

NOW LEASING!

COLUMBIA'S NEWEST FAMILY COMMUNITY
LOCATED AT 150 DAPHNE ROAD

WE ANTICIPATE OPENING IN JUNE 2021

CONSTRUCTION COMPLETION TIME MAY VARY

DOVE PLACE

**2, 3, & 4 BEDROOM
APARTMENT HOMES**

STARTING AT \$743*

***INCOME RESTRICTIONS APPLY**

**SPACE IS
LIMITED,
APPLY TODAY!**

APARTMENT FEATURES:

- FULLY EQUIPPED KITCHENS
- BLACK APPLIANCES
- OPEN FLOOR PLAN
- CENTRAL HEAT & AIR
- SUN ROOMS
- WASHER & DRYER CONNECTIONS

COMMUNITY FEATURES:

- PROFESSIONAL ON-SITE STAFF
- 24-HOUR EMERGENCY MAINTENANCE
- CLOTHES CARE CENTER
- GAZEBO
- COMPUTER CENTER
- CLUBHOUSE

Don't Miss Out!!

Bring Your Application Today!

Abernathy Place Apartments (Temporary Office)

815 Abernathy Street

Columbia, SC 29209

Download Application at Intermarkmgt.com

Click Our Portfolio then Under Construction Button



DOVEPLACE@INTERMARKMGT.COM

803-995-5467

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

DOVE PLACE 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.*

*Holding Deposit: \$50 per Household.

Applicant understands the Holding Deposit will be applied to the total Security Deposit Due at Move In.
_____ *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 (who 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 \$208

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.

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

DOVE PLACE

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 _____

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



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)
_____	Head of Household	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE – Unborn children are considered for bedroom size only

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

1. Have you ever been evicted from tenancy? YES NO

2. Vehicles: List any vehicles owned.

Type of vehicle _____ Year/Make _____ Color _____ License Plate # _____

Type of vehicle _____ Year/Make _____ Color _____ License Plate # _____

3. 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 **\$ 40** 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 **\$ 250**. 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 **\$ 50**. (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 **DOVE PLACE** 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(s) Initials.

This community is operated under a Low-Income Housing Tax Credit program (LIHTC). The LIHTC is authorized and governed by Section 42 of the Internal Revenue Code. The rents in this community are restricted and there are maximum income limits which apply to these apartment homes. The current maximum income limits provided by the monitoring agency selected by the IRS in your state are posted in the Leasing Office for your review. The anticipated income of all persons expecting to occupy the apartment must be provided and verified via third party written verification prior to your application being approved. Prior to move-in a tenant certification must be executed attesting all information given on this application is accurate and complete.

This community is operated under a Tax Exempt Bond program authorized by the Internal Revenue Code of 1986, as amended and governed by Section 501 (C) (3) Bonds, hereafter referred to as "the Program." The rents in this community for "Type A" residents are restricted based on household size and there are maximum income limits which apply to these apartment homes for "Type A" and "Type B" residents defined by the Program. The current maximum income limits provided by the South Carolina Housing Finance and Development Authority are posted in the Leasing Office for your review. The anticipated income of all persons 18 years of age and older expecting to occupy the apartment must be provided and verified via third party written verification prior to your application being approved. Prior to move-in a Household Income Certification must be executed attesting all information given on this application is accurate and complete.

I hereby authorize the release of any information necessary to process my application. I further understand that it may be necessary to obtain a criminal background report and or a credit report.

_____/_____/20_____
Applicant Signature / Date

_____/_____/20_____
Co-Applicant Signature / Date

I understand that eligibility for residency will be based on Low-Income Housing Income Limits and regulations (please read the designated section checked above) as well as InterMark Management Corporation's Resident Qualification Standards for **DOVE PLACE**. I understand that the Qualification Standards are posted in the Site Office for review. I certify that all information in this application is true, complete and correct to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I have read and understand all statements contained within this entire rental application.

_____/_____/20_____
Applicant Signature / Date

_____/_____/20_____
Co-Applicant Signature / Date

TO BE COMPLETED BY SITE ADMINISTRATOR

Tentative Move In _____ Unit Number _____ Set Aside % _____
Rent Amount _____ Bdrm Size _____ Section 8 _____ YES _____ NO
Copies of identification on each applicant obtained by _____ (initials)

FOR CENTRAL OFFICE USE

Application received and reviewed (Date/Time/AM or PM) _____

Compliance Specialist: _____

Was application complete? ____ YES ____ NO

If NO, date of mailing notice of an incomplete application _____

Supporting Data received in its entirety: _____

Approved ____ Rejected ____ Date _____ Date Notice Mailed to Applicant _____

InterMark Management Corporation

APPLICANT INFORMATION RELEASE FOR: _____
 Resident/Applicant

Property Name: Dove Place Apartments

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

APPLICANT INFORMATION RELEASE FOR: _____
 Resident/Applicant

Property Name: Dove Place Apartments

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.

