

PARKSIDE AT TARKINGTON
RESIDENT SELECTION CRITERIA INFORMATION

This community is operated under the Tax Credit Program under Section 42 of the Internal Revenue Code. The program is designed to facilitate the housing needs of certain qualifying standards established by the government. It is our policy to thoroughly review all applications at a Flaherty & Collins' managed community. Each Resident living in our apartment homes must qualify on his/her own ability. Residency at **Parkside at Tarkington** is limited to those families having low to moderate incomes. In **Marion** County, the maximum allowable income (by household size) is as follows:

For determination of Maximum Allowable Income the *household size* does not include the following individuals: Live-In care attendants.

Household Size	Maximum Allowable Annual Income
1	\$38,400
2	\$43,860
3	\$49,320
4	\$54,780
5	\$59,220

The rents at **Parkside at Tarkington** are limited by statute. Currently, the rents by bedroom size are as follows:

Apartment Size	Average Square Feet	Current Rent	Maximum # Occupants	Minimum Allowable Monthly Income
1 Bedroom	550 - 765	\$439. - \$953	3	Two times the rent amount
2 Bedroom	684 - 1088	\$523 - \$1140	5	Two times the rent amount

APPLICATION INTAKE

Applications for residency are accepted **Monday through Friday from 9am to 5pm** or by appointment.

- All adults (18 years of age or older or emancipated) must complete a separate application.
- Applicants must provide true, complete, and accurate information pertaining to all household members.
- Applicants must provide proof of social security number for all household members, photo I.D. for all adults and birth certificates for all dependent children in the household.
- **Head, Co-Head or Spouse must be aged 55 and older.**
- **Twelve (12) of the units will be set-aside for persons with Intellectual and /or Developmental Disabilities (IDD) – Referrals only**
- Please do not use white out.

APPLICATION VERIFICATION

In processing your application, approval/disapproval will be based upon the following criteria:

IF YOU ARE A STUDENT, PLEASE SEE THE LEASING AGENT REGARDING REQUIREMENTS AND RESTRICTIONS.

I. Credit Criteria

Applicant must pass credit criteria as outlined below. We will weigh the amount of satisfactory credit versus unsatisfactory credit.

A. Unacceptable Credit

1. Accounts must be free of any unpaid judgement and/or liens;
2. No more than five (5) collection items. Student loans or medical will not be considered;
3. Outstanding debt to a Landlord;
4. Proof that utilities can be established in own name will be required if an outstanding debt to a utility company appears on your credit report;

B. Acceptable Credit

1. We require a minimum of one (1) year of established credit following a bankruptcy;
2. Medical and/or student loans;
3. Poor credit rating, which is a result of a divorce in which the spouse is responsible for the debt(s). Applicant must present proof of his/her spouse's/ex-spouse's responsibility. Example of such proof would include divorce decree or court order.
4. Bad debts or slow pay accounts that have been satisfied will not be considered satisfactory or unsatisfactory.



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- C. If application has been rejected due to credit, applicant has the right to obtain a free disclosure of their file from the credit-reporting agency within sixty (60) days. Applicant also has the right to dispute directly with the reporting agency the accuracy or completeness of any information provided by the credit-reporting agency.
- D. We do not reject based on no credit history, as opposed to poor credit history.

II. Rental History

- A. We verify your present and past residences for the past two (2) years.
- B. Unsatisfactory landlord reference includes, but is not limited to the following:
 - 1. Record of disturbances;
 - 2. Destruction of property;
 - 3. Disruptive behavior;
 - 4. Conduct which adversely affects the safety or welfare of others;
 - 5. History of constant late payment of rent, or other obligation due under the lease;
 - 6. Unsanitary or hazardous housekeeping;
 - 7. Non-compliance with the terms of the lease agreement.
- C. **No evictions or outstanding balance from a previous landlord**
- D. Applicants with no landlord history may be required to pay an additional deposit.

III. Employment/Income

We verify all sources of income. In addition to standard wages, income received from many sources including but not limited to alimony, child support, pensions, stocks, bonds, CD's and social security. A complete definition of income is posted in the rental office for inspection. This qualification and certification process must be completed annually.

IV. Bank Reference

We verify the existence of bank accounts, the standing of the account, the average balance for the past six (6) months, annual interest, and the name(s) appearing on the account(s.)

