? YES NO

If YES, please explain: _____

Are you currently receiving rental assistance? YES NO

If YES, which agency? _____

EMPLOYMENT INFORMATION

Applicant Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Started: _____ Position: _____ Supervisor: _____

Salary \$ _____ PER Hour Week Month Year Other**

**Please explain: _____

Do you have a second job? YES NO If YES, Where? _____

Phone: _____ Supervisor: _____

Salary \$ _____ PER Hour Week Month Year Other**

** Please explain: _____

IF EMPLOYED BY CURRENT EMPLOYER LESS THAN SIX (6) MONTHS-PLEASE COMPLETE:

Previous Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Started: _____ Date Ended: _____ Position: _____ Supervisor: _____

Salary \$ _____ PER Hour Week Month Year Other**

**Please explain: _____

SPOUSE EMPLOYMENT (CO-APPLICANT MUST COMPLETE SEPARATE APPLICATION)

Applicant Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Started: _____ Position: _____ Supervisor: _____

Salary \$ _____ PER Hour Week Month Year Other**

**Please explain: _____

Do you have a second job? YES NO If YES, Where? _____

Phone: _____ Supervisor: _____

Salary \$ _____ PER Hour Week Month Year Other**

** Please explain: _____

LANDLORD HISTORY INFORMATION

Current Address: _____ City: _____ State: _____ Zip: _____

Month & Year Moved In: _____ / _____ Amount of monthly rent or mortgage? _____

Do you: Rent Own Other (please explain) _____

Reason for leaving? _____

Landlord or Mortgage Co.: _____ Phone: _____

City: _____ State: _____ Zip: _____

IF LESS THAN THREE YEARS AT CURRENT ADDRESS

Previous Address: _____ City: _____ State: _____ Zip: _____

Month & Year Moved In: _____ / _____ Month & Year Moved out: _____ / _____

Amount of monthly rent or mortgage? _____ Reason for leaving? _____

Did you: Rent Own Other (please explain) _____

Landlord or Mortgage Co.: _____ Phone: _____

City: _____ State: _____ Zip: _____

OTHER INFORMATION

- Are you or your spouse a veteran of the U.S. Military? YOU SPOUSE
- If YES, What branch? _____ Service Dates: _____
- Are you or any member of the household subject to state lifetime sex offender registration? YES NO
- Have you ever been convicted of a crime? YES NO IF YES, When: _____
- Type of Charge(s): _____
- Please list all states that anyone in household over 18 has ever lived / or resided:

HOUSEHOLD MEMBER

STATE

Drivers license number / State ID#: _____ State Issued: _____ HH Member: _____

Drivers license number / State ID#: _____ State Issued: _____ HH Member: _____

Drivers license number / State ID#: _____ State Issued: _____ HH Member: _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ Color _____

License Plate # _____ State _____

Year: _____ Make: _____ Model: _____ Color _____

License Plate # _____ State _____

Year: _____ Make: _____ Model: _____ Color _____

License Plate # _____ State _____

WARNING: Section 1001 of the Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I/WE HEREBY MAKE APPLICATION FOR AN APARTMENT AND CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT.

I / WE UNDERSTAND THAT THE MANAGING AGENT WILL VERIFY, IN WRITING, THROUGH A THIRD PARTY, THE INFORMATION PROVIDED ON THIS APPLICATION. I/WE UNDERSTAND FALSIFYING INFORMATION MAY LEAD TO DECLINATION OF APPLICATION.

BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE:

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE



INCOME AND ASSET DISCLOSURE STATEMENT

(INCLUDE ALL INCOME FOR ALL FAMILY MEMBERS OF THE HOUSEHOLD, INCLUDING CHILDREN UNDER THE AGE OF 18)

(USE HOUSEHOLD MEMBER NUMBER FROM THE FIRST PAGE OF RENTAL APPLICATION)

INCOME DISCLOSURE

| DESCRIPTION OF INCOME | RECEIVING NOW OR ANTICIPATES RECEIVING Circle YES or NO | | HOUSEHOLD MEMBER # | AMOUNT RECEIVED MONTHLY | COMMENTS |
|--|--|----|--------------------|-------------------------|----------|
| | YES | NO | | | |
| Employment Income (including self-employment income) | YES | NO | | \$ | |
| Alimony and/or Child Support | YES | NO | | \$ | |
| Disability or Workers Comp. Income from Employer or Settlement | YES | NO | | \$ | |
| Social Security / SSI or Social Security Disability | YES | NO | | \$ | |
| Veterans Administration / Military Benefits | YES | NO | | \$ | |
| TANF/ AFDC (Not Food Stamps) | YES | NO | | \$ | |
| Income from Annuities / Insurance Policies | YES | NO | | \$ | |
| Pension Income | YES | NO | | \$ | |
| Income from Retirement Plans (IRA, 401K, Keogh, etc.) | YES | NO | | \$ | |
| Rental Income from Property | YES | NO | | \$ | |
| Unemployment Benefits | YES | NO | | \$ | |
| Financial aid / Grants / Scholarships | YES | NO | | \$ | |
| Other Income (recurring gifts, lottery winnings, etc) | YES | NO | | \$ | |

