

1949 Los Feliz Drive, Thousand Oaks, CA 91362

(805) 379-0461 FAX (805) 379-4322

# **RENTAL CRITERIA**

Welcome to our community! Before you complete a Rental Application, please take the time to review these rental criteria. The term "Applicant(s)" under these criteria means the person that will be signing the Lease as "Resident." Please also note that these are our current rental criteria; nothing contained in these requirements shall constitute a guarantee or representation by us that all Residents currently residing in our community, including the roommates that will occupy the Unit with any Resident, have met these requirements.

We are an equal opportunity housing provider. We fully comply with all federal and state fair housing laws. We do not discriminate against any person because of race, color, religion, sex, handicap, disability, familial status, national origin, ancestry, age, sexual orientation, marital status, source of income, medical condition or any arbitrary basis. We also comply with any applicable local fair housing laws.

**Application Requirements**: Any one 18 years or older has to fill out an application. It is not necessary to provide a Social Security Number on your application. All applications and accompanying forms (i.e. T.I.C Questionnaire, Full Time Student Affidavit, etc.) must be FULLY completed, signed and dated to be considered. A household applying for a unit will have all their applications either approved or disapproved collectively. For example, this means that if one person does not meet our credit standards, all of the applications for that household are denied, unless the qualified applicants wish to apply without the applicant who does not meet the rental criteria. (Note that in such instance, the applicant who does not meet the rental criteria cannot move into the unit). Each applicant 18 years or older will pay a \$30.00 Application Processing Fee.

**Occupancy Standards**: To prevent overcrowding and undue stress on plumbing and other building systems, we restrict the number of people who may reside in a unit. In determining these restrictions, we follow current California fair housing guidelines. We allow two persons per bedroom plus one additional person in the rental unit. For example, a one-bedroom rental unit could house three (3) people, and a two-bedroom rental unit could house as many as five (5) people. If a minor child is later added to the household (through birth, adoption, custody change, etc.), which puts the household over the maximum occupancy limit, the household will have until the end of their lease, or 6 months, whichever is longer, in which to move to a larger unit, if available, or off the property.

**Financial Standards**: Income must be no less than 2 times the amount of the rent for the unit you are applying for. Source(s) of income is/are not a determining factor, but must be legal and verifiable. The income will be an aggregate of all persons applying for the unit. Income may come from such sources as:

Employment, Self-Employment, Social Security Payments, Disability Payments, Trust Fund payments, Settlement payments, Interest payments, Gifts, Spousal or child support, to name a few. This in no way claims that there are no other sources of income, this is only a small sampling, used as an illustration of some ways you could have income for your household.

**Section 8 Voucher Holders**: If you are a section 8 voucher holder, your income standard will be based on the portion of the rent you are responsible for. Normally this would be @30% of your income, but ultimately, that determination will be made by the local Housing Authority. Keep in mind that acceptance by us of your application does not necessarily mean that the Housing Authority/HUD will approve your residency at this apartment complex. The paperwork required by the Housing Authority/HUD must be filled out and submitted to the housing Authority/HUD as soon as possible, after we accept your application. If the Housing Authority/HUD does not approve use of your Section 8 voucher for residency at our apartment community, you will still be given the opportunity to become a resident at this apartment community.

However, you will need to meet the regular Financial Standards set forth herein and will be responsible for paying the full amount of rent for the unit.

**Bankruptcy**: If bankruptcy has been filed, the bankruptcy must be discharged for at least 1 year with no derogatory credit history after the bankruptcy was reported to the credit report. If bankruptcy has not been discharged, then the application will be denied.

**Prior Rental History**: Applicant must not have been evicted, broken a rental contract or be currently delinquent to a previous landlord within the last 3 years. Applicant cannot have more than four late payments or two returned checks for rent in the most recent 12-month period. Anyone with a broken lease contract or an eviction will not be approved. Anyone with an outstanding balance owed to a rental property must show proof of payment in full, in order to be considered to have acceptable rental history.

**Credit Score/report**: Any delinquent accounts for rental or mortgage payments or eviction judgments appearing on the report will result in automatic denial. Outstanding collections (three or more) in the past two years being reported on the credit report (exclusive of medical collections) will result in the denial of the application(s). Credit reports reflecting slow pay on three accounts will require an increase in your deposit amount

Apartment Availability: Please see attached waiting list criteria, if applicable.

**Identification**: We will require you to present a government-issued photo ID for purposes of verifying your identity and other information on the application. WE WILL NOT ASK FOR, NOR WILL WE ACCEPT, A COPY OF YOUR PHOTO-ID DURING THE APPLICATION PROCESS.

**Inaccuracies**: If information provided proves to be false or inaccurate while undergoing the application process your application and the applications of those applying with you will be denied. If information provided proves to be false or incorrect after you have moved in, and it is determined that you did so consciously/maliciously with the intention of circumventing a denial of your application, it will be grounds for termination of your tenancy.

**Security deposits/First month's rent**: Once you have been approved, set a move in date with the Rental Agent. Meet with them on that day and sign all your paperwork. At this time we will be taking a copy of your government-issued photo ID, to keep in your file. In order to complete the Move-in, you will need to pay both the Security Deposit, any additional deposit(s), and at least first month's rent. These funds MUST BE PAID IN CERTIFIED FUNDS. If you do not bring CERTIFIED FUNDS you will not be given keys to the apartment.

Managers/Agents do not have the authority to override the recommendations of the screening company or make any changes to the rental criteria. This information will be sent to our corporate office for review, and their recommendation will be the final say in the application process.

Applicant	Date	Applicant	Date
Applicant	Date	Applicant	Date
Applicant	Date	Applicant	Date







1949 Los Feliz Drive, Thousand Oaks, CA 91362

(805) 379-0461 FAX (805) 379-4322

# WAITING LIST CRITERIA

Thank you for your interest in our property. We hope to make you application process pleasant and timely. Unfortunately, the number of applicants may exceed the number of available units at the property. If this happens, we will establish waiting lists as outlined in this document. In the following paragraphs we hope to make clear what our criteria and guidelines are for our waiting list.

**Waiting list for each income category**: In order to meet the requirements of our Low Income Housing Tax Credit (LIHTC) program, we will maintain separate waiting lists for each income category. Based on the income information that you list on your application, you will be placed on the waiting list for the appropriate income category in the order of submission.

Very Low Income (50% AMI): Our LIHTC program requires that 40% of our units must be designated as Very Low Income (or households with income that is 50% or less than the Area Median Income [AMI], as established by HUD).

There may come a time when we have no Very Low Income applicants on the 50% AMI category waiting list and we find ourselves under the 40% minimum. At these times when we have an empty apartment that was designated Very Low Income, this apartment(s) will remain empty. By remaining empty they will retain their Very Low Income stats and will remain empty until such a time as we find a household that meets the Very Low Income Criteria and is otherwise qualified to reside at the Shadows Apartments.

**Placement on waiting list**: Once you submit your application we will do an initial screening, and based on this screening we will determine your ability to qualify for the program. Our initial acceptance of your application for placement on the wait list will be based only on the information listed on your application. No verification of credit, income, rental history, etc. will be done at this time. Placement on the wait list does not in any way guarantee that your application will ultimately be approved. Your place on the waiting list will be determined by date/time submitted. You will only be placed on the waiting list if all the information requested in the application and accompanying paperwork is provided. Incomplete applications **will not** be accepted.