V. Criminal Background Screening

If a member of an applicant household has been convicted of any of the felony offenses listed below, the applicant will be denied admission (*list is not all inclusive*):

First Degree Murder / Rape / Sex Crimes / Violent Crimes against Children / Arson / Crimes involving Explosives.

If a member of an applicant household has been convicted of a violent felony offense not covered above, the applicant will be denied admission if the conviction, or exit from incarceration, occurred within the last 8 years of application.

Offenses include but are not limited to: manufacture or sale of a controlled substance / possession of cocaine or meth / DUI, DWI, DUI causing injury / abandonment & neglect of animal / shoplifting / vandalism / terroristic threats / harassment or stalking

If a member of an applicant household has been convicted of a nonviolent felony offense, the applicant will be denied admission if the conviction, or exit from incarceration, occurred within the last 6 years of application:

Offenses include but are not limited to: counterfeiting / embezzlement / insurance or welfare fraud / cyber stalking or hacking / bribery / failure to appear / public gaming / drug use or possession / minor in possession of alcohol / public intoxication / trespassing / probation violation

VI. Violence Against Women and Department of Justice Reauthorization Act of 2013 (VAWA)

This law protects victims of domestic violence, dating violence, sexual assault or stalking as well as their immediate family members, generally, from being evicted or being denied housing if an incident of violence is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence, sexual assault or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating tenancy or occupancy rights of the victim. Furthermore, criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking is not grounds for terminating the victim's tenancy. The Owner/Agent may bifurcate a lease in order to evict or remove the offender while allowing the victim, who is a tenant or lawful occupant, to remain in the unit.



- VII. All Section 8 Housing Choice Voucher recipients must qualify with landlord, credit, and criminal.
- VIII. Unit transfers are not allowed.
- IX. Waiting lists are maintained by floorplan. Applicants are selected by date applied. It is the responsibility of the applicant to update contact information when there are changes.
- X. There is a \$25 non-refundable credit check fee per application. The refundable security deposit can be \$250 and up to one month's rent, depending on credit. Paid utilities include water, sewage, and trash removal. All residents are responsible for their own electric, telephone, internet, and cable bill. Parkside at Tarkington is a smoke FREE community. Pets are permitted with prior approval and an additional \$250 refundable pet deposit and pet fee of \$25 per month. Limit ONE (1) cat or dog per apartment with a weight limit of 30lbs as an adult (not a puppy) Breed restrictions apply. Minimum lease term is twelve (12) months. Renter's Insurance is recommended.
- XI. Applicants denied may not reapply for six (6) months.
- XII. If denied, applicants will be notified in writing.

By signing below, I acknowledge and fully understand and accept the terms for qualification for the apartment. I wish to have my application processed for residency at Parkside at Tarkington to verify the information provided on the application and obtain a copy of my criminal and credit reports.

Signature

Date



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Effective 6/2022



PERSONAL INFORMATION			
Full name of applicant		Home phone number	Date of birth
Social Security #	Drivers license # & State Issued	US Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital status (check one) Single <input type="checkbox"/> (Never Been Married) Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>
Race: (check one) White <input type="checkbox"/> Black <input type="checkbox"/> Oriental / Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/>		Is Your Ethnic Background Hispanic? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you Relocating from a Presidentially Declared Disaster (PDD) area? Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant Email		Applicant Cell phone number	
Name of All other Occupants	Date of Birth	Age	Relationship to Applicant
HOUSING INFORMATION <i>MUST HAVE 2 YEARS OF CONTINUOUS HISTORY.</i>			
Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:			
Street Address	Apt. #	City	State and Zip
Landlord/mortgage company	Monthly rent or mortgage \$	Dates: From: / / To: / /	
Address of landlord/mortgage company	Landlord/mortgage company phone #	Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> Relationship:	
Is your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.		What is your reason for moving?	
Applicant's Previous Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:			
Street Address	Apt. #	City	State and Zip
Landlord/mortgage company	Monthly rent or mortgage \$	Dates: From: / / To: / /	
Address of landlord/mortgage company	Landlord/mortgage company phone #	Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship	
Was your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.		What is your reason for moving?	
Applicant's Previous Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:			
Street Address	Apt. #	City	State and Zip
Landlord/mortgage company	Monthly rent or mortgage \$	Dates: From: / / To: / /	
Address of landlord/mortgage company	Landlord/mortgage company phone #	Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship	
Is your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.		What is your reason for moving?	



