

The Lindens Apartments  
 1315 N. Oak Street  
 Ada, OK 74820  
 Local 580-436-2600  
 Fax 580-436-0970  
 Toll Free 888-298-0888



Tuesday, December 06, 2011

Thank you for your interest in our community. This sheet has been prepared to answer the most often asked questions regarding our community and rent rates. Please allow us to assist you further and show you an apartment. We will be happy to answer any additional questions you may have.

There are income limits on the apartments, 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. Available	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	Proposed Rent
Two Bedroom (50% AMI)	8	17,850	20,400	22,950	25,450			432
Two Bedroom (60% AMI)	10	21,420	24,480	27,540	30,540			539
Three Bedroom (50% AMI)	13	17,850	20,400	22,950	25,450	27,500	29,550	494
Three Bedroom (60% AMI)	11	21,420	24,480	27,540	30,540	33,000	35,460	617

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:** Water, sewer and trash are paid by the owner, the apartments are all electric, electric, phone, and cable costs are paid by the resident.

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

**APPLIANCES:** Refrigerator, stove, dishwasher and washer/dryer hookups are in every unit.

We look forward to your becoming a valued resident at our community and will be happy to assist you further.

**APPLICATION for LOW INCOME HOUSING TAX CREDIT (LIHTC) PROPERTY**

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

Please complete the following questions:

- (1) Spouse's Maiden Name: \_\_\_\_\_
- (2) Do you expect any changes in the household composition in the next 12 months? \_\_\_\_\_  
\_\_\_\_\_
- (3) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Y/N \_\_\_\_\_ (please describe) \_\_\_\_\_  
\_\_\_\_\_
- (4) Do all of the above household members reside in the household 100% of the time? Y/N \_\_\_\_\_ If no, please list the household members that do not live in the household 100% of the time: \_\_\_\_\_
- (5) Are all occupants' full time students? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please answer the following:
  - a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, and all household members are full time students, attach a copy of the Signed Federal Income Tax Return).
  - b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC? 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 _____	\$ _____
<b>TOTAL</b>	\$ _____
(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.)**

<b>Current Address</b>		<b>Rent/Mont h</b>	<b>Utilities/Mont h</b>	<b>Reason for Leaving</b>
<b>Landlord Name</b>	<b>Landlord Address</b>			<b>Landlord Phone</b>
<b>Previous Address</b>		<b>Rent/Mont h</b>	<b>Utilities/Mont h</b>	<b>Reason for Leaving</b>
<b>Landlord Name</b>	<b>Landlord Address</b>			<b>Landlord Phone</b>

**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	