

Please send all correspondence to:

Cornerstone Apartments
915 N Elma
Casper, WY 82601
Phone: (307) 265-2663
Toll Free: (888) 298-0888
Fax: (307) 315-6153



Dear Future Resident

Thank you for your interest in our community; at Cornerstone Apartment Homes it is our commitment as a partner with the state of Wyoming to provide affordable housing specifically for families who earn less than 55% of the area median income. We provide affordable, high quality housing for families in a small community setting. We hope you will find our community to be what you are looking for.

The income and rental rate is based on the **total** earnings of all persons in the household, these limits are as follows:

| Unit Size | # of Apts. at property | Income limit for a (1) person Household | Income Limit for a (2) person Household | Income Limit for a (3) person Household | Income Limit for a (4) person Household | Income Limit for a (5) person Household | Income Limit for a (6) person Household | Rental Rate |
|-------------------------|------------------------|---|---|---|---|---|---|-------------|
| Two Bedroom (30% AMI) | 6 | 19,160 | 21,880 | 24,600 | 27,320 | | | 409 |
| Two Bedroom (40% AMI) | 14 | 23,950 | 27,350 | 30,750 | 34,150 | | | 615 |
| Two Bedroom (45% AMI) | 4 | 26,345 | 30,085 | 33,825 | 37,565 | | | 691 |
| Three Bedroom (30% AMI) | 8 | 19,160 | 21,880 | 24,600 | 27,320 | 29,520 | 31,720 | 532 |
| Three Bedroom (40% AMI) | 4 | 23,950 | 27,350 | 30,750 | 34,150 | 36,900 | 39,650 | 710 |

We have a limited number of apartments in each of the price ranges shown above. Figures are subject to change in accordance with the State Income Guidelines, utility allowances and Area Median Incomes. These changes can be made during the lease term and may result in rents being increased or decreased during the lease term.

DEPOSITS: A refundable deposit of \$200.00 is required to hold an apartment. Deposits will be refunded in the event the application is not accepted. A \$20.00 non-refundable processing fee is charged for each adult resident. This cost is for credit reporting and criminal background checks.

PETS: Small pets are accepted with appropriate fees. There is a \$150 non-refundable fee per pet and a \$35 per month pet fee. The weight limit for the pet is 25 lbs. No deposit or pet fees will be charged for Service Animals.

UTILITIES: Electricity, water, sewer, and trash are all paid by the owner, apartments are all electric. All apartments have central air and furnaces, with individual controls and regulated comfort zones. Phone and cable costs are paid by the resident.

GARAGES: \$45.00 per month. Garages may be used for parking or needed storage.

APPLIANCES: We provide the refrigerator, stove, microwave, and dishwasher. Individual washer and dryer hookups are available in every apartment, the machines are not included in the rental rate.

We hope you will consider making Cornerstone Apartments your new home, we would love to have you here!

APPLICATION for LOW INCOME HOUSING TAX CREDIT (LIHTC) PROPERTY

Project Name Cornerstone Casper, WY Unit # _____ No. of Bedrooms _____

Phone (home) _____ (work) _____

Current Address: _____

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

PART I - FAMILY COMPOSITION - To be completed by applicant

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

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

Please complete the following questions:

- (1) Spouse's Maiden Name: _____
- (2) Do you expect any changes in the household composition in the next 12 months? _____

- (3) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Y/N _____ (please describe) _____

- (4) Do all of the above household members reside in the household 100% of the time? Y/N _____ If no, please list the household members that do not live in the household 100% of the time: _____
- (5) Are all occupants' full time students? Yes _____ No _____ If Yes, please answer the following:
 - a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes _____ No _____ (If yes, and all household members are full time students, attach a copy of the Signed Federal Income Tax Return).
 - b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC? Yes _____ No _____
 - c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State or local laws? Yes _____ No _____
 - d) Are any of the students a single parent with minor child(ren) and neither the student, nor any of the minor child(ren) in the household are claimed as a dependent of a third party? Yes _____ No _____ (If yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached).
 - e) Have any of the students ever been in Foster Care? Yes _____ No _____

(6) Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student?
 Yes _____ No _____ If yes, who _____
 Name of School(s): _____ Address: _____

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

(7) Current Marital Status: Single _____ Married _____ (date _____) Divorced _____ (date _____)
 Separated _____ (date _____) Widowed _____ (date _____)

