

Sunrise Village Retirement Community

Application Checklist

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

1. Copy of Driver License or ID Card
2. Copy of Social Security Card
3. Last 6 months checking account statements
4. Current saving account statement
5. Social Security Award Letter (current)
6. Whole Life insurance policy statements (if applicable)
7. CD's, stocks, IRA, and bond statements (if applicable)
8. Pension and/or Retirement Statement (if applicable)
9. Employment Verification
(if applicable, must have 6 consecutive payroll stubs)
10. Appraised value of home (if applicable)

For any questions or assistance please contact the office.

Submit your completed application to our office.

Address:

500 Parker Drive #2411
San Marcos, Texas 78666

Office Phone:

(512) 754-7230

Fax:

(512) 754-3347

**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:	TDHCA Number:
Contact Name:	Contact Title:
Address:	Phone:
Email Address:	Fax:

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

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State:	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 F/T=Full Time P/T=Part Time	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 children? 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. 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	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 nd 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					
Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child Support (Circle Type) <input type="checkbox"/> Yes <input type="checkbox"/> No Anticipated, Voluntary, Court Ordered (regardless if pd)					
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					

Total: _____

F. CURRENT EMPLOYMENT CONTACT INFORMATION

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	Work Fax

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	Work Fax

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	Work Fax

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	Work Fax

G. 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	Account Number
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				
Credit Union Account(s) <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				
IRA/Keogh Account(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Retirement/Pension Fund(s)* <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				
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.

H. HOUSEHOLD ASSET INFORMATION

1. 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): _____
2. 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

I. 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)			
Section 8 <input type="checkbox"/> Yes <input type="checkbox"/> No (Housing and Urban Development)			
TBRA <input type="checkbox"/> Yes <input type="checkbox"/> No (Tenant Based Rental Assistance)			
Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (Homeowner)			
Other <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			

J. 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? _____

K. 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 ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name:	TDHCA Number:
Contact Name:	Contact Title:
Address:	Phone:
Email Address:	Fax:

II. THIS SECTION TO BE COMPLETED BY APPLICANT															
Applicant/Resident Name:															
<p>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.</p> <p>INFORMATION COVERED</p> <p>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 child care 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.</p> <p>GROUPS OR INDIVIDUALS THAT MAY BE ASKED</p> <p>The groups or individuals that may be asked to release the above information include, but are not limited to:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Past and Present Employers</td> <td style="width: 33%;">Welfare Agencies</td> <td style="width: 33%;">Veterans Administrations</td> </tr> <tr> <td>Support and Alimony Providers</td> <td>State Unemployment Agencies</td> <td>Retirement Systems</td> </tr> <tr> <td>Educational Institutions</td> <td>Social Security Administration</td> <td>Medical and Child Care Providers</td> </tr> <tr> <td>Bank and other Financial Institutions</td> <td>Utility Providers</td> <td>Previous Landlords</td> </tr> <tr> <td>Public Housing Agencies</td> <td>Appraisal Districts</td> <td>Insurance Carrier</td> </tr> </table>	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
Past and Present Employers	Welfare Agencies	Veterans Administrations													
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Bank and other Financial Institutions	Utility Providers	Previous Landlords													
Public Housing Agencies	Appraisal Districts	Insurance Carrier													

III. APPLICANT CERTIFICATION		
<p>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.</p>		
<p>_____ Applicant/Resident Printed Name</p>	<p>_____ Signature</p>	<p>_____ Date</p>
<p>_____ Co-Applicant/Resident Printed Name</p>	<p>_____ Signature</p>	<p>_____ Date</p>
<p>_____ Adult Member Printed Name</p>	<p>_____ Signature</p>	<p>_____ Date</p>
<p>_____ Adult Member Printed Name</p>	<p>_____ Signature</p>	<p>_____ Date</p>

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.

INCOME CERTIFICATION

Initial Certification Recertification Other* _____

Effective Date: _____
 Move-in Date: _____
(MM/DD/YYYY)
 *Transfer from Unit: _____

PART I – DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____
 TDHCA #: _____ Unit Number: _____ # Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Student Status (circle one)	Last 4 digits of Social Security Number
1			HEAD		FT / PT / NA	
2					FT / PT / NA	
3					FT / PT / NA	
4					FT / PT / NA	
5					FT / PT / NA	
6					FT / PT / NA	
7					FT / PT / NA	

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
Add totals from (A) through (D) above			TOTAL INCOME (E):	\$ _____

PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$ _____	\$ _____
Enter Column (H) Total		Passbook Rate		\$ _____
If over \$5000 \$ _____ X		2.00% = (J) Imputed Income		\$ _____
Enter the greater of the total of column I, or J: imputed income				TOTAL INCOME FROM ASSETS (K)
				\$ _____
(L) Total Annual Household Income from all Sources [Add (E) + (K)]				\$ _____

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

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.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME
FROM ALL SOURCES: \$ _____
From item (L) on page 1 _____

Mark the program(s) listed below for which this household's income will be counted toward the property's occupancy requirements.

