

# Sunrise Village Retirement Community

## Application Checklist

Please complete the application, attached forms, and provide copies of the following documents that apply to you.

The following information is needed for yourself (and spouse if applicable):

- Most current of checking account statements.
- Most current savings account statement
- Social Security Award Letter
- Whole Life insurance policy statements (if applicable)
- Pension, and retirement statements (if applicable)
- Employment verification (if applicable, must have 6 consecutive payroll stubs)
- Copy of Driver's License/ ID Card
- Social Security Card
- Appraised value of home (if applicable)

For any questions, please contact our office.  
Submit your completed application to our office.  
We look forward to seeing you again!

Address:  
500 Parker Dr. #2411  
San Marcos, TX 78666  
sunrisevillagesm@gmail.com

Office Phone: (512) 754-7230  
Fax: (512) 757-8531





# SUNRISE VILLAGE RETIREMENT COMMUNITY

500 Parker Dr. #2411 San Marcos, Texas 78666 (512) 745-7230

How did you hear about us?

- Email
- Referred by family/friend
- Internet article
- Internet search
- Newspaper article
- Newspaper ad
- Magazine ad/Senior Living
- Housing Authority
- Walk in
- Community event
- Google senior housing
- Printed flyer
- Senior activity center
- Government agency
- Television advertisement
- Health fair
- Senior fair
- Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
INTAKE APPLICATION**

Dear Applicant:

The information on this form is needed to determine if your household is eligible to participate under a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. Please complete this entire form and leave no blanks.

If there are any questions that you do not understand, please contact the Contract Administrator, Owner or Management Office Personnel. We thank you in advance for your cooperation.

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name: Sunrise Village Retirement Community	TDHCA Number:
Contact Name: Amaris Hutsler	Contact Title: Property Manager
Address: 500 Parker Drive	Phone: 512-754-7230
Email Address: sunrisevillagesm@gmail.com	Fax:

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
<b>A. CONTACT INFORMATION</b>	
Street Address: <small>(as shown on driver's license or government ID)</small> <input type="checkbox"/> Rent <input type="checkbox"/> Own	Apt #:
City/State/Zip:	County:
Current Address: <small>(if different from above)</small> <input type="checkbox"/> Rent <input type="checkbox"/> Own	Apt #:
City/State/Zip:	County:
Email Address:	Home Phone: (    ) Mobile Phone: (    )
Emergency Contact Name:	Phone: (    )

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Cost per Month:
Reason For Leaving:	Occupied For: ___ Yrs ___ Mos
Contact/Landlord Name:	Phone:

C. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household						
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status <small>F/T=Full Time P/T=Part Time</small>	Social Security No./ Alien Registration No.	Receiving income
1	Head of Household		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. HOUSEHOLD COMPOSITION INFORMATION**

Were any of the household members a full-time student within the last calendar year?  NO  YES, who? \_\_\_\_\_

Are any of the household members listed above foster persons?  NO  YES, who? \_\_\_\_\_

Are any of the household members listed above a live-in attendant?  NO  YES, who? \_\_\_\_\_

Are any household members temporarily absent from the home?  NO  YES, who? \_\_\_\_\_

Indicate reason for temporary absence: \_\_\_\_\_

Do you anticipate any other members will join your household within the next 12 months?  NO  YES

If yes, explain: \_\_\_\_\_

**E. VETERAN INFORMATION**

Are any of the household members a Veteran?  NO  YES, who? \_\_\_\_\_

\*\*\* Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>

**F. ANNUAL INCOME (List ALL income of adults and children in your household, except for the earned income from employment by persons under the age of 18)**