***INCLUDE OVERTIME, TIPS, BONUSES, AND ANY OTHER TYPE OF COMPENSATION**

I/We certify this information is true and correct

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

ASSET DISCLOSURE

(INCLUDE ALL ASSETS FOR ALL FAMILY MEMBERS OF THE HOUSEHOLD, INCLUDING CHILDREN UNDER THE AGE OF 18)

| DESCRIPTION OF CURRENT ASSET | YOU MUST CIRCLE ONE (Yes or NO) | | NAME & ADDRESS OF BANK, AGENCY OR FINANCIAL INSTITUTION | HOUSE-HOLD MEMBER # | CURRENT VALUE | COMMENTS |
|---|---------------------------------|----|---|---------------------|---------------|----------|
| | YES | NO | | | | |
| Cash Card or Benefit Card (for benefits/wages, <u>not</u> associated with bank accounts listed) | YES | NO | CARD #: | | \$ | |
| Checking Account | YES | NO | Bank Name: ACCT.# | | \$ | |
| Savings Account/ Money Market | YES | NO | Bank Name: ACCT.# | | \$ | |
| Cash Held in Safety deposit Box or at Home | YES | NO | | | \$ | |
| Certificate(s) of Deposit (CD's) | YES | NO | | | \$ | |
| Stocks / Bonds /Treasuries / Mutual Funds | YES | NO | | | \$ | |
| Individual Retirement Account (IRA, 401K, Keogh) | YES | NO | | | \$ | |
| Real Estate Owned: Land / House/Condo/ Mobile Home | YES | NO | Address: | | \$ | |
| Rental Property Owned | YES | NO | Address: | | \$ | |
| Personal Property held as an investment (Antiques, Stamps,Coins,Jewelry, etc) | YES | NO | Describe: | | \$ | |
| Life Insurance Policy with a Cash Value | YES | NO | Life Ins. Co: Policy #: | | \$ | |
| Trusts (Principal value available) | YES | NO | | | \$ | |
| Any other asset held (Include jointly) | YES | NO | | | \$ | |

I/We certify this information is true and correct

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

PLEASE CHECK BELOW THE TYPE OF APARTMENT
DESIRED AND WHICH BUILDING.

EFFICIENCY () STUDIO () ONE BEDROOM ()

CT I () CT II () BOTH ()

List nearest emergency contact person NOT living with you.

Name: _____ Phone No.: (Home) _____
Relationship: _____ (Business) _____
Home Address: _____
Employed By: _____

Name: _____ Phone No.: (Home) _____
Relationship: _____ (Business) _____
Home Address: _____

Name: _____ Phone No.: (Home) _____
Relationship: _____ (Business) _____
Home Address: _____
Employed By: _____

EXPENSES:

Do you have Medicare? _____ If yes, what is your monthly premium? _____
Do you have any other kind of medical insurance? _____ If yes, provide name and
address of carrier, policy number, and premium amount: _____

What medical expenses do you expect to incur in the next twelve months? _____

If you use the same pharmacy regularly, please provide the name and address: _____

DISPOSED ASSETS AFFIDAVIT NC/VA

TENANT/APPLICANT: _____

DATE: _____

PROPERTY NAME: **CAPITAL TOWERS**

I HAVE NOT disposed of any assets for less than fair market value in the past two (2) years.

Fair Market Value is the market value of the asset minus reasonable cost incurred in selling/converting the asset into cash. Such costs include: 1- penalties for early withdrawal; 2- broker/legal fees for the sale of assets, and 3- settlement costs for real estate transactions.

I HAVE disposed of assets for less than fair market value in the past two (2) years.

Please list any assets disposed of within the past two (2) years for less than fair market value.

| | |
|-----------------------|-------|
| Type of Asset | _____ |
| Fair Market Value | _____ |
| Allowable Deductions | _____ |
| Cash Value of Asset | _____ |
| Amount Received | _____ |
| Amount of Disposition | _____ |

Assets listed as disposed of during the past two (2) years for less than the fair market value prior to this certification/recertification, will be counted as assets if the difference in the value of the asset and the amount received for the asset exceeds \$1000.00.

