



ARBOR PARK

Thank you for applying for an apartment home at Arbor Park. To ensure timely processing of your application, return the completed signed application, including proof of income and application fee. The following documents are provided:

- Written Policies and Procedures- review and sign
- Application and Supplemental Application – complete and sign
- Privacy Policy
- Application Approval Addendum
- Tenant Release and Consent
- Certification Questionnaire
- General Asset and Bank Verification
- Under \$50,000 Asset Certification (if applicable)
- Child Support Certification
- Special Provisions
- Marital Status Certification
- Special Needs Certification
- Student Status (if applicable)
- Rental History Certification
- Tenant Rights and Resource Guide
- Proof of Income- (2 months of paystubs, if employed; SSI verification letter, etc.).

If you have any questions or need assistance completing the application, please contact (512) 674-0790.

Thank you!

Written Policies and Procedures

(Effective 10/01/2023)

DMA Properties supports the Fair Housing Act, as amended, and prohibit discrimination for housing based on race, color, religion, sex, national origin, disability, or familial status. The following criteria is reasonably related to applicants' abilities to pay the rent, not to damage the housing, and not to interfere with the rights and quiet enjoyment of other residents. All applicants and co-applicants must be 18 and over unless protected under familial status per the Fair Housing amendment. FOR AGE PREFERENCES please **SEE COMMUNITY ATTACHMENT 2**. **Except for our Elderly Developments under Housing for Older Persons Act, minor children that join the household after the start of a lease term will not cause a household to be in violation of the lease.** If an Elderly, Elderly Limitation or Elderly Preference 55+ Community and at least 80% of the units are currently occupied by at least one person 55+ then up to 20% of non-elderly may be housed. These households are restricted to **Adults only**. Under HOPA guidelines, families with children shall be **restricted from residing at elderly 55+ communities**. Maximum rent and maximum income guidelines are adhered to as required by the Texas Department of Housing and Community Affairs (TDHCA). All applicants are required to complete, date, and sign a rental application and provide photo identification in addition to meeting key criteria in order to qualify for housing. **The screening criteria will be applied uniformly and, in a manner, consistent with all applicable law, including The Texas and Federal Fair Housing Acts, the Federal Fair Credit Reporting Act, program guidelines, TDHCA's rules, and HOPA if applicable.** The development will comply with state and federal fair housing and anti-discrimination laws, including but not limited to consideration of reasonable accommodations requested to complete the application process. DMA will distribute MFDL program units reserved for Low-Income, Very Low-Income, and Extremely Low-Income families among unit sizes in proportion to the distribution of unit sizes within the property and to avoid concentration of those families in any specific area. All Tax Credit program units including those set aside for additional rent and occupancy requirements will be distributed in the same manner. Affordable units are Tax Credit and may be layered with additional funding and requirements. **These policies/procedures as described are available, and DMA Properties will provide copies upon request to applicants or residents or their representatives at any time.**

SEE COMMUNITY ATTACHMENT 2

Maximum Occupancy: **SEE COMMUNITY ATTACHMENT 2**

Income/Employment Requirements:

Section 8 Applicants as well as applicants under any rental assistance program whether federal, state, or local are welcome. Each household not participating in the Section 8 voucher or HOME TBRA and other MFDL programs must show income which is the greater of monthly income 2.5 times household's share of the total monthly rent amount or \$2,500 annually. For affordable housing units, the household income must be within the maximum allowed income range as specified by the TDHCA in order to qualify. All applicable rent and income limits for all units and household sizes participating under the Tax Credit program and layered with Tax Credit funding, participating under the HOME program, and layered with HOME funding, participating under the National Housing Trust Fund program, and layered with TRUST Funding, or participating in the TCAP / HOME- Match and layered with TCAP / HOME-Match funding is listed on **COMMUNITY ATTACHMENT 2**

Rent and Income Limits: **SEE COMMUNITY ATTACHMENT 1**

Rents will not increase during lease term but are subject to increase at lease renewal.

