

STATEMENT OF QUALIFICATIONS Gallery at River Parc April 1, 2024

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.

<u>APPLICATION SCREENING REQUIREMENTS</u>

<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.

i acknowledge the receipt of this screening/application criteria document:					
Applicant Signature					
Print Name					
Date					





STATEMENT OF QUALIFICATIONS ADDENDUM Gallery at River Parc April 1, 2024

Fees/Deposits

- Application Fee \$85 per adult over the age of 18.
- Application Deposit equal to \$250 (may or may not be refundable)
- Security Deposit \$500 standard deposit, \$1,000 approved with conditions.
 - Application deposit will be applied to the approved deposit balance.
- Pet fee \$350 per pet (no refundable)
- Pet Rent \$30 per month per pet

Rent Range (subject to change)

0 Bedroom 80% Rent starting from: \$1,522

0 Bedroom 140% Rent starting from: \$1,650

1 Bedroom 50% Rent starting from: \$985

1 Bedroom 80% Rent starting from: \$1,624

1 Bedroom 140% Rent starting from: \$1,980

2 Bedroom 50% Rent starting from: \$1,159

2 Bedroom 80% Rent starting from: \$1,925

2 Bedroom 140% Rent starting from: \$2,530

MINIMUM ALLOWABLE COMBINED HOUSEHOLD INCOME TABLE

0 Bedroom 80%: \$50,226 0 Bedroom 140%: \$54,450 1 Bedroom 50%: \$32,505 1 Bedroom 80%: \$53,592 1 Bedroom 140%: \$65,340 2 Bedroom 50%: \$38,247 2 Bedroom 80%: \$63,525 2 Bedroom 140%: \$83,490

MAXIMUM ALLOWABLE COMBINED HOUSEHOLD INCOME TABLE

1 Person	50%	\$39,750	1 Person 80%	\$63,600	1Person 140%	\$101,220
2 Persons	50%	\$45,400	2 Persons 80%	\$72,640	2Persons140%	\$115.640
3 Persons	50%	\$51,050	3 Persons 80%	\$81,680	3Persons 140%	\$130,060
4 Persons	50%	\$56.750	4 Persons 80%	\$90.800	4Persons140%	\$144,480

I acknowledge the receipt of this document:

Applicant Signature:	
Print Applicant Name: _	
Todav'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 if income last 6 consecutive paystubs (If applicable).
- Recent Social Security letter, Disability letter, or pension letter required. (Only English)
- 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.)



Date when filled out:

