



THANK YOU for selecting Rose Rock Estates I & II
for your *new* home!

To assist you in completing the application process, the following list is provided for your convenience. All items listed below must be provided to complete your application.

Please bring the following items with you to complete your application:

- Photo Identification of all household members 18 years and older.
- Birth certificates for household members under 18 years of age.
- Social Security Cards for ALL HOUSEHOLD MEMBERS.
- Check or Money Order for \$ 19.00 screening fee (Non-Refundable)
Note: One screening fee per applicant 18 years and older.
- A SEPARATE Security Deposit Check, Cashier's Check, or Money Order for \$ 200.00 .

Note: This Apartment Community has a strict NO CASH policy. This is for your protection as well as ours. Please understand that ALL payments MUST be made in the form of personal check, cashier's check, or money order.

Thank you!

WARNING: Section 1001 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a Federal Agency. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (202) 720-6382 (TDD)."



HEARING IMPAIRED APPLICANTS MAY CALL FOR RENTAL INFORMATION BY USING THE FOLLOWING NUMBERS:

ARKANSAS:	800.825.1182 Voice	TEXAS:	800.735.2988 - Voice
	800.825.1131 - T/A		800.735.2989 - T/A
MISSOURI:	800-735-2466		
OKLAHOMA:	800.522.8506	KANSAS:	800.766.3777

<i>For office use only:</i>		
Date Received: _____	Time Received: _____	Application #: _____

APPLICATION FOR RENTAL

Please complete this application in its entirety. This information will provide the basis for our selection of the best neighbors for you and all residents. If accepted as a resident, this application will become part of your permanent resident file.

Do Not Use "N/A" or Not Applicable.

1. APPLICANT NAMES

Head of Household (Name, Age and Social Security Number)

Co-Head of Household (Name, Age and Social Security Number)

2. CURRENT ADDRESS INFORMATION

Street Address (Including Street, City, Town and Zip Code)

Length of time at this residence: _____ Phone Number: _____

3. Marital Status

Please check one:

Married Widowed Divorced Legally Separated Separated Never Been Married

4. STARTING WITH HEAD OF HOUSEHOLD LIST LEGAL NAMES OF ALL MEMBERS WHO WILL LIVE IN THIS APARTMENT:

Full Legal Name	Relationship	Birthdate	Age	Occupation	Social Security #

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5. GENERAL INFORMATION:

Do you expect any additions to the household within the next twelve months? Yes No

If Yes, please list name, relationship and explanation? _____

Are there any absent household members who under normal conditions would live with you? Yes No

If Yes, please list name, relationship and explanation? _____

Are you a US citizen or eligible non-citizen? Yes No

Are you now residing in government subsidized housing or receiving government assistance? Yes No

Do you have a pet? Yes No If Yes, describe: _____

Are you applying for a 1br 2br 3br 4br other? _____

Are you currently a student? Yes No If yes, are you: Full-time Part-time

If you are a student are you enrolled in an institute of higher education? Yes No

If yes, please list the name, address & phone of school: _____

Do you wish to claim the \$400.00 deduction for handicap or disabled status? Yes No

Do you request an apartment with special design features for individuals with handicaps/or disabilities? Yes No

Do you request any accommodations for individuals with handicaps or disabilities? Yes No

If yes, please describe: _____

If you are not 62 years of age or older, are you applying for occupancy in an elderly project based upon your status as an individual with a handicap or disability? Yes No

6. NAME, ADDRESS, AND PHONE NUMBER OF CURRENT LANDLORD:

From: _____ To: _____

HOH: _____

Co-HOH: _____

How many persons reside in your home? _____ How many bedrooms does your home have? _____

Have you given your present landlord 30-day notice that you will be moving? Yes No

If yes, when? _____

Please explain your reason for moving: _____

Current Rent Amount: _____

7. NAME, ADDRESS, AND TELEPHONE NUMBER OF TWO PREVIOUS LANDLORDS:

From _____ To _____

From _____ To _____

8. HAVE YOU OR THE CO-RESIDENT EVER BEEN:

1. Have you ever been evicted from an apartment? Yes No

2. Have you ever been asked to vacate an apartment? Yes No

3. Have you ever been sued for non-payment of rent? Yes No

4. Have you ever been arrested for a felony? Yes No

If yes, what was the charge? _____

5. If arrested for a felony, did the arrest result in a conviction? Yes No

If yes, what was the date of conviction? _____ If no, is the case still pending? Yes No

6. If the case is not pending, were you acquitted of the charge? Yes No

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7. If you were convicted of the felony, were you incarcerated? Yes No
If yes, what was the date of your release? _____

8. Are you or the co-resident a current user of a controlled substance, or ever been convicted of the same?
 Yes No

9. Have you or the co-resident ever been convicted of the illegal manufacture or distribution of a controlled substance?
 Yes No