Security Deposit, Application and Fees, Transfers, Reasonable Accommodations, Priority Waiting List:

All security deposits are fully refundable. The refundable deposit is taken upon execution of the lease contract. As per 10 TAC §10.610, the owner will soon convert any deposit into a refundable security deposit supported by an executed lease contract. No deposits are collected to place a household on the waiting list. After the Resident has moved from the unit, Management will determine whether the Resident is eligible for a refund of any or all of the security deposit. The Resident will be eligible for a refund of the security deposit only if the Resident provided the Management with the 30-day written notice of intent to move. Management will inspect the unit and complete a Final Account Statement. Management will refund to the Resident the amount of the security deposit less any amount needed to pay the cost of unpaid rent; damages that are not due to normal wear and tear. Management agrees to refund the amount within 30 days after the Resident has permanently moved out of the unit, returned possession of the unit to Management, and given his/her new address to Management. Management will also give the Resident a written list of charges that were subtracted from the security deposit. A waiting list will be maintained for qualified individuals that meet all before and after-mentioned rental qualifications as well as income qualifications for the respective set-aside.

Security / Additional Deposits: **SEE COMMUNITY ATTACHMENT 2**

Application and Application Fee:

All application fees are non-refundable. Application fees: **SEE COMMUNITY ATTACHMENT 2**

Application submissions are accepted by mail or onsite. Some communities may also accept applications by email, website form, or fax. They may be dropped off both during office hours and in the secure overnight drop after-hours.

For an application to be considered for occupancy it must be completed in full and returned to the leasing office with one application fee per adult (see fee defined in **COMMUNITY ATTACHMENT 2**.) All questions and sections on the application must be answered. If questions do not apply, N/A or NONE should be used. An applicant rejected for any reason may not re-apply for 90 days unless proof can be shown that eligibility has changed.

Transfers

Transfers are defined as:

1. To another apartment in the same community (an in-house transfer) or
2. To a different DMA managed community (external transfer).

Transfers may take place in the order of the following:

1. Emergency situations that arise such as fire or flood and unit has been determined to be uninhabitable.
2. Resident is a victim of Violence Against Women's Act (VAWA).
3. Reasonable Accommodation Request.

A resident may qualify to transfer if resident is in good standing and has no lease violations, no past due recertifications and no current past due balances.

Regarding the multiple-building project election on IRS Forms 8609- see **COMMUNITY ATTACHMENT 2**

A community may be made up of the below different grouping types:

- a) 100% low income multiple-building grouping “project”
 - b) Each its own individual building grouping “project” –mixed income or 100% low income
 - c) Mixed income multiple-building grouping “project”
1. All transfers must reapply and qualify as a new resident (with the exception of **example a)- see below**). All paperwork must be submitted and complete- no blanks. Also, all qualifying histories such as rental, criminal and credit, must be run/verified and APPROVED before a move-in date is scheduled. Transfers will be screened under **original** qualifying criterion. A resident must fulfill at least one lease term (a full year) in their current apartment. Exceptions above including Emergency inhabitability relocation, VAWA, accommodation would override this requirement.
 - i. **In example a)**, If a household wishes to transfer from one building to another building within the same multiple-building Project (defined elections made in IRS Forms 8609), the household may transfer without certifying. Households may transfer to any Unit in a 100% low-income multiple building project and retain their program designation. The household does not need to be and should not be certified at the time of transfer. The move in date remains the date the household was first designated under the program.
 - ii. **In example b)** If a household wishes to transfer from one building to another building and each building is its own individual building project: developments that made the 40/60 election: at the time of transfer, the household must be certified and have a current annual income less than the income limit established by the minimum set aside the Owner selected. Developments that elected the average income test under IRC §42(g): the household must be certified and their current designation averaged together with the designations of the other households in the project must be equal to or less than the percentage represented at the time of Application.
 - iii. **In example c)** If a household wishes to transfer from one building to another building within the same multiple-building project: Low-income households retain their program designation when they transfer to any Unit in a multiple building project if at the last annual certification their income was less than 140% of area median income level set by the minimum set aside.
 - iv. ❖ *If a current resident qualifies for a lower income designation, then they may transfer to the lower designation apartment. If the desired lower designation is not available at the time, the current resident will receive priority on the lower designation waitlist.
 2. As with all new/initial moves-in’s, all paperwork must be completed, and the file must be APPROVED by compliance before the lease is signed and keys are released to the new resident.
 3. All transfers are also required to pay a new security deposit specific to the applicable property to/in which the transfer is taking place. This must be paid in order to obtain keys at move-in. For refunds on security deposits relating to the apartment being transferred out of, please refer to the above policy.
 4. If the current unit is found to be damaged beyond normal wear and tear the applicant will be charged and the balance will be paid out from the current deposit.
 5. The applicant agrees to completely vacate the unit and return all keys to the unit and mailbox when receiving the new units’ keys and mailbox key.

