



T & L Properties
PO Box 456 Granger, IA 50109
1-800-394-1288
Fax 1-877-242-0349

Application for Lease

Riverwalk Lofts

Property Address:
420 West River Drive
Davenport, IA 52801

Dear Applicant:

Please complete the attached application in its entirety. We are unable to process incomplete applications. If you have questions or need assistance completing the application, please feel free to call us at 1-800-394-1288.

Please list at least one landlord reference. If you do not have rental history, please provide at least two references from people who are unrelated to you and are not close friends. Good references would include employers, supervisors, teachers, pastors, creditors, or someone who can attest to your creditworthiness or trustworthiness. A complete reference would include name, phone number, and relationship.

- Please include a copy of your driver's license or state issued photo ID, along with a copy of your social security card or proof of legal residency.
- If you are 62 or older, disabled, or handicapped please enclose a copy of your current Social Security Letter.
- Please provide complete names, addresses, and phone numbers for all employers, banks, child care providers, schools/colleges, etc.
- All questions and lines must be completed, if the question does not apply to you, please mark that question with an "N/A".

Please sign and date each page and return the application by mail to PO Box 456, Granger, IA 50109 or return to the rent drop box at the property address listed above.

Sincerely,

Site Manager
(563) 210-8638

APPLICATION for LOW INCOME HOUSING TAX CREDIT (LIHTC) PROPERTY

Project Name Riverwalk Lofts Unit # _____ No. of Bedrooms 1BR 2BR 3BR

Phone (home) _____ (work) _____

Current Address: _____

PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.

PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

1. 2. 3. 4. 5. 6.	Name ALL People to Occupy Unit			DOB	Age	Sex	Relationship	Social Security #	Student? "Yes" or "No"	If "Yes" PT or FT
	LAST NAME	FIRST	MI							
1.							HEAD			
2.										
3.										
4.										
5.										
6.										

Please complete the following questions:

- (1) Spouse's Maiden Name: _____
- (2) Do you expect any changes in the household composition in the next 12 months? _____
- (3) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Y/N _____ (please describe) _____
- (4) Do all of the above household members reside in the household 100% of the time? Y/N _____ If no, please list the household members that do not live in the household 100% of the time: _____
- (5) Are all occupants' full time students? Yes _____ No _____ If Yes, please answer the following:
 - a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes _____ No _____ (If yes, and all household members are full time students, attach a copy of the Signed Federal Income Tax Return).
 - b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? Yes _____ No _____
 - c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State or local laws? Yes _____ No _____
 - d) Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. Yes _____ No _____ (If yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached).
 - e) Are any of the students part of the foster care program? Yes _____ No _____

PART I - FAMILY COMPOSITION (CONTINUE) - To be completed by applicant

- (6) Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student?
 Yes _____ No _____ If yes, who _____
 Name of School(s): _____ Address: _____
- (7) Current Marital Status: Single _____ Married _____ (date _____) Divorced _____ (date _____) Separated _____
 (date _____) Widowed _____ (date _____)

PART II - HOUSEHOLD INCOME - To be completed by applicant

For questions (8) through (29), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Yes	No	Do you or anyone in your household have:	Annual Amount
_____	_____	(8) Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash)	\$ _____
_____	_____	(9) Child support (include child support you are entitled to but may not be receiving)	\$ _____
_____	_____	(10) Alimony (include alimony you are entitled to but may not be receiving)	\$ _____
_____	_____	(11) Social Security or Rail Road Pension	\$ _____
_____	_____	(12) Supplemental Security Income (SSI)	\$ _____
_____	_____	(13) Public Assistance - ADC, TANF, FIP, and/or Aid to Families w/Dependent Children (AFDC)	\$ _____
_____	_____	(14) Veterans Administration Benefits	\$ _____
_____	_____	(15) Pensions, IRA, and/or 401 (k) (Keogh Accounts)	\$ _____
_____	_____	(16) Annuities	\$ _____
_____	_____	(17) Unemployment Compensation	\$ _____
_____	_____	(18) Disability, Death Benefits and/or Life Insurance Dividends	\$ _____
_____	_____	(19) Workers' Compensation	\$ _____
_____	_____	(20) Severance Pay	\$ _____
_____	_____	(21) Net Income from a Business (Self Employment, including rental property, land contracts or other forms of real estate)	\$ _____
_____	_____	(22) Income from Assets	\$ _____
_____	_____	(23) Regular Contributions and/or Gifts from Person not residing at unit	\$ _____
_____	_____	(24) Lottery Winnings or Inheritances (paid as an annuity)	\$ _____
_____	_____	(25) All regular pay paid to members of the Armed Forces (Military Pay)	\$ _____
_____	_____	(26) Education Grants, Scholarships or Other Student Benefits (including other sources i.e. parents)	\$ _____
_____	_____	(27) Long Term Medical Care Insurance Payments in excess of \$180.00 per day	\$ _____
_____	_____	(28) Other Income _____	\$ _____
		TOTAL	\$ _____
		(29) Total Gross Annual Income from Previous Year	\$ _____