	Name	Age	Student Status	
			Yes	No
1			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

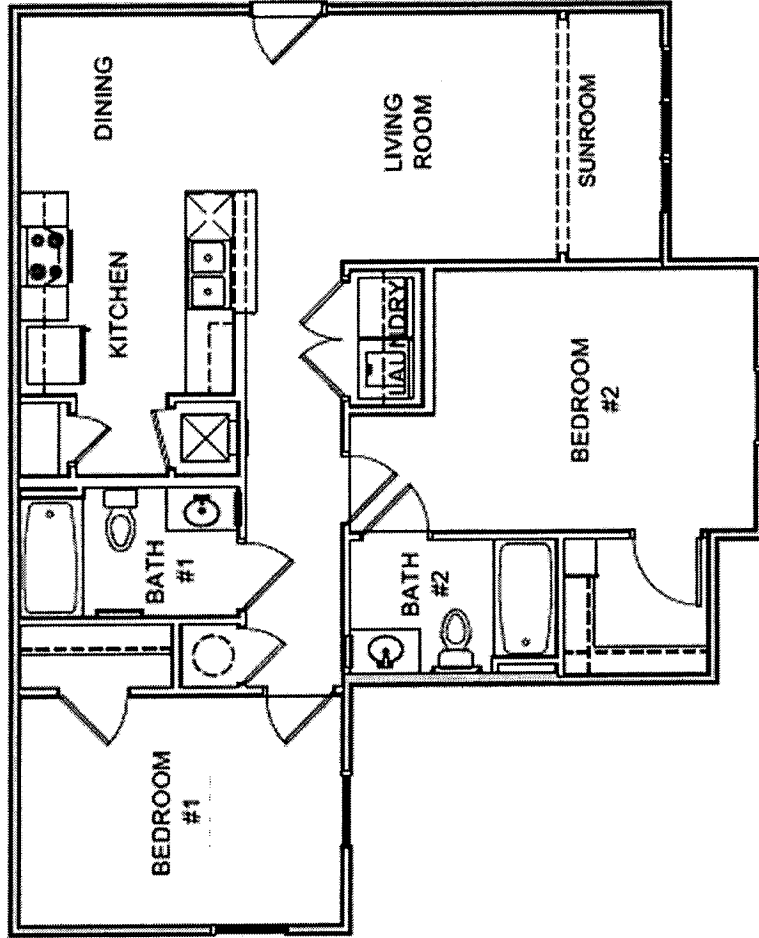
 Signature Date

 Signature Date

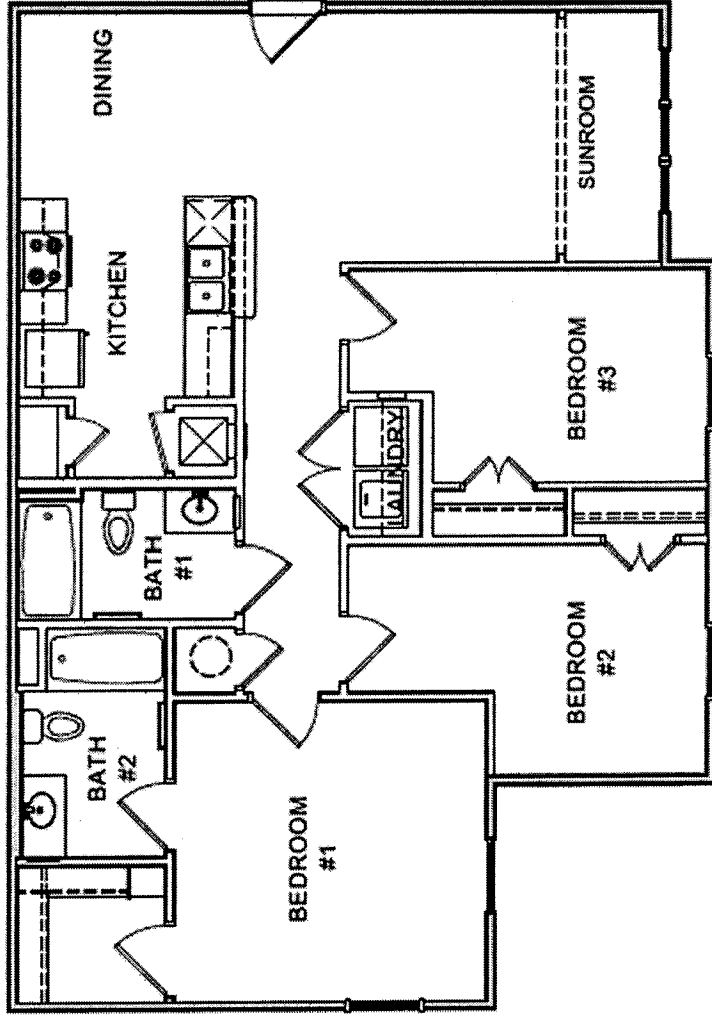
 Signature Date

DOVE PLACE APARTMENTS

2 BEDROOMS/2 BATHS 972 SQUARE FEET



3 BEDROOMS/2 BATHS 1123 SQUARE FEET



DOVE PLACE APARTMENTS

4 BEDROOMS/2.5 BATHS 972 SQUARE FEET