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
- 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 D	Priver's License or Govt. ID card)		
	<u> </u>		
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			
		"Required" box is checked, please answer the fol following questions are not required and are optio	
-		ment to leave the U.S. or any other country? yes	-
Are you a U.S. citizen? yes no	• '		
_, _, _	peen in the United States? Ye	ears Months	
1		of which you are a citizen (list all):	
Please check the U.S. Citizenship a	nd Immigration Services (USCIS) do	cument that entitles you to be in the United States:	
☐ Form I-551 Permanent Resident Ca	ard [Alien Registration Receipt Card] (fo	orm includes photo and fingerprint). Card Number:	
☐ Form I-766 Employment Authorization	n Document (form includes photo and fine	gerprint). Expiration Date: Card Number:	
☐ Form I-94 Global Entry Form (form	does not include photo or fingerprint). I	Expiration Date: Form Number:	
☐ USCIS receipt for replacement of or	ne of the above documents, with verific	ation by USCIS of your entitlement above.	
If you are relying on Form I-94, we v	vill ask to see your passport and vis	a, and you will need to answer the questions below.	
Country issuing your passport:		Your Passport Number:	
Expiration Date:			
Do you have a visa? 🔲 yes 🔲 no If	f yes, what type? 🔲 student 🔲 work	□ visitor □ other (specify):	
Visa Expiration Date:	<u></u>		
We may ask to make a photocopy o	f any of the USCIS documents check	ked above and, if needed, your passport and visa.	
Marital Status: single marrie		Do you or any occupant smoke? yes no	
I am applying for the apartment localis there another co-applicant?			
is there another co-applicant?	/es 🔲 110		
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 #		Туре	
		"Required" box is checked, please answer the follow- ked, the following questions are not required and are	
If yes, please state when and what co	ountry or countries (list all):	ny government to leave the U.S. or any other country? 🔲 yes	s 🔲 no
	eccupant been in the United States?		
Place of Birth	Country or countries	of which occupant is a citizen (list all):	
•	, ,	ocument that entitles the occupant to be in the United States	
		form includes photo and fingerprint). Card Number:	
		gerprint). Expiration Date: Card Number: Expiration Date: Form Number:	
		cation by USCIS of your entitlement above.	
If relying on Form I-94, we will ask	to see occupant's passport and visa	, and you will need to answer the questions below.	
		Passport Number:	
· - ·	_ , , , _	work visitor other (specify):	
Visa Expiration Date: We may ask to make a photocopy		ked 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	
		e "Required" box is checked, please answer the follow ked, the following questions are not required and are	
Has this occupant ever been asked	l or ordered by a representative of ar	ny government to leave the U.S. or any other country? 🔲 yes	s 🔲 no
If yes, please state when and what course is this occupant a U.S. citizen?			
	occupant been in the United States?	Years Months	
Place of Birth	Country or countries	of which occupant is a citizen (list all):	
Please check the U.S. Citizenship	and Immigration Services (USCIS) do	cument that entitles the occupant to be in the United States	:
		orm includes photo and fingerprint). Card Number:	
		ngerprint). Expiration Date: Card Number:	
		Expiration Date: Form Number:cation by USCIS of your entitlement above.	_
		, and you will need to answer the questions below.	
Country issuing passport:		Passport Number:	
Expiration Date:	no If yes, what type? I student	☐ work ☐ visitor ☐ other (specify):	
Visa Expiration Date:		had above and the analysis are sent and as a second	
vve may ask to make a photocopy	or any or the USCIS documents chec	ked 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 follow ked, the following questions are not required and are	
-		ny government to leave the U.S. or any other country? yes	
If yes, please state when and what couls this occupant a U.S. citizen?	ountry or countries (list all):	, , , –,	
		of which occupant is a citizen (list all):	
		ocument that entitles the occupant to be in the United States	:
•		orm includes photo and fingerprint). Card Number:	
		ngerprint). Expiration Date: Card Number:	
-		Expiration Date: Form Number:	
		cation by USCIS of your entitlement above.	
		, and you will need to answer the questions below. Passport Number:	
Expiration Date:			
	no If yes, what type? student [work visitor other (specify):	
Visa Expiration Date:	of any of the USCIS documents chec	ked above and, if needed, occupant's passport and visa.	
We may ask to make a photocopy			

OTHER OCCUPANTS (continued)						
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 oc	Intry or countries (list all):es ☐ no cupant been in the United States?		; 🔲 no			
		ument 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] (for a Document (form includes photo and fingedoes not include photo or fingerprint). Expense of the above documents, with verifical passe occupant's passport and visa, as	erm includes photo and fingerprint). Card Number:erprint). Expiration Date: Card Number: xpiration Date: Form Number: ation by USCIS of your entitlement above. and you will need to answer the questions below. Passport Number:				
Expiration Date:						
Visa Expiration Date:		work visitor other (specify):				
We may ask to make a photocopy of	any of the USCIS documents checke	ed 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 #		Type				
		Required" box is checked, please answer the follow ed, the following questions are not required and are				
If yes, please state when and what couls this occupant a U.S. citizen? uge	untry or countries (list all):es	government to leave the U.S. or any other country? yes	; 🔲 no			
	cupant been in the United States?					
		f which occupant is a citizen (list all): ument that entitles the occupant to be in the United States				
☐ Form I-551 Permanent Resident Ca	rd [Alien Registration Receipt Card] (for	rm includes photo and fingerprint). Card Number:erprint). Expiration Date: Card Number:				
		xpiration Date: Form Number:				
		ation by USCIS of your entitlement above.				
		and you will need to answer the questions below Passport Number:				
Expiration Date:		_ Passport Number				
·		work usitor other (specify):				
We may ask to make a photocopy of	any of the USCIS documents checke	ed 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 follow ed, the following questions are not required and are				
If yes, please state when and what cou	intry or countries (list all):	government to leave the U.S. or any other country? 🔲 yes	; 🔲 no			
	cupant been in the United States?					
Place of Birth Country or countries of which occupant is a citizen (list all):						
		ument that entitles the occupant to be in the United States rm includes photo and fingerprint). Card Number:				
		erprint). Expiration Date: Card Number:				
		xpiration Date: Form Number:				
· · ·		ation by USCIS of your entitlement above.				
		and you will need to answer the questions below Passport Number:				
Expiration Date:						
	no If yes, what type? student	work usitor other (specify):				
Visa Expiration Date: We may ask to make a photocopy of	—— fany of the USCIS documents check	ed above and, if needed, occupant's passport and visa.				