At a DMA community with immediate availability for transfer and not associated with active waiting list, all in-house transfers are required to pay a one-time non-refundable \$500.00 transfer fee. An application fee will also be collected for the purposes of screening for both in-house and external DMA community transfers. Per transfer type, these non-refundable fees must be paid before the application will be processed and approved. No transfer or application fee is required for transfers as a result of a VAWA or accessibility accommodation request. Accommodation requests necessary for Priority VAWA or Priority Accessibility fulfillment, may transfer as needed- regardless of lease-term.

Accommodation Requests:

DMA Properties provides an Equal Housing Opportunity and is committed to upholding the Fair Housing laws. We do not require a household to make a reasonable accommodation request in writing; we do not require a household to provide specific medical or disability information other than the disability verification that may be requested to verify eligibility for reasonable accommodation or special needs set aside program; we do not exclude a household with person(s) with disabilities from admission to the Development because an accessible unit is not currently available; we do not require a household whose need is readily apparent to provide third party documentation of a disability; or, require a household to rent a unit that has already been made accessible. If preferred, the resident may verbally request the accommodation to the Owner Representative, and they will document the request.

** All reasonable accommodation requests of any type (Priority VAWA, Priority Accessibility, all other Reasonable Accommodations) may be submitted to the Property Manager for review and response **within 7 days**.

** For Priority Accessibility, accessibility featured units will be offered firstly to current occupants with handicaps requiring those features, and secondly to eligible qualified applicants on the waiting list. This includes transfers. **Please refer to Transfer section above.**

Priority Waiting List & Walk-in Applications:

1. A completed rental application must be submitted for approval. Only pre-qualified applicants are given priority waiting list status. Existing residents receive priority when seeking lower income restrictions. **Applicants needing accessible units will also be prioritized and given opportunity to those units first, as available. DMA Properties does not change household designations as household income changes.** All fully completed and pre-qualified applications, including those seeking lower income restricted units will be placed on the list in numerical order, by first-come first-served basis, after existing residents seeking lower income restrictions. All applicants will be selected and offered a unit in the same manner.
2. Once an applicant is reached on the waiting list and offered an apartment, ***an application fee will be collected for the purposes of screening.*** History screening will be performed, including credit, criminal, and rental. All application documentation must be current within 120 days of move-in in order to process an application. This may mean re-submission of documentation at time of processing.
3. Once an apartment is made available and offered, upon 3 declined availability offers, The Community reserves the right to remove the application from the priority wait list.
4. After an offer is accepted, the applicant must agree to move-in no later than **30** days from acceptance date. The property will maintain a separate waiting list for all income restricted units. The Waiting List is always open to applicants. The only exception would be as follows: if the waiting

list for a particular set-aside is for a wait of 3+ years, (no move-outs during that time) the list will be closed only to re-open after drop-offs have occurred. Please check with Property Management for this exception.

5. In the case where the waiting list applicants have been exhausted, walk-in applications will be taken. An applicant must agree to move-in no later than **30** days from acceptance date and must provide in a timely manner all income and asset verification required to qualify for the program unit. In consideration of (1) the extra time it takes to verify eligibility of Affordable Housing residents, and (2) management's taking the rental dwelling off the market during the verification process, management and applicant agree that the 7-day statutory rejection period is waived. Instead, applicant's application will be automatically rejected at the earlier of (1) the 60th ' day after date of application, or (2) the 7th day after management receives written replies from all employers, lenders, financial institutions, former spouses paying child support, educational institutions, government agencies, and entities to who inquiries are required to be made by law to qualify resident.

