

Welcome to Rochester Highlands!

47 Green Knolls Drive Rochester NY 14620

P: (585)271-2680 F: (585)271-6171

E: Rochester@CAPREIT.com

Dear Prospective Resident,

Here at Rochester Highlands, we offer contemporary, pet friendly homes ranging in sizes of studio to three bedrooms. Our location provides convenient access to stores and restaurants, as well as easy access to local transportation! Enjoy the benefits of our onsite laundry facility, community room with kitchen and playground. Our courtyards and garden space are perfect for relaxing and enjoying our beautiful community. We can assure you that our professional management and maintenance teams go above and beyond to ensure Rochester Highlands feels like home and that all your needs are taken care of!

We are delighted that you are interested in Rochester Highlands as your future home!

Enclosed, you will find the preliminary rental application for residency. Please make sure that all paperwork is filled out completely, once completed please stop by our Rental Office where we will assist you through the next steps of processing. Paperwork that is returned incomplete will result in processing delays or your application to not be accepted.

It is required that the application for residency be hand delivered to our office and that all applications over the age of 18 also be present at the time of delivery to sign verification forms. Unfortunately, we are unable to accept an application unless they are hand delivered and all applicants over the age of 18 are present. Along with the application please go through the checklist provided for all documentation that is required to process your application.

There is a \$20.00 application fee due at time of submitting the application, for each adult member of the household. This must be in the form of a money order or a certified bank check.

After your credit is approved, there is a \$100 Holding Deposit that must be turned into the office within 48 hours of your credit being approved. This must be in a form of a money order or certified bank check.

If you have any questions, please feel free to contact the Rental Office at 585-271-2680. We will be happy to assist you through this application process in any way that we can!

Sincerely,

Rochester Highlands Management Team

Rochester Highlands Applicant Requirements

Applicants must be within the minimum and maximum annual income guidelines which are as follows.

Minimum Income Requirements

Note: If you have a subsidy or housing voucher please notify as that will change the minimum income requirement. Minimum Income Limit is 2 times the rent amount.

Maximum Income Requirements

Note: Applicants who exceed the maximum are ineligible under the Low-Income Housing Tax Credits. Gross income is calculated before taxes are taken out and includes all household members. Income limits are subject to change yearly.

1Person: \$35,280	2Person: \$40,320	3Person: \$45,360
4Person: \$50,400	5Person: \$54,480	6Person: \$58,500

Rochester Highlands Rent Amounts

Apartment Size	Rent Amounts
Studio	\$750.00
One Bedroom	\$845.00
Two Bedroom	\$1,000.00
Three Bedroom	\$1,150.00

Prices effect May 1, 2021, Prices subject to change, to hold rent price application must be submitted prior to change.

Rochester Highlands Occupancy Guidelines

Apartment Size	Minimum Occupants	Maximum Occupants
Studio/One Bedroom	1 Person	2 Persons
Two Bedroom	2 Persons	4 Persons
Three Bedroom	3 Persons	6 Persons

AMENITIES

ROCHESTER HIGHLANDS

COMMUNITY AMENITIES

- Private playground
- Gazebo
- Garden area
- Two laundry care centers
- Pet-friendly (dogs and cats)
- Off-street parking available
- On-site maintenance
- Clubhouse
- Multi-use room
- Professional on-site management and 24/7 maintenance

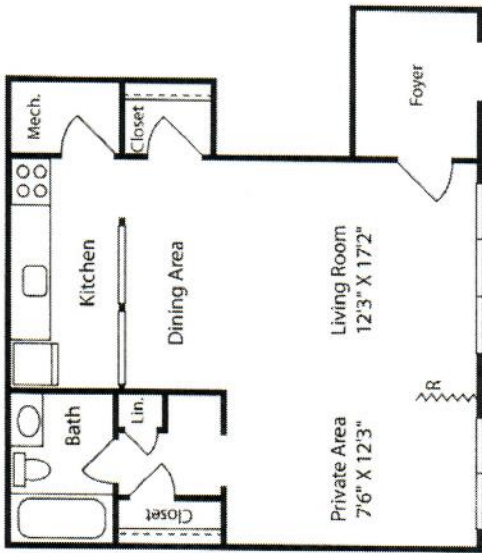
APARTMENT AMENITIES

- Ceiling fans
- Eat-in kitchen *
- Pantry
- Generous closet space
- Secured entry
- * Select Homes



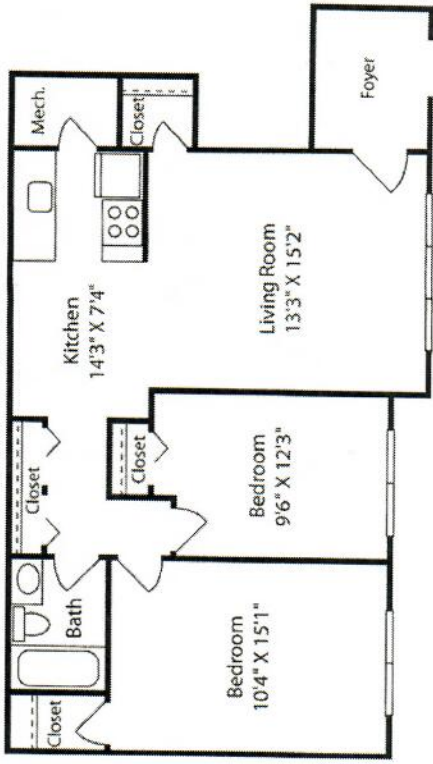
STUDIO

STUDIO | 1 BATH
451 SQ. FT.



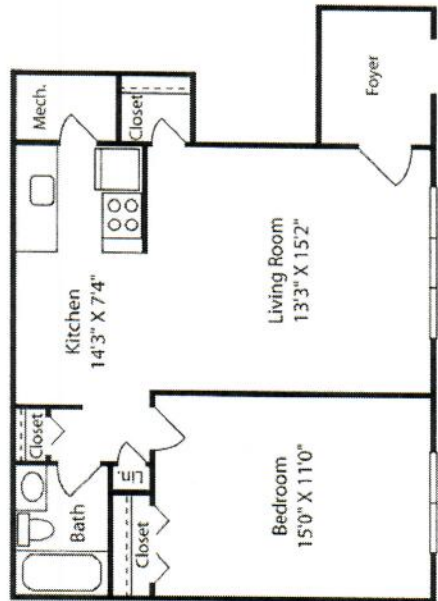
TWO BEDROOM

2 BEDROOM | 1 BATH
767 SQ. FT.



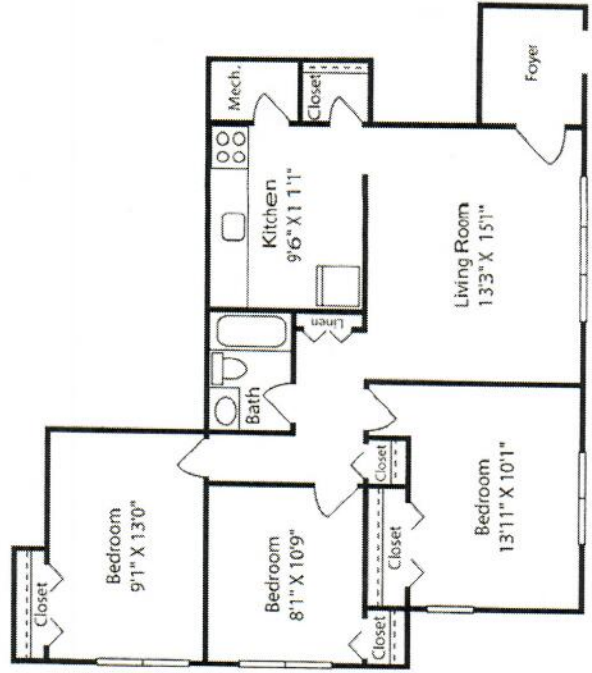
ONE BEDROOM

1 BEDROOM | 1 BATH
572 SQ. FT.



THREE BEDROOM

3 BEDROOM | 1 BATH
875 SQ. FT.



Rochester Highlands Apartments
47 Green Knolls Drive Rochester NY 14620
P: 585-271-2680 F: 585-271-6171
E: Rochester@CAPREIT.com

Dear Prospective Resident,

Thank you so much for your interest in our apartments at Rochester Highlands. For us to begin processing your application, you must provide all the documents that are applicable to the household AT THE TIME YOU SUBMIT APPLICATION. Also, all adults (over the age of 18) MUST be present to submit the application.