**Application Fee**: No application fee will be accepted until such-time as your name has come up on the wait list and you have been called to the office and your current need for a home has been verified by our staff. At this point we will commence the process of verifying the information on your application. If, during the verification process, we find that the income for your household no longer meets the income category for the waiting list that you were on, you will be given an opportunity to be placed on the waiting list for the appropriate income category. Your placement on such waiting list will be determined according to the date you originally submitted your application. If however, your income exceeds our requirements you will be removed from the waiting list.

**Removal from waiting list**: Every 90 days (3 months) we will purge the waiting list and remove all names that have been placed on the waiting list 90 days or earlier. If you wish to remain on the waiting list it is YOUR RESPONSIBILITY to call us every 90 days and inform us if you are still interested in applying for an

apartment at Shadows Apartments. If you don't call us or inform us that you are still interested your name will be removed from the waiting list.

**Inaccuracies/false information**: If it is found out that you have submitted your application with false or inaccurate information your application will be removed from the waiting list. If your information is false you will not be allowed to resubmit your application. If your application has inaccuracies you may be allowed to resubmit.

**Holding Deposit procedure:** If you are notified of an apartment's availability, you may choose to pay a holding deposit of \$250 for the apartment. Once you pay the holding deposit amount, and sign a Holding Deposit Agreement, you will be the only applicant considered for that apartment. If you place a hold on an apartment, and fail to submit a complete application or decide more than 3 days later (for any reason) that you no longer want the apartment, we may retain all or a portion of your holding deposit. If you have submitted a complete application is denied, you will receive a full refund of your holding deposit. If you choose not to place a holding deposit on an available apartment, it will continue to be marketed and it will go to the first applicant that meets our rental criteria guidelines, completes and gets certified through the LIHTC Section 42 process, pays the complete security deposit, first month's rent plus any additional fees, and signs the lease and addenda. Once your application is approved, you can sign a Holding Deposit Agreement and place a \$250 holding deposit on the apartment or sign a lease. However, if after 72 hours you decide not to move into the apartment, we will retain all or a portion of your holding deposit.

Thank You

Shadows Apartments





1949 Los Feliz Drive, Thousand Oaks, CA 91362

# **INCOME LIMITS 2013**

#### EFFECTIVE 1 DECEMBER 2012

# of People In Household	50%	60%	140%
1	31,950	38,340	53,676
2	36,500	43,800	61,320
3	41,050	49,260	68,964
4	45,600	54,720	76,608
5	49,250	59,100	82,740
6	52,900	63,480	88,872

If your combined household income is above the 60% for the number of people in your household you will not qualify to apply for an apartment here at Shadows Apartments.

For example if your household is comprised of two adults and 2 children you have a total of 4 household members. And you must make \$54,720.00 or below to apply for an apartment here at Shadows Apartments. In this example if your combined household income is \$54,720.01 or above you will not qualify to apply here at Shadows Apartments.



# APPLICATION

Each person 18 years or older must complete this form.

Two (2) applications are provided. If you need more applications, please make more copies from one of the applications provided.

# HELPFUL HINT(S)

## WE NEED TO KNOW WHERE YOU HAVE LIVED FOR THE LAST 5 YEARS

You must provide five (5) years of resident history. Where have you lived in the last five years? If you lived at home and paid no rent please also provide this. If you lived out of the country also provide your address where you lived.

## **COMPLETE ADDRESSES**

You must provide a complete address. If we cannot verify and get a verification of your previous rental history, you may not be able to rent one of our apartments.

### **CORRECT DATES**

When you have to provide dates for when you rented or where you worked, make sure you provide complete dates using Month, Day and Year format.

CORRECT: 3/6/2012 or March 6, 2012 or 3/6/12.

NOT ACCEPTABLE 3/12, or March 2012, or 2012.

## **INCOME SOURCES AND WORK HISTORY**

Please provide all sources of income you currently have. Your income from ALL sources.

If you are employed please provide the complete address and phone number for source of income. We need to be able to verify where you work

PLEASE FILL OUT APPLICATION IN **BLUE** OR **BLACK** INK

**NO WHITE OUT**. ANY APPLICATIONS WITH WHITE OUT WILL BE RETURNED AS INCOMPLETE.

ANY APPLICATIONS NOT COMPLETELY FILLED OUT WILL BE RETURNED AS INCOMPLETE.

# **APPLICATION AND OFFER TO RENT/LEASE REAL PROPERTY**

Managed by: WESPAC MANAGEMENT GROUP, LLC

Rental Agent:

Phone (805) 379-0461 FAX (805) 379-4322

The Property							
SHADOWS	BLD #		LOS FELIZ DRIVE		APT #		
APARTMENTS	DLD #		LOS FELIZ DRIVE				
		THOUSA	ND OAKS	CALIFORNIA		91362	
RENTAL RATE: PER	CABLE		SECURITY DEPOSIT:		INTE STAR	NDED IT DATE:	

#### **Instructions to Applicant:**

**Use black ink**: Except for your signature, all information in this Application must be PRINTED in a clear and legible manner. One Application must be filled out ENTIRELY and COMPLETELY by each intended adult occupant. Each Applicant must show satisfactory identification to manager at the time this Application is submitted for processing. NO WHITE OUT.

( )						( )						
	HOME PHO	NE				、 /		WORK P	HONE			
APPLICANT'S PE	RSONAI	. DA	TA									
FULL NAME: FIRST-MIDDLE-LAST-	GENERATION			SOC	CIAL	SECURITY	DRIV	ERS LIC	ENSE	STATE	BIR	TH DATE
ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:							EMA	IL ADDR	ESS:			
<b>OTHER PERSONS</b>	то ос	CUP	Y TH	1E	P	ROPER	TY					
Full name	Re	ationship	)			A	ge			Occu	patior	1
RESIDENCE HISTORY (List												
STREET ADDRESS	CIT	r s	TATE	ZIF	>	DATE IN	\$REN	T/MO	LAND	LORD NAM	E ANI	D PHONE
1												
2												
3												
4												
<b>EMPLOYMENT / INCOME SO</b>	<b>DURCE</b> (List	ALL SC	DURCE	S O	FIN	NCOME) fo	r past	5 years	s, start w	ith most c	urrer	nt.
NAME: CO. STREET A	NAME: CO. STREET ADDRESS CITY			PHONE			ION OR PATION	START DA	<b>ATE</b>	MONTHLY WAGE		
1 PLEASE ANSWER Q ATTACHED SHEET	UESTION O	N										

# **BANKING INFORMATION**

BANK OR S& L NAME	BRANCH	PHONE	ACCOUNT NUMBER	DATE OPENED	PRESENT BALANCE

#### PERSONAL REFERENCES (NOT RELATED)

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

#### **NEAREST RELATIVE (NOT LIVING WITH YOU)**

	MIIII 100)		
FULL NAME	RELATIONSHIP	ADDRESS	PHONE

#### IN CASE OF EMERGENCY NOTIFY

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

### **AUTOMOBILES**

MAKE	MODEL	YEAR	LICENSE NUMBER	INSURANCE CO.