- | | | | | | | |
|--|------------------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> HTC or Exchange | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> OI*** | |
| <input type="checkbox"/> TCAP | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> OI*** | |
| <input type="checkbox"/> HOME | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% | <input type="checkbox"/> OI*** |
| <input type="checkbox"/> BOND | <input type="checkbox"/> 30% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% | <input type="checkbox"/> OI*** | <input type="checkbox"/> ET |
| <input type="checkbox"/> HTF | <input type="checkbox"/> ELI | <input type="checkbox"/> VLI | <input type="checkbox"/> LI | <input type="checkbox"/> OI*** | | |
| <input type="checkbox"/> NSP | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% | <input type="checkbox"/> 120% |
| <input type="checkbox"/> CDBG | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% | <input type="checkbox"/> 120% |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> | | | | | |

*** Upon Recertification household was determined to be over income (OI) according to eligibility requirements of the programs marked above.

PART VI. RENT

- A. Tenant Paid Rent: \$ _____
- B. Utility Allowance: \$ _____
- C. Rent Assistance: \$ _____
- D. Other non-optional charges and mandatory fees: \$ _____
- E. Gross Rent For Unit (See Instructions): \$ _____ / _____

Mark the program(s) listed below for which this household's rent will be counted toward the property's occupancy requirements.

- | | | | | |
|--|-----------------------------------|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> HTC or Exchange | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% |
| <input type="checkbox"/> TCAP | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% |
| <input type="checkbox"/> HOME | <input type="checkbox"/> Low HOME | <input type="checkbox"/> High HOME | | |
| <input type="checkbox"/> BOND | <input type="checkbox"/> 30% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% |
| <input type="checkbox"/> HTF | <input type="checkbox"/> 30% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% |
| <input type="checkbox"/> NSP | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> Low HOME | <input type="checkbox"/> High HOME |
| <input type="checkbox"/> CDBG | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> Low HOME | <input type="checkbox"/> High HOME |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> | | | |

PART VII. STUDENT STATUS (HTC, TCAP, Exchange, and BOND only)

ARE ALL OCCUPANTS FULL TIME STUDENTS?

If yes, Enter student explanation*
(also attach documentation)

Yes No

Enter 1-5

*Student Explanation:

1. TANF assistance
2. Job Training Program
3. Single parent/dependent child
4. Married/joint return
5. Previous Foster Care

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of program's rules, regulations and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

Supplement to the Income Certification

Unit #: _____ Date: _____

See below for Ethnicity, Race, and Other codes that characterize household composition. **Enter both Ethnicity and Race** codes for each household member, if applicable. Also indicate if an individual in the household is elderly and/or disabled.

HH Mbr #	Sex – enter M or F	Age	Ethnicity	Race	Elderly Enter Y or N	Disabled Enter Y or N
1						
2						
3						
4						
5						
6						
7						

The Texas Department of Housing and Community Affairs (TDHCA) requests this information in order to comply with HUD’s required reporting requirements. Although TDHCA would appreciate receiving this information, you may choose not to furnish it. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, age and other household composition.
(Initials) _____

<p>The following Ethnicity codes should be used:</p> <p>A Hispanic B Not Hispanic</p>	<p>The following Race codes should be used:</p> <p>A White B Black/African American C Asian D American Indian/Alaska Native E Native Hawaiian/Other Pacific Islander F American Indian/Alaska Native & White G Asian & White H Black/African American & White I American Indian/Alaska Native & Black/African American J Other Multi Racial</p>
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DEFINITIONS

Ethnic categories:

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

Racial categories:

- A. White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- B. Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- C. Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- D. American Indian/Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- E. Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: The remaining racial categories (F-I) are multi racial categories made up of combinations of the single race categories defined above (A-E). If the appropriate multi-racial category is not listed, use the “Other Multi Racial” (J) category.

Disabled:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.

