Mesa Artspace Lofts

Management Representative Name: ____________________________ Date: __________

Household Name ____________________________ # of occupants ________

Reported Annual Income $ ________________ Bedroom Size ________

Preference Point:
You or a member of your household is an artist, and would like to apply for the Artist Preference. □ YES □ NO

<table>
<thead>
<tr>
<th>Number of Bedrooms</th>
<th>Number of Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
</tr>
<tr>
<td>1 bedroom</td>
<td>1</td>
</tr>
<tr>
<td>2 bedroom</td>
<td>2</td>
</tr>
<tr>
<td>3 bedroom</td>
<td>3</td>
</tr>
</tbody>
</table>

ARIZONA LOW INCOME HOUSING TAX CREDIT PROGRAM - IMPUTED INCOMES/ALLOWABLE RENTS FOR RENTS BASED ON UNIT SIZE (Number of bedrooms: Post 1989 Projects)
(Figures derived from HUD Median Income Charts effective April 01, 2020)

<table>
<thead>
<tr>
<th>MSA/County</th>
<th>% (1 Person)</th>
<th>(2 Persons)</th>
<th>(3 Persons)</th>
<th>(4 Persons)</th>
<th>(5 Persons)</th>
<th>(6 Persons)</th>
<th>(7 Persons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phoenix</td>
<td>$32,700</td>
<td>$37,250</td>
<td>$42,050</td>
<td>$46,650</td>
<td>$51,450</td>
<td>$54,150</td>
<td>$57,000</td>
</tr>
<tr>
<td>Maricopa/Phoenix</td>
<td>$32,700</td>
<td>$37,250</td>
<td>$42,050</td>
<td>$46,650</td>
<td>$51,450</td>
<td>$54,150</td>
<td>$57,000</td>
</tr>
<tr>
<td>Maricopa</td>
<td>$27,500</td>
<td>$31,150</td>
<td>$35,850</td>
<td>$40,550</td>
<td>$45,250</td>
<td>$48,950</td>
<td>$51,800</td>
</tr>
</tbody>
</table>

LIHTC Max income Chart - Effective 4/1/18.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>40% of median</td>
<td>19,960</td>
<td>22,120</td>
<td>24,380</td>
<td>26,640</td>
<td>28,880</td>
<td>31,120</td>
<td>33,360</td>
</tr>
<tr>
<td>50% of median</td>
<td>24,300</td>
<td>27,600</td>
<td>31,100</td>
<td>34,600</td>
<td>37,100</td>
<td>40,100</td>
<td>42,600</td>
</tr>
<tr>
<td>60% of median</td>
<td>28,640</td>
<td>32,120</td>
<td>36,600</td>
<td>41,100</td>
<td>44,600</td>
<td>48,120</td>
<td>51,620</td>
</tr>
</tbody>
</table>

(Note: Max Income Limits are based on 2017 Maricopa County and are subject to change)

Applicant to Complete

I certify that the information provided on my Mesa Artspace Lofts Application is true and correct to the best of my knowledge. Providing false or inaccurate information may result in my household not qualifying for the program.

Name: __________________________________________ Phone #: __________________________

Email address ____________________________

Signature ____________________________ Date: __________

Based on staff recommendation and following occupancy guidelines I have selected the following bedroom size:

☐ 1 bedroom  ☐ 2 bedroom  ☐ 3 bedroom

Applicant Section to Keep

Thank you for applying at Mesa Artspace Lofts! This receipt is your proof for submitting your pre-application/application. Please retain for your records.

Based on the information you have given:
Your household has been placed on the following waitlist:  ☐ 1 bedroom  ☐ 2 bedroom  ☐ 3 bedroom
Your income pre-qualifies you at (AMI):  ☐ 40%  ☐ 50%  ☐ 60%
Your household has received the artist preference point ☐ YES  ☐ NO

Please note, your placement on the waitlist is based on first come first serve basis in addition to the information you have provided to us. You may call 602-244-1006 (x38) or email Julian@dunlap-magee.com to check on the status of your application.