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APARTMENT REQUIREMENTS AND OTHER MATERIAL INFORMATION		
Number of bedrooms needed?	Date you are needing an apartment?	Where did you hear about us?
1. Do you or does any member of your household have a condition that requires special needs? <input type="checkbox"/> a separate bedroom <input type="checkbox"/> 1 level apt – must have ground floor no stairs <input type="checkbox"/> companion / service animal <input type="checkbox"/> vision-impaired <input type="checkbox"/> hearing impaired <input type="checkbox"/> disabled parking space <input type="checkbox"/> physical modifications to apt <input type="checkbox"/> live in aid		Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Will you be receiving Section 8 rental assistance? If 'yes' list Agency Name, contact person and phone number.		Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does an adult of this household have primary physical custody of every child listed on this application? If not - Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4. Is there anyone living with you now who won't be living with you at this property? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you expect any additions to your household within the next twelve months? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are there any absent household members who under normal conditions would live with you? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Does your household have or anticipate having any pets other than those used as service animal? Describe:		Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Have you or any one else named on this application filed for bankruptcy? Explain (provide dates):		Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you or any one else named on this application been convicted of a felony? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Are you or any one else named on this application subject to a lifetime state sex offender registration program in any state? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Please list all states in which you or anyone else named on this application have resided since birth:		
12. Have you or any one else named on this application been convicted of dealing or manufacturing illegal drugs? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you or any one else named on this application had legal action taken against you for nonpayment of a bill? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you or any one else named on this application broken a rental agreement or lease contract? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Have you or any one else named on this application been sued for property damage? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Have you or any one else named on this application been evicted or asked to move from a rental unit of any type including an apartment, home, mobile home or trailer? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>

MISCELLANEOUS INFORMATION				
How many autos would you keep at this property?				
Make	Model	Year	Color	License # and State
In case of emergency, notify:	Work phone #	Home phone #	Relationship	
Street Address:	City/State/Zip:	In the event of serious illness or death of resident, the above person may <input type="checkbox"/> or may not <input type="checkbox"/> enter, remove and/or store all contents found in the dwelling, common areas, or mailbox.		

APPLICATION FEE & SIGNATURE CLAUSE

Applicant has submitted the sum of \$ _____ which is a non-refundable payment for cost of screening, receipt of which is acknowledged by Management. Such sum is not a rental payment. In the event this application is disapproved by Management or canceled by the applicant, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. This application along with an applicant questionnaire completed by each adult in the household must be completed in total and signed before it will be processed by Management.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

Signature of Applicant _____

Date _____



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Applicant Questionnaire for Affordable Housing

(A separate form is to be completed by each ADULT (18+) household member)