#### ACTIVE CREDIT ACCOUNTS

CREDITOR	YR OPENED	CREDITOR	YR OPENED

	Yes No		
DO YOU RECEIVE SEC 8 OR ANY OTHER RENTAL ASSISTANCE?			
HAS ANY CIVIL JUDGMENT BEEN ENTERED AGAINST YOU FOR THE COLLECTION OF A DEBT IN THE PAST 10 YEARS?			
DO YOU HAVE OR INTEND TO HAVE WATER FILLED FURNITURE IN THE RENTAL UNIT?			
DO YOU HAVE OR INTEND TO HAVE ANY PETS IN THE RENTAL UNIT?			
HAVE YOU FILED FOR BANKRUPTCY IN THE PAST 10 YEARS?			
HAVE YOU EVER BEEN EVICTED OR REFUSED TO PAY RENT FOR ANY REASON?			
HAVE YOU OR DO YOU INTED TO, POSSESS, SELL OR USE ILLICIT DRUGS OR NARCOTICS IN OR ABOUT YOUR RESIDENCE?			
HAVE YOU EVER BEEN ARRESTED FOR A FELONY OR CONVICTED FOR A MISDEMEANOR?			
HAVE YOU EVER HAD FAMILY ASSISTANCE OR TENANCY TERMINATED DUE TO FRAUD, NONPAYMENT OF RENT OR FAILURE TO COOPERATE WITH RECERTIFICATION PROCEDURES?			
IF ANY QUESTIONS ABOVE HAS BEEN ANSWERED "YES", PLEASE EXPLAIN:			
HOW DID YOU HEAR OF THIS VACANCY? IF ACCEPTED HOW LONG DO YOU EXPECT TO STAY	<i>'</i> ?		

The undersigned Applicant hereby offers to rent/lease real property described herein as THE PROPERTY. Applicant has no rights to said property until a Rental Agreement/Lease is duly executed after the approval of this Application. A non-refundable credit check fee of \$30.00 to process this Application will be given by Applicant to the manager when this Application is turned in for processing.

Applicant represents all information in this Application to be true and accurate and authorizes owner/manager and his/her/it's employees and agents to verify said information in person, by mail, phone, fax, or otherwise, to determine Applicant's rental, credit, financial and character standing. Applicant hereby releases owner/manager, his/her/it's employees and agents, The U.D. Registry, Inc., its employees and agents and any and all other firms or persons investigating or supplying information, from any liability whatsoever concerning the release and/or use of said information and further, will defend and hold them all harmless from any suit or reprisal whatsoever. All holders, public and private, of any such information are hereby authorized to release, without reservation or limitation, any and all such information they have concerning Applicant and in so doing, will be acting on Applicant's behalf at Applicant's request and will be held blameless and without any liability whatsoever. A copy, fax, or other reproduction of this Authorization shall be as effective as the original.

Date

**Applicant Signature** 



# **EMPLOYMENT VERIFICATION**

# LIST 5 YEARS OF EMPLOYMENT HISTORY. We need the following information on who will verify your employment. For current employment, please provide fax number for your HR department or management who will complete the Employment Verification sheet we submit.

### **Current Employer/Income Source:**

Name of Company/agency:		
	y:	
Position you hold in company/ager	ncy (if applicable):	
Start Date:	End date (if applicable):	
MM/DD/YYYY		MM/DD/YYYY
Amount per month you receive from	m this income source (Gross):	
If current job please fill out below:		
Name of Person who will fill out th	ne Verification of Employment:	
	Phone Number:	
	Email Address:	
Employer/Income source:		
Name of Company/agency:		
Full Address of Company or agenc	y:	
Position you hold in company/ager	(16 - 111)	
Start Date:	End date (if applicable):	
MM/DD/YYYY		MM/DD/YYYY
Amount per month you receive from	m this income source (Gross):	
If current job please fill out below:		
Name of Person who will fill out th	ne Verification of Employment:	
Job Title:	Phone Number:	
Fax Number:	Email Address:	
Employer/Income source:		
Name of Company/agency:		
Full Address of Company or agenc	y:	
Position you hold in company/ager	ncy (if applicable):	
Start Date:	End date (if applicable):	
	m this income source (Gross):	
If current job please fill out below:		
Name of Person who will fill out the	ne Verification of Employment:	
Job Title:	Phone Number:	
Fax Number:	Email Address:	

# IF YOU REQUIRE MORE ENTRIES PLEASE MAKE A COPY OF THIS SHEET AND SUBMIT IT WITH YOUR APPLICATION

# APPLICATION AND OFFER TO RENT/LEASE REAL PROPERTY

Managed by: WESPAC MANAGEMENT GROUP, LLC

Rental Agent:

Phone (805) 379-0461 FAX (805) 379-4322

The Property								
SHADOWS	BLD #		LOS FELIZ DRI		APT #			
APARTMENTS	BLD #		LUS FELIZ DRI	VE				
		THOUSA	AND OAKS	CALIFORNIA		91362		
RENTAL RATE: PER	CABLE		SECURITY DEPOSIT:		INTEI STAR	NDED RT DATE:		

#### **Instructions to Applicant:**

YOU HAVE BEEN KNOWN:

Use black ink: Except for your signature, all information in this Application must be PRINTED in a clear and legible manner. One Application must be filled out ENTIRELY and COMPLETELY by each intended adult occupant. Each Applicant must show satisfactory identification to manager at the time this Application is submitted for processing. NO WHITE OUT.

(		· (	)
	. ,	HOME PHONE	

\_\_\_\_\_

WORK PHONE

#### APPLICANT'S PERSONAL DATA

FULL NAME: FIRST-MIDDLE-LAST-GENERATION	SOCIAL SECURITY	DRIVERS LICENSE	STATE	BIRTH DATE
		EMAIL ADDRESS:		

# OTHER PERSONS TO OCCUPY THE PROPERTY

Full name	Relationship	Age	Occupation

#### **RESIDENCE HISTORY** (List ALL residences for at least past 5 years)

	0010001	or at road	, paor o							
STREET ADDRESS	CITY	STATE	ZIP	DATE IN	\$RENT/MO	LANDLORD NAME AND PHONE				
1										
2										
3										
4										

EMPLOYMENT / INCOME SOURCE (List ALL SOURCES OF INCOME) for past 5 years, start with most current.

NAME: CO. STREET ADDRESS	CITY	PHONE	POSITION OR OCCUPATION	START DATE	MONTHLY WAGE
2 PLEASE ANSWER QUESTION ON ATTACHED SHEET					

### **BANKING INFORMATION**

BANK OR S& L NAME	BRANCH	PHONE	ACCOUNT NUMBER	DATE OPENED	PRESENT BALANCE

#### PERSONAL REFERENCES (NOT RELATED)

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

#### **NEAREST RELATIVE (NOT LIVING WITH YOU)**

FULL NAME	RELATIONSHIP	ADDRESS	PHONE					

#### IN CASE OF EMERGENCY NOTIFY

FULL NAME	RELATIONSHIP	ADDRESS	PHONE

### **AUTOMOBILES**

MAKE	MODEL	YEAR	LICENSE NUMBER	INSURANCE CO.