Please Note: All Documents must dated within 120 days of your anticipated Move In Date

The needed documents are as follows:

- ☐ Photo ID (Anyone over the age of 18)
- ☐ Social Security Card (All household Members)
- ☐ Birth Certificate/Proof of Citizenship

- ☐ Proof of Income (Bring in all that apply):
 - Award Letters (Social Security, SSI, SSP, SSD)
 - 4-6 Consecutive Paystubs from ALL jobs
 - 1040 and W-2's from last filed Taxes
 - Child Support Payment History and Court Order
 - If Self Employed: Schedule C (from taxes) or a Profit/Loss Statement from Attorney
 - Proof of any other income. ALL income of any kind must be reported!

- ☐ Proof of Assets (Bring in all that apply)
 - 401K/IRA Statement
 - Real Estate: Most Recent Mortgage Statement
 - Life Insurance Statement
 - Proof of any other assets (if you have over \$5,000 in ALL assets)

- ☐ Divorce Decree/Separation Agreement



CAPREIT TAX CREDIT RENTAL APPLICATION

Please Print Clearly: Fill in form completely to the best of your knowledge. DO not leave blank. If an area does not apply cross it out, or write NA. Fill in all income area amounts and asset sources/amounts. Attach copies of recent pay stubs, bank statements, w2's, tax returns, and if divorced or separated- a copy of the divorce decree or settlement agreement. Please know that we **do not** accept cash.

ALL ADULTS 18 YEARS OF AGE OR OLDER (UNLESS MARRIED) MUST COMPLETE THEIR OWN APPLICATION.

DATE OF APPLICATION _____ SEC 8 _____ YES _____ NO
Email address: _____ Telephone #: _____
EXPECTED MOVE IN DATE: _____ APARTMENT SIZE: _____

HOUSING INFORMATION

Name: _____				
Last		First		Middle Initial
Current Address _____				
Street		City	State	Zip Code
Marital Status: _____				
Do You Own _____ Rent _____ Other (e.g. Parent Home) _____				
How Long at Current Address: From _____ To _____				
Present Landlord Name or Mortgage Company _____				
Landlord Address _____				
Previous Address _____				
Street		City	State	Zip Code
Did You Previously Own _____ Rent _____ Other _____				
How Long At Previous Address: From _____ To _____				

HOUSEHOLD INFORMATION

List below, all information for each additional household member who occupies the unit.

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	Social Security Number	Date of Birth (Mo./Day/Yr.)
	HEAD	<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

Do you anticipate a change in household composition during the next 12 months? ☐ Yes ☐ No
If **Yes**, explain: _____

EMPLOYMENT INFORMATION:

Present Employer: _____		Telephone #: _____	
Employer Address: _____			
Street	City	State	Zip Code
Occupation: _____	Dates of Employment: _____ (mo./yr.) TO (mo./yr.)		
Annual <u>Gross</u> Employment Income (Before Taxes and Insurance):			
Salary: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> other _____			
Hourly Wages \$ _____		Overtime \$ _____	
Commissions/Fees \$ _____		Tips/Bonus \$ _____	
TOTAL GROSS INCOME: \$ _____			
<input type="checkbox"/> Second Employer, or			
<input type="checkbox"/> Previous Employer: _____		Telephone #: _____	
Employer Address: _____			
Street	City	State	Zip Code
Occupation: _____	Dates of Employment: _____ (mo./yr.) TO (mo./yr.)		
Salary: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> other _____			

Spouse Employer: _____		Telephone Number: _____	
Employer Address: _____			
Street	City	State	Zip Code
Occupation: _____	Dates of Employment: _____ (mo./yr.) TO (mo./yr.)		
Annual <u>Gross</u> Employment Income (Before Taxes and Insurance):			
Salary: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> other _____			
Full Time/Part Time Wages \$ _____		Overtime \$ _____	
Commissions/Fees \$ _____		Tips/Bonus \$ _____	
TOTAL GROSS INCOME: \$ _____			

Other Members Employer: _____		Telephone Number: _____	
Employer Address: _____			
Street	City	State	Zip Code
Occupation: _____	Dates of Employment: _____ (mo./yr.) TO (mo./yr.)		
Annual <u>Gross</u> Employment Income (Before Taxes and Insurance):			
Salary: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> other _____			
Full Time/Part Time Wages \$ _____		Overtime \$ _____	
Commissions/Fees \$ _____		Tips/Bonus \$ _____	
TOTAL GROSS INCOME: \$ _____			

BENEFITS:

Please list the **GROSS MONTHLY** benefit income of all members of the household. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

Benefit Type		Amount Received	Per	Household Member Receiving Benefit
Social Security (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Social Security (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Social Security (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI/SSP (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI/SSP (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Disability or Death Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Public Assistance (AFDC, TANF)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N			
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N			

OTHER INCOME:

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member receiving the income.

Income Type		Amount Received	Per	Household Member Receiving Benefit
Income from Self-Owned Business	<input type="checkbox"/> Y <input type="checkbox"/> N			
Recurring Cash Contributions or Gifts including rent or utility payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N			
Unemployed Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N			
Payments from Insurance Policies	<input type="checkbox"/> Y <input type="checkbox"/> N			
Retirement Benefits (IRA, 401K, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Pension Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Pension Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Educational Grants/ Scholarships	<input type="checkbox"/> Y <input type="checkbox"/> N			
Veteran's Administration Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
GI Bill Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Periodic Payments from lottery winnings	<input type="checkbox"/> Y <input type="checkbox"/> N			
Member of an Indian Tribe receiving gaming payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Dividend income from Whole Life Insurance Policy	<input type="checkbox"/> Y <input type="checkbox"/> N			
Income from Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N			
Income from Stocks, bonds, or other investments.	<input type="checkbox"/> Y <input type="checkbox"/> N			
Annuity income	<input type="checkbox"/> Y <input type="checkbox"/> N			
Any Other Source of Income	<input type="checkbox"/> Y <input type="checkbox"/> N			

TOTAL GROSS ANNUAL INCOME

(Based on the amounts listed above including all employment income)

\$ _____

TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR

\$ _____

Do you anticipate any changes in the household's income in the next 12 months?

☐ Y ☐ N

Please explain: _____

Do all the children in the household live with you 50% or more of the time?

☐ Y ☐ N ☐ N/A

If no, explain: _____

ASSET INFORMATION:

Does any member of the household own any of the following types of assets?