ANNUAL ELIGIBILITY CERTIFICATION

Housing Tax Credits (HTC), TCAP and Exchange Only

PART I: DEVELOPMENT DATA

Property Name: _____ County: _____ BIN# _____ Effective Date: _____
 TDHCA# _____ Unit#: _____ # Bedrooms: _____ Move-in Date: _____
 *Transfer from unit: _____

PART II: HOUSEHOLD COMPOSITION (TO BE COMPLETED BY THE HOUSEHOLD)

The Texas Department of Housing and Community Affairs (TDHCA) requests this information in order to comply with HUD's required reporting requirements. Although TDHCA would appreciate receiving this information, you may choose not to furnish it. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, date of birth, elderly and disabled.
 (Initials) _____

If you choose not to furnish ethnicity, race, sex, age and other, the Household Member name and Student Status must still be completed.

HH Mbr #	Household Member Full Name	Relationship to head of household	Student Status (circle one)	Sex M or F	Date of Birth (MM/DD/YY)	Ethnicity	Race	Elderly Enter Y or N	Disabled Enter Y or N	Last 4 digits of Social Security Number
1		HEAD	PT / FT / NA							
2			PT / FT / NA							
3			PT / FT / NA							
4			PT / FT / NA							
5			PT / FT / NA							
6			PT / FT / NA							
7			PT / FT / NA							

The following ethnicity codes should be used:

- A Hispanic
- B Not Hispanic

The following Race codes should be used:

- A White
- B Black/African American
- C Asian
- D American Indian/Alaska Native
- E Native Hawaiian/Other Pacific Islander
- F American Indian/Alaska Native & White
- G Asian & White
- H Black/African American & White
- I American Indian/Alaska Native & Black/African American
- J Other Multi Racial

See Definitions Page for explanation of Codes

PART III: STUDENT STATUS

Student Status: ARE ALL OCCUPANTS FULL-TIME STUDENTS? Yes No

A full time student is defined as one who attends an educational institution full time for any part of 5 months in a calendar year (the five calendar months need not be consecutive)

If yes, Enter student explanation*
 (also attach documentation) Enter 1-5

* Student Explanation:

1. TANF assistance
2. Job Training Program
3. Single parent/dependent child
4. Married/joint return
5. Previously in Foster Care

PART IV: RENT

Does the household receive rental assistance under the Section 8 program or a similar assistance in paying rent?

If yes, how much is the assistance? \$ _____

A. Total Tenant Paid Rent: \$ _____ C. Other non-optional or mandatory fees: \$ _____ E. Maximum Rent Limit: \$ _____

B. Utility Allowance: \$ _____ D. Gross Rent for Unit \$ 0 _____ **D = A + B + C for HTC, TCAP and Exchange**

Unit meets rent restriction: 30% 40% 50% 60%

PART V: HOUSEHOLD CERTIFICATION & SIGNATURE(S)

Under penalties of perjury, I/we certify that I/we have complete Part II of this certification and 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.

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

Fair Housing Choice Disclosure Notice

Property Name: _____ 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

Amenities Notice

Effective Date of Lease Contract: _____ **Unit#** _____

Property Name: Sunrise Village II , 500 Parker Drive , San Marcos, Texas 78666

Household Name: _____

You are about to enter a lease agreement at the above referenced property, which is a binding contract. Where you live has the potential to impact you and others in your household. Here at Sunrise Village II the following amenities are available to you to enhance your quality of life.

Support Services: Scheduled transportation, Health screening, food distribution, Social and Recreational Activities.

Site Amenities: Community Center, Beauty shop, Fitness Center, water center, water/wastewater/trash, Laundry facility, Accessible to public transportation, Professionally landscaped grounds.

Unit Amenities: 1BR/1BRA, All electric, H/C units ground level, Outdoor storage closet, Blinds Appliances, Cable/TV outlets Ceiling fans, Washer/Dryer connections, Shower/tub with grab bars, Individually controlled thermostats.

The Texas Department of Housing and Community Affairs (The "Department") responsible for monitoring this Development for compliance with any land use restriction agreement setting forth required common amenities, unit amenities, or services in connection with programs administered by the Department.

For additional information you may contact the department at the following address:

The Department of Housing and Community Affairs

221 East 11th Street
Austin, Texas 78701
(800) 525-0657
<http://www.tdhca.state.tx.us>

By signing this document you acknowledge you have received information outlining Sunrise Village II Amenities, effective January 1, 2014. And that you have received contact information for TDHCA, monitors of this program.

Household Signature _____ Date _____
Household Signature _____ Date _____