PART II - HOUSEHOLD INCOME - To be completed by applicant

For questions (8) through (27), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

| | |
|---|----------|
| (8) Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash) | \$ _____ |
| (9) Child support (include child support you are entitled to but may not be receiving) | \$ _____ |
| (10) Alimony (include alimony you are entitled to but may not be receiving) | \$ _____ |
| (11) Social Security | \$ _____ |
| (12) Supplemental Security Income (SSI) | \$ _____ |
| (13) Public Assistance - ADC, TANF, and/or Aid to Families w/Dependent Children (AFDC) | \$ _____ |
| (14) Veterans Administration Benefits | \$ _____ |
| (15) Pensions and/or Annuities | \$ _____ |
| (16) Unemployment Compensation | \$ _____ |
| (17) Disability, Death Benefits and/or Life Insurance Dividends | \$ _____ |
| (18) Workers' Compensation | \$ _____ |
| (19) Severance Pay | \$ _____ |
| (20) Net Income from a Business (Self Employment, including rental property, land contracts or other forms of real estate) | \$ _____ |
| (21) Income from Assets | \$ _____ |
| (22) Regular Contributions and/or Gifts from Person not residing at unit | \$ _____ |
| (23) Lottery Winnings or Inheritances (paid as an annuity) | \$ _____ |
| (24) All regular pay paid to members of the Armed Forces (Military Pay) | \$ _____ |
| (25) Education Grants, Scholarships or Other Student Benefits (including other sources i.e. parents) | \$ _____ |
| (26) Long Term Medical Care Insurance Payments in excess of \$180.00 per day | \$ _____ |
| (27) Other Income _____ | \$ _____ |
| TOTAL | \$ _____ |
| (28) Total Gross Annual Income from Previous Year | \$ _____ |

PART III - ASSET INCOME - To be completed by applicant

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

YES NO CASH VALUE/APY

Do You or Anyone in Your Household Have:

| | | |
|------------|---|-------------------------------|
| (29) _____ | _____ Savings Account? | \$ _____ APY _____ Bank _____ |
| (30) _____ | _____ Checking Account? | \$ _____ APY _____ Bank _____ |
| (31) _____ | _____ Certificates of Deposit? | \$ _____ APY _____ Bank _____ |
| (32) _____ | _____ Safety Deposit Box? | \$ _____ APY _____ Bank _____ |
| (33) _____ | _____ Trust Account? | \$ _____ APY _____ Bank _____ |
| (34) _____ | _____ Any Stocks or Securities? | \$ _____ APY _____ Bank _____ |
| (35) _____ | _____ Any Treasury Bills? | \$ _____ APY _____ Bank _____ |
| (36) _____ | _____ Retirement Fund? (Include IRA's, Keogh accounts) | \$ _____ APY _____ Bank _____ |
| (37) _____ | _____ Mutual Funds? | \$ _____ APY _____ Bank _____ |
| (38) _____ | _____ Savings Bonds? | \$ _____ APY _____ Bank _____ |
| (39) _____ | _____ Money Market Account? | \$ _____ APY _____ Bank _____ |
| (40) _____ | _____ Cash on Hand? | \$ _____ |

Do You or Anyone in Your Household:

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

Cash Value \$ _____

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

Cash Value \$ _____

(43) _____ Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?

If yes, Type of Property: _____
 Location of Property: _____
 Appraised Market Value: _____
 Mortgage or Outstanding loans balance due: _____
 Amount of Annual Insurance Premium: _____
 Amount of most recent tax bill: _____

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

(44) _____ Have you sold or disposed of any property in the last 2 years?

If yes, type of property: _____

Market Value when sold or disposed: _____

Amount sold or disposed for: _____

Date of Transaction: _____

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

Where are Funds Held? _____

(46) _____ Have you disposed of any other assets in the last 2 years (Example: given money away to relatives, set up Irrevocable Trust Accounts)?