Type of Asset		Value	Name of Financial Institution
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Credit Union Savings	<input type="checkbox"/> Y <input type="checkbox"/> N		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N		
Stocks/Bonds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Mutual Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Treasury Bills	<input type="checkbox"/> Y <input type="checkbox"/> N		
Money Market Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N		
Real Estate/Mortgages/Land Contracts	<input type="checkbox"/> Y <input type="checkbox"/> N		
Deeds or Trust	<input type="checkbox"/> Y <input type="checkbox"/> N		
Annuities	<input type="checkbox"/> Y <input type="checkbox"/> N		
Life Insurance (Term or Whole)? Please complete for only whole life insurance.	<input type="checkbox"/> Y <input type="checkbox"/> N		
Time Certificates	<input type="checkbox"/> Y <input type="checkbox"/> N		
IRA or Keogh Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Personal Property held for investment purposes	<input type="checkbox"/> Y <input type="checkbox"/> N		
Express or Pre-Paid Card	<input type="checkbox"/> Y <input type="checkbox"/> N		
Cash on Hand	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		

DISPOSAL OF ASSETS: Has any household member disposed of ANY assets at less than fair market value during the past two years? ☐ Yes ☐ No. If **Yes**, list asset(s) disposed of (or gifted), fair market value of asset(s), any amount received for asset(s) and disposal date:

STUDENT INFORMATION:

Please provide the following information for ALL household members.

Family Member Name	A student now or next year?		Full Time	Part Time
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT STATUS: Will all the household members be or have been full time students during five (5) calendar months of this year or plan to be in the next calendar year? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return? ☐ Yes ☐ No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? ☐ Yes ☐ No

Are any full-time student(s) a TANF or a title IV recipient? ☐ Yes ☐ No

Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return? ☐ Yes ☐ No

Does the household consist of at least one student who was previously in foster care? ☐ Yes ☐ No

* MISCELLANEOUS INFORMATION:

*Do you have any pets? ☐ Yes ☐ No If yes, what Type: _____

Color: _____ Date of Rabies Shot: _____ Size (pounds): _____

****If you have a pet: \$150 NON- REFUNDABLE pet fee is required.***

Has any household member ever been convicted of any drug offense? ☐ Yes ☐ No If **yes**, who: _____ Explain: _____

Has any household member ever been convicted of a felony? ☐ Yes ☐ No If **yes**, who: _____ Explain: _____

Does anyone in the household currently have any felony charges pending against them? ☐ Yes ☐ No If **yes**, who: _____ Explain: _____

ADDITIONAL QUESTIONS

Are you aware that no one else can join the household without prior management approval? Do you understand this clearly?

☐ Yes ☐ No

Do you understand that if we discover during the verification process that others will be living in your household not listed on the application or on This questionnaire that is grounds to cancel your application.

☐ Yes ☐ No

Do you understand that Tax Credit Rules require that any changes in your household composition will result in a new certification to prove eligibility?

☐ Yes ☐ No

I/We understand that the above information is being collected to determine my/our eligibility for the Low-Income Housing Tax Credit Program. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I further release authorization for (ROCHESTER HIGHLANDS) to perform background checks on past and present rental history, employment history, income status, criminal and credit history. I /We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. Federal law specifies fines up to \$10,000 and imprisonment for terms of up to five years and is grounds for eviction if application is falsified.

SIGNATURES: (All adult household members over age 18 must sign below.)

_____/_____/_____
Head of Household Date

_____/_____/_____
Additional Adult Household Member Date

EMERGENCY CONTACT INFORMATION

Name _____ Phone # _____

Address _____

Relationship to applicant _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____ License No. & State _____

Year _____ Make _____ Model _____ License No. & State _____

FOR OFFICE USE ONLY

Name on ID: _____ Type of ID _____ State Issued: _____

ID Number: _____ Date of Birth _____ Exp. Date: _____

App Fee Paid: \$ _____ (amount) Money Order #: _____

Sec Dep Paid: \$ _____ (amount) Money Order #: _____

Rent Amount: \$ _____ Apt. # _____ Move in Date: _____

Resident Referral: ☐ Yes ☐ No

Referred by: _____ Apt. # _____

Marketing Associate: _____



SELF AFFIDAVIT

Applicant/Tenant Name
Rochester Highlands
Property Name

Date

Address/Unit Number

☐ Initial Certification

☐ Recertification (Annual or Interim)

Effective Date: _____

You have applied to live an apartment that is governed by the federal government's Housing Credit Program. This Program requires us to certify all of your income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

I/we, _____, certify that:

I certify that the statement provided above is true and complete to the best of my knowledge. I am aware that if I were to provide a fraudulent statement that I would be breaching the lease and may be susceptible to criminal charges.

Applicant/Resident Signature

Date

WARNING, PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected 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). **



LIHTC/HUD – AUTHORIZATION FOR RELEASE OF INFORMATION

Property Name: Rochester Highlands Property Number: 163
Applicant/Resident: _____ Unit Number: _____

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by the LIHTC Tax Credit, HOME, and/or Tax-Exempt Bond Programs, which require that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants/residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown number or address on the attached form. The information will be used solely for the determination of residency eligibility under the applicable program(s). We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone our Leasing Office, at 585-271-2680.

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to Rochester Highlands, for purposes of verifying information on my/our housing rental application.

TERMS AND CONDITIONS

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or child care allowances and utility information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued residency participation as a Qualified Resident.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | |
|---|---|
| <input type="checkbox"/> Credit Bureaus | <input type="checkbox"/> Educational Institutions |
| <input type="checkbox"/> Past and Present Employers | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> State Unemployment Agencies | <input type="checkbox"/> Child Care Providers |
| <input type="checkbox"/> Current and Previous Landlords | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Public Housing Agencies | <input type="checkbox"/> Retirement Systems |
| <input type="checkbox"/> Support and Alimony Providers | <input type="checkbox"/> Banks and Financial Institutions |
| <input type="checkbox"/> Welfare Agencies | <input type="checkbox"/> Utility Provider |

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we will review and execute the Tenant Income Certification (Exhibit B) upon completion of qualification or on the initial move in date.

SIGNATURE

_____/_____/_____
DATE

SIGNATURE

_____/_____/_____
DATE

"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).**"

LEASE ADDENDUM
VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD ROCHESTER HIGHLANDS	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Head of Household Name: _____ Unit No.: _____

Development Name and Address: Rochester Highlands, 47 Green Knolls Dr Rochester NY 14620

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	\$ _____	% _____	\$ _____	Checking Account(s)***	\$ _____	% _____	\$ _____
Cash on Hand	\$ _____	N/AP	N/AP	Government Benefits****	\$ _____	% _____	\$ _____
Certificates of Deposit	\$ _____	% _____	\$ _____	Money Market Funds	\$ _____	% _____	\$ _____
Stocks	\$ _____	% _____	\$ _____	Bonds	\$ _____	% _____	\$ _____
IRA Account(s)	\$ _____	% _____	\$ _____	401(k)/403(b) Account(s)	\$ _____	% _____	\$ _____
Keogh Account(s)	\$ _____	% _____	\$ _____	Trust Funds	\$ _____	% _____	\$ _____
Equity in Real Estate	\$ _____	% _____	\$ _____	Land Contracts	\$ _____	% _____	\$ _____
Lump Sum Receipts	\$ _____	% _____	\$ _____	Capital Investments	\$ _____	% _____	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	% _____	\$ _____	GoFundMe/Crowdsourcing	\$ _____	% _____	\$ _____
Life Insurance (Excluding Term)	\$ _____	% _____	\$ _____				
Other Retirement/Pension Funds not named above:	\$ _____	% _____	\$ _____	Explanation	_____		
Personal Property Held as an Investment**	\$ _____	% _____	\$ _____	Explanation	_____		
Other (list):	\$ _____	% _____	\$ _____	Explanation	_____		

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.

