

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

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
1 bedroom	1	3
2 bedroom	2	5
3 bedroom	3	7

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

MSA/County	%	(1 Person)	(2 Persons)	(3 Persons)	(4 Persons)	(5 Persons)	(6 Persons)	(7 Persons)
Phoenix	60	\$32,700	\$37,980	\$42,060	\$46,680	\$50,460	\$54,180	\$57,900
(Maricopa/Pinal)	50	\$27,250	\$31,150	\$35,050	\$38,950	\$42,850	\$46,150	\$48,250
	40	\$21,800	\$24,920	\$28,040	\$31,120	\$33,640	\$36,120	\$38,600

LIHTC Max income Chart - Effective 4/1/18

Family Size	1	2	3	4	5	6	7
40% of median	19,360	22,120	24,880	27,640	29,880	32,080	34,280
50% of median	24,200	27,650	31,100	34,550	37,350	40,100	42,650
60% of median	29,040	33,180	37,320	41,460	44,820	48,120	51,420

*(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 bedroomYour 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 _____

This application was received on _____
at _____ am/pm by _____

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.*

Applicant Name:		Telephone Number: ()
Present Address:	Apartment Number:	E-mail Address:

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.

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

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		INCOME AMOUNT
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Is any member of the household employed? Job 1.) Who is employed? _____ Employer: _____ Phone: _____ Position held: _____ Length of employment: _____ Job 2.) Who is employed? _____ Employer/position: _____ Phone: _____	AMT \$ _____ PER _____ AMT \$ _____ PER _____
<input type="checkbox"/> Check if there are any additional jobs in the household (Attach separate sheet with contact information)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are any household members self-employed? Who is self-employed? _____ What type of work does this person do? _____ Did you file taxes on this income? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide your last 2 years tax returns)	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are any adult members of your household unemployed? Which adult members are unemployed? _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Does any household member receive pay from the military? Who is paid by the military? _____ What branch? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Does any household member receive any payments from the Social Security Administration? Which type? <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> Other Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Does any household member receive severance pay or worker's compensation? Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Is any household member unemployed and receiving payments from an Unemployment Agency? Who is receiving unemployment benefits? _____ Agency Name: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here) Who is receiving TANF or AFDC benefits? _____ Agency Name: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Does any household member receive periodic payments from a pension, annuity or retirement benefit account? Please check one: <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____



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		INCOME AMOUNT
<input type="checkbox"/> Yes <input type="checkbox"/> 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? _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Is there any other source of income we haven't already asked about above that you receive? If yes, please describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Does your household expect any changes in their income <u>within the next 12 months</u> ? If yes, please describe? _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Do any adult members of your household have zero income? Which adult members have zero income? _____	



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.

- ☐ Yes ☐ No 1. Does any household member have a Checking, Savings, CD, Money Market, or Debit Express Card/
Bank 1.) Bank Name: _____ Name(s) on Account: _____
Balance: ☐ Checking \$ _____ ☐ Savings \$ _____ ☐ CD/Money Market \$ _____ ☐ Debit Express Card \$ _____
Bank 2.) Bank Name: _____ Name(s) on Account: _____
Balance: ☐ Checking \$ _____ ☐ Savings \$ _____ ☐ CD/Money Market \$ _____ ☐ Debit Express Card \$ _____
Bank 3.) Bank Name: _____ Name(s) on Account: _____
Balance: ☐ Checking \$ _____ ☐ Savings \$ _____ ☐ CD/Money Market \$ _____ ☐ Debit Express Card \$ _____
- ☐ 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)
- ☐ Yes ☐ No 2. Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (Life insurance that you can make withdrawals from even if there isn't a death)?
Institution Name: _____ Name(s) on Account: _____
Balance/Value: \$ _____ Account Type: ☐ Stocks ☐ Bonds ☐ Mutual Funds ☐ Whole Life Insurance
- ☐ Yes ☐ No 3. Does any household member have an IRA, Keogh, 401K, Annuity or similar account?
Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: ☐ IRA ☐ Keogh ☐ 401K ☐ Other: _____
- ☐ Yes ☐ No 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: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: _____
- ☐ Yes ☐ No 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
- ☐ 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: _____
- ☐ Yes ☐ No 7. Does any household member have a Trust Account?
Institution Name: _____ Name(s) on Account: _____
Is this a Revocable or Non-Revocable Trust Account: _____ Contact Phone: _____
- ☐ Yes ☐ No 8. Does any household member have any Treasury Bills or Government Bonds? (savingsbond.gov)
Which household member? _____
Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____
- ☐ Yes ☐ No 9. Does any household member have cash on hand?
Which household member? _____ What amount is kept on hand? _____
- ☐ Yes ☐ No 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? \$ _____
- ☐ Yes ☐ No 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 you 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 _____ Drivers License # _____ Drivers License State _____
Type of Vehicle: _____ Make: _____ Model: _____ Year: _____
Color: _____ License Plate # _____

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

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 Presidentially 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 deciding to cancel in writing 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 Artspace 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:

		YES	NO
1.	Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)		
2.	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)		
3.	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)		
4.	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)		
5.	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)		

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 QUESTIONNAIRE

(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.

Household Member Name	Race	Ethnicity	Disabled?

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)
Print or type name
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

Mesa Artspace Lofts
Property Name
155 S. Hibert
Property Address
Mesa, AZ 85210
City/State/Zip

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 aforesaid 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 employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 a(8)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a(8)(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, 1988).



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 inquiries 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	Welfare Agencies State Unemployment Agencies	Medical/Child Care Providers
Previous Landlords	Social Security Administration	Veteran's Administration
Public Housing Agencies		Retirement Systems
Support and Alimony Providers		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.

For LIHTC Units with HOME

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/Sec 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

Based on the definition above, is anyone in the household a student? ☐ Yes ☐ No If "No", household is eligible
If "Yes", go to "B" below

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. AFDC 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 his/her 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 #: _____

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,

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

Project Management Agent

THE FOLLOWING TO BE COMPLETED BY FINANCIAL INSTITUTION:

Checking Account Average Balance for Previous Six Months \$ _____ Rate of Interest _____

Current Savings Account Balance \$ _____ Rate of Interest _____

Certificates of Deposit # _____ Value _____ Interest Rate _____

Stocks # _____ Value _____ Interest Rate _____

401K # _____ Value _____ Interest Rate _____

IRA # _____ Value _____ Interest Rate _____

Money Market Certificate# _____ Value _____ Interest Rate _____

Other Accounts: _____

Signature of Authorized Representative

Date

Print Name & Title

Telephone



NOTE: Section 1001 of Title 18 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.