



Thank you for your interest in living at Catawba Crossing Apartments, Rock Hills newest 55 and older community! We are a new tax credit (income restricted) community that offers two-bedroom apartment homes.

Our proposed rents for our two bedrooms start at \$635 - \$675. These prices include water, sewer and trash. These prices are based on your household size and your yearly income. But you must make at least two times the monthly rent to qualify.

*****Prices are subject to change prior to move in*****

Income Qualifications:

1 Person	\$35,100
2 Person	\$40,080
3 Person	\$45,120
4 Person	\$50,100

In your new community you will find that we have secured access, a community room, a business center, a laundry facility and much more...

Your apartment home comes with fully equipped kitchens, washer and dryer connections, ample of closet space and more...

Once you have decided to make Catawba Crossing your new home, you will print the attached application and mail it back to **808-B Lady Street Columbia SC 29201**. All applicants must fill out their own application (married couples can fill out the same application). **Please include the application fee of \$40 and the holding fee of \$50 to reserve your new home (these would have to be separate money orders)**. When you send the application to us please include copies of your picture ID or Driver's License, Social Security cards for everyone in the household, Proof of income (2 months' recent and consecutive paystubs, VA Benefits letter, Social Security, Pension benefit letter). We also require 6 months of bank statements for each account.

Approval is a two-step process- credit, criminal, rental history approval then compliance approval. Once your application is approved through credit, criminal, rental history phase, your full Security Deposit amount will be determined. Once your file has been received approval from the compliance department, we will then notify you of your approval and choose your new home and a date for your move in.

NOTE: We have already had an overwhelming response. This property is only 50 units and they will go FAST! We advise you to scan and email the application to get it to us faster.

All scanned and emailed applications must have the following to be processed quickly: Completed application packet, pictures of your money orders made payable to Catawba Crossing for the Application Fee of \$40 & Holding Fee of \$50 (must be 2 separate money orders). We will also need all other documents listed in the Application Packet in order to process your application. Once we have confirmed that we have received your email you will then need to mail us the original copy of your application and money orders to:

**Intermark Management Corporation
C/O: Catawba Crossing
808-B Lady Street
Columbia, SC 29201**



*****It is first come first serve & Applications will not be assigned to units until ALL paperwork is received*****

Once again, we thank you for your interest in Catawba Crossing Apartments.

Thank you,

Intermark Lease-Up Team.

Catawba Crossing

catawba@intermarkmgt.com

Qualifications:

- *Meet income guidelines: minimum monthly income of 2 times the monthly rent and cannot exceed allowed maximum yearly income limits.
- *Credit History, Criminal Background & Rental History will be checked and verified.

Fees:

- *Application Fee: \$40.00 per Applicant – Married Couples will apply on one application.
- *Holding Fee: \$50.00 per household.

THE APPLICATION FEE AND HOLDING FEE MUST BE PAID ON SEPARATE MONEY ORDERS.

- *Security Deposit: \$300 – ONE MONTH'S Rent based on credit and rental history.

YOUR APPLICATION & HOLDING FEES MUST BE PAID AT THE TIME OF APPLICATION BY MONEY ORDERS ONLY. ONCE YOUR APPLICATION IS APPROVED, YOUR SECURITY DEPOSIT MUST BE PAID IN FULL BEFORE YOU TAKE POSSESSION OF YOUR APARTMENT.

Documents needed when returning your completed application. Applications WILL NOT be processed without ALL of the necessary documents.

- *Government Issued Photo ID for all adult Members of the Household
- *Social Security Cards for all Members of the Household
- *Birth Certificates for all minors.

The following items are required where applicable to prove income status:

- *6 most recent pay stubs.
- *Copy of Court Order for Child Support and 12 month print out of payments.
- *If you receive Social Security, Pension, and/or Annuity Benefits, we will need a recent proof of income letter from benefit provider. This document can not be more than 120 days old.
- *If you receive 401K Benefits, you must provide your most recent statement showing the current balance.
- *If you own a home and/or land, you must provide your most recent Property Tax Bill/Notice. If you have a mortgage on the home and/or land, you must also provide a mortgage payoff letter.
- *If you have Whole or Universal Life Insurance, a copy of the policy must be provided.
- *Six (6) months of bank statement for all bank accounts must be provided for ALL APPLICANTS– do not discard any blank pages of the statements.