***Checking Account cash value should be the average in the checking account over the last six (6) months

****Cash Card Account used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$ _____ (enter the difference between FMV and the amount you received).
3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$ _____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant _____ Date _____ Signature of Applicant/Tenant _____ Date _____

Signature of Applicant/Tenant _____ Date _____ Signature of Applicant/Tenant _____ 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 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 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). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

Under \$5,000 Asset Certification (2019)

**LEASE ADDENDUM
TC-100 B**

**CERTIFICATION AND RECERTIFICATION REQUIREMENT
FOR QUALIFIED UNITS (20/50 or 40/60 Set-Aside)**

In accordance with Section 42 of the Internal Revenue Code of 1986, as amended (the "Code"), which governs Low-Income Housing Tax Credits (LIHTC), any individual(s) or families renting these units are required to have annual income not in excess of _____ 50% / ☒ 60% (check one) of area median gross income as adjusted for family size and their gross rent shall not be in excess of thirty percent (30%) of the imputed income limitation applicable to the unit. Accordingly, each tenant of a Qualified Unit must certify and annually recertify to their family income and family composition to maintain their eligibility for the lower rents which are based on incomes and number of persons in the household.

If the aggregate household income rises above 140% of the income limitation your rent may be increased to applicable unit size market rate unit.

Reporting your family income and composition annually is important. This establishes your eligibility to remain in the Qualified Unit as required by the Code and the Treasury regulations promulgated thereunder.

If you do not supply accurate information on your household's income and family composition that we will require on forms provided to you, we may impose penalties in accordance with the Code and Connecticut Housing Finance Authority procedures, which may require you to pay the maximum market rate rent approved for the apartment.

I certify that I have read and received a copy of this addendum to my occupancy lease which governs rental of Qualified Units as defined above.

_____ Date	_____ (Tenant)
_____ Date	_____ (Tenant)
_____ Date	_____ Duly Authorized Agent of Owner (Manager)

VERIFICATION OF NOT RECEIVING CHILD SUPPORT

- ☐ I certify that no divorce decree or legal separation agreement exists between myself and the parent of my child(ren) listed below.
- ☐ I certify that I am not entitled to receive any alimony, spousal support or other compensation pursuant to any non-court agreement.
- ☐ I certify that I have not received any child support, spousal support or other compensation (court ordered or non-court agreement) within the last twelve months and do not expect to receive any monies within the next twelve months.
- ☐ I certify that I do not receive child support through any court or agency.
- ☐ I certify that I have provided management with a copy of all legal documents relating to the divorce or legal separation between myself and the father/mother of my child(ren) listed below. **Important Note:** This box would be checked **only if** the divorce decree or separation agreement does not list a specific amount to be paid as support or alimony.

I further confirm that I have custody (50% or more of the time) of all children listed on my application.

This is to certify that I, _____, do not receive any income whatsoever from _____, the parent of my child(ren).

LIST ALL CHILDREN COVERED BY THIS CERTIFICATION.

_____	_____
_____	_____
_____	_____

Should this change at any time, I will immediately notify management.

I certify that the statements above are true and complete to the best of my knowledge and belief. I understand that false statements are punishable under Federal law.

SIGNATURES:

_____/_____/_____
Applicant or Resident Date

_____/_____/_____
Witness Date

STUDENT SELF CERTIFICATION

This annual Student Self Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit No. if assigned: _____

Development Name and Address: Rochester Highlands, 47 Green Knolls Drive Rochester, NY 14620

Move-in Date if applicable: _____ Effective Date: _____

Check A, B, or C as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.
- C. _____ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5 below must be completed:**
1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) ☐ YES ☐ NO
 2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) ☐ YES ☐ NO
 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) ☐ YES ☐ NO
 4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) ☐ YES ☐ NO
 5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) ☐ YES ☐ NO

*Full-time student households satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date

Rochester Highlands

DECLARATION FORMAT FORM

To be completed for each household member listed on the Family Summary Sheet. Parents or legal guardians will sign for children under the age of eighteen. Information provided on this form is subject to appropriate verification with the Department of Homeland Security (DHS). **Please print in a legible manner.**

Name:

Last

First

Sex

Relationship to Head of Household: _____

Date of Birth: _____ Social Security Number: _____
Month/Day/ Year

Alien Registration Number: _____ Nationality: _____

SAVE Verification No. _____ Admissions Number: _____
(To be entered by owner if and when received) (If Applicable)

- ☐ I am a United States Citizen (Sign and Date Certification on page 2)
- ☐ I am a Non-citizen with eligible immigration status as evidenced by one of the documents listed below and can present the document in an original form (not a copy) as evidence of my status. (Provide Documents and Sign and Date Certification on page 2) **Note:** If you are 62 years of age or older, you need only submit a proof of age document w/this format and Sign and Date Certification page 2.
- ☐ I am not contending eligible immigrations status and understand that I am not eligible for financial assistance. (Sign and Date Certification on page 2)

INS Form Number	Type of Form	Status Criteria
I-551	<i>Permanent Resident Card</i>	Permanent Resident Alien Status
I-94	<i>Arrival-Departure Record with annotation</i>	Admitted as Refugee pursuant to Section 207
		Section 208 or Asylum
		Section 243(h) or Deportation Stayed by Attorney General
		Paroled pursuant to Section 212(d)(5) Immigration Naturalization Act (INA)
I-94	<i>Arrival-Departure Record without annotation</i>	Letter from an DHS Asylum Officer granting Asylum if application was filed on or after 10/1/90
		Letter from an DHS District Director granting Asylum if application filed before 10/1/90
		Final court decision granting Asylum (and no appeal)
		Court decision granting Withholding of Deportation
		Letter from an DHS Asylum Officer granting Withholding of Deportation if application was filed on or after 10/1/90
I-688	<i>Temporary Resident Card</i>	With "Section 245A" or "Section 210" annotation
I-688-B	<i>Employment Authorization Card</i>	With "Provision of Law 274a.12(11)" or "Provision of Law 274a.12" annotation
INS Receipt	<i>Request for Replacement Documents</i>	A Receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

CERTIFICATION

I certify that the above representations are true as of the date of this certification

Name

Date

Signed under pains and penalties of perjury (18 USC 1001 and 1010)

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

Signature

Date

Check here if adult signed for a child: _____

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)**Rochester Highlands 163**

47 Green Knolls Drive Rochester, NY 14620

Name of Property

Project No.

Address of Property

Capreit**LIHTC**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

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

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



Credit/Criminal/Landlord References Affidavit

Property Name: _____

Head of Household: _____

Unit: _____

The following have been completed prior to submitting this file for Compliance Review:

- ☐ Credit screening has been completed and applicant household meets property's screening criteria— If Regional override is required, please have your Regional Manager sign their approval below.
- ☐ Criminal screening has been completed and applicant household meets property's screening criteria— If Regional override is required, please have your Regional Manager sign their approval below.
- ☐ Prior two years of Landlord History have been verified and matches application. Landlord References do not indicate any reason to be concerned with moving forward with applicant.