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

YES	NO		CASH VALUE	BANK NAME
Do You or Anyone in Your Household Have:				
(30) _____	_____	Savings Account?	\$ _____	Bank _____
(31) _____	_____	Checking Account/ Debit Card/Demand Deposit Account	\$ _____	Bank _____
(32) _____	_____	Certificates of Deposit?	\$ _____	Bank _____
(33) _____	_____	Safe Deposit Box?	\$ _____	Bank _____
(34) _____	_____	Trust Account?	\$ _____	Bank _____
(35) _____	_____	Any Stocks or Securities?	\$ _____	Bank _____
(36) _____	_____	Any Treasury Bills?	\$ _____	Bank _____
(37) _____	_____	Retirement Fund? (Include IRA's, Keogh accounts)	\$ _____	Bank _____
(38) _____	_____	Mutual Funds?	\$ _____	Bank _____
(39) _____	_____	Savings Bonds?	\$ _____	Bank _____
(40) _____	_____	Money Market Account?	\$ _____	Bank _____
(41) _____	_____	Cash on Hand	\$ _____	Bank _____

Do You or Anyone in Your Household:

(42) _____ Do you or any other member of your household have any Whole or Universal Life Insurance Policies?
 Is so who is this listed with: _____
Cash Value \$ _____

(43) _____ Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques etc.)?
Cash Value \$ _____

(44) _____ Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?
 If yes, Type of Property: _____
 Location of Property: _____
 Appraised Market Value: _____
 Mortgage or Outstanding loans balance due: _____
 Amount of Annual Insurance Premium: _____
 Amount of most recent tax bill: _____

PART III - ASSET INCOME (CONTINUE) - To be completed by applicant

(45) _____ Have you sold or disposed of any other assets in the last 2 years? (ex: given money away, set up Irrevocable Trust Account, property)

If yes, type of asset: _____
Market Value when sold or disposed: _____
Amount sold or disposed for: _____
Date of Transaction: _____

(46) _____ Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value \$ _____
Where are Funds Held? _____

(47) _____ Do you have any other assets not listed above (excluding personal property)?

If yes, please list: _____

PART IV - EMPLOYMENT HISTORY - To be completed by applicant

(48) Head's Current Employer: _____

Date Hired: _____ Date Terminated: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

(49) Head's Previous Employer: _____

Date Hired: _____ Date Terminated: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

(50) Spouse Current Employer: _____

Date Hired: _____ Date Terminated: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

(51) Other Applicant's Current Employer: _____

Date Hired: _____ Date Terminated: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

(52) Head's Previous Employer: _____

Date Hired: _____ Date Terminated: _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____
Address City State Zip Phone

PART V - CREDIT REFERENCES - To be completed by applicant

	<u>Name</u>	<u>Address / Phone</u>	<u>Monthly Payment</u>
(53)	_____	_____	\$ _____
(54)	_____	_____	\$ _____
(55)	_____	_____	\$ _____

PART VI – RENTAL HISTORY - To be completed by applicant

(56) **Residence History: Current & Previous Landlords:**
(Past 2 years residence including any owned by applicants.)

Current Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address		Landlord Phone
_____	_____		_____
When did you move in:		When did you move out:	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address		Landlord Phone
_____	_____		_____
When did you move in:		When did you move out:	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address		Landlord Phone
_____	_____		_____
When did you move in:		When did you move out:	

PART VII - OTHER - To be completed by applicant

- (57) Do you have full custody of your child (ren)? Explain the custody arrangements: _____

- (58) Would you or any members of your household benefit from a handicapped-accessible unit? Yes_____ No_____
If yes, explain: _____
- (59) Have you ever been evicted? Yes_____ No_____
If yes, explain: _____
- (60) Have you ever filed for bankruptcy? Yes_____ No_____
If yes, explain: _____
- (61) Have you ever been convicted of a felony? Yes_____ No_____
If yes, explain: _____