#### ACTIVE CREDIT ACCOUNTS

CREDITOR	YR OPENED	CREDITOR	YR OPENED
GREBHOR	Intelleb	GREDHOR	

	Yes No	
DO YOU RECEIVE SEC 8 OR ANY OTHER RENTAL ASSISTANCE?		
HAS ANY CIVIL JUDGMENT BEEN ENTERED AGAINST YOU FOR THE COLLECTION OF A DEBT IN THE PAST 10 YEARS?		
DO YOU HAVE OR INTEND TO HAVE WATER FILLED FURNITURE IN THE RENTAL UNIT?		
DO YOU HAVE OR INTEND TO HAVE ANY PETS IN THE RENTAL UNIT?		
HAVE YOU FILED FOR BANKRUPTCY IN THE PAST 10 YEARS?		
HAVE YOU EVER BEEN EVICTED OR REFUSED TO PAY RENT FOR ANY REASON?		
HAVE YOU OR DO YOU INTED TO, POSSESS, SELL OR USE ILLICIT DRUGS OR NARCOTICS IN OR ABOUT YOUR RESIDENCE?		
HAVE YOU EVER BEEN ARRESTED FOR A FELONY OR CONVICTED FOR A MISDEMEANOR?		
HAVE YOU EVER HAD FAMILY ASSISTANCE OR TENANCY TERMINATED DUE TO FRAUD, NONPAYMENT OF RENT OR FAILURE TO COOPERATE WITH RECERTIFICATION PROCEDURES?		
IF ANY QUESTIONS ABOVE HAS BEEN ANSWERED "YES", PLEASE EXPLAIN:		
HOW DID YOU HEAR OF THIS VACANCY? IF ACCEPTED HOW LONG DO YOU EXPECT TO STAY	?	

The undersigned Applicant hereby offers to rent/lease real property described herein as THE PROPERTY. Applicant has no rights to said property until a Rental Agreement/Lease is duly executed after the approval of this Application. A non-refundable credit check fee of \$30.00 to process this Application will be given by Applicant to the manager when this Application is turned in for processing.

Applicant represents all information in this Application to be true and accurate and authorizes owner/manager and his/her/it's employees and agents to verify said information in person, by mail, phone, fax, or otherwise, to determine Applicant's rental, credit, financial and character standing. Applicant hereby releases owner/manager, his/her/it's employees and agents, The U.D. Registry, Inc., its employees and agents and any and all other firms or persons investigating or supplying information, from any liability whatsoever concerning the release and/or use of said information and further, will defend and hold them all harmless from any suit or reprisal whatsoever. All holders, public and private, of any such information are hereby authorized to release, without reservation or limitation, any and all such information they have concerning Applicant and in so doing, will be acting on Applicant's behalf at Applicant's request and will be held blameless and without any liability whatsoever. A copy, fax, or other reproduction of this Authorization shall be as effective as the original.

Date

**Applicant Signature** 



# **EMPLOYMENT VERIFICATION**

# LIST 5 YEARS OF EMPLOYMENT HISTORY. We need the following information on who will verify your employment. For current employment, please provide fax number for your HR department or management who will complete the Employment Verification sheet we submit.

### **Current Employer/Income Source:**

Name of Company/agency:			
	су:		
Position you hold in company/age	ncy (if applicable):		
Start Date:	End date (if applicable):		
MM/DD/YYYY		MM/DD/YYYY	
Amount per month you receive fro	om this income source (Gross):		
If current job please fill out below			
Name of Person who will fill out t	he Verification of Employment:		
	Phone Number:		
	Email Address:		
Employer/Income source:			
Name of Company/agency:			
Full Address of Company or agen			
Position you hold in company/age	ncy (if applicable):		
Start Date:	End date (if applicable):		
MM/DD/YYYY		MM/DD/YYYY	
Amount per month you receive fro	om this income source (Gross):		
If current job please fill out below	:		
Name of Person who will fill out t	he Verification of Employment:		
ob Title:Phone Number:			
Fax Number:	Email Address:		
Employer/Income source:			
Name of Company/agency:			
	су:		
Position you hold in company/age	ncy (if applicable):		
Start Date:	End date (if applicable):		
MM/DD/YYYY		MM/DD/YYYY	
Amount per month you receive fro	om this income source (Gross):		
If current job please fill out below	:		
Name of Person who will fill out t	he Verification of Employment:		
Job Title:			
Fax Number:	Email Address:		

# IF YOU REQUIRE MORE ENTRIES PLEASE MAKE A COPY OF THIS SHEET AND SUBMIT IT WITH YOUR APPLICATION

# **CHILDREN/DEPENDENT(S)**

Only one of these forms needs to be completed per Household.



1949 Los Feliz Drive, Thousand Oaks, CA 91362

# CHILDREN/DEPENDENT(s)

Dear Applicant,

We will require that you provide the following information for your children/dependent(s):

Name:	SSN#	DOB:
Name:		
Name:	SSN#	DOB:
Name:	SSN#	DOB:
Name:	SSN#	DOB:

This information is required in order to complete the LIHTC applications. If your child does not have a social security number, please enter "N/A" as this will let us know, and we will not have to bother you later to verify if they do or do not.

Only provide the information for the children/dependent(s) that are going to live with you at least 50% of the year.

Thank you,

Cali Delgado Resident Manager Shadows Apartments



# APPLICATION PROCESSING FEE RECEIPT

Each person 18 years or older must write their name and sign this form.

### HELPFUL HINT(S)

Please make sure that your application fee is a money order or cashier's check. Cash is not accepted. You can go to the post office for a money order. Please make the cashier's check or money order payable to WESPAC MANAGEMENT GROUP.

The application fee is to run credit on each person over 18, so if you have 2 adults your total would be \$60.00.

2 adults x \$30.00 = \$60.00 Total Application fee due



1949 Los Feliz Drive, Thousand Oaks, CA 91362

(805) 379-0461 FAX (805) 379-4322

# **APPLICATION PROCESSING FEE RECEIPT**

I/we hereby authorize management to verify the information contained in my Application and to obtain credit information. I/we understand that I/we have a right to obtain a copy of my/our credit report(s). I/we acknowledge that the application processing fee is \$30.00 per applicant. I/we understand that the costs associated with processing each application are as follows:

Credit Report obtained from Agency:	\$21.00
Management staff required to verify information:	\$ 9.00
Total Application Processing Fee per Application:	\$30.00

Number of Applications: \_\_\_\_\_ T

Total Applications Processing Fee Collected:

Applicant Name

Signature

Applicant Name

Signature

Applicant Name

Signature

Applicant Name

Signature

# **RESIDENT INFORMATION**

#### **Shadows Apartments**

1901 – 1989 Los Feliz Drive Thousand Oaks, CA 91362 (805) 379-0461 (805) 379-4322 Fax (805) 807-3111 Emergency On-call number <u>SHADOWSAPARTMENTS@VERIZON.NET</u> Email Address

The Staff of "The Shadows Apartments" would like to take this opportunity to welcome you to our community. We understand that moving into a new area can be difficult, so we have put together some useful information to make your transition easier.

Your new address: 19\_\_\_\_ Los Feliz Drive, Unit # \_\_\_\_\_, Thousand Oaks, CA 91362.