If yes, describe the asset: _____

Date of Disposition: _____

Amount disposed: _____

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

If yes, please list: _____

PART IV - EMPLOYMENT HISTORY - To be completed by applicant

(48) Head's Current Employer: _____

How Long? _____ Supervisor: _____

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

Employer Address: _____

Address City State Zip Phone

(49) Head's Previous Employer: _____

How Long? _____ Supervisor: _____

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

Employer Address: _____

Address City State Zip Phone

(50) Spouse Current Employer: _____

How Long? _____ Supervisor: _____

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

Employer Address: _____

Address City State Zip Phone

(51) Other Applicant's Current Employer: _____

How Long? _____ Supervisor: _____

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

Employer Address: _____

Address City State Zip Phone

PART V - CREDIT REFERENCES - To be completed by applicant

| | <u>Name</u> | <u>Address / Phone</u> | <u>Monthly Payment</u> |
|------|-------------|------------------------|------------------------|
| (52) | _____ | _____ | \$ _____ |
| (53) | _____ | _____ | \$ _____ |
| (54) | _____ | _____ | \$ _____ |

PART VI - RENTAL HISTORY - To be completed by applicant

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

| | | | | |
|-------------------------|-------------------------|--------------------|-------------------------|---------------------------|
| Current Address | | Rent/Mont h | Utilities/Mont h | Reason for Leaving |
| | | | | |
| Landlord Name | Landlord Address | | | Landlord Phone |
| | | | | |
| Previous Address | | Rent/Mont h | Utilities/Mont h | Reason for Leaving |
| | | | | |
| Landlord Name | Landlord Address | | | Landlord Phone |
| | | | | |

PART VII - OTHER - To be completed by applicant

- (56) Do you have full custody of your child (ren)? Explain the custody arrangements: _____
- (57) Would you or any members of your household benefit from a handicapped-accessible unit? Yes _____ No _____
 If yes, explain: _____
- (58) Have you ever been evicted? Yes _____ No _____
 If yes, explain: _____
- (59) Have you ever filed for bankruptcy? Yes _____ No _____
 If yes, explain: _____
- (60) Have you ever been convicted of a felony? Yes _____ No _____
 If yes, explain: _____

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

- (61) Will your household be receiving Section 8 rental assistance at the time of move-in? Yes _____ No _____
- (62) Will you household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
 Yes _____ No _____
 Explain: _____
- (63) Have you ever received rental assistance? Yes _____ No _____
 If yes, explain: _____
- a. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?
 Yes _____ No _____ If yes, explain: _____
- (64) Will this be your only place of residence? Yes _____ No _____
 If no, explain: _____

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

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

Yes, because I am a United States Citizen

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

No

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

PART IX – SPECIAL NEEDS - To be completed by applicant

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

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

If yes please explain: _____

(68) Does anyone in the household have any pets? If so, what kind? _____

(69) Does anyone in the household have a service animal? If so, what kind? _____
(proper documentation required on Property's form and verified annually)

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

| Name / Relationship | Address | Phone |
|---------------------|---------|-------|
| | | |
| | | |
| | | |

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

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law. I hereby make application to lease and agree that the rent is payable the first day of each month in advance. As consideration, I paid a deposit and application fee. Balance of deposit to be paid upon execution of the lease unless otherwise stated in the lease. I understand that, in addition, my application fee will be retained, to offset the Landlords cost, time, and effort in processing my application. Upon acceptance of this application, I agree to execute a lease. I recognize that, as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained regarding my credit history, employment history, criminal history, and housekeeping history. This inquiry includes information as to my character, reputation, personal characteristics, and mode of living. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. In the event this application is accepted, but I subsequently refuse to sign a lease and/or take possession of the premises, the deposit will be forfeited as damages. I state that the information I have provided is true and correct to the best of my knowledge. *Note: If Applicant is under 19 in the State of Nebraska or under 18 in the State of Iowa, the applicant is considered a minor; therefore, a Guarantor is required.*

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

Applicant Signature (Head) **Date**

Applicant Signature (Co-Head) **Date**

Other Applicant Signature **Date**

Other Applicant Signature **Date**

To be completed by Owner / Property Manager:

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

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

For Recertification: \$ _____ (Current Income Limit for Household Size)
 x 140% (multiplied x 140%)

\$ _____ **TOTAL**

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

FOR OFFICE USE ONLY

| | |
|----------------------|-----------------------|
| Community | Date Apartment Needed |
| Address | Apartment Number |
| Concessions (if any) | Apartment Type |
| Monthly Rent | Application Fee |
| Security Deposit | Length of Lease Term |
| Application Taken By | |

VERIFICATION SUMMARY (FOR OFFICE USE ONLY)

| | |
|---|--|
| Landlord History <input type="checkbox"/> yes <input type="checkbox"/> no | Credit Acceptable <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does Income meet qualifying standards? <input type="checkbox"/> yes <input type="checkbox"/> no | Does Applicant Meet Qualifying Standards? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Manager's Approval: | |
| Date Applicant Notified: | By Whom: |
| Must contact applicant within 24 Hours | |