Name: _____ # in Household _____					
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Additional Household Member					
INCOME INFORMATION					
Answer all questions Yes or No by placing a check (✓) in the appropriate box. Please make sure you have answered every question completely. If you answer Yes, include where the information can be verified, and the amount anticipated to be received. If the question does not apply, answer No. Do not leave any questions unanswered.					
	Yes	No	Include all income you are receiving or <u>anticipate</u> receiving in the next 12 months. Include unearned income you receive on behalf of a minor in your household.		
1.	<input type="checkbox"/>	<input type="checkbox"/>	Employment Gross wages or salaries from <u>current</u> and/or <u>anticipated</u> job(s)? (circle which) <small>(Include base pay; overtime; tips; bonuses; commissions; shift, weekend, production and other similar type pays)</small>		
	employ.ver nonemp.cer empprior.ver seasonal.cer		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Name, address & phone to verify information: Job 1: _____ Name, address & phone to verify information: Job 2: _____ Name, address & phone to verify information: ***YOU MUST PROVIDE YOUR LAST 4-6 CONSECUTIVE PAYSTUBS FOR EACH JOB </td> <td style="width: 50%; vertical-align: top;"> Amount anticipated? Job 1: _____ Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually Job 2: _____ Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually </td> </tr> </table>	Name, address & phone to verify information: Job 1: _____ Name, address & phone to verify information: Job 2: _____ Name, address & phone to verify information: ***YOU MUST PROVIDE YOUR LAST 4-6 CONSECUTIVE PAYSTUBS FOR EACH JOB	Amount anticipated? Job 1: _____ Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually Job 2: _____ Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually
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2.	<input type="checkbox"/>	<input type="checkbox"/>	Self Employed? (Must provide last 2 years tax returns to support projected income.) This includes but not limited to: Rideshare companies such as Uber / Lyft, multi-level marketing companies such as Mary Kay, Total Life Changes, 1099-contractors etc. (Include salaries received from business and net business income. Include any payments received in cash.)		
	selfemp.cer 2 years Taxes		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Type of business? _____ _____ </td> <td style="width: 50%; vertical-align: top;"> Amount anticipated? Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually </td> </tr> </table>	Type of business? _____ _____	Amount anticipated? Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually
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3.	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment benefits, workman's compensation or any form of severance pay?		
	other.ver		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Name, address & phone to verify information: _____ </td> <td style="width: 50%; vertical-align: top;"> Amount anticipated? Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually </td> </tr> </table>	Name, address & phone to verify information: _____	Amount anticipated? Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually
Name, address & phone to verify information: _____	Amount anticipated? Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually				
4.	<input type="checkbox"/>	<input type="checkbox"/>	Public Assistance?		
	public.ver		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Location and Casworker information: _____ </td> <td style="width: 50%; vertical-align: top;"> Amount anticipated? _____ / month Type of assistance received: (check all that apply): <input type="checkbox"/> TANF <input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> MEDICAID </td> </tr> </table>	Location and Casworker information: _____	Amount anticipated? _____ / month Type of assistance received: (check all that apply): <input type="checkbox"/> TANF <input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> MEDICAID
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5.	<input type="checkbox"/>	<input type="checkbox"/>	Social Security, SSI or any other payment from the Social Security Administration? <small>(check all that apply) Current award letter(s) will need provided for each benefit amount.</small>		
			<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Social Security periodic payments <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Disability <input type="checkbox"/> Death Benefits <input type="checkbox"/> Other </td> <td style="width: 50%; vertical-align: top;"> Amount anticipated? _____ / month _____ / month </td> </tr> </table>	<input type="checkbox"/> Social Security periodic payments <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Disability <input type="checkbox"/> Death Benefits <input type="checkbox"/> Other	Amount anticipated? _____ / month _____ / month
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6.	<input type="checkbox"/>	<input type="checkbox"/>	Receives UNEARNED income from household members age 17 or under? (Social Security? Trust Fund?)		
	other.ver		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Name, address & phone to verify information: _____ </td> <td style="width: 50%; vertical-align: top;"> Amount anticipated? Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually </td> </tr> </table>	Name, address & phone to verify information: _____	Amount anticipated? Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually
Name, address & phone to verify information: _____	Amount anticipated? Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually				

	<u>Yes</u>	<u>No</u>	INCOME INFORMATION (CONTINUED)	
7.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a court order or private agreement for receiving Child Support? (We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered but is being received directly from the payor through a private agreement.)	
	childsup.ver childnon.cer		Name, address & phone to verify information: _____ _____	Amount anticipated? _____ Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually
8.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a court order or private agreement for receiving Spousal Support? (Copies of all court orders must be provided. We must also count support that is not court-ordered but is being received directly from the payor through a private agreement.)	
	other.ver		Name, address & phone to verify information: _____ _____	Amount anticipated? _____ Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually
9.	<input type="checkbox"/>	<input type="checkbox"/>	Payments from Veteran's Administration, GI Bill, or National Guard / Military benefits?	
	other.ver veteran.ver		Name, address & phone to verify information: _____ _____	Amount anticipated? _____ Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually
10.	<input type="checkbox"/>	<input type="checkbox"/>	Regular pay as a member of the Armed Forces, including Reserves?	
	military.ver.		Name, address & phone to verify information: _____ _____	Amount anticipated? _____ Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually
11.	<input type="checkbox"/>	<input type="checkbox"/>	Regular gifts or payments from anyone outside of your immediate household? (This includes anyone supplementing your income or paying any of your bills)	
	other.ver		Name, address & phone to verify information: _____ _____	Amount anticipated? _____ Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually
12.	<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from pensions, retirement funds or annuities?	
	other.ver		Name, address & phone to verify information: _____ _____	Amount anticipated? _____ Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually
13.	<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from inheritances, trust funds, insurance policies or lottery winnings or donation banks (such as plasma donations)?	
	other.ver		Name, address & phone to verify information: _____ _____	Amount anticipated? _____ Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually
14.	<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from real or personal property or other types of real estate transactions (rental)?	
	other.ver		Name, address & phone to verify information: _____ _____	Amount anticipated? _____ Paid: (circle one): daily / weekly / bi-weekly / semi-monthly / monthly / annually
15.	<input type="checkbox"/>	<input type="checkbox"/>	I am claiming Zero Income. (Complete Zero Income Questionnaire)	