INTERMARK MANAGEMENT CORPORATION
 PHONE # (803) 790-2000
 Application Coversheet & Instructions

Catawba Crossing Apartments

Community Name

Thank you for applying to live at our community. Please complete the rental application in its entirety. An application cannot be accepted unless it is complete.

Qualifications:

Be advised that the application process requires the Household to pass a two (2) part screening process. The two criteria necessary to meet eligibility are 1) Credit/Criminal/ & Rental Screening, hereinafter referred to as “background screening” and 2) Income Verification/Eligibility, hereinafter referred to as “income eligibility”. Passing one criteria does not constitute an approval for residency. BOTH must be met to be eligible for approval.

_____ *Applicant(s) Initials.*

Your application will be screened and verified when an apartment becomes available. Upon approval of background screening you will have 10 days to provide requested documents to verify income eligibility. If you do not provide all documents within 10 days, we may, at our sole discretion, place your application back on the waiting list and lease the apartment to another candidate.

_____ *Applicant(s) Initials.*

Fees:

*Application Fee: \$40 per Household Member over the age of 18. Married Couples will apply on one application. **Applicant understands the application fee is non refundable.** _____ *Applicant(s) Initials.*

No cash accepted. All monies must be submitted by cashier’s check or money order.

Application Checklist

Below is a list of common documents that may be required for verifications. The list below is not all inclusive. If these documents are applicable to your household please bring them with you when submitting the application.

<u>Identification:</u>
<ul style="list-style-type: none"> • Driver’s License or Government issued picture ID
<ul style="list-style-type: none"> • Social Security card for all household members (For Verification Purposes)
<ul style="list-style-type: none"> • Birth certificate for household members UNDER 18 years of age

<u>Income/Asset Verification:</u>
<ul style="list-style-type: none"> • 6 months of recent and consecutive bank statements for all checking accounts and current statement of savings accounts. *All frequent cash deposits (CashApp/Paypal/Venmo) will need explanation
<ul style="list-style-type: none"> • Employment Verification (8 weeks of recent and consecutive paystubs)
<ul style="list-style-type: none"> • Current Quarterly Statement (401k, 403B, Retirement)
<ul style="list-style-type: none"> • Current Social Security/SSI Benefit Letter

<u>Child Support/Alimony:</u>
<ul style="list-style-type: none"> • Court Order
<ul style="list-style-type: none"> • Payment History Print Out (Last 12 Months)

Application Instructions

1. Please print in ink. Do not use pencil.
2. All co-applicants 18 years and older (whom are not married to each other) must each complete a separate application.
3. **Applicant Information:** Please fill in all blanks. If a question does not apply to you or your family, write "none" or " Ø " - **DO NOT WRITE "N/A"**.
4. **Household Information:** Answer "**Total Number Occupants**" under the shaded bar.
5. Complete all questions in the "**Household Members**" box and be sure to answer "**Student Status**" indicating either "**YES**" (student) or "**NO**" (not a student).
6. Complete all questions under "**Student Status**" and "**Pets**" sections.
7. Please do not use white out or correction fluid. If you make a mistake, cross through once and initial:

EXAMPLE: ~~\$203 FLL~~

8. **Applicant Employment Status:** Don't forget to answer the "Employment Status" and "**hours worked**" questions. **DO NOT ANSWER "N/A"**.
9. **Other Income:** Complete this section IN FULL. Fill in EACH blank and write " Ø " (again, do not use "N/A") if the income is not applicable to your situation.
10. Don't overlook "**changes in income**" at the bottom of the page.
11. Please complete all questions in **Sections III and IV**. Only use "Ø " or the actual numeric value to answer.
12. Please sign and date your application on the last page.

Please return Application Packets too:

Intermark Management Corporation
C/O: Catawba Crossing
808-B Lady Street
Columbia, SC 29201

tellus@intermarkmgt.com

InterMark Management Corporation would like to hear from you.
Please take a minute and share any comments or suggestions you may have.

Thank you for giving us a moment of your valuable time.