__________________________ Mgt Rep Initials ____________________________ Date ____________________________
Dunlap & Magee
APPLICATION/RECERTIFICATION QUESTIONNAIRE

NOTE TO TENANT: In order for us to determine your eligibility or continued eligibility, you must provide all information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for an Affordable Housing Program. Providing false information may result in your application being denied, loss of subsidy and/or housing, if applicable.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present Address:</td>
<td>Apartment Number:</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td></td>
</tr>
</tbody>
</table>

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

List yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including but not limited to: dependents away at school, military persons stationed away from home who have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

<table>
<thead>
<tr>
<th>Last Name, First Name</th>
<th>Relationship to Head of Household</th>
<th>Birth Date</th>
<th>Gender (Voluntary)</th>
<th>Social Security Number</th>
<th>Student Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td>Full Time</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Part Time</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Marital Status: □ Single □ Married □ Divorced □ Widowed □ Separated

□ Yes □ No 1. Do you anticipate any changes in the size of your household within the next 12 months?  
(Examples: A future spouse, minor entering the home through adoption, children returning from foster care, etc.)  
If yes, please describe any changes here: ______________________________

□ Yes □ No 2. Will anyone listed above, under age 18, live in the unit less than 50% of the next 12 months?  
If yes, please explain here: __________________________________________

□ Yes □ No 3. Does any member in your household require a Reasonable Accommodation?  
If yes, please specify: ________________________________________________

□ Yes □ No 4. Does your household receive Section 8 rental or voucher assistance?  

□ Yes □ No 5. Are all household members U.S. citizens?  
If no, please list each family member and where they were born: ________________
Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

**STUDENT ELIGIBILITY QUESTIONS**

☐ Yes ☐ No 1. Will all of the persons, including adults, in the household be or have been full-time students during 5 Calendar months of this year?

☐ Yes ☐ No 2. Will ANY members of your household be full-time students during any 5 months of next year?

☐ Yes ☐ No 3. Is ANY ADULT member of your household a part or full-time student in an institute of higher education?
   If yes, who is enrolled?
   Which school are they enrolled in?
   How do they pay for their education?
   What is the cost of tuition per semester? $

☐ Yes ☐ No 4. Does ANY ADULT member of your household intent to become a student within the next 12 months?
   If yes, who will be enrolling in school?
   If yes, will they be enrolling as a full-time or part-time student?

**CHILD SUPPORT/ALIMONY INFORMATION**

☐ Yes ☐ No 1. Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? (Case ID #):

   IF NO, SKIP TO QUESTION 2
   a. Name of person with court order: ____________________________
      Payment Amount: $___________ per ______________
   b. Name of person(s) paying support/alimony: ____________________________

   Are the FULL court-ordered amount(s) being received? ☐ Yes ☐ No
   If NO, are you making efforts to collect the amounts due? ☐ Yes ☐ No
   If YES, please explain the efforts you're making here: ____________________________________________________________________________

☐ Yes ☐ No 2. Does any member of your household receive Child Support or Alimony payments that are NOT COURT ORDERED?
   (This includes help from children's father or mother for clothes, groceries, etc.)
   a. Payment Amount: $___________ per ______________
   b. Name of person(s) paying support/alimony: ____________________________
      Phone: ________________ for child: ____________________________
      Phone: ________________ for child: ____________________________
Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

**INCOME INFORMATION**
The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

### TYPE OF INCOME

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>1. Is any member of the household employed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Job 1) Who is employed?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employer: _____________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone: ______________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Position held: _______________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Length of employment: _______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Job 2) Who is employed?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employer/position: ___________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone: ______________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMT $</th>
<th>PER</th>
</tr>
</thead>
</table>

□ Check if there are any additional jobs in the household (Attach separate sheet with contact information)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>2. Are any household members self-employed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Who is self-employed?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What type of work does this person do?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Did you file taxes on this income?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMT $</th>
<th>PER</th>
</tr>
</thead>
</table>