Checks should be made payable to: SHADOWS APARTMENTS

Office Hour	•s∙ Monda	v.	9 am to 5 pm	LAUNDRY R	OOM &
	Tuesda		9 am to 5 pm	POOL/SPA H	OURS:
	Wedne	2	9 am to 2 pm	MON – SUN	8 AM TO 10 PM
	Thursd	•	9 am to 5 pm		
	Friday	•	9 am to 5 pm		
	Saturda		By appointment		
	Sunday	•	By appointment		
Utilities:	Sunday	<i>.</i>	By appointment		
O unities.	Talanh	one V	erizon		(800) 483 4000
			outhern California Edison Co		
			Varner Cable		
	Cable -	- I IIIIC V			(888) 892-2233
Emergency	Numbers				
Entergency					911 or 654-9511
	T UNCC.		Non-Emergency		
	Fire De	anartmar	nt		
		partition	Non-Emergency		
	ΙΛΡ	egional	Poison Control Center		
	L.A. K	cgionar			(800) 870-4700
General Inf	ormation.				
	pital -	Los Ro	bles Regional Medical Center		
1105	Pitui		est Janss Road		
			and Oaks, CA		497-2727
Libr	arv-		ast Janss Road		197 2727
	ury		and Oaks, CA		497-6282
Post	Office -		ast Thousand Oaks Boulevard		197 0202
1050	onice		and Oaks, CA		(800) 275-8777
DM	V-		ast Avenida de Los Arboles		(000) 215 0111
	•		and Oaks, CA		493-2851
Schools:		1110456			195 2051
	eio Vallev	School I	District		497-9511
			RY Grades K-6		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					495-7058
2011			hool Road Thousand Oaks, CA		
PUF			ATE Grades 7-8		
101			diate		495-7429
			Drive Thousand Oaks, CA		
HIG	H SCHOO				
			School		497-6711
			eview Canyon Road Westlake, CA		.,, 0,11
	100110		e i e i canyon roud i estake, er	-	

# TENANT INCOME CERTIFICATION QUESTIONAIRE (TICQ)

Each person 18 years or older must complete this form.

Two (2) applications are provided. If you need more applications, please make more copies from one of the applications.

## **HELPFUL HINT(S)**

Never leave any question unanswered. All questions MUST be marked either YES or NO. If a question is unanswered, your package will be considered incomplete and returned to you.

Please remember PRINT YOUR NAME and SIGN the application. Also write the date you signed your application.

# **TENANT INCOME CERTIFICATION QUESTIONNAIRE** One Form per Adult Member of the Household

Name:	ber: ( )					
	Initial (	Certification BIN #				
	Re-certification					
	Other	Unit #				
	e Inform	ation	Mandala			
Yes 1. □	No □	I am self-employed. (List nature of self-employment)	Monthly gross Income (Net income from business)			
			\$			
2. 🗆		I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or				
2.0		other compensation: List the businesses and/or companies that pay you:				
		Name of Employer				
		1)	\$			
		2)	\$			
		3)	\$			
			φ			
3.□		I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.				
			\$			
4.□		I receive unemployment benefits.				
			\$			
5. 🗆		I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.				
			\$			
6.□		I receive periodic social security payments.				
			\$			
<b>7.</b> □		The household receives <u>unearned</u> income from family members age 17 or under (example:				
		Social Security, Trust Fund disbursements, etc.).	\$			
8.□		I receive Supplemental Security Income (SSI).				
			\$			
9.□		I receive disability or death benefits other than Social Security.				
			\$			
10.□		I receive Public Assistance Income (examples: TANF, AFDC)				
			\$			
11.□		I am entitled to receive child support payments.	\$			
		I am currently receiving child support payments.	\$			
		If yes, from how many persons do you receive support?				
		I am/are currently making efforts to collect child support owed to me. List efforts being made				
_	_	to collect child support:				
12.□		I receive alimony/spousal support payments				
			\$			
13.□		I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions,				
		insurance policies, or lottery winnings.	\$			
		If yes, list sources: 1)	\$			
		2) I receive income from real or personal property.				
14.□		I receive income from real or personal property.	(Net earned income)			
			\$			
15.□		Student financial aid (public or private, not including student loans)				
		subtract cost of tuition from Aid received	\$			
		*For Households receiving Section 8 Assistance only				

#### Asset information

Yes	i <b>nform</b> a No		Interest Rate	Cash Value
16.0		I have a checking account(s). If yes, list bank(s)		
		1)	%	\$
		2)	%	\$
17.□		I have a savings account(s)		
		If yes, list bank(s)		
		1)	%	\$
		2)	%	\$
18.□		I have a revocable trust(s)		
		If yes, list bank(s) 1)	%	\$
19.🗆		I own real estate.		
		If yes, provide description:		\$
20.□		I own stocks, bonds, or Treasury Bills		
		If yes, list sources/bank names		
		1)	%	\$
		2)	%	\$
		3)	%	\$
21.□		I have Certificates of Deposit (CD) or Money Market Account(s).		
		If yes, list sources/bank names		
		1)	%	\$
		2)	%	\$
		3)	%	\$
22.□		I have an IRA/Lump Sum Pension/Keogh Account/401K.		
		If yes, list bank(s)		
		1)	%	\$
		2)	%	\$
23.□		I have a whole life insurance policy.		
		If yes, how many policies		\$
24.□		I have cash on hand.		
				\$
25.□		I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years		
		the fair market value in the past 2 years. If yes, list items and date disposed:		
		1)		\$
		2)		\$
		<i>~)</i>		

nt Statu	IS
No	
	Does the household consist of persons who are all <u>full-time</u> students (Examples: College/University, trade school, etc.)?
	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
	Does your household anticipate becoming a full-time student household in the next 12 months?
	If you answered yes to either of the previous two questions are you:
	Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)
	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
	Married and filing a joint tax return
	Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
	Previously enrolled in the Forster Care Program
	nt Statu No

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

DATE

# **TENANT INCOME CERTIFICATION QUESTIONNAIRE** One Form per Adult Member of the Household

Name:	

Initial Certification

**Re-certification** 

Other

Telephone Number: ( )

BIN#\_

Unit #\_

#### **Income Information**

Yes	No		Monthly gross Income
1. 🗆		I am self-employed. (List nature of self-employment)	(Net income from business)
			\$
			*
2. 🗆		I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:	
		Such compensation. East the businesses and/or companies that pay you.	
		Name of Employer	
		1)	\$
		2)	\$
			Ψ
		3)	\$
		I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from	
3.□		I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	
		persons not nying with me.	\$
4.□		I receive unemployment benefits.	
		1 5	\$
			۵ <u></u>
5.□		I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	
			\$
6.□		I receive periodic social security payments.	
	_		\$
			۵ <u></u>
7.□		The household receives <u>unearned</u> income from family members age 17 or under (example:	
		Social Security, Trust Fund disbursements, etc.).	\$
8.□		I receive Supplemental Security Income (SSI).	
	-		¢
			\$
9.□		I receive disability or death benefits other than Social Security.	
			\$
10.□		I receive Public Assistance Income (examples: TANF, AFDC)	
	_		\$
			\$
11.□		I am entitled to receive child support payments.	\$
		I am currently receiving child support payments.	\$
		If yes, from how many persons do you receive support?	
_	_	I am/are currently making efforts to collect child support owed to me. List efforts being made	
		to collect child support:	
12.□		I receive alimony/spousal support payments	
			\$
12 🗆		I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions,	
13.□			
		insurance policies, or lottery winnings.	\$
		If yes, list sources: 1)	\$
		2)	
14.□		I receive income from real or personal property.	(Net earned income)
14.	Ш	receive meanic nom real or personal property.	
			\$
15.□		Student financial aid (public or private, not including student loans)	
		subtract cost of tuition from Aid received	\$
		*For Households receiving Section 8 Assistance only	