INTERMARK MANAGEMENT CORPORATION
PHONE # (803) 790-2000
LIHTC / TAX BOND RENTAL APPLICATION

CATAWBA CROSSING

**PLEASE PRINT USING INK
DO NOT USE WHITE OUT OR N/A**

If you need assistance in completing this application, please inform the Site Representative of the type of assistance you need.
NOTE: Co-applicant must complete a separate application form

1. APPLICANT INFORMATION

Name (Last, First, Middle) _____ Home Phone _____

Work Phone _____ Cellular Phone _____ E-Mail _____
Current Street Address, City, State, Zip Code _____

How Long? _____ Yrs _____ Mths Rent Own Other (explain) _____

Apartment or Landlord's Name _____ Phone _____

Marital Status (To determine income & assets) Single Married Divorced Separated Widow(er)

COMPLETE IF AT CURRENT ADDRESS LESS THAN TWO (2) YEARS

Previous Street Address, City State, Zip Code _____

How Long? _____ Yrs _____ Mths Rent Own Other (explain) _____

Apartment or Landlord's Name _____ Phone _____

SPOUSE INFORMATION

Name (Last, First, Middle Initial) _____ Home Phone _____

Work Phone _____ Cellular Phone _____ E-Mail _____
Current Street Address, City, State, Zip Code _____

How Long? _____ Yrs _____ Mths Rent Own Other (explain) _____

Apartment or Landlord's Name _____ Phone _____

COMPLETE IF AT CURRENT ADDRESS LESS THAN TWO (2) YEARS

Previous Street Address, City State, Zip Code _____

How Long? _____ Yrs _____ Mths Rent Own Other (explain) _____

Apartment or Landlord's Name _____ Phone _____

II. HOUSEHOLD INFORMATION

Names, relationships, etc. of ALL persons who will be occupying the unit _____ Total Number Occupants

NOTE – Birth Certificates Must Be Provided For All Minor Household Members.

Documentation of custody may be required in certain cases

Name	Relationship to Applicant	Date of Birth	Social Security #	Student Status (FT, PT or NO)
_____	<u>Head of Household</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE – Unborn children are considered for bedroom size only

InterMark Management Corporation is an Equal Housing Opportunity company,
with projects in compliance with 504 and Fair Housing Regulations



STUDENT STATUS: Are all of the residents students? YES NO
 If YES, please list all institutions attended by all adults _____
 If YES: Is the household comprised of a single parent and child, neither of whom is a dependent of a third party? YES NO
 If YES: Are Applicant or Co-applicant married and filing a joint tax return? YES NO
 If YES: Does the household receive AFDC/TANF/FI (Form #234)? YES NO
 If YES: Is an adult household member a participant in a federal, state or local job training program? YES NO
 If YES: Was at least one household member previously under the care and placement responsibility of the State agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (foster care) YES NO
 Will anyone, who is not now a full-time student, become a full-time student in the next 12 months? YES NO
 If YES, Name(s) _____
PETS: Do you own any pets? YES NO If YES, what type/quantity _____

Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? YES NO
If so, would you like to request an adapted unit? YES NO

III. INCOME INFORMATION

APPLICANT EMPLOYMENT STATUS:

Circle all applicable: Employed full-time Employed part-time Self-employed Form #229 Non-employed Form #236 Unemployed

Applicant Name _____ Rate of Pay \$ _____ per Hour Week Month Year
 Present Employer _____ Telephone No. _____ Length of Time Employed _____
 Position _____ Supervisor's Name _____
 Number of hours worked per week _____ Do you expect to earn overtime? YES NO Amt. of overtime per month\$ _____
 Commission, Bonus or Tips _____ per Hour Week Month Year

SPOUSE EMPLOYMENT STATUS or SECOND JOB INFORMATION:

Circle all applicable: Employed full-time Employed part-time Self-employed Form #229 Non-employed Form #236 Unemployed

Applicant Name _____ Rate of Pay \$ _____ per Hour Week Month Year
 Present Employer _____ Telephone No. _____ Length of Time Employed _____
 Position _____ Supervisor's Name _____
 Number of hours worked per week _____ Do you expect to earn overtime? YES NO Amt. of overtime per month\$ _____
 Commission, Bonus or Tips _____ per Hour Week Month Year

OTHER INCOME:

Note: Applicants must complete this section in order to determine qualification for residency within the Federal LIHTC /Tax Exempt Bond Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such information may result in non-qualification for residency for any rental unit in these Affordable Housing Programs.
 Other Income Includes: Alimony, child support, welfare, unemployment, aid to dependent children, social security, annuities insurance policies, retirement benefits, pensions and other regular periodic payments. Please consult the leasing personnel for a complete list of other income.