RESIDENCY INFORMATION				
Current Home Address (where you live now)				Do you 🖵 rent or
City		State	Zip Code	own?
Dates:From	То		<u>\$</u> Monthly Payment	
Apartment Name				
Landlord/Lender Name			Phone	
Reason for Leaving				
(The following is only applicable if at current add	lress for less than 6 m	nonths.)		
Previous Home Address				Do you ☐ rent or
City		 State	Zip Code	own?
Dates:			\$Monthly Payment	
From	10		Monthly Payment	
Apartment Name				
Landlord/Lender Name			Phone	
Reason for Leaving				
EMPLOYMENT INFORMATION				
Present Employer		Address		
City		 State	Zip Code Wo	rk Phone
Dates:	_		\$	
From	То		Gross Monthly Income	•
Position				
Supervisor Name			Phone	
(The following is only applicable if at current em	ployer for less than 6 r	months.)		
Previous Employer		Address		
City		State	Zip Code Wo	rk Phone
Dates:			Srees Manthly Income	
From	10		Gross Monthly Income	
Position				
Supervisor Name			Phone	
ADDITIONAL INCOME				
(Income must be verified to be considered)				
Туре	Source		\$ Gross Monthly Amount	
7			\$	
Туре	Source		Gross Monthly Amount	
CREDIT HISTORY (if applicable)	Janes.			
If applicable, please explain any past credit prob	nem.			
DENITAL (CDIMINIAL LIICTORY				
RENTAL/CRIMINAL HISTORY (Check only if applicable)				
Have you or any occupant listed in this Application	on ever:			
been evicted or asked to move out?moved out of a dwelling before the end of the	ne lease term without t	the owner's consent?		
declared bankruptcy?				
been sued for property damage?				
been convicted (or received an alternative violence to another person or destruction of	•	•) of a felony, misdemeanor involving	a controlled substance,
Please indicate the year, location and type of e	each felony, misdemea	anor involving a contro		
property, or sex crime other than those resolved answer is "no" to any item not checked above.	by dismissal or acquit	ttal. vve may need to dis	scuss more facts before making a dec	ision. <i>You represent the</i>

REFERRAL INFORMATION							
How did you find us?							
Online search. Website address:							
Referral from a person. Name:							
Social Media. Which one?							
EMERGENCY CONTACT							
Emergency contact person over 18, who will not	be living with you:						
Name		Relationship					
Address		City					
State Zip Code	Home Phone #		Cell Phone #				
Work Phone #	Email Address						
VEHICLE INFORMATION (if applicable	e)						
List all vehicles owned or operated by you or any oc	•	motorcycles, trailers, etc.).					
, , , ,							
Make	Model		Color				
Year	License Plate #		State				
Make	Model		Color				
iviake	Widdei		Color				
Year	License Plate #		State				
Make	Model		Color				
Wake	Model		Coloi				
Year	License Plate #		State				
Make	Model		Color				
iviake	Model		Color				
Year	License Plate #		State				
PET INFORMATION (if applicable)							
You may not have any animal in your unit withou	t management's prior authoriz	ation in writing. If we allo	w your requested animal, you must sign a separate				
animal addendum, which may require additional	deposits, rents, fees or other of	charges.					
Name	Туре		Breed				
Gender	Weight		Color				
Gender	_	D.,,,	Coloi				
Age	Assistance Animal Status:	yes ino					
Name	Type		Breed				
Gender	Weight		Color				
	Assistance Animal Status:	lves Dno					
Age	Assistance Animai Status.	1,03					

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): \$ 500.00
- 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;
 - 4. 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.

SPECIAL PROVISIONS					

AUTHORIZATION AND ACKNOWLEDGMENT

AUTHORIZATION

lauthorize The Gallery at River Parc, LLC

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Payment Authorization

lauthorize The Gallery at River Parc, LLC

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-Sufficient Funds and Dishonored Payments.

If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- (i) Applicant shall pay to us the NSF Charge; and
- (ii) We reserve the right to refer the matter for criminal prosecution

AUTHORIZATION AND ACKNOWLEDGMENT (continued) You declare that all your statements in this Application are true and complete. You authorize us to verify the same through any means. If you fail to answer any question(s) or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. **Applicant's Signature** Date FOR OFFICE USE ONLY Unit # or type Apt. name or dwelling address (street, city) Person accepting application Phone Person processing application Phone Applicant or Co-applicant was notified by 🗖 telephone 🗖 letter 🔲 email, or 📮 in person of 🗖 acceptance or 🗖 non-acceptance on (Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.) Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): Name(s) Name of owner's representative who notified above person(s) **ADDITIONAL COMMENTS**

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:
0	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 YOU receive OR expect to receive income from any of the following sources?