Identify income from any of the following sources, including periodic payments:	Head of Household	Co-Head/ Spouse	Other Adult Member(s)	Child or Dependent or Other Adult Member	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No					
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No					
Commissions/Fees <input type="checkbox"/> Yes <input type="checkbox"/> No					
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No					
Salary from 2 <sup>nd</sup> job <input type="checkbox"/> Yes <input type="checkbox"/> No					
Temporary Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Income from Military <input type="checkbox"/> Yes <input type="checkbox"/> No					
Interest/Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No					
Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Pension <input type="checkbox"/> Yes <input type="checkbox"/> No					
Retirement Funds <input type="checkbox"/> Yes <input type="checkbox"/> No					
Familial Support <input type="checkbox"/> Yes <input type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child Support (Circle Type) Anticipated, Voluntary, Court Ordered (regardless if pd.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No					
Educational Scholarship/Grant <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other: Explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Total:</b>					

G. CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #1				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week      Last Date of Employment

2 <sup>nd</sup> JOB EMPLOYMENT CONTACT INFORMATION – Household Member #1				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week      Last Date of Employment

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #2				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week      Last Date of Employment

2 <sup>nd</sup> JOB EMPLOYMENT CONTACT INFORMATION – Household Member #2				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week      Last Date of Employment

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #3				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week      Last Date of Employment

2 <sup>nd</sup> JOB EMPLOYMENT CONTACT INFORMATION – Household Member #3				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week      Last Date of Employment

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #4				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week      Last Date of Employment

2 <sup>nd</sup> JOB EMPLOYMENT CONTACT INFORMATION – Household Member #4				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week      Last Date of Employment

**H. HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)**

Identify All Asset Sources	Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pre-Paid Debit Cards <input type="checkbox"/> Yes <input type="checkbox"/> No			
Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trust Fund(s) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No			
Whole Life Insurance Cash Value* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Real Estate/Land* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Peer to Peer (PayPal, Cash App and Venmo) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Non Necessary Personal Property: Such as campers, motorhomes, travel trailers, all-terrain vehicles (if not for day-to-day transportation), recreational boats, expensive jewelry without religious or cultural value, collectibles, equipment not generating business income and luxury items. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No			

\*When listing the "cash value" of any asset with an asterisk, indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

**I. HOUSEHOLD ASSET INFORMATION**

- Has anyone in the household given away anything of value within the last two years? (if a home was released due to foreclosure, bankruptcy or divorce, answer no)  NO  YES If yes, who? \_\_\_\_\_  
Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): \_\_\_\_\_
- Has anyone in the household owned a home in the last two years?  NO  YES If yes, who? \_\_\_\_\_  
Do they currently own it?  NO  YES If No, when was it disposed of? \_\_\_\_\_  
If Yes, Is it being rented?  NO  YES  
Is it sitting vacant?  NO  YES  
Is it in the process of being sold?  NO  YES
- Has anyone in the household received a Tax Refund in the last 12 months?  NO  YES If yes, what was the total amount of the tax refund \$ \_\_\_\_\_

**J. HOUSING ASSISTANCE – List any assistance provided to or received by any member of the household**

Source	Amount	Date Received	Reason
FEMA <input type="checkbox"/> Yes <input type="checkbox"/> No (Federal Emergency Management Agency)			
SBA <input type="checkbox"/> Yes <input type="checkbox"/> No (Small Business Administration)			

Source	Amount	Date Received	Reason
Section 8 (Housing and Urban Development) <input type="checkbox"/> Yes <input type="checkbox"/> No			
TBRA (Tenant Based Rental Assistance) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance (Homeowner) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Explain: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**K. CONFLICT OF INTEREST INFORMATION**

1. Is anyone in the household currently serving (or served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, the Administrator, or the Development Owner?  NO  YES  
 If YES, identify who, organization and role? \_\_\_\_\_  
 Is this a current role?  NO  YES If NO, identify date role ceased? \_\_\_\_\_

2. Is anyone in the household related to anyone currently serving (or who has served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, the Administrator, or the Development Owner (either through familial or business ties)?  NO  YES  
 If YES, identify who, organization and role? \_\_\_\_\_  
 Is this a current role?  NO  YES If NO, identify date role ceased? \_\_\_\_\_

**L. APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program through the Texas Department of Housing and Community Affairs.**

**RELEASE:** My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.

_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date

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



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

RELEASE AND CONSENT FORM

I. THIS SECTION TO BE COMPLETED BY DEVELOPMENT	
Development Name: Sunrise Village Retirement Community	TDHCA/CMTS Number:
Contact Name: Amaris Hutsler	Contact Title: Property Manager
Development Address: 500 Parker Drive, San Marcos, TX 78666	Phone: 512-754-7230
Email Address: Sunrisevillagesm@gmail.com	Fax:

II. THIS SECTION TO BE COMPLETED BY APPLICANT

**Applicant/Resident Name:**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.

**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, student status, employment, income, assets, and medical or childcare allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a TDHCA Affordable Housing Program.