Assets disposed of as a result of foreclosure, bankruptcy or divorce need not be counted.

**** Please provide documentation to support.**

I hereby certify that the information provided is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT/TENANT

DATE

Penalties For Misusing This Consent: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8). **Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).

EQUAL HOUSING OPPORTUNITY

**UNEMPLOYED APPLICANT/RESIDENT
AFFIDAVIT**

I have made application/reside at Capital Towers.

I attest to the following (please initial the appropriate statement):

_____ **I am not presently employed but anticipate becoming employed with in the next twelve (12) months.**

Based on my past work experience, skills, and income history as shown on my most recent tax return (copy attached) and adjustments to reflect circumstances anticipated with the next twelve (12) months, I expect to earn \$ _____ per year Once I become employed.

If no tax return has been filed with the Internal Revenue Service or with the state, please attach notarized self affidavit for explanation.

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

Warning: Section 1010 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Signature

Date

EQUAL HOUSING OPPORTUNITY

ALIMONY/CHILD SUPPORT AFFIDAVIT (NC/VA)

TENANT/APPLICANT: _____

DATE: _____

PROPERTY NAME: **CAPITAL TOWERS**

SUPPORT TYPE: ALIMONY/SPOUSAL CHILD

Proof of alimony or child support must be attached to this form. Examples include:

- Statement from Courthouse
- Copy of Marital Separation Agreement
- Copy of Divorce Decree
- Verification from Child Enforcement Agency

PLEASE CHECK ALL THAT APPLY:

- I certify that I **AM** entitled to:
- Receive any alimony, spousal support, child support or other compensation pursuant to any court order or other agreement.

| Name of Child | Age | AMOUNT | FREQUENCY | |
|---------------|-----|--------|----------------------------------|----------------------------------|
| | | | <input type="checkbox"/> per mo. | <input type="checkbox"/> per wk. |
| | | | <input type="checkbox"/> per mo. | <input type="checkbox"/> per wk. |
| | | | <input type="checkbox"/> per mo. | <input type="checkbox"/> per wk. |
| | | | <input type="checkbox"/> per mo. | <input type="checkbox"/> per wk. |

I expect to receive the full amount in the next twelve (12) months: YES _____ NO _____

If no, explain: _____

- I certify that I am **NOT** entitled to:
- Receive any alimony, spousal, child support or other compensation pursuant to any court order.
 - Receive any alimony/child support or other compensation pursuant to any non-court agreement.

| Name of CHILD | Age |
|---------------|-----|
| | |
| | |
| | |

- I **AM ACTIVELY** in the process of seeking monies for alimony, spousal, or child support through legal channels or otherwise, as noted in court decrees. I am pursuing support for the following child/children:

| Name of CHILD | Age | Amount Anticipated |
|---------------|-----|--------------------|
| | | |
| | | |
| | | |

- I am **NOT ACTIVELY** in the process of seeking any monies for alimony/child support through legal channels or otherwise, nor am I under any obligation to seek such monies.

I hereby certify that the information provided is true and complete to the best of my knowledge.

Signature of Applicant/Tenant _____ Date _____

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

RELEASE AND CONSENT OF INFORMATION

I, _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to **CT-I Limited Partnership and or CTC Limited Partnership** for the purpose of verifying information on my rental application and continued residency.

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, credit history, civil and criminal information, records of arrest, rental history, employment, details of income and assets, and student status. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation as a qualified resident.

I hereby expressly release **CT-I Limited Partnership and or CTC Limited Partnership** and any procurer or furnisher of information from any liability in the use, procurement, or furnishing of such information, and further understand that my application information may be provided to various local, state, and/or federal government agencies, including, without limitation, various law enforcement agencies.

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

HUD (Department of Housing & Urban Development) and the IRS Low Income Housing Tax Credit Guidelines (Section 42 of the Internal Revenue Service Code) require this Apartment Community to verify this information for the above referenced individual.

The groups or individuals that may be asked to release the above information include, but are not limited to:

| | | |
|--------------------------------|--------------------------------|-------------------------|
| Past or Present employers | Welfare Agencies | Veterans Administration |
| Previous and Current Landlords | State Unemployment Agencies | Retirement Systems |
| Child Support Providers | Alimony Providers | Banking Institutions |
| Schools and Colleges | Social Security Administration | Courts |
| Law Enforcement Agencies | Utility providers | Public Housing Agencies |

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for as long as I am a resident of this property. I understand that I have a right to review this file and correct any information that is incorrect.

SIGNATURE:

Applicant/Resident

Printed Name

Date

Each adult member applying for residency must complete a resident release and consent form.

Return verifications to:

EQUAL HOUSING OPPORTUNITY

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.