□ Yes ☐ No (If yes, provide your last 2 years tax returns)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>3. Are any adult members of your household unemployed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Which adult members are unemployed?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMT $</th>
<th>PER</th>
</tr>
</thead>
</table>

□ Yes ☐ No

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>4. Does any household member receive pay from the military?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Who is paid by the military?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What branch?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact Person: _____________________ Phone: ______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMT $</th>
<th>PER</th>
</tr>
</thead>
</table>

□ Yes ☐ No

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>5. Does any household member receive any payments from the Social Security Administration?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Which type? CSS ☐ SSI ☐ Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Who receives payments from the Social Security Office?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMT $</th>
<th>PER</th>
</tr>
</thead>
</table>

□ Yes ☐ No

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>6. Does any household member receive severance pay or worker's compensation?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Who is receiving severance pay or worker's compensation?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What company pays them?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact Person: _____________________ Phone: ______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMT $</th>
<th>PER</th>
</tr>
</thead>
</table>

□ Yes ☐ No

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>7. Is any household member unemployed and receiving payments from an Unemployment Agency?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Who is receiving unemployment benefits?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agency Name: _____________________ Phone: ______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMT $</th>
<th>PER</th>
</tr>
</thead>
</table>

□ Yes ☐ No

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>8. Does any household member receive Public Assistance payments such as TANF or AFDC?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Who is receiving TANF or AFDC benefits?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agency Name: _____________________ Phone: ______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMT $</th>
<th>PER</th>
</tr>
</thead>
</table>

□ Yes ☐ No

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>9. Does any household member receive periodic payments from a pension, annuity or retirement benefit account?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Please check one: ☐ Pension ☐ Annuity ☐ Other Retirement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Who receives these benefits?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What company pays this person?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact Person: _____________________ Phone: ______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMT $</th>
<th>PER</th>
</tr>
</thead>
</table>
Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

TYPE OF INCOME

□ Yes □ No 10. Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay such as rent, cell phone bills, utility payments or groceries?
   What is the name of the person that pays you?
   What is their address?
   Phone number?

□ Yes □ No 11. Is there any other source of income we haven’t already asked about above that you receive?
   If yes, please describe:

□ Yes □ No 12. Does your household expect any changes in their income within the next 12 months?
   If yes, please describe:

□ Yes □ No 13. Does your household receive long-term care insurance payments for a family member residing in a long-term care facility?
   Which household member is in a long-term facility?
   Which household member are payments made to?
   What company pays this person?
   Contact Person: ___________________________ Phone: ___________________________

□ Yes □ No 14. Do any adult members of your household have zero income?
   Which adult members have zero income?

INCOME AMOUNT

AMT $_____
PER ______

AMT $_____
PER ______

AMT $_____
PER ______

AMT $_____
PER ______
Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

**Asset Information**

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

1. Does any household member have a Checking, Savings, CD, Money Market, or Debit Express Card?
   - Bank 1: Name(s) on Account:
     - Balance: Checking $________ Savings $________ CD/Money Market $________ Debit Express Card $________
   - Bank 2: Name(s) on Account:
     - Balance: Checking $________ Savings $________ CD/Money Market $________ Debit Express Card $________
   - Bank 3: Name(s) on Account:
     - Balance: Checking $________ Savings $________ CD/Money Market $________ Debit Express Card $________

2. Check if there are any additional accounts of these types belonging to the household (Attach separate sheet with the bank name, account type, and name(s) on the account)
   - Stock, Bond, Mutual Fund, Capital Investment, or Whole Life Insurance Policy:
     - Institution Name:
     - Name(s) on Account:
     - Balance/Value: $________ Account Type: Stocks □ Bonds □ Mutual Funds □ Whole Life Insurance

3. Does any household member have an IRA, Keogh, 401K, Annuity or similar account?
   - Institution Name:
   - Contact Phone:

4. Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K, or Annuity accounts)?
   - Institution Name:
   - Contact Phone:

5. Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Contracts for Deed)
   - Property Owner(s):
   - Type of property and location:
   - Has anyone disposed of any property within the last 2 years? □ Yes □ No

6. Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include coin or stamp collections, antique cars, jewelry, etc.)
   - Property Type:
   - Estimated Cash Value:

7. Does any household member have a Trust Account?
   - Institution Name:
   - Contact Phone:
   - Is this a Revocable or Non-Revocable Trust Account?