#### Asset information

	informa	ation	• · · • • ·	<b>•</b> • • • •
Yes	No		Interest Rate	Cash Value
<b>16.</b> □		I have a checking account(s). If yes, list bank(s)		
		1)	%	\$
		2)	%	\$
17.□		I have a savings account(s)		
		If yes, list bank(s)		
		1)	%	\$
		2)	%	\$
18.□		I have a revocable trust(s)		
		If yes, list bank(s) 1)	%	\$
19.□		I own real estate.		
		If yes, provide description:		\$
20.□		I own stocks, bonds, or Treasury Bills		
		If yes, list sources/bank names		
		1)	%	\$
		2)	%	\$
		3)	%	\$
21.□		I have Certificates of Deposit (CD) or Money Market Account(s).		
	-	If yes, list sources/bank names		
		1)	%	\$
		2)	%	\$
		3)	%	\$
22.□		I have an IRA/Lump Sum Pension/Keogh Account/401K.	/	*
22.0		If yes, list bank(s)		
		1)	%	\$
		2)	%	\$ \$
22 🗆		I have a whole life insurance policy.	70	۵
23.□				¢
		If yes, how many policies		\$
24.□		I have cash on hand.		
				\$
25.□		I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years.		
		If yes, list items and date disposed:		
		1)		\$
		2)		\$

Stude	ent Statu	IS
Yes	No	
		Does the household consist of persons who are all <u>full-time</u> students (Examples: College/University, trade school, etc.)?
		Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
		Does your household anticipate becoming a full-time student household in the next 12 months?
		If you answered yes to either of the previous two questions are you:
		Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)
		• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
		Married and filing a joint tax return
		Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual
		Previously enrolled in the Forster Care Program

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

DATE

# PAY CHECK STUBS AND TAX RETURNS

We need copies of your most recent pay stubs. We need **3 consecutive months** of pay stubs.

CORRECT (January, February & March)

NOT CORRECT (November, January, March)

We need copies of each paycheck you receive in these consecutive months.

## HOW ARE YOU PAID?

Each week If you are paid each week, we will need a minimum of 12 pay stubs

**Every 2 weeks** If you are paid every 2 weeks, we will need a minimum of **6 pay stubs** 

**Every month** If you are paid every month, we will need a minimum of **3 stubs** 

# PLEASE PUT THEM IN DATE ORDER

## TAX RETURN

We need a copy of your tax return W2/1099 of your most recent year.

# CHILD SUPPORT QUESTIONNAIRE

Each person 18 years or older must complete this form. Even if you have NO children, you must still complete this form.

Two (2) applications are provided. If you need more questionnaires, please make more copies from one of the applications.

## **HELPFUL HINT(S)**

## NO CHILDREN OR NOT RECEIVING CHILD SUPPORT?

If you have no children or do not receive child support, answer questions A and C1 and sign and date the form.

## DO YOU RECEIVE CHILD SUPPORT?

Please fill out this form COMPLETELY and sign and date the form.

# CHILD SUPPORT AFFIDAVIT

Applicant/Resident Name:

Development Name:

Shadows Apartments

Unit number/Identification:

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A.	Do y	ou receive c	hild support?		Yes Go to B	No Go to C.1		
B.	I rec	eive:						
	1.	Payment a	mount \$					
	2.	Frequency						
	3.	Name(s) of	f Child(ren)					
	4.	Name of se						
<i>Complete multiple affidavit forms if there are multiple sources.</i> <b>5.</b> Go to C.1								
	5.	Go to C.1						
C.	1.	Have you	been awarded child support by c	ourt order?	Yes Go to C.2	No Sign Form		
		<b>D</b>			0010 0.2	Sign Form		
	2.		opy of entire document, enter amo					
		\$	, and frequency		; go to C.3.			
	3.	Is paymen	t being received as awarded?		Yes Go to 3.a	No Go to 3.b		
		a. Indica	n form.					
		i	Enforcement agency	Name agency and provide a	gency print out			
		ii.	Court of Law	Name court				
			<b>Direct from responsible pa</b> Provide affidavit or statemer	rty Name so nt from the source.	purce			
		iv.	<b>Other</b> (Explain)	•				
		<ul> <li>b. If payment not received or if amount received is less than amount awarded provide and documentation of collection efforts.</li> </ul>						
of n	ny kno	wledge. The	ry, I certify that the information pre e undersigned further understands the misleading or incomplete informat	hat providing false rep	presentations herei	n constitutes		
App	olicant	/Resident Sig	gnature	Date				

# CHILD SUPPORT SUPPLEMENTAL INFORMATION SELF AFFIDAVIT

Do you anticipate receiving Child Support in the next 12 m	onths?	Yes	_No
If No, please sign and date the bottom of the form.			
If Yes, please answer the following:			
What is the anticipated amount of Child Support you will b	e receiving:		
Was this amount authorized by a courtYesY	No		

If Yes, please provide a copy of the agreement or court order.

If this amount was made as a personal agreement between you and the other parent please provide the name, address and phone number of the other parent or party making the payment.

NAME:	
ADDRESS:	
PHONE:	
Are you owed Child Support in Arrears? Yes	No
If yes, how much in arrears are you owed?	
Are you expecting this amount in one lump sum?Yes	No
If no, how much per month will be disbursed:	
Comments:	

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

# CHILD SUPPORT AFFIDAVIT

Applicant/Resident Name:

Development Name:

Shadows Apartments

Unit number/Identification:

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A.	Do y	ou receive c	hild support?		Yes Go to B	No Go to C.1		
B.	I rec	eive:						
	1.	Payment a	mount \$					
	2.	Frequency						
	3.	Name(s) of	f Child(ren)					
	4.	Name of se						
<i>Complete multiple affidavit forms if there are multiple sources.</i> <b>5.</b> Go to C.1								
	5.	Go to C.1						
C.	1.	Have you	been awarded child support by c	ourt order?	Yes Go to C.2	No Sign Form		
		<b>D</b>			0010 0.2	Sign Form		
	2.		opy of entire document, enter amo					
		\$	, and frequency		; go to C.3.			
	3.	Is paymen	t being received as awarded?		Yes Go to 3.a	No Go to 3.b		
		a. Indica	n form.					
		i	Enforcement agency	Name agency and provide a	gency print out			
		ii.	Court of Law	Name court				
			<b>Direct from responsible pa</b> Provide affidavit or statemer	rty Name so nt from the source.	purce			
		iv.	<b>Other</b> (Explain)	•				
		<ul> <li>b. If payment not received or if amount received is less than amount awarded provide and documentation of collection efforts.</li> </ul>						
of n	ny kno	wledge. The	ry, I certify that the information pre e undersigned further understands the misleading or incomplete informat	hat providing false rep	presentations herei	n constitutes		
App	olicant	/Resident Sig	gnature	Date				

# CHILD SUPPORT SUPPLEMENTAL INFORMATION SELF AFFIDAVIT

Do you anticipate receiving Child Support in the next 12 m	onths?	Yes	_No
If No, please sign and date the bottom of the form.			
If Yes, please answer the following:			
What is the anticipated amount of Child Support you will b	e receiving:		
Was this amount authorized by a courtYesY	No		

If Yes, please provide a copy of the agreement or court order.