****For waiting list and transfers related to a reasonable accommodation request, this may also mean re-submission of documentation at time of processing for relocation file compliance and to qualify for the transfer unit. In this case, when the household is relocating to a different 8609 building project, the household is considered a new move-in. For same 8609 building project transfers, the existing paperwork transfers the household because the original certification anniversary date remains with the household.**

Income Verification:

All Programs- In order to ensure that each household falls under the program maximum, each applicant must verify income and asset income. Sources of income include but are not limited to employment, self-employment, spousal/child support payments, welfare payments, social security payments, pension payments, rental properties, and interest from all bank accounts or other interest-generating assets. Authorized written verification of any additional sources of household income is required. Applicants who are self-employed must complete a Self-employed Affidavit providing last year's tax return with Schedule C/ profit and loss and anticipated income for the following 12 months. Applicants whose income is based solely on commissions or base salary plus commissions, tips, or bonuses, may require additional verifications.

Initial Certification and Recertifications:

All low-income households must be certified prior to move-in at initial certification a household's rent will have been determined based on both the income calculation as per the program requirements, and the availability of the designations under which they qualify. There is limited availability in each designation.

Under the Tax Credit Program- Applicants are required to provide us with **at least 2 months** consecutive current paycheck stubs or source documentation for each occupant prior to application approval. **Additional stubs may be requested on a case-by-case basis, and employment verification or pay clarification may be required.**

Under the MFDL Programs- Applicants are required to provide us with **at least 2 months** consecutive current paycheck stubs or source documentation for each occupant prior to application approval. **Additional stubs may be requested on a case-by-case basis, and employment verification or pay clarification may be required.**

The recertification (full or AEC- Self Certification) is due on the anniversary of the household's move-in date.

- a. **Full Recertification** requires verification of all current income and assets, student status. New paperwork must be completed within 120 days of the anniversary of the move-in date.
- b. **AEC** is a self-certification of data collection that is signed by resident, verifying household information. Student status is re-screened. No new income verification is collected or documented unless the household states their income exceeds 140% of the 60%. Then full recertification will be performed, and Available Unit rule will be followed.

At recertification rent will remain restricted based on the circumstances at initial certification unless the household's income exceeds 140% of the current income limit 60% or the household elects to be placed on the waiting list at a lower income designation, per 10 TAC §10.615 (d) (2)(A). If their income exceeds 140% of the current 60% income limit, they may be required at the end of the lease term to pay a market-rate rent. Under the MFDL programs- if a household's income exceeds 80% at recertification, the owner must charge rent equal to the lesser of 30% of the household's adjusted income or the rent allowable under the other program. If a household's income at initial certification qualified them at a lower designation but rent was not restricted at such lower designations due to availability, the household may request to be placed on the Priority Waiting List for such designations under which the household initially qualified. HOME Developments must complete a full recertification with verifications of each HOME assisted apartment every sixth year of the Community's affordability period even in **AEC HTC buildings**. The recertification is due on the anniversary of the household's move-in date. For recertification requirements by building and community-specific affordable program participation, please see **COMMUNITY ATTACHMENT 2**.

Student Status:

ALL households must report any changes in student status at any time during residency.

Students: Under the Tax Credit Program- Households comprised **entirely of full-time students** are NOT eligible unless 1 of 5 specific exceptions is met and the required verification of such exception can be provided. These student eligibility exceptions include: being married & eligible to file taxes jointly, being enrolled in a JTPA, receiving TANF, being a foster child, or being a single parent who claims a minor child. A full-time student is defined as having attended full-time 5 months of the calendar year (January – December) and full-time student status is defined by the institution of higher learning. Note that for the above restriction on a household comprised of full-time students, a student who is a full-time student for any portion of 5 months out of the current calendar year is considered a full-time student for the entire calendar year. The months do not need to be consecutive.

Students: Under the MFDL or 811 Program- All adult household members must meet a specific exception (listed below) and the required verification of such exception must be provided; otherwise, the household is not eligible for any 811, HOME or TCAP-RF-assisted apartment home.

These student eligibility exceptions are: being over 24 years of age, a veteran, married, having a dependent child, disabled & receiving Section 8, living with his or her parents who are receiving Section 8 assistance, or being an independent student as defined by the Dept. of Education. Each household member must individually qualify under the HOME student program requirements. **A student is defined as either part-time or full-time.**

Rental History:

All occupants 18 and over are leaseholders and are required to sign the Lease Agreement. They must have satisfactory, verifiable, rental history or mortgage history defined as, no prior evictions, late payments, disturbing the rights and comforts of other residents, negligent housekeeping including unsanitary pest and clutter issues which could create a hazardous living environment- per OSHA's standards (1910.22, 1910.34-.37, 1910.141), NSF check history, unauthorized occupants, property damage, or failure to adhere to the policies and regulations of the community or management company. At least 1-year satisfactory rental/mortgage history is required (not applicable to first-time renters).