If the answer to any of the above questions is yes, please explain: _____

If the answer to question number 8 or 9 is yes, have you/co-resident successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? Yes No

9. CURRENT SOURCE OF ALL INCOME FOR ALL HOUSEHOLD MEMBERS:

(List all sources of income, failure to list all income sources could result in your application being denied)

Are you currently employed? Yes No Full Time Part Time Self Employed

Do you have more than one job? Yes No

Have you agreed to accept employment at this time? Yes No

Head of Household:

Current Employer: _____ Position: _____

Employers Address, City, State, Zip: _____

Employers Telephone Number: _____ Employers Fax Number: _____

Hourly Wage: _____ per _____ Hours worked per week: _____

Do you receive Tips? Yes No If Yes, How much per month? _____

Do you receive Bonuses or Commission? Yes No If Yes, How much per month? _____

Co-Head of Household

Current Employer: _____ Position: _____

Employers Address, City, State, Zip: _____

Employers Telephone Number: _____ Employers Fax Number: _____

Hourly Wage: _____ per _____ Hours worked per week: _____

Do you receive Tips? Yes No If Yes, How much per month? _____

Do you receive Bonuses or Commission? Yes No If Yes, How much per month? _____

If there are additional household members working please use extra page provided to list employment information.

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9. Cont. Other Forms of Income:

- A: Do you receive regular pay as a member of the Armed Forces? ? Yes No
If yes please list annual amount : _____
- B: If unemployed, you must complete a Statement of Unemployment.
Are you receiving Unemployment Benefits? Yes No, If yes please list amount: _____
- C: Do you receive workman's compensation benefits? Yes No, If yes please list amount: _____
- D: Do you receive any form of Public Assistance? ? Yes No, If yes please list amount: _____
Examples: General Assistance, TANF, Aid to Aged, Aid to the Disabled, Aid to the Blind,, etc.
- E: Do you receive Social Security, SSI, or any other payment form the Social Security Administration?
 Yes No, If Yes, please list amount received: _____
- F: Do you receive regular payments from a Veteran's Benefit, Pension, or Retirement Benefit?
 Yes No If Yes, please list amount received: _____
- G: Do you receive any regular payments from any type of settlement? Yes No
 Yes No If Yes, please list amount received: _____
- H: Do you receive monetary contributions from anyone outside the household? ? Yes No
If Yes, please list amount received: _____
- I: Do you receive any regular payments from rental property or other types of real estate transactions?
 Yes No If Yes, please list amount received: _____
- J: Are you currently receiving Alimony? Yes No If Yes, please list amount: _____
Do you have legal documentation? Yes No If Yes, please provide .
- K: Do you currently receive any other income sources or types not listed ? ? Yes No
If Yes, please list source and amount: _____
- L: If you are a student do you receive any form of student assistance? Yes No
If yes please list source and amount: _____

I/We, the applicant consent to release wage matching to RHS, HUD, and the Borrower upon request.

_____ Initials

10. EMPLOYMENT/SOURCE OF INCOME LAST THREE YEARS: (For any family member now or previously employed BUT the information provided above does not go back three years, provide the following)

Name of Household Member	Name & Address of Employer or Name of Agency Providing Income	From	To	Pay at Departure
_____	_____	\$	\$	
_____	_____	\$	\$	
_____	_____	\$	\$	

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11. CHILD SUPPORT INFORMATION: If there are no minors in the household please initial: _____

Full Name of Child: _____
 Do you receive Child Support? Yes No If Yes, Monthly Amount: _____

Full Name of Child: _____
 Do you receive Child Support? Yes No If Yes, Monthly Amount: _____

Full Name of Child: _____
 Do you receive Child Support? Yes No If Yes, Monthly Amount: _____

Full Name of Child: _____
 Do you receive Child Support? Yes No If Yes, Monthly Amount: _____

Full Name of Child: _____
 Do you receive Child Support? Yes No If Yes, Monthly Amount: _____

Full Name of Child: _____
 Do you receive Child Support? Yes No If Yes, Monthly Amount: _____

12. ASSETS: (List all assets, which include, but are not limited to, sums in checking accounts, savings accounts, safe deposit boxes, and cash on hand, stocks & bonds, certificates of deposit, real estate, and or other capital investments) **IF YOU DO NOT HAVE ANY ASSETS PLEASE INITIAL HERE** _____

Type of Account	Financial Institution	Account #	Phone Number	Interest	%
Checking				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Savings				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Savings				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certificates of Deposit				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Money Market Accounts:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stocks, Bonds:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mutual Funds:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Securities:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust Fund:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
IRA's:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Annuities:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
401K:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Real Estate:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rental Property:				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Whole Life Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Securities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other Type Of Asset Not Listed:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you own any type of Real Estate please list the Full Address:

Do you receive any type of income off of the above listed Real Estate? Yes No
 If, Yes please list amount: _____

DISPOSAL OF ASSETS:

Have you disposed of any assets during the last two years? Yes No
 If yes, Please complete the following:

Asset(s)	Market Value	Monetary Value Received	Date of Disposal

13. CHILD CARE EXPENSES:

Do you pay for childcare due to employment or schooling? Yes No
 Do you pay for childcare for the purpose of seeking employment? (HUD communities only) Yes No
 If yes, list child care provider names, address and phone number:
 _____ Per Week _____
 _____ Per Month _____

14. MEDICAL EXPENSES: (Elderly and Handicapped Households Only):

Are you receiving Medicare benefits? Yes No
 Are you receiving Medical Assistance through Welfare Dept.? Yes No
 Do you pay for any medical insurance / hospitalization, such as Blue Cross, etc.? Yes No
 If yes, give name of Insurance company and Policy number:
 Name of Insurance: _____
 Policy number: _____
 Is this a payroll deduction? Yes No If Yes, how often and how much? _____
 If paid directly by you, indicate amount of premium and frequency of payment. _____
 Do you take Prescription drugs on a Regular basis? Yes No. If Yes, provide 12 months of receipts.
 Do you anticipate any health care related expenses for the next twelve (12) months, which are NOT covered by health insurance? Yes No If Yes, explain: _____

15. HANDICAP ASSISTANCE EXPENSE

Does the household pay for attendant care or auxiliary apparatus to enable a family member (including the handicapped or disabled member) to be employed? Yes No
 If yes, estimate expense for the coming year: _____
 Specify whether attendant care or apparatus: _____
 Additional information will be gathered on a separate form.

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16. AUTOMOBILE(S):

Make	Model	Year	License Plate #	Drivers License #

17. PERSONAL REFERENCES:
(Other than Family)

Name	Address	Phone Number

18. CREDIT REFERENCES:

Name	Address	Account #	Amount of Payment

19. In case of an emergency, please notify:

Name: _____ Relationship: _____
Address: _____ Phone #: _____
In case of a serious illness, accident or death is this person authorized to enter and remove all of resident's property?
 Yes No

20. Where did you hear about this apartment community? _____

21. I understand that in order to remain on the waiting list, I will be required to update my application when notified by management. _____ Initials

22. I/We, the applicant certify that the housing I/we will occupy is/will be my primary residence. I further certify that I do/will not maintain a separate subsidized rental apartment in a different location. _____ Initials

NOTE:

1. After formal processing of this application has begun, the information reported and verified will be updated every 120 days PRIOR to move-in.
2. A police check may be completed.
3. Copies of birth certificates or other proof of age documents will be required on all household members prior to initial occupancy.

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4. Copies of social security cards will be required for all household members prior to initial occupancy.

Belmont Management Co. Inc. uses an empirically derived, statistically sound, credit scoring system to evaluate your consumer credit report. Credit scoring is based on real data and statistics, so it treats all applicants objectively. Your consumer credit report contains information about you and your credit experiences, such as your bill payment history, the number and type of accounts that you have, late payments, collection actions, outstanding debt, and the age of your accounts. Based upon your credit score, your application will either be accepted or rejected. If your application is rejected, you will be given the name, address and telephone number of the consumer reporting agencies, which provided your consumer information to us. An applicant rejected for unsatisfactory credit is encouraged to obtain a copy of the credit report, correct any erroneous information that may be on the report and submit a new application to this community for further consideration.

I/We the applicant(s) agree to give the management/owner the authority to investigate my/our credit rating, my/our current and past rental record and all other information necessary to determine eligibility. I/we understand that any misrepresentation of information on this form will disqualify me/us from consideration for leasing and may be grounds for eviction.

I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge.

WARNING: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter, within the jurisdiction of any department or agency of the United States, makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined no more than \$10,000.00 or imprisoned no more than five years, or both.

_____ Signature of Head of Household	_____ Date
_____ Signature of Co-Head	_____ Date
_____ Signature of Co-Head	_____ Date

For Statistical purposes only, we request that you please check only one of the following:

Designate Ethnicity: Hispanic / Latino (a) Not Hispanic or Latino (b)

Also designate race: American Indian / Alaska Native (1) Asian (2) Black or African American (3)

Native Hawaiian or other Pacific-Islander (4) White (5)

Gender: Male Female

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, which the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

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ADDITIONAL PAGE FOR EMPLOYEMENT INCOME:

Other Household Member:

Name of Household Member: _____

Current Employer: _____ Position: _____

Employers Address, City, State, Zip: _____

Employers Telephone Number: _____ Employers Fax Number: _____

Hourly Wage: _____ per _____ Hours worked per week: _____

Do you receive Tips? Yes No If Yes, How much per month? _____

Do your receive Bonuses or Commission? Yes No If Yes, How much per month? _____

Other Household Member:

Name of Household Member: _____

Current Employer: _____ Position: _____

Employers Address, City, State, Zip: _____

Employers Telephone Number: _____ Employers Fax Number: _____

Hourly Wage: _____ per _____ Hours worked per week: _____

Do you receive Tips? Yes No If Yes, How much per month? _____

Do your receive Bonuses or Commission? Yes No If Yes, How much per month? _____

Other Household Member:

Name of Household Member: _____

Current Employer: _____ Position: _____

Employers Address, City, State, Zip: _____

Employers Telephone Number: _____ Employers Fax Number: _____

Hourly Wage: _____ per _____ Hours worked per week: _____

Do you receive Tips? Yes No If Yes, How much per month? _____

Do your receive Bonuses or Commission? Yes No If Yes, How much per month? _____

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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 numbers 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). **

1. Rose Rock Estates I & II does not discriminate on the basis of disability status in the
(Owner or project name)
admission or access to, or treatment or employment in, its federally assisted programs and activities.
2. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Rose Rock Estates I & II

Name

106 North No Name Street

Address

Sallisaw Oklahoma 74955

City State Zip

() 918-775-6581

Telephone - Voice

() 800-522-8506

Telephone - TTY

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the USDA/RD, Section 8-HAP, and/or the IRS Section 42 programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the apartment community administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include, but are not limited to:

- | | |
|----------------------------------|-------------------------------|
| Identity and Marital Status | Employment, Income and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental Activity | |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

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

- | | |
|--|--------------------------------|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers |
| Courts and Post Offices | Welfare Agencies |
| Schools and Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | Social Security Administration |
| Medical and Child Care Providers | Support and Alimony Providers |
| Retirement Systems | Veterans Administration |
| Utility Companies | Banks/Financial Institutions |
| Credit Providers and Credit Bureaus | |

CONDITIONS

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 a year and one month from the date signed. I have a right to review my file and correct any information that I can prove is incorrect regarding the above information.

SIGNATURES

Signature of Head of Household Print Name Date

Signature of Co-Head Print Name Date

Signature of Co-Head Print Name Date

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UNDER \$5000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5000. Complete only one form per household; including assets of children.

Resident's Name: _____ Apt. No.: _____

Community Name: _____ City: _____

Complete all that apply for 1 through 4:

1. My / our assets include:

(A)	(B)	(A*B)		(A)	(B)	(A*B)	
Cash Value	Int. Rate	Annual Income	Source	Cash Value	Int. Rate	Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money Market Funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital Investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement / Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal Property held as an investment**:				_____
\$ _____	_____	\$ _____	Other (List):				_____

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 the disabled.

- 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 their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
- 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.

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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 \$_____. 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 representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident

Date

Applicant/Resident

Date

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IRS SECTION 42 ACKNOWLEDGEMENT

This acknowledgement is being attached to the House Rules between the undersigned Owner and the undersigned Resident for the purpose of modifying certain terms and conditions. The parties agree that, if any terms of this policy are inconsistent, the term set forth on this acknowledgement will govern.

1. **Low-Income Housing Credit.** The premises are to be operated in accordance with the requirements of the low-income housing credit program under Section 42 of the Internal Revenue Code of 1986, as amended (the Program"). Resident's rights hereunder will be subject to the requirements that must be met under the program in order for Owner to qualify to take the cost of the premises into basis for calculation of Owner tax credit. Resident will cooperate with all Resident requirements related to such compliance and the Program.

2. **Permitted Occupants.** Only the following persons will be permitted to occupy the premises:

_____	_____
_____	_____
_____	_____
_____	_____

3. **Income Certification.** Resident has completed and executed an Income Certification Form prior to execution hereof, and shall complete and execute further Income Certification Forms at Owner's request and at least once annually hereafter. Upon request by Owner, Resident shall recertify Resident's household income to Owner or any governmental or quasi-governmental agency in manner satisfactory to Owner shall complete any and all other certifications and supply further documentation with respect to income and occupancy of the premises as may be reasonably requested by Owner. Failure to provide accurate and timely income certification will constitute a breach of this Rental Agreement.

4. **Recertified Income.** Resident acknowledges that the annual recertification of Resident's household income must meet the limitations imposed by the Program for continued occupancy of the premises.

5. **Information Supplied.** Resident hereby certifies that the information supplied by Resident to Owner that was taken into consideration by Owner in determining Resident's qualification to rent the premises, including, Resident's Application, Income Certification and Recertification, is accurate, complete, and true in all respects.

