

Parkway Pointe Senior Residences
 7601 Parallel Parkway
 Kansas City KS 66112
 Local 913.788.5841
 Fax 913.328.1752
 Toll Free 888.298.0888



Friday, December 16, 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 rental rates. Please allow us to assist you further and by answering any additional questions you may have and by allowing us to show you an apartment.

It is a commitment as a partner with the state of Kansas to provide affordable housing specifically for seniors who earn less than 60% of the area median income. We provide affordable, high quality housing for seniors in the small community setting

Unit Size	# of Apts. Available	Income limit for a (1) person Household	Income Limit for a (2) person Household	Proposed Rent
One Bedroom (40% AMI)	5	20,720	23,680	420
One Bedroom (50% AMI)	4	25,900	29,600	505
One Bedroom (60% AMI)	11	31,080	35,520	585
Two Bedroom (40% AMI)	5	20,720	23,680	505
Two Bedrooms (50% AMI)	4	25,900	29,600	585
Two Bedroom (60% AMI)	19	31,080	35,520	700

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 Trained Service Animals.

UTILITIES: Water, sewer, and trash is paid by the owner. The apartments are all electric. The electric, phone, and cable costs are paid by the resident. For information on establishing electric service please call customer service at 913.573.9190. Cable services are provided by Time Warner Cable.

GARAGES: are available at \$50.00 per month for residents.

APPLIANCES: We provide the refrigerator, dishwasher, and range. All apartments are also equipped with full size washer and dryer hookups.

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 Parkway Pointe Senior Residence, Kansas City, KS 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			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 _____	\$ _____
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)	