This application does not place legal obligation on the applicant but indicates an interest in residency at The First Apartments. No deposit is necessary at the time the application is submitted. This is a preliminary application and gives no lease or rent rights.

When eligibility of the applicant has been approved and the applicant desires the available apartment, a one year lease and appropriate forms will be presented for signature. At that time a deposit, which is equivalent to one month's rent, will be required.

**SCHEDULE OF RENTAL RATES**

<table>
<thead>
<tr>
<th>Type of Apartment</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency Apartments</td>
<td>$387</td>
</tr>
<tr>
<td>One Bedroom Apartments</td>
<td>$501</td>
</tr>
<tr>
<td>Expanded One Bedroom</td>
<td>$581</td>
</tr>
</tbody>
</table>

The rent includes all utilities except telephone and cable television. Rental rates are subject to change as operational costs change. A rent subsidy may be available for those who have limited incomes and resources.

**ELIGIBILITY FOR OCCUPANCY**

Applicants who meet the following requirements are eligible regardless of religious preference, race, color, creed, national or ethnic origin:

1. Single persons 62 years of age or older; limited occupancy available for 55-62 years old and single person under the age of 62 with 100% disability.
2. Couples, provided one of them is 62 years of age or older
3. Occupancy shall be limited to those whose annual income, at the time of admission, does not exceed $39,950 for a single person, and $41,100 annually for two person families.
4. Must demonstrate ability to pay rent on time
5. References from three former landlords from whom endorsement of at least two might be requested
6. Credit references, if available, are required
7. Residents are expected to be neat and orderly in their housekeeping habits and conduct
8. Applicants' ability and willingness to abide by the lease will be assessed
9. Applicants must tour the facilities and be interviewed by a member of the Administrative Staff
10. Applicants must provide proof of citizenship. Required documentation includes birth certificate and social security card, or proof of noncitizen with eligible immigration status.

TFA must target 40% of the population to be of very low income. The apartments will be rented, other things being equal, with preference being given to applicants in the order they are received. Please answer all questions on the application as completely as possible. All information contained in the application is held in strict confidence. Applications will only be kept on file for one year. If an applicant is placed on the waiting list after initial screening, application will be kept until unit becomes available.
APPLICATION

HEAD OF HOUSEHOLD: __________________________________________________________

SPouse: __________________________________________________________

MARITAL STATUS: (check one) GENDER
( ) Married ( ) Divorced ( ) Female
( ) Single ( ) Widowed ( ) Male

CURRENT ADDRESS: __________________________________________________________

CITY: ______________________ STATE: ________________ ZIP: ______________________

PHONE: ______________________

DRIVERS LICENSE/ STATE ID #: ______________________ STATE: ______________

RESIDENTIAL HISTORY

1. Present Landlord/Property Name: __________________________________________________
   Present address: _____________________________________________________________ Apt.#
   City, State, Zip: ____________________________________________________________
   Landlord Day Phone: (___)_______________________ Rent Amt: $__________ per month
   Dates Rented/ From: ______________ To: ______________

2. Present Landlord/Property Name: __________________________________________________
   Present address: _____________________________________________________________ Apt.#
   City, State, Zip: ____________________________________________________________
   Landlord Day Phone: (___)_______________________ Rent Amt: $__________ per month
   Dates Rented/ From: ______________ To: ______________

3. Present Landlord/Property Name: __________________________________________________
   Present address: _____________________________________________________________ Apt.#
   City, State, Zip: ____________________________________________________________
   Landlord Day Phone: (___)_______________________ Rent Amt: $__________ per month
   Dates Rented/ From: ______________ To: ______________

NAMES: Beginning with the Head of Household, list the legal names, Social Security numbers, birth dates and relationship of each person who will reside in the apartment. Social Security number will be required in order to complete applicant background check.

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security # (optional)</th>
<th>Date of birth</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

___________________________________________________________________________
<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security # (optional)</th>
<th>Date of birth</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PAST EMPLOYMENT: List your employment for the past three (3) years:

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

HUD INCOME GUIDELINES FOR THE FIRST APARTMENTS

Annual Income

$35,950 for one person

$41,100 for two persons

INCOME

**LIST TOTAL ANNUAL INCOME FROM ALL SOURCES:**

<table>
<thead>
<tr>
<th>Source</th>
<th>MONTHLY</th>
<th>ANNUALLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Pensions</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Interest from Savings, Checking or C.D.'s</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Net Rental or Property Income.</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Investment Income (Stocks, Bonds, Etc.)</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Other Income</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Other Income</td>
<td>$____</td>
<td>$____</td>
</tr>
</tbody>
</table>

**Total Income From All Sources:** $____ $____

ASSETS: List all assets, which include, but are not limited to, sums in checking accounts, savings accounts, safety deposit boxes, cash on hand, stocks and bonds, certificates of deposit, real estate, or other capital investments.

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Name of Institution</th>
<th>Account #</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EXPENSES

Are you receiving Medical Assistance through SRS? _________
Do you have a secondary carrier for health insurance? _________
Do you have any monthly expenses beyond your insurance coverage? _________

ELIGIBILITY

YES          NO

1. I have a family member who is absent from the home due to:
   Employment                                                                                   _____     _____
   Temporarily in nursing home or hospital                                        _____     _____
   Permanently confined to nursing home                                          _____     _____
   Other __________________________                                          _____    _____

2. I have a live-in attendant
   Live-in attendant will be subject to the criminal/sex offendor screening outlined in the Tenant Selection Plan
   ______     _____

3. Are any members of the household enrolled as a student at an institution of higher education as defines under section 102 of Higher education Act of 1965 (20U.S.C.1002)               _____     _____

PERSONAL REFERENCES

Please list three references that are not family members that we may contact as part of our background screening process.