ASSET INFORMATION		Answer all questions Yes or No by placing a check (✓) in the appropriate box. Please make sure you have answered every question completely. If you answer Yes, include complete addresses where the information can be verified, and the amount anticipated to be received. If the question does not apply, answer No. Do not leave any questions unanswered.			
	<u>Yes</u>	<u>No</u>	Include all assets held and the income derived from the asset. Include all assets held by minors. (If additional space is needed to list assets, attach a separate sheet of paper.)		
16.	<input type="checkbox"/>	<input type="checkbox"/>	Checking Accounts? (List all accounts – including virtual currency)		
	bank.ver		Name, address & phone to verify info:	How many Accounts	Interest Rate % % \$ \$
17.	<input type="checkbox"/>	<input type="checkbox"/>	Savings Accounts? (List all accounts)		
	bank.ver		Name, address & phone to verify info:	How many Accounts	Interest Rate % % \$ \$
18.	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Paid Debit Cards or Pay Cards? (List CURRENT BALANCE for all accounts)		
	Lessthan5000.cer Inquiry Balance		How many Cards? (Need printed balance for each card)		\$ \$
19.	<input type="checkbox"/>	<input type="checkbox"/>	Safe Deposit Box?		
	bank.ver		Name, address & phone to verify info:	Contents:	Cash Value: \$
20.	<input type="checkbox"/>	<input type="checkbox"/>	Cash on Hand?		
	Lessthan5000.cer		\$		
21.	<input type="checkbox"/>	<input type="checkbox"/>	Whole Life Insurance? (List all Policies)		
	asset.ver		Name, address & phone to verify info:	Policy #	Cash Value: \$
22.	<input type="checkbox"/>	<input type="checkbox"/>	CD's, Money Markets, Mutual Funds? (List all accounts)		
	bank.ver		Name, address & phone to verify info:	Account #	Cash Value: \$
23.	<input type="checkbox"/>	<input type="checkbox"/>	Stocks, Bonds, Securities or Treasury Bills? (List all accounts)		
	asset.ver		Name, address & phone to verify info:	Type #	Cash Value: \$
24.	<input type="checkbox"/>	<input type="checkbox"/>	IRA / Lump Sum Pension / Keogh / 401K or other retirement accounts?		
	asset.ver		Name, address & phone to verify inf.:	Account #:	Cash Value: \$
25.	<input type="checkbox"/>	<input type="checkbox"/>	Revocable Trust fund(s)?		
	asset.ver		Name, address & phone to verify inf.:	Account #:	Cash Value: \$
26.	<input type="checkbox"/>	<input type="checkbox"/>	Real estate, rental property, land contracts/contracts for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)		
	realest.ver		Address or Legal Description: I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclosure		Cash Value: \$
27.	<input type="checkbox"/>	<input type="checkbox"/>	Personal property held as an investment? (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as car, furniture or clothing)		
	asset.ver		Description:		Cash Value: \$
28.	<input type="checkbox"/>	<input type="checkbox"/>	Have you disposed of or given away any asset for less than fair market value within the past 2 years?		
	disposal.cer		Explain:		Fair Market Value: \$
29.	<input type="checkbox"/>	<input type="checkbox"/>	Have you received any Lump Sum payments in the past 2 years or anticipate any in the next year? (This includes lottery winnings paid in one payment, not recurring periodic payments)		
	lumpsum.cer		Explain: (Where is the money now?)		Cash Value: \$

STUDENT STATUS			
	<u>Yes</u>	<u>No</u>	
30.	<input type="checkbox"/>	<input type="checkbox"/>	Have you been a FULL-TIME student within the last 12 months? Where? _____
31.	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently a STUDENT? Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Where? _____
32.	<input type="checkbox"/>	<input type="checkbox"/>	Do you expect to be a STUDENT in the next 12 months? Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Where? _____
33.	<input type="checkbox"/>	<input type="checkbox"/>	Do you receive Financial Assistance for education?