CAPREIT Associate:

Printed Name

Signature

Date

Regional Manager's Credit/Criminal Override Approval:

Printed Name

Signature

Date

LOW INCOME HOUSING TAX CREDIT

Resident Selection Plan

(ROCHESTER HIGHLANDS) is a LIHTC Community, which is monitored by the NYSHCR. Rochester Highlands is an equal opportunity community and non-discrimination in compliance with all Civic Rights legislation (1964, 1968, 1977) and Affirmative Fair Housing Marketing requirements as set forth for this community. No applicant will be denied on the basis of race, color, national origin, religion, sex, familial status, handicap, source of income, sexual orientation, marital status, age, arbitrary characteristics or gender identity & gender expression. The property has (studio, one bedroom, two bedroom, three bedroom) units available for rent to applicants 18 years of age or older and must determine initial Low-Income Housing Tax Credit or eligibility.

Rochester Highlands will comply with state and federal fair housing and antidiscrimination laws; including, but not limited to, consideration of reasonable accommodations requested to complete the application process.

Management Agent

This property is managed by CAPREIT Residential Corporation, 11200 Rockville Pike, Suite 100, Rockville MD, 20852. For any questions, please call (936) 494-0000.

Purpose of Plan

The purpose of this Resident Selection Plan is to establish guidelines for the selection of residents from a pool of applicants in accordance with HUD regulations and state/federal civil rights and fair housing legislation, and to preclude admission of applicants whose habits and practices would have a detrimental effect on other residents, the property, or the neighborhood environment.

Availability of Plan

This Resident Selection Plan is available to the public upon request. It may be reviewed in the site rental office at the address listed above during normal office hours.

Modification of Plan

Management will review this Resident Selection Plan at least once annually to ensure that it reflects current operating practices, program priorities, and HUD requirements. If the property and/or State Housing Agency feel the plan needs to be modified in any way, a notice of such modification will be provided by mail to applicants on the waiting list, and by public forum to other interested persons who might have an interest in becoming an applicant.

Fair Housing and Equal Opportunity Requirements

Non-Discrimination

It is the policy of this property to comply fully with Title VI of the Civil Rights Act of 1964, Title VIII and Section 3 of the Civil Rights Act of 1968 (as amended by the Community Development Act of 1974), Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and any legislation protecting the individual rights of residents, applicants or staff which may subsequently be enacted.

The property will not discriminate on the basis of race, color, national origin, religion, sex, familial status, handicap, source of income, sexual orientation, marital status, age, arbitrary characteristics or gender identity & gender expression in the leasing, rental, or use or occupancy thereof. In addition, the property will not:

- Deny to any applicant the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs;
- Subject a person to segregation or disparate treatment;
- Treat a person differently in determining eligibility or other requirements for admission;
- Deny a person access to the same level of services.

The property shall not automatically deny admission to a particular group or category of otherwise eligible applicants. Each applicant in a particular group or category will be treated on an individual basis in the normal processing routine.

Section 504 of the Rehabilitation Act of 1973

It is the policy of this property to assure that qualified individuals with handicaps or disabilities are not discriminated against on the basis of their handicap or disability. The property also assures that these individuals will have equal opportunity to receive and enjoy the benefits of living at the property.

Reasonable Accommodations

The property will seek to identify and eliminate situations or procedures that create a barrier to equal housing opportunity for all. In accordance with Section 504 of the Rehab Act of 1973, the property will make reasonable accommodation for individuals with handicaps or disabilities (applicants or residents). Such accommodations may include changes in the method of administering policies, procedures, or services at this property where such modifications would be necessary to afford full access to the housing program for qualified individuals with handicaps.

In reaching a reasonable accommodation with, or performing structural modifications for otherwise qualified individuals with disabilities, the property is not required to:

- Make structural alterations that require the removal or altering of a load-bearing structural member;
- Provide support services that are not already part of its housing programs;
- Take any action that would result in a fundamental alteration in the nature of the program or service;
- Take any action that would result in an undue financial and administrative burden on the property, including structural impracticality as defined in the Uniform Federal Accessibility Standards (UFAS).

The property will make reasonable adjustments to rules, policies, practices, and procedures in order to enable an applicant or resident with a disability to have an equal opportunity to use and enjoy the unit and the common areas of a dwelling, or to participate in or have access to other activities conducted or sponsored by management.

Reasonable accommodations may be requested for assistance in completing an application. If an applicant requires a Reasonable Accommodation, in order to complete the application process, the applicant may make such a request at any time by notifying the staff that assistance is needed. For assistance, please contact the Community Manager at telephone number (936-494-0000) The Community will review and respond to such application requests within three (3) business days.

Razonables pueden ser solicitados para asistencia en completar una solicitud. Si un solicitante requiere una acomodación razonable, para completar el proceso de solicitud, el solicitante puede hacer dicha solicitud en cualquier momento notificando al personal que se necesita ayuda. Para asistencia, por favor contacto el Community Manager en el teléfono número (936-494-0000) la comunidad revisará y responder a las peticiones de aplicación dentro de los tres 3 días.



Assistance Animals

Management will allow assistive animals which are defined as “animals that are used to assist, support, or provide service to persons with disabilities”. Assistance animals – often referred to as “service animals”, “assistive animals”, “support animals”, or “therapy animals” – perform many disability-related functions including, but not limited to: guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing minimal protection, or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support.

Specific animal breed, number, weight restrictions, pet rules, and pet deposits will not apply to households having a qualified service/assistance animal(s).

Reasonable Modifications

Residents with handicaps or disabilities may request a Reasonable Modification from their Community Manager. When the resident vacates the unit, s/he must agree to restore the premises to the condition that existed before the modification, if requested by the property. The property will not require this restoration if the modification benefits the community or is needed by another resident. Management will require that the work be done utilizing licensed contractors, and that any required building permits be obtained.

Information on Handicaps/Disabilities

Consistent with the intent of Section 504 of the Rehabilitation Act of 1973, any information obtained on an applicant's/ resident's handicap or disability will be treated in a confidential manner.

ELIGIBILITY REQUIREMENTS

Income Limit Requirements

HUD establishes income limits and the respective state housing agency adopt these limits annually with all limits based on family size. The income limits are available for review at the site office.

Counting Family Members for Income Limits

In order to determine family size to use for Income Limits, the property will count all full-time members of the family who will reside in the unit, with the exception of live-in aides. (See the paragraph on live-in aides below for more information).

Counting Family Members Not Living in the Unit

In addition to full-time family members, the property will also count any of the following persons who are not living in the unit:

- Children temporarily absent due to placement in a foster home;
- Children in joint custody arrangements who are present in the household 50% or more of the time;
- Children who are away at school but who live with the family during school recesses;
- Unborn children of pregnant women;
- Children in the process of being adopted;
- Temporarily absent family members who are still considered family members, such as a member on a temporary work assignment in another state;
- Family members in the hospital or rehabilitation facility for periods of limited or fixed duration;
- Persons permanently confined to a hospital or nursing home, if the family decides to include them.