***Rental History must reflect a prompt payment record (i.e., apartment community or Mortgage Company) A prompt payment record is defined as no more than three (3) late payments within a one (1) year period. Any unpaid sums will result in denial of the application.**

*Applicants will be disqualified for a history of damages and/or lease violations. Any damages and/or lease violations that are directly related to protections under the Violence Against Women Act (VAWA) will not result in a denial of the application.

*Applicants who have negative rental history at any community owned and managed by DMA Properties will be denied. Negative Rental History is defined as those who have been evicted, left/skipped without notice, asked to move by management, owed money for rent and/or damages or non-renewed.

*A household will be disqualified if any household member(s) has been evicted in the last three (3) years from a federally assisted housing for drug-related criminal activity. The owner **may**, but is not required to consider two (2) exceptions to this provision:

- (1) The evicted household member has successfully completed an approved, supervised drug rehabilitation program; or
- (2) The circumstances leading to the eviction no longer exist (i.e., the household member no longer resides with the applicant household).

Credit History:

A complete credit/criminal check will be conducted for each adult applicant who is 18 and over. Anyone with a bankruptcy or repossession may be required to post an additional deposit (noted above and is double the traditional security deposit) in order to be approved. No applicant who has a long-term outstanding balance at another apartment community (more than 30 days) will be approved. All outstanding balances to other apartment communities or utility companies must be settled prior to receiving application approval.

1. Bankruptcy	Decline if less than <u>3 years old.</u>
2. Court Judgment	Decline if less than <u>3 years old.</u>
3. Tax Lien	Decline if over <u>\$5,000</u> and less than <u>3 years old.</u>
4. Foreclosure	Decline if over <u>\$100,000</u> and less than <u>1 year old.</u>
5. Repossession	Decline if over <u>\$3,000</u> and less than <u>3 years old.</u>
6. Collections	Decline if the number of collections is <u>over 3.</u>
	Decline if over <u>\$1,500</u> and less than <u>1 year old.</u>
7. Past Due Accounts	Decline if over <u>40% or more of total accounts.</u> <u>are past due excluding medical accounts.</u>

Criminal History:

A criminal history will be completed on each applicant & occupant aged 18 or older, including live-in aides. Applicants who have been **convicted of any type of felony offense or any level offense** involving the **following: sex crime; assault; weapons; arson; theft; drug manufacture & or distribution** that was resolved by conviction will not be accepted. Any active status on probation or parole involving the above offenses will be denied. For offenses other than felonies, offenses with conviction dates older than 10 years will not be grounds for rejection, except for any level of sex crime. There is no statute of limitations on look-back period for sex crimes. Repeated disturbances related to circumstances protected under VAWA are not considered. Appeals for denials based on criminal are accepted and will be reviewed based on the severity of the crime, the length of time since the crime occurred, and repeat offense records on a case-by-case basis.

- ❖ Applicant(s) must not have a criminal history that reflects any prior felony convictions or deferred adjudication for felony offenses **within the last ten (10) years.**
- ❖ **Any applicant with more than 2 felony convictions will be denied regardless of time frame.**
- ❖ Applicants must not have a criminal history that reflects misdemeanor convictions or deferred adjudication involving violent crimes against persons, crimes against property, or for drug related or prostitution related offenses **within the last seven (7) years.**
- ❖ Applicants must not be subject to a lifetime registration requirement pursuant to Chapter 62 of the Texas Code of Criminal Procedure or any other state's sex offender registration program.
- ❖ Applicants or any household member must not have any member currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.
- ❖ There should be no reasonable cause to believe that an Applicant or any household member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents.