	Do Y	OU re	eceive OR expect to receive income fro	om any of the following	sources?
YES	<u>NO</u>				
0	0	4.	Employment wages or salaries? (Include o Company Name:	wertime, tips, bonuses, commission Address:	s and payments received in cash.) Monthly Gross Amount
			<u>Telephone Number</u>	Fax Number	HR Contact Name
o	o	5.	Self-employment? (Include overtime, tips, bond Type of Business	uses, commissions and payments re NET Income	eceived in cash.)
o	o	6.	Regular pay as a member of the Armed Base Name & Branch	Forces/Military? Gross Amount	
o	o	7.	Unemployment benefits? Or workman' <u>Unemployment Amount</u> <u>W</u>	's compensation?	
o	o	8.	Public Assistance, General Relief, AFDO (TANF)? Type of Assistance	C or Temporary Assistance Amount	e for Needy Families
o	o	9.	(a) Child support? (We must count court-ordered support whethe We must also count support that is not court-ordered Support S		
	o otain court ers)		(b) Alimony? If yes, Name of Payor and Am (c) If support/alimony is court-ordered but not Explanation:		
0	o	10.	Social Security, SSI or any other payme Type of Payment	ents from the Social Securi Monthly Amount	ty Administration?

<u>Yes</u>	<u>NO</u>				
o	o	11.	Regular payments from a Vetera Type of Payment	n's benefit, pension, retirement	nt benefit or annuities? Monthly Amount
o	o	12.	Regular payments from a several Source of Payment	nce package? Amount	
o	o	13.	Regular payments from any type Source of Payment	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 w Source of Payment	vinnings or inheritances? Amount	
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 type Source of Payment	es not listed? (Please include below Amount	?)
o	o	18.	Do you expect any changes to you Explanation:	ur income in the next 12 mont	hs?
If you I	OO NOT	recei	ve any income from any of t	the sources listed, above	and you are a Zero
-			ent, please add your initials h		and you are a zero
			Asset Infor	mation	
Include all as	sets held and	the incom	ne derived from the asset. INCLUDE ALL AS	SSETS HELD BY ALL HOUSEHOLD	MEMBERS INCLUDING
MINORS.			Do YOU	hold	
YES	<u>NO</u>		Do Too	noiu.	
o	o	19.	Checking or savings account? (Charge of Account	necking must have last 6 months aver <u>Financial Institute</u>	age balance, saving current) <u>Amount AND Interest Rate</u>
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	<u>Amount</u>
o	o	22.	Trust Funds? Type of Account	Financial Institute	<u>Amount</u>

<u>Yes</u>	<u>No</u>				
o	o	23.	Pensions, IRAs, Keogh or other re	etirement accounts? <u>Financial Institute</u>	Amount
o	o	24.	Whole life insurance policy? <u>Insurance Carrier</u>	Telephone Number	Amount
o	o	25.	Real estate, rental property, land holdings? (This includes your personal residence, mobi		
o	o	26.	Personal property held as an investigation (This includes paintings, coin or stamp collectinclude your personal belongings such as you stem	ctions, artwork, collector or show cars	s, and antiques. This does not
o	o	27.	A safe deposit boxes? <u>Financial Institute</u>	<u>Amount</u>	
o	0	28.	Do you have any cash on hand? If	eyes, how much?	_
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	nformation:	
			Student Status II	inormation.	
o	o	30.	Are you or anyone in your househ recent class schedule including the words "F Household Member		, please provide a copy of the most
					-
o	o	31.	Are you or anyone in your househ recent class schedule including the words "F Household Member		s, please provide a copy of the most
			Signature (Clause	
information and determine my understand that I authorize my occupancy. I	nd answers to eligibility. I at such action consent to have will provide a equired for exp	the above understand may result ave manall necessipediting to	ving on this information to prove my household e questions are true and complete to the best of all that providing false information or making fult in criminal penalties. Ingement verify the information contained in thi ary information including source names, address this process. I understand that my occupancy is ts.	f my knowledge. I consent to release the alse statements may be grounds for desired as application addendum for purposes cosses, phone numbers, account number	he necessary information to enial of my application. I also of proving my eligibility for s where applicable and any other
<i>5</i> - 1-	<u> </u>		Please sign and d	ate below:	
Printed Na	me			Date	
Signature					



MARITAL & ESTRANGEMENT DECLARATION

Sworn Declaration of Marital Status and Declaration of Estrangement Addendum to the Application