Live-In Aides are Not Counted as Family Members for Income Eligibility

When determining the family size for establishing income eligibility, the property will not include any live-in aide living in the unit. (However, note that a live-in aide is counted in the family size when establishing unit size under the property's occupancy standards.) The live-in aide is defined as a person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who is determined to be essential to the care and wellbeing of the person(s), is not obligated for the support of the person(s), and would not be living in the unit except to provide the necessary supportive services. To qualify as a live-in aide, the following guidelines must be used:

- Management will verify that the live-in aide is needed to provide the necessary supportive services essential to the care and well-being of the person. The verification will be obtained from the applicant's physician, psychiatrist, other medical practitioner, or health care provider, but will never include asking for access to confidential medical records, or for the applicant to submit to a physical examination.
- Expenses for services provided by the live-in aide, such as nursing services (dispensing of medications or providing other medical needs) and personal care (such as bathing or dressing), that are out-of-pocket expenses for the resident and where the resident is not reimbursed for the expenses from other sources, are considered as eligible medical expenses. Homemaker services such as housekeeping and meal preparation are not eligible medical expenses.
- The live-in aide qualifies for occupancy only as long as the individual needing supportive services requires the aide's services and remains a resident. The live-in aide may not qualify for continued occupancy as a remaining family member. The owner has instituted at the property an approved lease addendum that denies occupancy of the unit to a live-in aide after the resident, for whatever reason, is no longer living in the unit. The addendum also gives the owner the right to evict a live-in aide who violates any of the community policies, rules and regulations.
- The income of a live-in aide is excluded from annual income.
- The live-in aide must disclose and provide verification of their SSN.
- The live-in aide must meet the property's screening criteria.
- A relative may be considered to be a live-in aide if they meet the requirements above.

Rent Limits

LIHTC guidelines prevent us from charging rent for tax credit units in excess of the following monthly rental amounts, minus an applicable utility allowance (updated annually) and any mandatory fees:

Studio 60% - \$802

1 Bedroom 60% - \$860

2 Bedroom 60% - \$1,032

3 Bedroom 60% - \$1,192

Owner/Agent's Occupancy Standards

Applicants will be housed in the unit size appropriate for their household. In accordance with HUD Handbook 4350.3 Chapter 3, household members include, but are not limited to: all full-time family members; all anticipated children (children expected to be born to a pregnant woman, children in the process of being adopted, children whose custody is being obtained, foster children, children who are temporarily in a foster home who will return to the family, and children in joint custody arrangements); children who are away at school and who live at home during recesses, live-in aides; foster adults. A maximum of two persons per bedroom are allowed. Persons under six (6) years of age are not considered in this calculation.

Application Fee

A non-refundable application fee will be charged to any applicant 18 years or older based on the actual cost of the verification of information provided. Beginning January 2018, the fee per person over the age of 18 in the household is \$ 20.00.

Application fees must be paid with certified funds only.

Security Deposit

At the time of application, applicants will be required to pay a security deposit based on the unit size for which they are applying:

Studio - \$645

1 Bedroom - \$750

2 Bedroom - \$850

3 Bedroom - \$995

Application Time Frame

All application paperwork should be completed within seven (7) days of our receipt of the application fee and security deposit. Reasonable Accommodations will be made if applicant needs assistance in completing the application. An application is not considered complete until all paperwork is properly completed in its entirety by the applicant and all income and assets have been verified. Due to demand we will not hold a unit available for an applicant for more than 30 days. If we cannot approve your application due to insufficient information or income documentation within 30 days from the initial application date, your application will be considered disapproved and your deposit will be retained as liquidated damages.

Rental Assistance

Persons receiving rental assistance through the housing choice voucher program under Section 8 or other federal, state, or local government rental assistance program are welcome to apply for residency and will be provided the same consideration as all other applicants.

Income

Gross monthly income of the household must be at least (2%) times the monthly resident paid portion of the rental amount. Households with 100% recurring contributions or gifts income will not be approved. Households receiving housing assistance must show proof of abilities to support utilities for the household. All sources of income (earned and unearned) must be verified in writing in accordance with LIHTC guidelines. The following maximum household income guidelines must also be met:

# of HH Members	1	2	3	4	5	6
60% AMI	32,400	37,020	41,640	49,980	53,700	53,700

Social Security Number Requirements

Applicants will be required to disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status.

Required Documentation

Each applicant and their household members must submit to management a copy of their Social Security card as well as proof of identity. Proof of identity would consist of one of the following:

- Birth Certificate
- Current Driver's License or Current State Issued ID
- Current Passport

Noncitizen Rule Requirements

Under the Federal Noncitizen Rule only U.S. citizens and eligible immigrants may benefit from the LIHTC Program. All family members, regardless of age, must declare their citizenship or immigration status via a Declaration Form. A separate form must be completed for each member of the family clarifying whether s/he is a citizen or national of the United States, a noncitizen with eligible immigration status as evidenced by an immigration document, or a noncitizen that is not an immigrant. All applicants will be given notice of the requirement to submit evidence of citizenship or eligible immigration status at the time of application.

Verification Requirements

Applicants must agree to furnish any information required to verify eligibility for the LIHTC Program including all sources of income assets and student status. Applicants are hereby informed that, by law, the penalties for false information would include eviction and/or termination of lease.

Individual Verification Forms

To determine eligibility, applicants must sign individual Verification Forms that have been designed by management for obtaining documentation from third parties.

Students

Under the Low-Income Housing Tax Credit program, no-household may consist entirely of full-time students unless they meet certain exceptions. These exceptions include:

- Married persons filing a joint tax return
- Single parent with dependent children
- Assistance through Title IV of the Social Security Act
- Enrollment in a federal, state, or local job training program
- Previous participation in a foster care program

Waiting List

Applicants are encouraged to enroll on the waiting list when a desired or appropriate apartment is not available at the time of application. To secure a spot on the waiting list, applicants must submit an **\$20.00** Application Fee and provide their name and contact information, as well as their preferred unit size. If applicants are in need of an accessible unit, applicants should notify management at the time the fees are paid. Applications are placed, according to the set-aside designated for the Community, such as lower-income and rent at 33% AMI. Once a unit becomes available, we will select the next applicant on the waiting list for that unit size, and they will be contacted to come in and complete all application paperwork. Applicants are selected from the waiting list based on a first come-first served basis as qualified for the available apartment; however, should an accessible unit become available, any applicant on the waiting list requiring an accessible unit (including current residents needing to transfer due to a reasonable accommodation request) will be given priority. Additionally, current residents requesting to transfer under VAWA may be given priority over other applicants on a case-by-case basis as required by law.

Updating the Waiting List

The Waiting List will be updated annually. At the start of each calendar year, applicants must contact the property between January 2nd and January 31st in order to stay on the Waiting List. The property will update the waiting list by removing the names of those who are no longer interested in the LIHTC Program. The applicant is responsible to update the application with any changes that may occur to remain active on the current waiting list.

Requests for Unit Transfers

Requests from Residents

Once a resident resides in community for 1 year, a transfer of units may be warranted. If a resident has a medical/health condition or has an increase in family size that warrants a larger unit or a unit that has special design features for a person with disabilities, a transfer may be requested. On occasion there may be other requests for transfers that the community will consider on a case-by-case basis. All transfer requests must be made in writing, and must state the reason for the request. Reasonable Accommodation for request is also acceptable as defined in the final paragraph. The request will then be forwarded to the community manager/owner for final approval.

Acceptable Reasons for Transfers

Current residents may qualify for a unit transfer for one of the following conditions:

- Medical/health conditions, including inability to use stairs, or the need for a live-in attendant;
- Family size increases or decreases, or composition changes;
- There is a need for a unit with special design features for a person with disabilities;
- VAWA Request; or
- Other potential conditions not related to health, which will be reviewed on a case-by-case basis by management.