_________________________________________________________________________
Name     Address     Phone#
_________________________________________________________________________
Name     Address     Phone#  
__________________________________________________________________________
Name     Address     Phone#  

Do you have any friends or relatives living here at TFA? Have you lived at TFA before?  ____________________________

How did you hear about TFA? ___Newspaper   ___Section 8 ___Resident
___Yellow Pages   ___ Drive by   ______________Other
PERSONAL INFORMATION

Where have you lived most of your life?
__________________________________________________________________________

Do you:  _____take a daily walk for exercise,   _____read the newspaper,    _____watch tv,   
  _____listen to radio,   _____drive a car,   _____cook your own meals?

What group meetings, such as Civic Clubs, Church etc. do you attend?
___________________________________________________________________________

Are you a Veteran?  _______  No_______

Have you ever been convicted of a misdemeanor?  _______  Felony?  _______

If yes, briefly explain with appropriate date of conviction and the state charges were filed
in.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Person to contact in case of emergency:

    Name_______________________________________________________________

    Address_____________________________________________________________

    City, State, Zip_____________________________Phone #_____________________

FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL
THE APPLICATION.

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 base 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 then $5000. Any applicant or participant affected by negligent disclosure or 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 numbers are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a)(6),(7) and (8).

This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so.

__________________________                    ____________________________
Head of Household                     Date                         Spouse                                            Date

“Supplement to Application for Federally Assisted Housing” form HUD-92006 added to the application packet. (9-24-2009)
Race and Ethnic Data Reporting Form

Name of Property  Project No.  Address of Property

Name of Owner/Managing Agent  Type of Assistance or Program Title:

Name of Head of Household  Name of Household Member

Date (mm/dd/yyyy): ________________________________

<table>
<thead>
<tr>
<th>Ethnic Categories*</th>
<th>Select One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td>Not-Hispanic or Latino</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Racial Categories*</th>
<th>Select All that Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature  Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self-certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

form HUD-27061-H (9/2003)
Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. *Parents or guardians are to complete the form for children under the age of 18.*

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household’s file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

   1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

   2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

   1. **American Indian or Alaska 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.

   2. **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.

   3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”

   4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

   5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
Citizenship Declaration Format

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME __________________________ FIRST NAME __________________________

RELATIONSHIP TO HEAD OF HOUSEHOLD ________ SEX ______ DATE OF BIRTH ________

SOCIAL SECURITY NO. __________________ ALIEN REGISTRATION NO. __________________

ADMISSION NUMBER __________________________ if applicable (this is an 11-digit number found on DHS Form I-94, Departure Record)

NATIONALITY __________________________ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. __________________________
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, __________________________ hereby declare, under penalty of perjury, that I am:
(print or type first name, middle initial, last name):

______ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this line is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. Do not sign the child’s name.

__________________________________________ Date

Check here if adult signed for a child: ________
2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:
If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (form is attached).

AND

b. One of the following documents:
   (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens).
   (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
      (a) "Admitted as Refugee Pursuant to section 207";
      (b) "Section 208" or "Asylum";
      (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
      (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
   (3) If Form I-94, Arrival-Departure Record, is not annotated, it must be accompanied by one of the following documents:
      (a) A final court decision granting asylum (but only if no appeal is taken);
      (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
      (c) A court decision granting withholding or deportation;
      (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
   (4) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210."
   (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
   (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
   (7) Form I-151 Alien Registration Receipt Card.

If this line is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature ___________________________ Date ___________________________
Check here if adult signed for a child: __________

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature ___________________________ Date ___________________________

Check if adult signed for a child: __________
3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

_________________________  ______________________
Signature                                           Date

Check here if adult signed for a child: _____
Application Declarations and Authorization
(To accompany the rental application)

Accurate Information. You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any question or give false information, we may reject the application, retain all application fees as liquidated damages for our time and expense. Giving false information is a serious criminal offense.

Authorization. You authorize us to verify all information relating to this application through any means, including but not limited to Straight Arrow Screening and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

(Each applicant must be named, sign, and date/time this “Declarations and Authorization”)

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Applicant Signature</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>/</td>
</tr>
<tr>
<td>Applicant Name</td>
<td>Applicant Signature</td>
<td>Date/Time</td>
</tr>
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<td></td>
<td>/</td>
</tr>
<tr>
<td>Applicant Name</td>
<td>Applicant Signature</td>
<td>Date/Time</td>
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<td>/</td>
</tr>
<tr>
<td>Applicant Name</td>
<td>Applicant Signature</td>
<td>Date/Time</td>
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<td>/</td>
</tr>
</tbody>
</table>
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:

Mailing Address:

Telephone No:           Cell Phone No:

Name of Additional Contact Person or Organization:

Address:

Telephone No:           Cell Phone No:

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)
- Emergency
- Unable to contact you
- Termination of rental assistance
- Eviction from unit
- Late payment of rent
- Assist with Recertification Process
- Change in lease terms
- Change in house rules
- Other: __________________________

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant’s application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant ___________________________ Date __________

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13664) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD-92066 (05/09)