8. Does any household member have any Treasury Bills or Government Bonds? (savingsbond.gov)
   - Which household member?
   - Series:
   - Face Value: $________ Serial Number:__________ Issue Date:

9. Does any household member have cash on hand?
   - What amount is kept on hand?

10. Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.)
    - What type of account or asset is this?
    - What is the estimated value of this asset if you were to sell it today? $________

11. In the past two years, has any household member disposed of any asset(s) for less than they were worth? (Examples include property, transferring an asset account into someone else's name, etc.)
    - What is the estimated value of this asset?
Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

CRIMINAL/EViction HISTORY

☐ Yes ☐ No 1. Are you or any members of your family currently using an illegal substance?

☐ Yes ☐ No 2. Have you or any member of your family ever been convicted of a felony?
   If yes, please describe:

* Felony convictions will be analyzed by a corporate officer to confirm that there is no reasonable threat to the residents and that the applicant is free from repeat history. Applicants denied for felony crime may appeal denial in writing, within 10 days. Appeals will be reviewed by corporate panel whose decision will be issued within 15 days of receipt. This decision shall be final.

☐ Yes ☐ No 3. Have you or any member of your family ever been evicted from any housing?
   If yes, please describe:

☐ Yes ☐ No 4. Are you a registered sex offender?

REFERENCE INFORMATION (IF APPLICABLE)

Current Landlord
Name: ____________________________
Address: ____________________________
Phone Number: ____________________________
How long did you reside there?

Previous Landlord
Name: ____________________________
Address: ____________________________
Phone Number: ____________________________
How long did you reside there?

Emergency Contact
Name: ____________________________
Relationship: ____________________________
Address: ____________________________
Phone Number: ____________________________

VEHICLE AND PET INFORMATION (IF APPLICABLE)

Vehicle #1
Make: ____________________________ Model: ____________________________ Year: ____________________________
Type of Vehicle: ____________________________ License Plate #: ____________________________
Color: ____________________________ Drivers License #: ____________________________ Drivers License State: ____________________________

Vehicle #2
Make: ____________________________ Model: ____________________________ Year: ____________________________
Type of Vehicle: ____________________________ License Plate #: ____________________________
Color: ____________________________ Drivers License #: ____________________________ Drivers License State: ____________________________

Pet(s)
Do you own any pets? ☐ Yes ☐ No
Number of Pets: ____________________________
If yes, describe: ____________________________
HUD 202D QUESTIONNAIRE

☐ Yes ☐ No 1. Are you or anyone in the household a military veteran?
   "If yes, please list family member(s) names: ____________________________

☐ Yes ☐ No 2. Are you or were you ever a Presidential declared disaster victim?
   "If yes, please list the family member(s) names and event: ____________________________

☐ Yes ☐ No 3. Are you or anyone in your household currently homeless?
   "If yes, please list family member(s) names: ____________________________

☐ Yes ☐ No 4. Are you or anyone in your household fleeing or attempting to flee from violence?
   "If yes, please list family member(s) names: ____________________________

   *You may be asked to provide supporting documentation

ADDITIONAL INFO.