If this amount was made as a personal agreement between you and the other parent please provide the name, address and phone number of the other parent or party making the payment.

NAME:	
ADDRESS:	
PHONE:	
Are you owed Child Support in Arrears? Yes	No
If yes, how much in arrears are you owed?	
Are you expecting this amount in one lump sum?Yes	No
If no, how much per month will be disbursed:	
Comments:	

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

# UNDER \$5,000 ASSET CERTIFICATION

Each person 18 years or older must complete this form.

Two (2) applications are provided. If you need more applications, please make more copies from one of the applications.

### **HELPFUL HINT(S)**

This form is **NOT** about your income you earn as a salary or your wages. This form is about income you make from your Investments/Assets.

ANNUAL INCOME SOURCE is income only from your investment, NOT your salary or wages.

For example:

You have \$4,000 in a savings account that earns 2% per year.

(A)

(B)

2%

(A\*B)

Interest Rate

SOURCE

Cash Value \$4,000

\$80.00

# Annual Income Source

Savings Account

Money people sometimes forget to put on form

Remember cash in hand ( cash under a mattress, in a shoe box, in your pocket) is an asset and should be noted on this form.

If you are saving money for your security deposit, this amount should also be noted on this form.

# **UNDER \$5,000 ASSET CERTIFICATION**

For households whose <u>combined</u> net assets do not exceed \$49,99.99, complete one form for households with joint assets or one form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement (Joint) next to the applicable asset.

Household Name:

Unit No.

#### Development Name: Shadows Apartments, Thousand Oaks, California

#### **Complete the following:**

#### 1. Choose one:

□ I/we do not have any assets at this time. (*if this box is checked, draw a line through the asset information below, place a zero in #3 sign and date*) OR

My/our assets include:

(Please complete fully. Put a zero in any columns that do not apply)

(A) Cash Value*	(B) Int. Rate	(A*B) Annual	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual	Source
vulue	Itute	Income				Income	
\$		\$	Savings Account	\$		\$	Checking Account
\$		\$	Cash on Hand	\$		\$	Safety Deposit Box
\$		\$	Certificates of Deposit	\$		\$	Money market funds
\$		\$	Stocks	\$		\$	Bonds
\$		\$	IRA Accounts	\$		\$	401K Accounts
\$		\$	Keogh Accounts	\$		\$	Trust Funds
\$		\$	Equity in real estate	\$		\$	Land Contracts
\$		\$	Lump Sum Receipts	\$		\$	Capital investments
\$		\$	Life Insurance Policies (excl	uding Term):	I	I	
\$		\$	Other Retirement/Pension Fu	ands not named above:			
\$		\$	Personal property held as an	investment** :			
\$		\$	Other (list):				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you, include only those amounts which are. \*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

- 2. I/we have <u>not</u> sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
  - OR

Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$\_\_\_\_\_(\*the difference between FMV and the amount received, for each asset on which this occurred).

3. Please complete: The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income (add all annual income columns) from the net family assets is \$\_\_\_\_\_\_. This amount is included in total gross annual income.

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

Applicant
-----------

Applicant

# **UNDER \$5,000 ASSET CERTIFICATION**

For households whose <u>combined</u> net assets do not exceed \$49,99.99, complete one form for households with joint assets or one form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement (Joint) next to the applicable asset.

Household Name:

Unit No.

#### Development Name: Shadows Apartments, Thousand Oaks, California

#### **Complete the following:**

#### 1. Choose one:

□ I/we do not have any assets at this time. (*if this box is checked, draw a line through the asset information below, place a zero in #3 sign and date*) OR

My/our assets include:

(Please complete fully. Put a zero in any columns that do not apply)

(A) Cash	(B) Int.	(A*B) Annual	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual	Source
Value*	Rate	Income				Income	
\$		\$	Savings Account	\$		\$	Checking Account
\$		\$	Cash on Hand	\$		\$	Safety Deposit Box
\$		\$	Certificates of Deposit	\$		\$	Money market funds
\$		\$	Stocks	\$		\$	Bonds
\$		\$	IRA Accounts	\$		\$	401K Accounts
\$		\$	Keogh Accounts	\$		\$	Trust Funds
\$		\$	Equity in real estate	\$		\$	Land Contracts
\$		\$	Lump Sum Receipts	\$		\$	Capital investments
\$		\$	Life Insurance Policies (exclud	ing Term):	1	1	1
\$		\$	Other Retirement/Pension Fund	ls not named above:			
\$		\$	Personal property held as an in-	vestment** :			
\$		\$	Other (list):				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you, include only those amounts which <u>are</u>. \*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

- 2. I/we have <u>not</u> sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
  - OR

Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$\_\_\_\_\_(\*the difference between FMV and the amount received, for each asset on which this occurred).

3. Please complete: The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income (add all annual income columns) from the net family assets is \$\_\_\_\_\_\_. This amount is included in total gross annual income.

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

Applicant
-----------

Applicant

# FULL TIME STUDENT SELF AFFIDAVIT

Two (2) affidavits are provided. If you need more affidavits, please make more copies from one of the applications.

Each person 18 years or older must complete this form.

**Even if you are NOT a student, part time student, you must still complete this form.** This form is to be completed by each adult member of the household, regardless of whether you are a full time student, part time student or not a student at all.

HELPFUL HINT(S)

Are you NOT a student and over 18 years old?

You must still fill out this form.

Are you a PART TIME student and over 18 years old?

You must still fill out this form.

Are you FULL TIME student and over 18 years old?

You must fill out this form.

# FULL-TIME STUDENT SELF AFFIDAVIT

(One form to be complete per adult in Household)

Applicant / Resident Name:
YOU MUST READ THE FOLLOWING D
institution on a full-time basis, expects to be
out of the current calendar year.

1.

2.

3.

Unit #:

i		<u>FOLLOWING DEFINITION</u> : A <b>full-time student</b> is any individual who is currently enrolled in an educational sis, expects to be enrolled within the next 12 months, or has been enrolled on a full-time basis for at least 5 months year.
[	Initial Certification	Date of Expected Move-In:
[	Recertification	Effective Date:
Ι	am a Full-Time Student _	For Self- Declared Full-Time Students no Further Verification is Required Initial
I	am not a Student at all	No further Verification is Required. Initial
Ι	am a Part-Time Student _	Student Verification Form Required for All Part-Time Students. Initial
N	Jame of School:	
	Address of School:	
0	City, State, Zip:	Student ID#
	Theck all the student exception At least one member of the student exception of the student exce	esident – This section is only applicable if <u>ALL</u> household members are full-time students. tions that are applicable to your household (proof of the exception MUST be provided):* f the household receives assistance under title IV of the Social Security Act (for example, payments provide: A third-party verification of AFDC/TANF award required.)
3.	Training Partnership A	f the household is currently enrolled in a job training program that receives assistance under the Job act (JTPA) or is funded by a state or local public agency. <i>ification of enrollment &amp; mission statement of the program if not JTPA</i> )
2.		is a single parent with children and neither the parent nor the children are the dependent of another <i>wide:</i> A signed copy of most recent tax return.)
Э.		busehold are married and file a joint federal tax return. (Please provide: A signed copy of most te: this is the only exception to the full-time student rule for properties with tax-exempt bond
Ε.	Previously enrolled in the	e Foster Care Program
		are full-time students, and proof cannot be provided that the household is able to meet one of the above In the above household is not eligible to reside in a LIHTC unit.
т	articipate in this program.	nt immediately if my status changes. I understand that changes in my student status may affect my eligibility to I certify that the information given above is true and complete to the best of my knowledge. I understand that ing information is a breach of my lease and may be subject to criminal penalties.
p	roviding false or mislead	ig information is a breach of my lease and may be subject to erminiar penantes.