6. **Excess Rents.** If it is determined that the premises are not a qualified low-income apartment under Section 42(I)(3) of the Internal Revenue Code because the Rent paid by Resident, plus the applicable utility allowance, for the Rental Agreement term exceeds the maximum rent allowed under Section 42 of the Internal Revenue Code, then Owner shall immediately pay to Resident the amount of such excess, with interest. If Resident no longer occupies the premises when the excess rent determination is made, Owner shall use its best efforts to locate Resident for purposes of repaying the excess rent.

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7. **Increased Income.** If, upon annual recertification, Resident's household income exceeds 140% of the applicable Program limit, Owner may: (a) increase Resident's monthly rent to market rate, and paragraph 6 shall not apply to such rent increases, (b) move the Resident to a market rate apartment, if applicable, or (c) rent the next available apartment of comparable or smaller size to an eligible low-income Resident.
8. **Certain Changes.** Resident shall notify management immediately in writing if Resident's household size changes, his or her income increases, Resident become(s) a full-time student, or begins to receive HUD assistance. Owner may elect not to renew this rental agreement if Resident becomes a student and Owner determines that Resident's student status would disqualify the premises under the Program. Owner may adjust Resident's rent and/or utility allowance to reflect Resident's status if Resident becomes a HUD-assisted resident.
9. **Administrative Errors.** Due to the nature of the Section 42 program, if an administrative error made by either management or applicant/resident allows an otherwise ineligible applicant/resident to occupy a tax credit apartment, upon discovery of this error, management may ask resident to vacate the apartment for ineligibility with the Section 42 program and resident agrees to vacate within a reasonable amount of time not to exceed thirty-days (30).
10. **Intent to Vacate.** After the first full rental agreement term, of not less than 6 months, Resident may notify Owner of intent to vacate upon thirty-days (30) written notice.
11. **Oklahoma Properties :** Oklahoma Housing Finance Agency prohibits the housing of person(s) convicted of a Felony or engaged in any illegal or criminal activities as set forth in this section, if the owner, or managers of the Development, or any of their Affiliates, have knowledge of or about, or by reasonable inquiry should have known of the same. The prohibition on housing shall apply to any person who:

Currently engaged in, has been convicted of using, distributing, or manufacturing methamphetamine or has engaged in Drug Related Criminal Activity. Housing of such persons shall be prohibited for a period of 3 years from the date of conviction, or end of the incarceration whichever is most recent.

Currently engaged in, has been convicted of Violent Criminal Activity. Housing of such person shall be prohibited for a period of 10 years from the date of the conviction or the end of the incarceration, whichever is most recent.

Convicted of any other felonious activities other than drug related or violent shall be prohibited for a period of 3 years from conviction or end of incarceration whichever is most recent.

Convicted Felon subject to lifetime sex registration requirement under a Federal or State sex offender registration program.

Sex Offender not subject to lifetime registration is prohibited for 10 yrs from date of arrest, conviction or end of incarceration (whichever is later) or the period of required registration as a sex offender, whichever is greater.

By signing this addendum and acknowledging the Felony rule you understand that if you are involved in any type of criminal activity it is your responsibility to notify management. If management discovers residents of this property have been involved in criminal activity as set forth in this section it is the responsibility of the agents of Belmont Management Company, Inc. to immediately give residents involved in felonious activity a Notice to

Vacate. Please keep in mind that the management company's criminal activity rules and regulations may supersede Oklahoma Housing Finance Agencies felony rule. If conflict, lease shall govern.

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IN WITNESS WHEREOF, the undersigned have duly executed this acknowledgement or caused it to be duly executed as of the date of the Lease.

Resident: _____ Date: _____

Co-Resident: _____ Date: _____

Co-Resident: _____ Date: _____

Co-Resident: _____ Date: _____

Owner/Owner's Agent: _____ Date: _____

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APPLICANT INFORMATION

Rose Rock Estates I & II
Name of Apartment Community

Sallisaw, Oklahoma
City/State

This community consists of 48 apartments:
24 1-bedroom apartments, 24 2-bedroom apartments, 0 3-bedroom apartments, 0 and 4-bedroom apartments

Rents are based on a percentage of adjusted family income or household income.

Residents must meet eligibility guidelines as established by USDA/RD, HUD, or IRS Section 42 requirements.

A completed written application is required for admission to the community. A completed application is the form provided to you by this community and will include the following information:

1. Name, age, and relationship of all household members. Social security numbers must be disclosed for all household members.
2. Amount and source of all household income, to include name, mailing address and telephone numbers of all employers.
3. Name, mailing address and telephone number of anyone who provides childcare for dependent minors of the applicant household.
4. For those applicants with a head of household, or spouse of the head of household, who have attained the age of 62 years, or having handicaps or disabilities, the names, mailing addresses, and telephone numbers of doctors, pharmacies, individuals or organizations providing health care services are required.
5. Name, address and telephone number of at least two (2) previous places where the applicant household has had a rental agreement.
6. Indicate whether applicant requests either a handicap/disability adjustment to income or a special handicapped accessible apartment or both.
7. Certification that the apartment applied for will be the applicant household's primary residence and the household will not maintain a separate subsidized rental apartment in a different location.
8. Signature and date.