I understand that the Owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Rental Housing Tax Credit (RHTC) Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material misrepresentation is made, I could be subject to prosecution and/or that my application will be denied and/or my tenancy be terminated. **Any falsification or misrepresentation of information will be considered a material breach of the lease agreement.** I hereby swear that to the best of my knowledge, the above information is true, correct and complete. I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the RHTC Program requirements.

I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise I will notify management immediately. Failure to do so may cause a delay in the processing of my household for occupancy or may cancel my household's application for occupancy altogether.

Signature

Date



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



COVER SHEET

AUTHORIZATION TO RELEASE INFORMATION

Date: _____

Number of pages including cover sheet: _____

To be completed by office:

To: _____
Attn.: _____
Company: _____
Address: _____
Email: _____
Phone: _____
Fax: _____

From:
Parkside at Tarkington
3901 N Meridian
Indianapolis, IN 46208
Email: *parkside@flco.com*
Phone: *463-900-8040*
Fax: *317-816-9301*

Applicant, do not write in this Section.

The undersigned individual(s) has applied for residency at our apartment community. The property is operated under HUD and/or the LIHTC program within Section 42 of the Internal Revenue Code which requires that we obtain written confirmation of the income of all applicants and other household members. To comply with Federal regulations requesting verification of all income, assets and allowances for residents of HUD and/or LIHTC housing, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me may be needed. Verifications and inquiries that may be requested include but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Residences and Rental Activity
Employment, Income, and Asset	Medical Allowances	Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I understand I have a right to review my file and correct any information that can be proven is incorrect.

I, the undersigned hereby authorize the release of any information requested to determine my eligibility for HUD and/or the LIHTC Program.

To be completed by applicant

Applicant/Resident Name (Printed): _____

Social Security Number: _____ - _____ - _____

Authorizing Signature: _____

Date: _____



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SPECIAL NEEDS CERTIFICATION

Head of Households Name: _____

Name of Household member with Special Need: _____

Our apartment community has made a commitment to IHCD to set-aside certain units for occupancy by households having Special Needs. Completion of this Questionnaire is optional. However, if your household does qualify to occupy one of the Special Needs Set-Aside Units and would like to be given preference for one of these units, this Questionnaire must be completed and documentation supporting the Special Need will be obtained. All households (whether Special Needs or not) will be required to meet all additional Resident Selection Criteria and Income Guidelines prior to being approved for residency at our Low Income Housing Tax Credit (LIHTC) Property.

Disabled Person

Pursuant to Indiana Code ("IC") 5-20-1-4.5, which defines disabled as "a person with a disability who, by reason of physical, mental, or emotional defect or infirmity, whether congenital or acquires by accident, injury, or disease, is totally or partially prevented from achieving the fullest attainable physical, social, economic, mental, and vocational participation in the normal process of living"

Homeless

Homeless is defined as in individual or family that lacks a fixed, regular, and adequate nighttime residence; or an individual or family that has a primary nighttime residence that is (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designated for or ordinarily used as, a regular sleeping accommodation for human beings. This term does not include any individual imprisoned or otherwise detained under an Act of the Congress or a State Law.

Single parent household

Victims of domestic violence

Abused children

Persons with chemical addictions

Elderly – Age 55 and older

Please provide the name, address, and phone number of the Doctor, Service Care Provider, Social Service Worker or other individual qualified to verify your Special Needs eligibility:

Name: _____ Phone Number: _____

Address: _____

No member of our Household meets the above-described Special Need.

I elect NOT to complete this form

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code and/or HUD affordable housing programs. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

Signature of Applicant/Resident

Date

Penalties for misusing this content: "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 use 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 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 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 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 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)."



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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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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. 13604) 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.