Which property are you applying at? ____________________________

When are you looking to move in? ____________________________

What bedroom size are you requesting? ☐ Studio ☐ 1bd ☐ 2bd ☐ 3bd ☐ 4bd
HOUSEHOLD CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by the property’s selection criteria. I/We certify that all information in this application is true and correct to the best of my/our knowledge and I/We understand that giving false statements or information is punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

DEPOSIT TO HOLD AGREEMENT (to be complete on one application per apartment only): In consideration of management holding the apartment for me, I agree to pay a holding deposit of $___________ and a $___________ nonrefundable application fee. The holding deposit is refundable if my application is not approved (14 business days are required for processing deposit refund) payable to the party(s) completing this application. If my application is approved, the holding deposit is credited to the required move-in costs. I may cancel this agreement and be refunded my holding deposit if I notify you of my decision to cancel within 72 hours of the date of application receipt (14 business days are required for processing deposit refund). Cancellation after this time will result in forfeiture of my holding deposit. I must pay rent on or before my “rent start date” of ______________, 20___ or my holding deposit will be forfeited and the apartment re-rented.

***All adult applicants, 18 or older, must sign application.***

__________________________  __________________________
Signature of Resident       Date
__________________________  __________________________
Signature of Co-Resident    Date
__________________________  __________________________
Signature of Co-Resident    Date

MANAGEMENT SIGNATURE:
This application/questionnaire was accepted by:

__________________________  __________________________
Apartment Management/Owner’s Agent  Date

NOTE: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion, or National Origin.

The person named below has been designated to coordinate compliance with nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24CFR, part 8 dated June 2, 1998).

Wendy Weiske, Director of Compliance
Dunlap & Magee Property Management Inc.
11260 N. Tatum Blvd. Ste. 149
Phoenix, AZ 85028
Phone: 602-244-1006 ext. 28
wweiske@dunlap-magee.com
TTD: 1-202-720-6362
Annual Student Certification

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment: Mesa Aristic Space Lofts

Head of Household Name: 

Address: ___________________________________________ Unit # 

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, college universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

A. □ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.

B. □ Household contains all students, but is qualified because the following occupant(s): ________________________________________________________________ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.

C. □ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student’s and if applicable, divorce/custody decree or other parent’s most recent tax return)</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Aid to Families with Dependent Children (AFDC)? (provide release of information for third party verification purposes)</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Does the household consist of at least one student who was previously under foster care within (5) five years of the effective date of the Initial Income Certification? (provide verification of participation)</td>
<td></td>
</tr>
</tbody>
</table>

Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered ineligible. Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. 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 the lease agreement.

Head of Household Signature ___________________________ Date ___________________________
Dunlap & Magee Property Management Inc.

RACE/ETHNICITY/DISABILITY QUESTIONAIRRE
(To be completed at Move In)

Mesa Artspace Lofts Apartments participates in one or more federally sponsored affordable housing programs. As such, certain statistical information is gathered enabling the agencies overseeing those programs to monitor our screening practices to ensure that affordable and/or subsidized programs are being made available to all qualified applicants regardless of race, ethnicity and/or disability.

The Department of Housing and Urban Development (HUD), the Arizona Department of Housing (ADOH) and the City of Phoenix require us to have each head of household specify every household member’s race, ethnicity and disability status upon move in so that information can be included on the household’s Tenant Income Certification Form (TIC). This information is being requested for statistical purposes only and will not be considered in determining any person’s eligibility to qualify or re-qualify for an affordable housing program.

Use the following coded definitions to complete the chart below.

Race: 1 – White
2 – Black/African American
3 – American Indian/Alaska Native
4 – Asian
5 – Native Hawaiian/Other Pacific Islander

Ethnicity 1 – Hispanic/Latino
2 – Not Hispanic/Latino

Disability Enter “yes” if the household member is disabled according to the Fair Housing definition for handicap, otherwise enter “no”. The Act defines a person with a handicap to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Disabled?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certified by:

(Head of Household) ___________________________ (Unit #) ___________________________ (Date) ___________________________

(Agent) ___________________________ (Date) ___________________________

D&M 192
IDENTITY AFFIDAVIT

Arizona Revised Statutes, Section 1-501 and 46-140.01 require local governments to determine the citizenship and/or immigration status of person applying to receive public benefits. I, ____________________________ , swear or affirm, under penalty of perjury that the document(s) presented by me to prove U.S. citizenship, U.S. national or alien status is/are true.