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_

(Signature of Notary Public)

(Commission Expires)

# FULL TIME STUDENT SUPPLEMENTAL INFORMATION SELF AFFIDAVIT

In the next twelve	(12) n	nonths	s do yo	u antic	cipate b	eing a	Full	Time S	Student	t?		Yes		No
If No, pl	lease	initial	then si	gn and	l date b	elow.								
If Yes: When do yo	ou ant	ticipat	e starti	ng sch	ool?	N	1M/D	D/YYY	Y	-				
Please circle which If you went to scho Calendar year.		•										•	thin this	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Please provide the	follov	wing:												
School Name:														
School Address: _														
_														
School Phone:														
Student ID:														
Comments:														

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

Applicant/Resident Signature

Date

# -TIME STUDENT SELF AFFIDAVIT

(One form to be complete per adult in Household)

	Applicant / Resident Name: _		Unit #:
			<b>t</b> is any individual who is currently enrolled in an educational hs, or has been enrolled on a full-time basis for at least 5 months
	Initial Certification	Date of Expected Move-In:	
	Recertification	Effective Date:	
4.	I am a Full-Time Student Init	For Self- Declared Full-Time Stud	lents no Further Verification is Required
5.	I am not a Student at all Initi	<b> No further Verification is Required.</b> al	
6.	I am a Part-Time Student Init	Student Verification Form Required for a final statement of the second st	or All Part-Time Students.

Name of School:	
Address of School:	
City, State, Zip:	Student ID#

Statement of Applicant/Resident - This section is only applicable if ALL household members are full-time students. Check all the student exceptions that are applicable to your household (proof of the exception MUST be provided):\*

- A. At least one member of the household receives assistance under title IV of the Social Security Act (for example, payments under AFDC). (Please provide: A third-party verification of AFDC/TANF award required.)
- B. At least one member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency. (Please provide: A verification of enrollment & mission statement of the program if not JTPA)
- C. The head of household is a single parent with children and neither the parent nor the children are the dependent of another individual. (Please provide: A signed copy of most recent tax return.)
- D. The members of the household are married and file a joint federal tax return. (Please provide: A signed copy of most recent tax return) (Note: this is the only exception to the full-time student rule for properties with tax-exempt bond financing.)
- Previously enrolled in the Foster Care Program E.

#### \*If all household members are full-time students, and proof cannot be provided that the household is able to meet one of the above mentioned exceptions, then the above household is not eligible to reside in a LIHTC unit.

I agree to notify management immediately if my status changes. I understand that changes in my student status may affect my eligibility to participate in this program. I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

(Applicant/Resident Signature)

(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 federal agency.

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_ \_\_\_\_\_, \_\_\_\_

(Signature of Notary Public)

(Commission Expires)

# FULL TIME STUDENT SUPPLEMENTAL INFORMATION SELF AFFIDAVIT

In the next twelve	e (12) r	nonths	s do yo	u antio	cipate b	eing a	Full	Time S	Studen	t?		_Yes		No
If No, I	please	initial	then si	ign and	d date b	elow.								
If Yes: When do y	you an	ticipat	e starti	ng sch	iool?	N	IM/D	D/YYY	Y	-				
Please circle whic If you went to sch Calendar year.													thin this	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Please provide the	e follo	wing:												
School Name:														
School Address:														
School Phone:														
Student ID:														
Comments:														

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

Applicant/Resident Signature

Date

# SINGLE PARENT FULL-TIME STUDENT SELF AFFIDAVIT

RE:	Applicant / Tenant Name	Social Security Number	Applicant / Tenant Address
Please	e check one of the following:		
	I the following:	, am a single parent ar	nd currently a full-time student. I certify
	• All dependent children in	my household are attending	g school on a full-time basis.
	• All children are being cla purposes.	imed by me, on a yearly bas	sis, as dependents for tax-filing
	• A copy of my most recent	t tax filing is found in the fi	le showing the dependent status.
	I the following:	, am a single parent an	d currently a full-time student. I certify
	• All dependent children in	my household are attending	g school on a full-time basis
	• Some or all of my childre	n are being claimed as a dep	pendent on the other parent's tax return

Under penalties of perjury, I certify the above representations to be true as of the date shown below. I further understand that any misrepresentation herein will be considered a material breach of the lease agreement and subject to immediate action, including the possibility of eviction.

Applicant / Tenant signature

Date

Date

Management Representative Signature

CA Tax Credit Allocation Committee July 2008

# TENANT RELEASE AND CONSENT

Each person 18 years or older must write their name and sign this form.

# **TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, 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, SHADOWS APARTMENTS, for purposes of verifying information as part of my/our apartment rental

application.

## **INFORMATION COVERED:**

I/we understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity,; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

# **GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:Past and Present EmployersWelfare AgenciesVeterans AdministrationsPrevious Landlords (includingState Unemployment AgenciesRetirement SystemsPublic Housing Agencies)Social Security AdministrationsBanks and other FinancialSupport and Alimony ProvidersMedical and Child Care ProvidersInstitutions

# CONDITIONS

I/We 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 a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that I/we can prove in incorrect.

#### SIGNATURES

Applicant/Resident	Print Name	Date	
Applicant/Resident	Print Name	Date	
Applicant/Resident	Print Name	Date	
Applicant/Resident	Print Name	Date	

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

# SUPPLEMENTAL INFORMATION FORM

One form per Household. Fill out the names of each household member.

If you do not want to provide information regarding your ethnicity, please check off the box at the bottom of the page and initial for each household member.

If you have anyone under the age of 18 please initial for them.

# PART IX. SUPPLEMENTAL INFORMATION FORM FOR NEW MOVE-IN'S

#### (To be completed only at Initial Move-in)

The California Tax Credit Allocation Committee (CTCAC) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the CTCAC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for each household member (see below for codes)

TENANT DEMOGRAPH	<b>IC PROFILE</b>
------------------	-------------------

HH			Middle			Disabled					
Mbr #	Last Name	First Name	Initial	Race	Ethnicity	(Y/N)					
1											
2											
3											
4											
5											
6											
7											

#### The Following Race Codes should be used:

- 1 White A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 Black/African American A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" apply to this category.
- 3 American Indian/Alaska Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 5 Native Hawaiian/Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Note: Multiple racial categories may be indicated as such: 31 American Indian/Alaska Native & White, 41 Asian & White, etc.

#### The Following Ethnicity Codes should be used:

- 1 Hispanic A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.
- 2 Not Hispanic A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

#### **Disability Status:**

Check "Y" if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

• A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment and other terms used, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\_fhr\_100=201.

- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

**Resident/Applicant:** I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials)							
(HH#)	1.	2.	3.	4.	5.	6.	7.