All applications are placed on the Waiting List. Residents are selected from that Waiting List on a first come/first served basis. An eligible applicant will be further selected on a first-come, first-served basis from selected category of income, in the order of very low income, low income, and moderate income.

You are required to provide written permission to allow the resident manager to verify all household income.

At the time the application is received, it will be placed on the Waiting List and reviewed. You will be notified either: (a) the application is complete with priority established, OR, (b) the application is not complete and the items needed to complete the application in order to establish priority.

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Belmont Management Co. Inc. uses an empirically derived, statistically sound, credit scoring system to evaluate your consumer credit report. Credit scoring is based on real data and statistics, so it treats all applicants objectively. Your consumer credit report contains information about you and your credit experiences, such as your bill-payment history, the number and type of accounts that you have, late payments, collection actions, outstanding debt, and the age of your accounts. Based upon your credit score, your application will either be accepted or rejected. If your application is rejected, you will be given the name, address and telephone number of the consumer reporting agencies, which provided your consumer information to us. An applicant rejected for unsatisfactory credit is encouraged to obtain a copy of the credit report, correct any erroneous information that may be on the report and submit a new application to this community for further consideration.

After verification information has been received, you will be notified of your household's eligibility. If it is determined that your household is ineligible, you will be notified and given the right to appeal the decision according to 7 CFR 3560.160.

If any information contained in your application changes while your name is on the Waiting List, you are required to inform the Resident Manager of such change.

While your name is on the Waiting List, you have the right to inquire regarding the status of your application. However, due to federal regulation prohibitions, the Waiting List is not open for review.

In order to prevent eligible applicants from unnecessary delays in obtaining housing, we purge our Waiting List every six (6) months. This enables the community to maintain an updated Waiting List of applicants. Any applicant removed from the Waiting List will be notified in writing at their last known address and will be afforded appeal rights.

When an apartment is available, you will be notified. If you choose to rent the apartment, you will be required to:

1. Sign a written lease.
2. Pay a security deposit in advance. In the event you will receive rental assistance or HUD Section 8 subsidy and cannot pay the full amount of security deposit, a payment agreement may be signed not to exceed a period of 90 days.
3. Pay the first month's rent in advance.
4. Have the utility companies turn the utilities on in your name, and provide a receipt to management to this effect.
5. Complete a move-in inspection of the apartment with the Resident Manager.

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**DETERMINATION OF ELIGIBILITY FOR OCCUPANCY, RENTS, AND DWELLING SIZE
IN RURAL RENTAL HOUSING COMMUNITIES**

Eligibility for occupancy, the amount of rental payments and the size of the dwelling will be determined for each applicant before occupying an apartment and within and during each twelve-month period thereafter. For each such determination, each applicant will complete and submit to management the name and age of applicant and others in household, current income of applicant and all household members. Applicants will supply all required information to owner so managing agent may conduct such determinations and re-determination.

Although 11 months have not expired since the previous rental or eligibility determination, the managing agent may require the applicant to provide information necessary to make a rental and/or eligibility determination whenever the managing agent has a reasonable basis to believe that the facts, upon which the prior determination was made, have changed.

Based upon the managing agent's verification of the information contained in the "Application to Lease," a determination will first be made whether the applicant is eligible for occupancy. If an applicant is found to be eligible, a further determination will be made concerning the dwelling size and the amount of the rental payments.

An applicant's eligibility for occupancy will be determined in accordance with state and local regulations.

The dwelling size will be determined in accordance with the following schedule:

Number of Bedrooms	Occupants	
	Min	Max
1	1	3
2	2*	5
3	3	7
4	4	8

* An Elderly, Disabled, or Handicapped one occupant household may qualify to occupy a 2-bedroom apartment.

Where applicable, rental amounts will be computed in accordance with government regulations.

In the event that the information supplied by the applicant, is no longer true and correct, the applicant shall immediately notify the Resident Manager and the Resident Manager will immediately conduct a re-determination of eligibility, rent and/or dwelling size, whichever is applicable.

Applicant may request a re-determination of rents whenever applicant experiences a decline in income and such decline would cause a reduction in applicant's total expected income for the next 12 months. If a rental decrease is appropriate, the adjustment will be effective the first day of the following month, if the tenant certification is received by the corporate office on or before the 31st of the current month.

If applicant's income increases and/or a rental increase is otherwise approved, then the rental increase will be effective as of the first day of the following month, provided applicant has received 30-day notice. If it is found that applicant has misrepresented to the owner facts upon which applicant's rent is based, then the rent shall be immediately adjusted and shall be retroactive.