List below from all members of the household all income derived from all sources and who receives the income.
NOTE: List all sources of income from all members of the household NOT previously listed above.

Type	Amount Per Month	Received By	Organization and Phone #
Welfare (TANF / AFDC / FI)	\$ _____	_____	_____
Alimony/Child Support	\$ _____	_____	_____
Disability Income/Workers Compensation	\$ _____	_____	_____
Internet Income (CashApp, Venmo, etc.)	\$ _____	_____	_____
Pension/Retirement	\$ _____	_____	_____
Social Security	\$ _____	_____	_____
SSI Benefits	\$ _____	_____	_____
Unemployment Benefits	\$ _____	_____	_____
Income From Parents/Family	\$ _____	_____	_____
Veterans Benefits Claim # _____	\$ _____	_____	_____
Other: _____	\$ _____	_____	_____
Other: _____	\$ _____	_____	_____
Other: _____	\$ _____	_____	_____
Other: _____	\$ _____	_____	_____

Do you anticipate any changes in employment or other income in the next 12 months? YES NO
 If YES, explain: _____

IV. ASSET INFORMATION

ASSETS:

Assets Include: Cash (wherever held), trust corpus, equity in real estate or capital investment, notes receivable, stocks, bonds, money market accounts. IRAs, retirement and pension funds, and luxury personal property (gems, jewelry, art, coin collections, antique non-daily use items, etc.)

Assets Do Not Include: Necessary personal property such as clothing, jewelry, furniture, daily-use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, cash value of life insurance policies, and assets of a business.

List below any assets held by any member of the applicant household.

CHECKING ACCOUNT Name of Bank _____
 Balance \$ _____ Interest Rate % _____

SAVINGS / MONEY MARKET ACCOUNT Name of Bank _____
 Balance \$ _____ Interest Rate % _____

PRE-PAID DEBIT CARD Name of Bank /Issuer _____
 Balance \$ _____

CERTIFICATE OF DEPOSIT Name of Bank _____
 Balance \$ _____ Interest Rate % _____

IRA / 401 (K) ACCT Name of Bank / Fund _____
 Balance \$ _____ Interest Rate % _____

TRUST ACCOUNT(S) / SAVINGS BOND(S) OR STOCK(S)/BOND(S)
 Name of Bank / Fund _____
 Balance \$ _____ Interest Rate % _____
 Maturity Date _____ Value \$ _____

INSURANCE POLICY (WHOLE/UNIVERSAL/VARIABLE)
 Name of Provider / Fund _____
 Balance \$ _____ Interest Rate % _____
 Maturity Date _____ Value \$ _____

OTHER: _____

WHAT ARE THE ANTICIPATED EARNINGS ON ALL HOUSEHOLD ASSETS FOR THE NEXT YEAR?
 \$ _____

1. Do you own any antiques or collectibles etc.? YES NO If yes, please list _____

2. Other Assets (Lump Sum Payments) YES NO If yes, please list _____

3. Do you own any property? YES NO If YES, list the type of property _____

4. Is there rental income from the above property? YES NO If YES, amount per month \$ _____

5. Have you disposed of any assets for less than Fair Market Value during the two preceding years? YES NO
 If YES, please list _____

V. OTHER INFORMATION

- Have you ever been evicted from tenancy? YES NO
- Vehicles: List any vehicles owned.
 Type of vehicle _____ Year/Make _____ Color _____ License Plate # _____
 Type of vehicle _____ Year/Make _____ Color _____ License Plate # _____
- How did you hear about this community? _____

In case of an emergency notify: _____

Relationship to applicant: _____

Address and Phone Number: _____

It is my understanding that any and all information pertinent to my payment record and housekeeping habits during my tenancy at this address may be made available to other apartment communities or landlords to which I might apply in the future. Management reserves the right to reject applicant if false or incomplete information is given or may also terminate the lease agreement if information is found to be false or incomplete at a later date. The information collected on this form may be released to appropriate federal, state, and local agencies when relevant to civil, criminal or regulatory proceedings. Section 1001 of Title 18, United States Code, provides, "Whoever, in any matter within the jurisdiction of any department agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any fictitious or fraudulent

statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement of entry shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

ONLY THOSE PERSONS LISTED ON THE FRONT PAGE OF THIS APPLICATION MAY LIVE IN THE APARTMENT WITHOUT THE WRITTEN PERMISSION OF THE LANDLORD OR AGENT.