Property Name:GALLE	RY AT RIVER PARC	vour marital status
PART A:	B, C, D of E below as appropriate regarding	your maritar status.
I,attached a copy of my divorce decree, a	, duly state that I am currently legally separate current legal separation agreement, or letter from my	ed from my spouse and have attorney.
PART B:		<u> </u>
any legal action regarding my marital s	, duly state that I am currently separated from my status. I hereby state that the following conditions ap	spouse but have NOT taken oply:
MY REASONS FOR NOT PURSUIN	G LEGAL ACTION ARE AS FOLLOWS:	
For example: restraining order, fear of retali	iation, incarceration, religious beliefs, or other reason expla	ined.
If separated but not divorced, for the 1. I am separated and estranged	e above reason, please read and complete the estra from my spouse	angement section below:
Full Name of Estranged Spouse:		_
	to reconcile with my spouse. suse will not be permitted to reside with me in the above - psed since the beginning of the initial lease term.	referenced development, unless
	expiration of the twelve – months time frame cited above, ed development, our entire household must re – qualify as a	
next 12 months and I have	separated spouse and <u>I do</u> anticipate filing for or rece we attached verification of the anticipated child su th my separated spouse and will not be receiving any	pport.
I,, (duly state that I am widow/widower	
PART D:		
I,, l	have never been married.	
PART E:		
I,, and my spe	ouse, will both reside in the above	ve referenced development.
household composition and marital status. PRIOR approval with management. Under penalty of perjury, I certify that the	ring situation. This includes, but is not limited to, change I will not allow my spouse or any other individual to m information presented in this declaration is true and accura providing false representations herein constitutes and act	nove into my residence, without te to the best of my knowledge.
Signature of Applicant/Resident	Printed Name of Applicant/Resident	Date
Signature of Applicant/Resident	Printed Name of Applicant/Resident	Date

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.

- a" !!	PART XI - STATISTICAL	. DATA							
	Household elected not to participate.								
New Households Prior Housing Information									
(Answer for household head)									
Monthly rent payment									
Monthly house payment									
ZIP Code									
All Households		Additional Ho A member of th	usehold Information						
Current Employment (Answer for household head)	Primary Transportation Mode (Answer for household head)	(Check all that A							
Occupation	Motor vehicle	Receives Medic							
	Public		Receives Medicaid benefits						
ZIP Code	IP Code transportation		Is a Person With a Disability						
	Other	*							
		Total Number of	Total Number of						
Racial Categories* (Select All T	hat Apply)	Household Members Per Category	Hispanic or Latino Household Members						
American Indian or Alaska Nati		canagery		7					
Asian				7					
Black or African American				7					
Native Hawaiian or Other Pacif	ic Islander			7					
White				7					
American Indian or Alaska Nati	ve and White			7					
Asian and White				7					
Black or African American and	White			7					
American Indian or Alaska Nati	ve and Black or African American								
Asian and Black or African Ame									
Other mutiple race combination	1			7					
	TOTALS								
* Definitions			, .	_					
Person With a Disability	A person who has a mental or physical impairm Life Activities; has a record of such impairment;			'son's ^ Major					
·	Functions such as caring for one's self, perform								
Major Life Activities	sitting, standing, lifting, reaching, thinking, conc- working.	0 .		. 0					
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."								
	A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin,								
Not-Hispanic or Latino American Indian	regardless of race. A person having origins in any of the original peoples of North and South America (including Central America), and								
or Alaska Native	who maintains tribal affiliation or community atta A person having origins in any of the original pe		itheast Asia, or the Indian	n subcontinent					
	for example, Cambodia, China, India, Japan, Ko								
Asian	Vietnam. A person having origins in any of the black racia	al groups of Africa Terms	such as "Haitian" or "Ne	aro" can be use					
Black or African American	in addition to "Black" or "African American."			310 0an 50 aco					
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.								
White	A person having origins in any of the original peoples of Europe, the Middle East or								
White	North Africa.								
	on is estimated to average 10 minutes per response, incl								
	e data needed, and completing and reviewing the collectormation, and you are to required to complete this form								
	ousing Act of 1937 as amended, the Housing and Urbar								
	of 1984. This information is needed to be incompliance to HUD. Owners/agents must offer the opportunity to the state of the opportunity to the opp								
	n-place tenants must complete the format as part of thei mation on all members of the household. Completed doc								
household's file. Parents or guardians a	re to complete the self-certification for children under the	ne age of 18. Once system de	evelopment funds are provid	led and					
	implemented, owners/agents will be required to report tem). This information is considered non-sensitive and d	•	-	Tenant					
•	,	1 7 1							
I/We,		, by sig	ning below certify	that I/We					
\square Have provided the infe	ormation listed above	_	-						
☐ Elected not to provide	the information listed above								
I certify all information is	true and accurate to the best of my ki	nowledge.							

Resident Signature

Date

Resident Signature

Date

Date