DOCUMENT SUBMITTED TO VERIFY IDENTITY/CITIZENSHIP (CHECK ONE):

1. ☐ A copy of a Birth certificate, or delayed birth certificate issued by a U.S., state or local governmental bureau of vital statistics

2. ☐ U.S. certificate of birth abroad

3. ☐ U.S. passport

4. ☐ Foreign passport with a U.S. Visa

5. ☐ I-94 form or Permanent Resident Card (Immigration document)

6. ☐ U.S. citizenship and immigration services employment authorization document or refugee travel document

7. ☐ U.S. certificate of naturalization

8. ☐ U.S. certificate of citizenship

9. ☐ Tribal certificate of Indian blood

10. ☐ Tribal or Bureau of Indian Affairs affidavit of birth

Signature of Applicant ____________________________ Date ____________________________

Signature of Legal Guardian (If Applicant under the Age of 18) ____________________________ Date ____________________________
LANDLORD, CREDIT, CRIMINAL AND SEX OFFENDER CONSENT FORM

A separate form must be completed for each household member 18 years of age and older. Print full name as shown on Social Security Card or Alien Registration Document.

Applicant Name: __________________________________________

Social Security Number: _____________________________________

Home Phone Number: ________________________________________

Date of Birth: _______________________

Present Address: ___________________________________________

Previous Address: __________________________________________

I hereby give consent to Management of the above-named apartment community to obtain reports and to access any records pertaining to me, which may be on file with any:

- Landlord
- Management Agency
- Credit Agency
- Law Enforcement Agency
- City, State or Federal Court
- Local, State or Federal Agency
- State or Local Repository
- National, State or Local Sexual Offender Registry

I understand the investigation will include information from law enforcement agencies, credit reporting agencies, and other documents of public records, and these reports will be used in making decisions about my potential tenancy. I hereby authorize any agency contacted to furnish any and all information required. This releases the aforementioned parties from any liability and responsibility for providing the above information at any time.

I further understand that this report will not be used in violation of any Federal or State Equal Opportunity Law or Regulation, and that, if any adverse action is to be taken based on the Consumer Report, a summary of my rights under the Fair Credit Reporting Act will be provided to me.

Signature of Applicant ___________________________ Date ____________

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

IT IS THE POLICY OF THIS COMPANY TO PROVIDE HOUSING ON EQUAL OPPORTUNITY BASIS. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, FAMILIAL STATUS, NATIONAL ORIGIN OR HANDICAP.

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulation implementing Section 504 (24 CFR, part 8 dated June 2, 1986).
Tenant Release and Consent

I/We ________________________, The undersigned hereby authorize the following specified agency(ies), to release without liability, information regarding my/our employment, income, and/or assets to Mesa Artspace Lofts APARTMENTS for purposes of verifying information provided 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 inquires that may be requested include, but are not limited to, personal identity, employment, income and assets, medical or childcare 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 information includes, but is not limited to:

- Past and Present Employers
- Previous Landlords
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical/Child Care Providers
- Veteran's Administration
- Retirement Systems
- Banks and Other Financial Institutions

CONDITIONS
I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original authorization is on file and will stay on file for one year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that I/We can prove is incorrect.

SIGNATURES

Head of Household ________________________ (Print Name) ________________________ Date

Spouse ________________________ (Print Name) ________________________ Date

Adult Member ________________________ (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.
Applicant's Name: __________________________ Application for HOME? □ Yes □ No

LIHTC Student Definition - Full-time students are those attending or who will attend public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools (does not include those attending on-the-job training courses) for five months during the current and/or upcoming calendar year (months need not be consecutive). If you graduated from school or university during the current calendar year, you are also considered full-time student.