The following criminal convictions will be permanently denied/excluded:

- ❖ Capital Murder or Murder/Manslaughter
- ❖ Rape, Sexual Assault or Crimes of a Sexual Nature
- ❖ Kidnapping
- ❖ Arson
- ❖ Felony Manufacture of Methamphetamines

** Note: This requirement does not constitute a guarantee or representation that resident or occupants residing at this apartment community have not been convicted of above-mentioned criminal activity or are not subject to deferred adjudication for above mentioned criminal activity.

Violence Against Women Act:

In accordance with the Violence Against Women Reauthorization Act of 2013 (VAWA), an applicant will not be denied admission on the basis that the applicant has been a victim of domestic violence, dating violence, domestic assault, or stalking. The owner will support and assist victims of domestic violence, dating violence, sexual assault, or stalking and protect victims, as well as members of their family or affiliated individuals, from being denied housing as a consequence of domestic violence, dating violence, sexual assault, or stalking. This includes termination of the lease for emergency transfer or bifurcation of the lease to protect the individual protected by VAWA. For reasonable accommodation requests, please submit to the property manager and they will be reviewed and responded to within 7 business days. HUD forms 5380 and 5382 are displayed in the leasing office but are also made available to ALL at application, renewal and recertification, denial and appeal, or termination of lease and non-renewal. Additionally, they will be provided upon request or in any situation where VAWA rights are exercised.

Pet Requirements:

SEE COMMUNITY ATTACHMENT 2

Service animals performing specific jobs or medical services must provide service documentation. All Service, Assistance, or Support animals must come with a physician's recommendation when the specific reason for accommodation is not visible. Specific animal, breed, number, weight restrictions, pet rules, and pet

deposits will not apply to households having qualified service/assistance animal(s). All animal owners must provide vet vaccine records and vet contact information at time of initial occupancy.

Terminations of Lease or Non-Renewals, Denials & Appeals:

Specific reasons for denial or issuances of non-renewal and termination notices will be provided in writing and delivered in the method selected on the notice. For reasons of denial of a new household for occupancy refer to **Rental History, Credit History, and Criminal History** section above. Additionally, a household may be denied if their income exceeds the program limit for an income restricted unit. **Reasons for non-renewal or termination of lease include breach of lease/ material noncompliance; nonpayment of rent including past due amount; and holding over.** Evictions or termination of tenancy for other than good cause are prohibited. A log of all denied applicants will be maintained and will include all required information. Under the HTC, MFDL and 811 Programs, all termination notices provide a **30-day** advance-notice. Notification for denial of an application will be provided in writing by email, U.S. mail, or handed to applicant within 7 business days after submission. Appeal reviews may be requested to DMA Properties, LLC at 512-328-3232. The appeal decision will be made within 7 business days and the applicant notified accordingly in the same manner. This also applies to Priority VAWA requests or Reasonable Accommodation requests relating to a disability. For HOME/ MFDL and 811 participating communities the applicant has a 14-day period to contest the reason for the denial and comply with any of the other requirements of the HUD Handbook 4350.3 4-9. Denial of 811 applicants will be communicated within 3 days to the Department and a copy of the denial will be provided. *For the quickest resolution to any background screening report issue, LeasingDesk RealPage screening may be contacted: 866-934-1124.*

I/we acknowledge that I/we have read and understood the Written Policies and Procedures and Community Attachments as of the date this document is signed.

Applicant Signature

Co-Applicant Signature

Date

Date



NO CASH ACCEPTED FOR ANY TRANSACTION.

Attachment 1- Arbor Park

Income and Rent

Travis County Maximum Income and Rent Limits Effective Date: 04/01/2024
TDHCA Approved HUD Model Utility Allowances Effective Date: 12/08/2023

LIHTC Income

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
50	\$ 44,100	\$ 50,400	\$ 56,700	\$ 63,000	\$ 68,050	\$ 73,100	\$ 78,150	\$ 83,200
60	\$ 52,920	\$ 60,480	\$ 68,040	\$ 75,600	\$ 81,660	\$ 87,720	\$ 93,780	\$ 99,840

Rent

Number of Bedrooms	Tax Credit 50%		Tax Credit 60%	
	1 (38)	2 (10)	1 (47)	2 (13)
Maximum Rent:	\$ 1,181	\$ 1,417	\$ 1,417	\$ 1,701
-- Utility Allowance	\$ 81	\$ 105	\$ 81	\$ 105
Allowable Tenant Paid Rent	\$ 1,100	\$ 1,312	\$ 1,336	\$ 1,596
	Market			
Number of Bedrooms	1 (17)	2 (10)		
Maximum Rent:				
-- Utility Allowance				
Allowable Tenant Paid Rent	\$ 1,450	\$ 1,750		