Resident Screening & Selection Process

Thank you for applying to live at our community. Be advised that the application process requires the Household to pass a two (2) part screening process. The two criteria necessary to meet eligibility are 1) Credit/Criminal/ & Rental Screening, hereinafter referred to as “background screening”, and 2) Income Verification/Eligibility, hereinafter referred to as “income eligibility”. Passing one criteria does not constitute an approval for residency. BOTH must be met to be eligible for approval.

_____ **Applicant(s) Initials.**

Your application will be screened and verified when an apartment becomes available. Upon approval of background screening you will have 10 days to provide documents to verify income eligibility. If you do not provide all documents within 10 days you may be deemed to have rejected the offered unit at which time we will no longer consider you an applicant for this unit. _____

Applicant(s) Initials.

I understand the \$ _____ application fee is non-refundable. This application is made with the understanding that it is subject to acceptance by Owner and subject to execution by an officer of said company and delivery of a lease covering said premises. An application can not be accepted unless it is complete. It is the policy of this company to require a written application from all prospective residents prior to signing a lease. We require a fully executed lease on all apartments prior to move-in. The answers to the questions on this application, along with the results of the investigation conducted helps determine the selection of our residents. Application processing time will vary depending on the quantity of third party verifications required. Applicant hereby waives any claim to damages by reason of non-acceptance. I agree that if my application is approved, the scheduled date for my occupancy will be no later than 15 days of my application’s approval date. Should I fail to move-in within the 15 days, I understand that I may be required to begin paying rent on the apartment, as if I had taken possession.

_____ **Applicant(s) Initials.**

Waiting List Process

If an apartment is not available for occupancy when the application is submitted, you will be put on a waiting list. Our policy is to keep waiting lists open continuously. If you are contacted and notified of an available unit, you will have 5 days to update your application or submit a new application. If you do not contact management within the 5 day period, you may be removed from the waiting list.

_____ **Applicant(s) Initials.**

Security Deposit

Payment of a security deposit is required and must be paid in full prior to taking possession of the apartment.

_____ **Applicant(s) Initials.**

The minimum security deposit is \$ _____. The total amount of security deposit is determined based on screening criteria. At the time of screening I hereby deposit an initial security deposit of \$ _____. (Minimum of \$50) This amount will be applied to Security Deposit due prior to move in. Applicant understands that once the initial deposit is received the apartment will be taken off the rental market and reserved for the Applicant and other potential applicants will be turned away. Payment of the security deposit does not obligate Owner/Agent to execute a Lease Agreement or deliver possession of the premises. It solely holds the apartment off the market during the application process.

_____ **Applicant(s) Initials.**

Once the initial deposit is submitted, Applicant has 72 hours to cancel the application. In the event the Applicant cancels within 72 hours, the deposit will be returned to the Applicant within thirty (30) days from the date of cancellation to the address provided on this application or address otherwise given to Agent by Applicant in writing.

_____ **Applicant(s) Initials.**

In the event this application is denied, or the lease agreement is not executed for any reason for which the Owner is responsible, the deposit will be returned to Applicant within thirty (30) days from date of denial to the address provided on this application or address otherwise given to Agent by Applicant in writing.

_____ **Applicant(s) Initials.**

The deposit shall be retained by Owner if it is determined that you have provided false information on this application.

_____ **Applicant(s) Initials.**

Your security deposit will be refunded if the terms of your lease agreement have been satisfied. At the end of the lease term I understand that any security deposit refund will be made payable to all parties listed as tenant(s) on the lease and check will be mailed to one (1) address provided by tenant in writing. Any variation from this policy must be requested in writing by all tenant(s).

_____ **Applicant(s) Initials.**

I understand that **CATAWBA CROSSING** is currently under construction and as such my move-in date is subject to completion under guidelines outside the control of management. My anticipated date of move-in will be _____; however I will hold harmless any parties involved if I am unable to take occupancy on that date. Management agrees to refund the security deposit paid to date if the apartment is not available within 10 days of anticipated move-in date. However, should I fail to move-in on the scheduled date indicated and the apartment is available for occupancy, I understand that I may be required to begin paying rent on the apartment, as if I had taken possession.