Placement on Transfer Waiting List

If the community manager approves a request for a transfer to a different unit, and there is no current unit available, the resident will be placed on the property's transfer waiting list. It is acceptable for an in-house resident to be transferred due to medical reasons or overcrowding.

Procedures for Filling Vacancies

If a request for a transfer to a different unit is approved, the resident agrees to pay all transfer costs prior to the move. Costs may include damages that are beyond normal wear and tear.

Transfer within Same Building

Households may transfer to a new unit within the same building. The unit designations will swap status.

Transfer any unit within 100% Low Income Multiple Building Project

Households may transfer to any unit in a 100 percent low-income building project (8609 question 8(b) must state "YES") and retain their program designation. The household does not need to be and should not be certified at the time of transfer. The move in date remains the date the household was first designated under the program.

Transfers for Mixed Income in a Multiple Building Project

Households may transfer to any unit in a multiple building project (8609 question 8(b) must state "YES") if the last annual certification their income did not exceed 140 percent of area median income.

Each Building is its Own Project for 100 percent Low-Income and Mixed Income

All households must be certified and have a current annual income less than the income limit established by their county. Each household will be certified as a brand new initial move in.

To determine if each building has its own project, please refer to your 8609 (question 8b). Question will be answered, "NO".

Security Deposits for Transfers

For current unit, the security deposit on hand will transfer to the new unit provided there are no damages or unpaid balances prior to the transfer. Damages above normal wear and tear and unpaid balances will be deducted from the security deposit on hand of the unit being transferred from.

In lieu of the above, additional amount of security may be required prior to transfer.

If applicable, Sure Deposit or other security deposit program terms and conditions will be followed and resident will be notified prior to transfer approval.

Reasonable Accommodations for Transfers

The property will consider requests for reasonable accommodations from applicants/residents with disabilities, in order that they may benefit from the use and enjoyment of the dwelling units. The applicant/resident must be able to show that the requested accommodation is necessary, and that there is a strong, identifiable relationship between the requested accommodation and the individual's disability.

Change in Need for Accessible Features

If a family is in an accessible unit but no longer needs the accessible features, management may request that the family move to another unit in the property.

Non-Renewal and/or Termination

The notice to terminate tenancy will be served by sending a letter by first class mail, properly stamped and addressed and including a return address, to the resident at the unit address, and delivering a copy of the notice to any adult person answering the door at the unit. If no adult answers the door, the person serving the notice may place it under or through the door, or affix it to the door. The date on which the notice is deemed received by the resident is the later of the date the first-class letter is mailed, or the date the notice is properly given. Service of the notice is deemed effective once the notice has been both mailed and hand delivered.

The non-renewal letter or termination notice should include a specific reason for the termination or non-renewal.

REASONABLE ACCOMMODATION - Please note that the Termination or Non-Renewal of Lease Letter specifies that a resident with a disability can request a "Reasonable Accommodation".

VAWA - The Termination or Non-Renewal of Lease Letter also specifies that this Community will support and assist victims of domestic violence, dating violence, sexual assault, or stalking and protect victims, as well as members of their family. Include TDHCA HUD form 5380 "Notice of Occupancy Rights under the Violence Against Women Act" and the HUD form 5382 "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation."

Material Noncompliance with the Lease

Management has the right to terminate tenancy when a resident is in material noncompliance with the lease, including but not limited to:

- Failure of the resident to sign and submit consent forms allowing verification of information regarding the resident's income and eligibility;
- Extended absence or abandonment of the unit;
- Fraud, which is when a resident knowingly provides inaccurate or incomplete information;
- Nonpayment of rent due under the lease.

Repeated Minor Violations

Management has the right to terminate tenancy for repeated minor violations that:

- Disrupt the livability of the property;
- Adversely affect the health or safety of any person;
- Adversely affect the right of any resident to the peaceful enjoyment of the property.

Fair Housing Requirements

The property enforces a marketing effort that attracts a broad cross-section of the eligible population without regard to race, color, national origin, religion, sex, familial status, handicap, source of income, sexual orientation, marital status, age, arbitrary characteristics or gender identity & gender expression. The "Fair Housing Disclosure Booklet – A Tenants Rights and Resource Guide" will be distributed to each Applicant/Resident. Copy of the Guide is posted in the office as well as latest AFHMP and Affordable Rental Criteria.

Vacant Available Units

Whenever additional applicants are needed to fill available units, advertising will be carried out in accordance with the State Housing Agency as indicated below.

Race and Ethnic Data Reporting

The property will offer all members of an applicant/resident family the option of completing a Race and Ethnic Data Reporting Form. This form is used for gathering race and ethnic data for the State Housing Agency. The form will be offered for completion at initial application or at lease signing. In-place residents who have not completed the form will be offered the opportunity to complete the form. There is no penalty for persons who do not complete the form.

Affirmative Fair Housing Marketing Plan (AFHMP)

The property complies with the requirements of the HUD-approved AFHMP established for the property, which is designed to promote equal housing choice for all prospective residents regardless of race, color, religion, sex, disability, familial status, or national origin. The purpose of the plan is to ensure that eligible families of similar income levels will have a similar range of housing opportunities. The plan outlines marketing strategies management will use. Special efforts will be made to attract persons who are least likely to apply due to such factors as the racial or ethnic composition of the neighborhood. Marketing will also seek to reach potential applicants outside the immediate neighborhood if marketing only within the neighborhood would create a disparate impact against certain classes, such as the case of an entire neighborhood that includes no minorities.

Monitoring and Documenting Marketing Activities

The property will monitor marketing efforts and document the results in writing. The documentation will be made available, upon request, for all marketing activities, to show consistency with affirmative fair housing marketing requirements and the approved plan for the property. This documentation will include copies of media and marketing materials, records of marketing activities conducted, and documentation of any special marketing activities conducted in accordance with the property's approved AFHMP.

Advertising

Population to be Targeted

When available units cannot be filled from applicants on a waiting list, the property will target advertising to groups other than the typical population of the neighborhood, and will reach out to applicants who are least likely to apply because they are not the predominant racial or ethnic group in the neighborhood.

Source of Advertising

The property will use the following public forums for its advertising:

Craigslist, Apartment Guide, Walden Park website, Brochures and Outreach Letters

Fair Housing Poster

The property has posted the "Fair Housing Disclosure Booklet", so that it is readily apparent to all persons seeking housing.

Screening for Suitability to Determine Eligibility

Applicant Screening Policy

Our screening criteria will be applied in a manner consistent with all applicable laws, including the New York and Federal Fair Housing Acts, the Federal Fair Credit Reporting Act, program guidelines, and the Department's rules.

Certain key questions relating to the applicant's eligibility and resident history will be asked, including Social Security numbers, and the names, addresses and telephone numbers of current and former landlords. Failure to provide this information will result in cessation of application processing. Property staff will assist applicants, as needed, in understanding the application process and completing forms. Applicants will be instructed on what aspects of their background will be checked. An applicant has the right to voluntarily withdraw from the application process at any time.