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If the Resident Manager determines that the size of the dwelling is no longer appropriate to applicant's needs, the Resident Manager may amend applicant's lease by written notice to applicant that applicant will be required to move to another apartment within the community in which he/she lives within thirty days or at the end of the lease term, whichever is longer. When another apartment of the appropriate size is not available in the community, the household may remain in the apartment as long as there are no eligible applicants on Waiting List.

Oklahoma Properties : Oklahoma Housing Finance Agency prohibits the housing of person(s) convicted of a Felony or engaged in any illegal or criminal activities as set forth in this section, if the owner, or managers of the Development, or any of their Affiliates, have knowledge of or about, or by reasonable inquiry should have known of the same. The prohibition on housing shall apply to any person who:

Currently engaged in, has been convicted of using, distributing, or manufacturing methamphetamine or has engaged in Drug Related Criminal Activity. Housing of such persons shall be prohibited for a period of 3 years from the date of conviction, or end of the incarceration whichever is most recent.

Currently engaged in, has been convicted of Violent Criminal Activity. Housing of such person shall be prohibited for a period of 10 years from the date of the conviction or the end of the incarceration, whichever is most recent.

Convicted of any other felonious activities other than drug related or violent shall be prohibited for a period of 3 years from conviction or end of incarceration whichever is most recent.

Convicted Felon subject to lifetime sex registration requirement under a Federal or State sex offender registration program.

Sex Offender not subject to lifetime registration is prohibited for 10 yrs from date of arrest, conviction or end of incarceration (whichever is later) or the period of required registration as a sex offender, whichever is greater.

By signing this addendum and acknowledging the Felony rule you understand that if you are involved in any type of criminal activity it is your responsibility to notify management. If management discovers residents of this property have been involved in criminal activity as set forth in this section it is the responsibility of the agents of Belmont Management Company to immediately give residents involved in felonious activity a Notice to Vacate. Please keep in mind that the management company's criminal activity rules and regulations may supersede Oklahoma Housing Finance Agencies felony rule.

Signature of Head of Household

Date

Signature of Co-Head

Date

Signature of Co-Head

Date

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RESIDENT SELECTION SUMMARY
USDA/RD and HUD/USDA-RD COMMUNITY

- 1 Applicants must complete, date and sign the application form provided by the community.
- 2 Proof of identity will be required on all applicants.
3. Applications must be presented in person, except in the situation of an applicant being incapacitated at the time.

REASONS FOR DENIAL OF HOUSING

1. An incomplete application that is not made complete in the time frame required.
- 2 Does not meet income guidelines.
- 3 False statements, either orally, or in writing.
4. A history of violence to person(s), or property in the past three years.
5. A history of non-payment of rent or financial obligations in the past three years. Belmont Management Co. Inc. uses an empirically derived, statistically sound, credit scoring system to evaluate your consumer credit report. Credit scoring is based on real data and statistics, so it treats all applicants objectively.

Your consumer credit report contains information about you and your credit experiences, such as your bill payment history, the number and type of accounts that you have, late payments, collection actions, outstanding debt, and the age of your accounts. Based upon your credit score, your application will either be accepted or rejected. If your application is rejected, you will be given the name, address and telephone number of the consumer reporting agencies, which provided your consumer information to us. An applicant rejected for unsatisfactory credit is encouraged to obtain a copy of the credit report, correct any erroneous information that may be on the report and submit a new application to this community for further consideration.

6. A history of disturbance of neighbors, destruction of property, or living or housekeeping habits which adversely affect the health, safety or welfare of other residents in the past three years.
- 7 Eviction from a rental property in the past three years.
- 8 A history of criminal activity involving crimes of physical violence to persons or property, or other criminal acts which adversely affect the health, safety or welfare of themselves, other residents or the viability of the community, within the past five years. This includes, but is not limited to, the possession, sale or use of illegal substances.
- 9 State sex offender lifetime registration requirement (HUD only)
10. Does not meet the Eligibility Guidelines of the IRS Section 42 Code regarding Income Qualifications and Full Time Student Households.
11. **Oklahoma Properties :** Oklahoma Housing Finance Agency prohibits the housing of person(s) convicted of a Felony or engaged in any illegal or criminal activities as set forth in this section, if the owner, or managers of the Development, or any of their Affiliates, have knowledge of or about, or by reasonable inquiry should have known of the same. The prohibition on housing shall apply to any person who is:

- Currently engaged in, has been convicted of using, distributing, or manufacturing methamphetamine or has engaged in Drug Related Criminal Activity. Housing of such persons shall be prohibited for a period of 3 years from the date of conviction, or end of the incarceration whichever is most recent.

-Currently engaged in, has been convicted of Violent Criminal Activity. Housing of such person shall be prohibited for a period of 10 years from the date of the conviction or the end of the incarceration, whichever is most recent.