**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 Employers            | Welfare Agencies               | Veterans Administrations         |
| Support and Alimony Providers         | State Unemployment Agencies    | Retirement Systems               |
| Educational Institutions              | Social Security Administration | Medical and Child Care Providers |
| Bank and other Financial Institutions | Utility Providers              | Previous Landlords               |
| Public Housing Agencies               | Appraisal Districts            | Insurance Carrier                |

III. APPLICANT CERTIFICATION

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 is incorrect.

_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Other Adult Member Printed Name	_____ Signature	_____ Date
_____ Other Adult Member Printed Name	_____ Signature	_____ 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 A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



# Fair Housing Choice Disclosure Notice

Property Name: Sunrise Village TDHCA File#: \_\_\_\_\_

Household Name: \_\_\_\_\_

Unit # \_\_\_\_\_ Effective Date of Lease Contract \_\_\_\_\_

You are about to enter into a lease agreement at the above referenced property, which is a binding contract. Before you enter into your lease you should know that, under fair housing laws, you have certain basic rights, including the right to make certain choices as to where you will live. There are programs administered by a number of state and local institutions to provide assistance with respect to housing, including, but not limited to, affordable rental housing supported by low income housing tax credits, housing assisted with loans or grants from HUD programs and USDA programs, different types of vouchers, and public housing. The requirements under the programs may be different and not all types of housing options may be available where you would like to live.

Where you live has the potential to impact you and others in your household. For example, where you live may provide greater access to some (but not necessarily all) of the things listed below:

- Better schools
- Less crime
- Better public transportation
- Better access to health care
- Better access to grocery stores offering more healthy food choices
- Better proximity to family, friends, and organizations to which you might belong

There are other things that may be important to you. If you want to explore other housing options you can identify other affordable rental properties in your community at:

<http://hrc-ic.tdhca.state.tx.us/hrc/VacancyClearinghouseSearch.m>

This link will also summarize your rights under fair housing laws and direct you to fair housing resources.

In accordance with the Texas Administrative Code, Title 10, Chapter 10, §10.612(a)(4), this notice must be presented to the household at the time of application for occupancy and must be executed no more than one-hundred twenty (120) days prior to the effective date of the lease.

\_\_\_\_\_  
*Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Household Signature*

\_\_\_\_\_  
*Date*



# Texas Department of Housing and Community Affairs Special Needs Certification

Property Name: Sunrise Village Retirement Community TDHCA File#: \_\_\_\_\_

Household Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

You have applied for a unit at the above referenced property, which has agreed to lease apartments to "Persons with Special Needs". A "Persons with Special Needs" includes the following:

- Households where one individual has alcohol and/or drug addictions
- Colonia residents
- Persons with Disabilities
- Persons protected by the Violence Against Women Act Protections (domestic violence, dating violence, sexual assault, and stalking)
- Persons with HIV/AIDS
- Homeless persons
- Veterans
- Wounded warriors (as defined by the Caring for Wounded Warriors Act of 2008)
- Farmworkers

You are not being asked to disclose any details or specifics regarding the type or nature of the special need, only to disclose that you, or someone in your household, meets one of the categories above.

Based on the above, do you or anyone in your household have a "Special Need"? YES \_\_\_\_\_ NO \_\_\_\_\_

I do not wish to furnish information regarding special needs (Initials) \_\_\_\_\_

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. 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.

\_\_\_\_\_  
*Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Household Signature*

\_\_\_\_\_  
*Date*