Prohibited Screening

- The owner will comply with all applicable federal, state or local fair housing and civil rights laws and with all applicable civil rights related program requirements;
- The owner will not discriminate in its screening process based on race, color, religion, sex, familial status, handicap, source of income, sexual orientation, marital status, age, arbitrary characteristics, or gender identity & gender expression.
- In addition, the owner will not discriminate at this Affordable Community against segments of the population, such as welfare recipients or single parent households.
- The property will uniformly require all applicants to furnish evidence of ability to meet the obligations of tenancy, but will not impose greater burdens on persons with disabilities. Persons with disabilities may meet the requirements of the lease with the assistance of others such as attendant care providers.

- The owner will not require physical examinations or medical testing as a condition of admission.
- The owner will not require a donation, contribution or membership fee as a condition of admission.
- The owner will not make an inquiry to determine whether an applicant has a disability, or to make inquiry as to the nature or severity of a disability.

Rejection of Ineligible Applicants

Applicants who do not pass the eligibility requirements will immediately be sent a Notice of Rejection which will state the reason on the basis of criminal conviction, information of his/her right to respond to Management or to request a meeting, information stating Applicant has fourteen (14) days to appeal, as well as material on, "Know Your Rights" found at: <http://www.nyshcr.org/AboutUs/Offices/fairHousing/GPCC.htm>

Additional information is requested for the assessment and again in the event of a rejection as a result of the assessment. All appeals for those being rejected due to criminal conviction are handled by a different person which is typically the Communities Regional Manager or Regional Vice-President.

A log of all denied applicants as well as their applications are stored at this Community.

Procedures to Determine an Applicant's Rental History

Screening for Credit History

Applicants will be screened for credit history through a third-party screening company which uses a statistical scoring module. Names of third-party companies used to screen for credit and criminal background are available upon request.

- Applicants with scores from this system that are above 400 will be approved provided they meet other tenant selection criteria; however, some applicants may be required to pay an additional deposit as required by management.

651 and over	Accept with normal deposit
589-650	Require an additional ½ month's deposit
400-587	Require an additional full month's deposit
400 and under	Denied
- Applicants who have a combination of previous unpaid landlord and utility debt will be denied, regardless of the score provided.
- Applicants who have a combination of previous paid landlord and utility debt may be approved conditionally (provided they meet all other tenant selection criteria) and may be required by management to pay an additional deposit.
- Management will screen all applicants for their credit activity for the past three (3) years.
- Management will reject an applicant for a credit history showing a delinquency on accounts. Management will not reject an applicant for a lack of a credit history.

Screening for Rental History

The applicant's rental history must be acceptable to the property's standards, which are as follows:

- Applicants should have at least two (2) years of rental history to contact;
- The rental history of both the current landlord, and one previous landlord will be reviewed;
- Management will check with the current landlord and at least one former landlord for potential problems regarding undesirable noise, disturbance of neighbors, or destruction of property.
- Applicants must not have a history of more than 10% late rental payments;
- Sufficient move-out notice and all lease terms fulfilled;

- Applicants with past evictions may be approved provided all other requirements are met and they have at least two (2) years of good rental since the eviction, unless judgments were made as follows:
 - a. Judgment for deposits as determined by management.
 - b. Any otherwise-approved applicant whose rental history shows an “NSF” or returned check may be required to pay rent with certified funds only.

Screening for Drug Abuse and Other Criminal Activity

Management will deny admission if:

- Any household member has been evicted from federally-assisted housing for drug-related criminal activity for seven (7) years from the date of eviction. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, management may, but is not required to, admit the household.
- Any household member is currently engaging in illegal drug use.
- Management determines that there is reasonable cause to believe that a household member’s illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. (Examples of evidence of illegal activities may include a conviction record, former landlord references, etc.)
- Management determines that there is reasonable cause to believe that a household member’s abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Use of Medical Marijuana is not allowed in this LIHTC property as it is considered a violation of federal law.

Screening for Sex Offender Status

Management will deny admission to any member of the household that is subject to a lifetime registration requirement under a state sex offender registration program. During the admission screening process, management will perform the necessary criminal history background checks in the state where the housing is located and in other states where the household members are known to have resided.

Misrepresentation of Information

If, during the course of processing an application, it becomes evident that an applicant has falsified or otherwise misrepresented any facts about his/her current situation, history, or behavior in a manner that would affect eligibility, applicant selection criteria qualification, allowances or rent, the application shall be rejected.

Screening of Live-In Aides or New Additions to the Household

Management will screen live-in aides and new additions to the resident household for drug abuse and other criminal activity by applying the same criteria established for screening other applicants.

Policy for Applying VAWA Protections for LIHTC Communities

Criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking, engaged in by a member of a resident’s household or any guest or other person under the resident’s control, shall not be cause for termination of assistance or occupancy rights if the resident or an immediate member of the resident’s family is the victim or the threatened victim of that abuse. An incident(s) of actual or threatened domestic violence, dating violence, sexual assault, or stalking will not be construed as serious or repeated violations of the lease by the victim (or threatened victim), and will not be “good cause” for the termination of the assistance, tenancy, or occupancy rights of a victim of such violence. The owner will support and assist victims of domestic violence, dating violence, sexual assault, or stalking, and protect victims, as well as members of their family, from being denied housing or from losing their HUD-assisted housing as a consequence of domestic violence, dating violence, sexual assault, or stalking.

Form HUD-91067, *Lease Addendum for VAWA*

Form HUD-91067, HUD’s lease addendum for the VAWA provisions, is a required addendum to every lease. If it is determined that physical abuse caused by a resident is clear and present, the law provides management the authority to bifurcate the

lease, and remove, evict, or terminate housing assistance to that individual, while allowing the victim, who lawfully occupies the home, to maintain tenancy. The eviction of, or termination action against, the individual, will be done in accordance with the procedures prescribed by federal, state, and local law. If such action is deemed necessary, an interim recertification will be processed reflecting the change in household composition.

“Notice of Occupancy Rights under the Violence Against Women Act” and the HUD Form 5382 “Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation” is distributed to all Applicants and is available in the rental office. For additional questions concerning the above documents, please speak to your Community Manager.

Move-In Inspection

Before executing the lease, management and the resident will jointly inspect the unit to determine if it is decent, safe, sanitary, and in good repair. If cleaning or repair is required, management will specify on the MI/MO inspection form the date by which the work will be completed, which will be no later than thirty (30) days after the effective date of the lease. The inspection form will be signed and dated by both management and the resident.

Annual Unit Inspections

In addition to the unit inspection at move-in/move-out, there will also be an annual inspection for repairs and monitoring of housekeeping habits. Management will always give a 24-hour written notice in advance of the annual inspection. If Management discovers the resident’s unit has safety and/or health issues, s/he must address these issues within five (5) days for a re-inspection. Non-renewal of Lease will result if resident has three (3) unsatisfactory inspections.

Appeals Process for Non-Renewal of Lease

Attached to the “Affordable Rental Criteria” is “Capreit’s 504 Grievance Policy” outlining instructions for the appeals process.

ALSO ATTACHED IS CAPREIT’S REASONABLE ACCOMMODATION POLICY.

I understand and accept these qualifying standards and have truthfully answered all questions. I understand that falsification of Rental Application information will lead to denial or rental. Rental Criteria does not constitute a guarantee or representation that resident or occupants currently residing in the community have not been convicted or are not subject to deferred adjudication for felony. Management’s ability to verify this information is limited to the information made available by the agencies and services used. It does not ensure that all individuals residing in or visiting this Community conform to these guidelines.

Applicant Signature

Date

Applicant Signature

Date

Associate Signature

Date

Title

Date