HOME Student Definition - A student is an individual who is enrolled as a student part-time or full-time at an institution of higher education, who is under the age of 24, not a veteran, not married, is not a person with disabilities, and does not have a dependent child.

Answer questions below based on the student definitions above as applicable:

I. LIHTC
Did you graduate from school or university during the current calendar year? □ Yes □ No
Based on the definition above, is everyone in the household a full-time student? □ Yes □ No
If “No”, go to “II. HOME/See #8” below
If “Yes”, go to “A” below

II. HOME
Will you be moving into a HOME unit? □ Yes □ No
If “No”, STOP
If “Yes”, answer the next question
If “No”, household is eligible
If “Yes”, go to “B” below

Based on the definition above, is anyone in the household a student? □ Yes □ No

A. Applicable Exemptions - Only complete if you answered “Yes” to question “I” above.

□ I am married and entitled to a joint tax return.
□ I am a single parent with child(ren), I am not a dependant of another individual and the child(ren) is/are not dependent(s) of someone other than a parent.
□ I am a full-time student who previously was under the care of a foster care program and are currently transitioning into independent living.
□ I do not meet any of the above exemptions and therefore are NOT eligible to reside in a LIHTC community that has HOME. However, do meet one of the following LIHTC exceptions:
  □ At least one household member will be residing in the unit who is not a full-time student.
  □ Our household is currently receiving assistance under Title IV of the Social Security Act (e.g. APDC or TANF)
  □ I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar federal, state, or local laws.

B. Applicable Exemptions - Only complete if you answered “Yes” to question “II” above.

1. Are you of legal contract age per the state? □ Yes □ No
Are you claimed in your parent's tax return? □ Yes □ No
Are your parents supporting you financially? □ Yes □ No
If you answered “No” to all of the preceding questions, the household is NOT eligible under the student rule.
If you answered “Yes” to any of the preceding questions, please answer question “2” below

2. Are you a student that has established a separate household from parents for at least a year? □ Yes □ No
If “No”, answer question “3” below
If “Yes”, the household is eligible

3. Are you an orphan or a ward of the court through age 18? □ Yes □ No
Are you living with legal dependents other than a spouse? □ Yes □ No
If you answered “No” to all of the preceding questions, please answer question “4” below
If you answered “Yes” to any of the preceding questions, the household is eligible under the student rule.

4. Is the student living with higher parents who are receiving Section 8 assistance? □ Yes □ No
If “No”, the household is NOT eligible to reside in a LIHTC property with HOME.
If “Yes”, the household is eligible to reside in a LIHTC property with HOME.

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

Applicant's Signature: __________________________ Date: ________________
**ASSET VERIFICATION**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY TENANT**

To:  
(Name & Address of Financial Institution)  
DATE:  

RE:  
(print applicant/tenant name)  

ACCOUNT #:  

I hereby authorize the release of my asset information.  
SIGNED:  DATE:  

The person listed above is an applicant/tenant of a housing program that requires verification of income. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your timely response is essential and greatly appreciated.  

Sincerely,  

Project Management Agent  

Please return form (by mail/fax only) to:

**THE FOLLOWING TO BE COMPLETED BY FINANCIAL INSTITUTION:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account Average Balance</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Current Savings Account Balance</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Certificates of Deposit</td>
<td>#</td>
<td>Value</td>
</tr>
<tr>
<td>Stocks</td>
<td>#</td>
<td>Value</td>
</tr>
<tr>
<td>401K</td>
<td>#</td>
<td>Value</td>
</tr>
<tr>
<td>IRA</td>
<td>#</td>
<td>Value</td>
</tr>
<tr>
<td>Money Market Certificate#</td>
<td></td>
<td>Value</td>
</tr>
</tbody>
</table>

Other Accounts: ____________________________________________

_________________________  _____________________________
Signature of Authorized Representative  Date

_________________________  _____________________________
Print Name & Title  Telephone

**NOTE:** Section 1001 of Title 19 of the US Code makes it a criminal offense to make willful false statements for misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.