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-Convicted of any other felonious activities other than drug related or violent shall be prohibited for a period of 3 years from conviction or end of incarceration whichever is most recent.

-Convicted Felon subject to lifetime sex registration requirement under a Federal or State sex offender registration program.

-Sex Offender not subject to lifetime registration is prohibited for 10 yrs from date of arrest, conviction or end of incarceration (whichever is later) or the period of required registration as a sex offender, whichever is greater.

VERIFICATION REQUIREMENTS FOR RESIDENCY

1. Identification.
2. References.
3. Information to determine eligibility.
4. Verification of all sources of income or the lack thereof.
5. Verification of past financial history.
6. Prior landlord reference.
7. Police Record of arrest and convictions.
8. Social security numbers, certification, or alternative verifications, except for individuals who do not content eligible immigration status.
9. Interviews to assure all requirements are met for verification.
10. An orientation for all adult members of the household.

Household size must be appropriate for the available apartment size. Management Policy includes making available Reasonable Accommodations and Reasonable Modifications for a handicapped or disabled applicant with a written request. Each application will be placed on the apartment community Waiting List.

**THIS IS A SUMMARY ONLY:
A DETAILED RESIDENT SELECTION PLAN IS AVAILABLE FOR YOUR REVIEW**

Signature of Head of Household

Date

Signature of Co-Head

Date

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WAITING LIST PROCEDURE

Applications will be accepted from any and all interested persons during normal business hours. An application must be the application form provided by the community. The application must be made in person, by the person seeking the rental unit, at the property office, except when written request is made to the property by persons physically incapacitated at the time. In an effort to accommodate persons with disabilities, applications may be sent and received via mail. The Waiting List will be updated every six (6) months.

When a prospective resident files an application for occupancy, the Resident Manager will place the prospect's name chronologically, by date and time, on the community Waiting List. A completed application is a written document prescribed by the community providing sufficient information for the Resident Manager to complete the steps necessary to determine eligibility. All applicants whose applications are not complete will be notified in writing within ten (10) days of receipt of the application advising the items necessary to complete the application. When the information needed to make the application complete is received, the date and time the application is completed column will be entered on the Waiting List in order to establish priority. An applicant who has submitted a completed application will be notified in writing of the status of the application.

If a prospective resident is determined ineligible, they will be notified in writing advising the reasons for the ineligibility and given their appeal rights. All ineligible applications, with the exception of the following, will be removed from the Waiting List and placed in an inactive file. An applicant applying for occupancy at a tax credit property, that does not meet the tax credit requirements, will be notified of a Postponement of Eligibility. Their name will remain on the Waiting List in its original position. The determination of eligibility will be conducted in accordance with the community's Resident Selection Plan.

A Waiting List with income levels identify extremely low (HUD only), very low, low, moderate, or ineligible will be maintained. Selections are to be made from the Waiting List for the particular unit size and/or unit type in which a vacancy exists. An eligible applicant will be further selected on a first-come, first-served basis from the selected category of priority in the following order:

1. Extremely low (as required to meet income targeting requirements as noted in the Resident Selection Plan at Section 8 HAP Communities only)
2. Very low income
3. Low income, up to 60% of median income in tax credit properties
4. Low income
5. Moderate income
6. Ineligible

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If a selected applicant cannot accept the apartment at the time an apartment is offered, the reason for not accepting the apartment will be documented in the project records and confirmed with the applicant in writing. The applicant's name will then be removed from the Waiting List with written notice to the applicant, unless management determines that hardship exists for reasons such as documented health problems or community rent exceeds 30 percent of adjusted monthly income without Rental Assistance, in which case the applicant's name will remain on the list in chronological order. An applicant whose name has been removed from the Waiting List may reapply.

At Rural Development communities, any applicant on the Waiting List with a Letter of Priority Entitlement (LOPE) issued by USDA/RD will be given top priority on the Waiting List, within an income group for the category or apartment size for which the applicant qualifies.

An applicant that meets the handicap or disability requirements has priority for specially designed handicapped accessible apartments. However, in the event there are no applicants on the Waiting List in this category, a specially designed handicapped accessible apartment may be temporarily leased to households not needing the special features. The resident must agree to transfer to an appropriate apartment, if and when it becomes available in the community, once an applicant meeting the handicap or disability requirements, needing the features of a handicapped accessible apartment, is on the Waiting List and ready to move in. The cost of the move will be mutually determined between the community and the resident.

To protect the privacy of all prospective residents, the Waiting List is not open for review by the applicants, residents, or the public.

_____ Signature of Head of Household	_____ Date
_____ Signature of Co-Head	_____ Date
_____ Signature of Co-Head	_____ Date

WARNING: Section 1001 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a Federal Agency. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (202) 720-6382 (TDD)."