PART VII - OTHER (CONTINUE) - To be completed by applicant

(62) Will your household be receiving Section 8 rental assistance at the time of move-in? Yes _____ No _____

(63) Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
Yes _____ No _____ Explain: _____

(64) Have you ever received rental assistance? Yes _____ No _____
If yes, explain: _____

a. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?
Yes _____ No _____ If yes, explain: _____

(65) Will this be your only place of residence? Yes _____ No _____
If no, explain: _____

(66) What is the condition of your current housing?
Standard _____ Unsafe or Unhealthy _____ Living with Parents _____
No Indoor Plumbing / Kitchen _____ Currently without Housing _____

PART VIII - RESIDENT'S STATEMENT - To be completed by applicant

(67) Do you have a legal right to be in the United States: (check one that applies)

_____ Yes, because I am a United States Citizen

_____ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly
The Immigration and Naturalization Service)

_____ No

If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you may be required to provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a NonCitizen with eligible immigration status.

PART IX - SPECIAL NEEDS - To be completed by applicant

(68) Does anyone your household have special needs? (Y/N) _____

(69) Special living accommodations required? (Y/N) _____

If yes please explain: _____

PART X – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone

PART XI - RESIDENT'S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/we understand that the full approval and verification process for my application will not begin until a security deposit in the amount of \$300 has been paid, and may take up to 7-10 business days to complete. I acknowledge that this deposit is refundable if it is found that I/we do not meet eligibility requirements. I further understand that if I choose to withdraw my application for any reason once the income and asset verification process has been started, a standard verification processing and advertising fee of \$150.00 will be deducted from the security deposit, as well as any applicable charges for rent lost on the rental unit while taken off the market.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head) Date

Applicant Signature (Co-Head) Date

Other Applicant Signature Date

Other Applicant Signature Date

To be completed by Owner / Property Manager:

OWNER'S STATEMENT: Based on the representations herein and upon the proof and documentation obtained, the household named in Section 1 of this Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident who's anticipated annual income for the next twelve months does not exceed:

For Initial Application: \$ _____ (Income Limit for Household Size)

Signature of Owner's or Developer's
Authorized Representative: _____ Date _____

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. The information will not be used in evaluation of your application or to discriminate against you in any way. **You are not required to furnish this information, but are encouraged to do so.**

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST	Relationship	Racial –please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Racial*1

- 1 – White 2 – Black/African American 3 – American Indian/Alaska Native
 4 – Asian 5 – Native Hawaiian/Other Pacific Islander

Ethnicity*2

- 1 – Hispanic or Latino 2 – Not Hispanic or Latino

Disabled*3

- Yes No

Military Service

- Pre-Vietnam Era Vietnam Veteran
 Post-Vietnam Era Disabled Veteran

How did you hear about this housing opportunity?

- Newspaper Company Employee Professional Publication
 Job Fair Placement Office Web Site
 Other _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!

CONSENT

I authorize and direct any Federal, State or local agency, organization, business, or individual to release pertinent information to verify my application information. I understand and agree that this authorization may be given to and used by management in administering and enforcing program rules and policies. I also consent for management to release information from my file about my rental history to credit bureaus, collection agencies or future landlords. This includes records on my payment history and any violations of my lease.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding household occupants may be needed. Verifications and inquiries requested may include:

Identity and Marital Status
Employment, Income, and Assets
Medical or Child Care Allowances

Credit and Criminal Activity
Residences and Rental activity

THIRD PARTY SOURCES

Verifications from third party sources may include:

Current and Previous Landlords
Past & Present Employers
Welfare Agencies
Public Housing Agencies
Courts and Post Offices
Schools and Colleges
State Unemployment Agencies
Social Security Administration
Retirement Systems

Law Enforcement Agencies
Support & Alimony Providers
Utility Companies
Medical & Child Care Providers
Banks and Other Financial
Veteran's Administration
Credit Providers & Credit Bureaus
Institutions

COMPUTER MATCHING CONSENT AND NOTIFICATION

I understand and agree that management may conduct computer matching programs to verify the information supplied from my application or recertification. The management may, in the course of its duties exchange, such automated information with other Federal, State, or local agencies, including, but not limited to, State Employment Security Agencies, Department of Defense; Office of Personnel Management; the U.S. Postal Service; Social Security Administration; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is in the tenant file and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Adult Member

(Print Name)

Date

Adult Member

(Print Name)

Date

Adult Member

(Print Name)

Date