Travis County Maximum Income and Rent Limits Effective Date: 06/15/2023
TDHCA Approved HUD Model Utility Allowance Effective Date: 12/08/2023

NHTF

# of Residents	1	2	3	4	5	6	7	8
Maximum Income								
NHTF30/HTC30	\$ 24,550	\$ 28,050	\$ 31,550	\$ 35,050	\$ 37,900	\$ 40,700	\$ 45,420	\$ 50,560

Rental Rate

Number of Bedrooms	NHTF 30% (HTC 30%)		
	1 (9)	2 (1)	2 (2)
Maximum Rent:	\$ 657	\$ 788	\$ 788
-- Utility Allowance	\$ 81	\$ 105	\$ 105
Allowable Tenant Paid Rent	\$ 576	\$ 683	\$ 683



ARBOR PARK

RENTAL QUALIFICATIONS (EFFECTIVE 04/01/2024)

Age Restriction: All applicants and co-applicants must be 55 and over.

Maximum Occupancy:	<u>Apartment Size</u>	<u>Maximum Number of Occupants</u>
	One Bedroom	Two Persons
	Two Bedroom	Four Persons

Security Deposit:

Security/ Additional Deposits are as follows: **1 Bedroom** \$600.00 **2 Bedroom** \$800.00

Application Fee:

Application fees are as follows: **Single applicant** \$20.00 **Each additional applicant (18 and over)** \$15.00

Pet Requirements:

Pets no greater than 25 lbs. are allowed on the premises. There is a one-time fully refundable pet deposit of \$500 and a 2-pet maximum requirement.

8609 Elections for the purpose of Transfers and Recertifications:

Each building is its own grouping- 100% full recertifications (until 8609 elections finalized)

Program Participation: HTC, MFDL: NHTF

Additional Special Preferences: Arbor Park is a NON- SMOKING Community

Applicant Signature

Date

Applicant Signature

Date



YOUR WORK, continued

Gross monthly income \$ _____ Position _____

Supervisor _____ Phone _____

Fill out if you have been with your current employer for less than five years.

Previous employer (most recent) _____

Address _____

City _____ State _____ Zip _____

Work phone _____ Dates: From _____ To _____

Gross monthly income \$ _____ Position _____

Supervisor _____ Phone _____

ADDITIONAL INCOME**(Income must be verified to be considered.)**

Type _____ Source _____ Gross monthly amount \$ _____

Type _____ Source _____ Gross monthly amount \$ _____

CREDIT HISTORY

If applicable, please explain any past credit problem: _____

RENTAL AND CRIMINAL HISTORY**Check only if applicable.**

Have you or any occupant listed in this Application ever:

- been evicted or asked to move out?
- moved out of a dwelling before the end of the lease term without the owner's consent?
- declared bankruptcy?
- been sued for rent?
- been sued for property damage?
- been convicted or received probation for a felony, sex crime, or any crime against persons or property?

Please indicate below the year, location, and type of each felony, sex crime, or any crime against persons or property for which you were convicted or received probation. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above. _____

HOW DID YOU FIND US? Online search (website address) _____ Referral from a person or locator? Name _____ Social media (please be specific) _____ Other _____**EMERGENCY CONTACT****Emergency contact person over 18 who will not be living with you:**

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

If you die or are seriously ill, missing, or incarcerated according to an affidavit of (check one or more) the above person, your spouse, or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.**YOUR VEHICLES***(If applicable)***List all vehicles owned or operated by you or any occupants (including cars, trucks, motorcycles, trailers, etc.)**

Make _____ Model _____ Color _____

Year _____ License # _____ State _____

Make _____ Model _____ Color _____

Year _____ License # _____ State _____

Make _____ Model _____ Color _____

Year _____ License # _____ State _____

Make _____ Model _____ Color _____

Year _____ License # _____ State _____

signed by all parties; OR, it will be refunded under paragraph 7 if the applicant is not approved; OR it will be retained by us as liquidated damages if you fail to sign or withdraw under paragraphs 4 and 5 of the Application Agreement.