Applicant Initials

InterMark Management Corporation

APPLICANT INFORMATION RELEASE FOR: _____
Resident/Applicant

Property Name: CATAWBA CROSSING

I hereby authorize the release of the following information:

Credit and Rental History, Criminal Background, Employment and Student Status, Expenses (Medical and Childcare), Assets, Social Security and any and all **Household Income** to Intermark Management Corporation, the managing agent for the above listed apartment community. Information obtained under this consent is limited for residency application purposes and valid for only one hundred - twenty (120) days.

I will hold your business, any former employers, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to this verification process.

I have read the foregoing and fully understand the contents thereof.

Signature

Name (Print)

Social Security Number

Date

PENALTIES:
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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosure 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 willfully 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, the PHA 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 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

INTERMARK MANAGEMENT CORPORATION

Annual Student Status Certification

Please complete one form per household

Head of Household _____ Co-Head of Household _____
 Unit number _____ Move in Date _____

All Adults must read: *A student is any individual who is currently enrolled in any educational institution and expects to be enrolled during the balance of the current calendar year, or has been enrolled for more than five months (need not be consecutive) out of the current calendar year.*

Section One: Household Members and Status

Please list **all** household members **regardless of age**. Indicate student status.

1	Name	Age	Student Status	
			Yes	No
2			Yes	No
3			Yes	No
4			Yes	No
5			Yes	No
6			Yes	No
7			Yes	No
8			Yes	No

*No verification of part time status needed unless everyone in household is a student.

Did anyone graduate from school or university during the current calendar year? Yes or No If yes, when: _____
 Are all residents of the household full time students? Yes No If no, skip to section 3

Section Two: Exceptions

When all household members are students, the household must meet one of the following exceptions to qualify for the LIHTC or Bond Program:

Yes	No	At least one member of the household receives assistance under title IV of the Social Security Act (i.e.. payments under AFDC or TANF). <i>Please provide a third-party verification of AFDC/TANF award.</i>
Yes	No	At least one member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) Workforce Investment Act (WIA) or is funded by a state or local public agency. <i>Please provide a verification of enrollment & mission statement of the program if not JTPA.</i>
Yes	No	The head of household is a single parent of the above listed children and the above listed parent is not the dependent of another individual for tax purposes, and the children are not claimed as a dependant by someone other than a parent. <i>Please provide a signed copy of most recent tax return.</i>
Yes	No	The members of the household are married and eligible file a joint federal tax return. <i>Please provide a signed copy of most recent tax return or marriage license.</i>
Yes	No	At least one household member was previously under the care and placement responsibility of the State agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care). <i>Please provide court documents, state agency documentation or Social Security verification.</i>

Section Three: Signatures and Acknowledgement

_____ I agree to notify management immediately if any household members student status changes including, but not limited to my own. (All Adult Residents Initial)

I understand that changes in my student status may affect my eligibility to participate in this program. I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties and IRS investigation.

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency

Signature Date

Signature Date

Signature Date

Signature Date

Catawba Crossing

ALIMONY / CHILD SUPPORT AFFIDAVIT

I, _____ do hereby attest that I understand that the apartment community for which application is being made is financed through a program governed by HUD /Tax Credit / RD wherein qualifications for occupancy require that certain income, including child support / alimony, be included and verified. The following statements are true and correct to the best of my knowledge, information, and belief. I further understand that providing false information on this form may jeopardize my residency at these apartments and may be punishable under federal or state statutes.

(Check all boxes which apply)

I certify that I am entitled to support for the following person (the full ordered amount must be listed):

Child	Amount per (week / bi-weekly / monthly)	verified Via legal agreement / document
	\$	
	\$	
	\$	
	\$	

Support has not been ordered to be paid through the courts, but recurring support is received in the form of cash / clothing etc. (must complete a gift income form)

Child	Amount per (week / bi-weekly / monthly)	Verified Via Provider Affidavit
	\$	
	\$	
	\$	
	\$	

Support has been court ordered. However, no support is being received.

Child	Amount per (week / bi-weekly / monthly)	Verified via documented Attempt to enforce
	\$	
	\$	
	\$	
	\$	

Support has not been court ordered and I am not receiving voluntary payments or contributions. I do not anticipate receiving support within the next 12 months.

Child	Child	Spouse/Ex-Spouse

Applicant/Resident Signature

Date

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Signature _____

Notary Public, State of _____

My commission expires _____