- 3. **Fees due.** Your Application will not be processed until we receive your completed Application (and the completed Application of all co-applicants, if applicable) and the following fees:
 - A. Application fee (non-refundable): \$ _____
 - B. Application deposit (may or may not be refundable) \$ _____
- 4. **Completed Application.** Your Application will not be considered "complete" and will not be processed until we receive the following documentation and fees:
 - A. Your fully filled out and signed Application and any documents required by our rental criteria, such as proof of income.
 - B. Fully filled out and signed Applications for each co-applicant (if applicable);
 - C. Application fees for all applicants;
 - D. Application deposit.

Authorization and Acknowledgment

I authorize _____

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after residency on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this Application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Application. Authority to obtain work history information expires 365 days from the date of this Application. You agree the information provided may be used for business purposes.

Payment Authorization

I authorize _____

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-sufficient funds and dishonored payments. If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- 1. Applicant shall pay a charge of \$ 25.00 for each returned payment; and
- 2. We reserve the right to refer the matter for criminal prosecution.

Acknowledgment

You declare that all your statements in this Application are true and complete. Giving false information is a **Class B Misdemeanor**, punishable by up to 6 months in county jail and a \$2000 fine. **Applicant's submission of this Application, including payment of any fees and deposits, is being done only after applicant has fully investigated, to its satisfaction, those facts which applicant deems material and necessary to the decision to apply for a rental unit.** You authorize us to verify your information through any means, including consumer-reporting agencies and other rental-housing owners. **You acknowledge that you had an opportunity to review our rental-selection criteria, which include reasons your Application may be denied, such as criminal history, credit history, current income and rental history. You understand that if you do not meet our rental-selection criteria or if you fail to answer any question or give false information, we may reject the Application, retain all application fees as liquidated damages for our time and expense, and terminate your right of occupancy.** In lawsuits relating to the Application or Lease, the prevailing party may recover from the non-prevailing party all attorney's fees and litigation costs. We may at any time furnish information to consumer-reporting agencies and other rental-housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease, the rules, and financial obligations. Fax or electronic signatures are legally binding. You acknowledge that our privacy policy is available to you.

Right to review the Lease. Before you submit an Application or pay any fees or deposits, you have the right to review the Application and Lease, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed Application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease if agreed to in writing by all parties. You are entitled to a copy of the Lease after it is fully signed.

Images on our website may represent a sample of a unit and may not reflect specific details of any unit. For information not found on our website regarding availability, unit characteristics or other questions, please call or visit our office.

This Application and the Lease are binding documents when signed. Before submitting an Application or signing a Lease, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease if agreed to in writing by all parties.

Applicant's signature

Date

FOR OFFICE USE ONLY	
1. Apt. name or dwelling address (street, city): _____	Unit # or type: _____
2. Person accepting application: _____	Phone: _____
3. Person processing application: _____	Phone: _____
4. Date that the applicant or co-applicant was notified <input type="checkbox"/> by telephone, <input type="checkbox"/> by letter, <input type="checkbox"/> by email, or <input type="checkbox"/> in person or <input type="checkbox"/> acceptance or <input type="checkbox"/> nonacceptance: _____ (Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)	
5. Name of person or persons notified (if there are more than one applicant, at least one of them must be notified): _____	
6. Name of owner's representative who notified the applicant: _____	
Additional comments: _____	



Supplemental Rental Application for Units Under Government Regulated Affordable Housing Programs

Date when filled out: _____

1. **Supplemental Information.** The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.
2. **Employment Update.** Present employer: _____
Address: _____ City, State, ZIP: _____
Work Phone: _____ Position: _____
3. **Household Composition.** List all persons, including yourself, who will be living in your household.

Number of Persons	Full Name	Relationship	Age	Student Status
1 (Head of Household)				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A

Does anyone live with you now who is not listed above? Yes No. Does anyone plan to live with you in the future who is not listed above? Yes No. If you answered "Yes" to any question, please explain: _____

Are you a veteran? Yes No **Important Information for Former Military Services Members.** Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>.

Are any of the household members listed above: Foster children? Yes No Live-in attendants? Yes No

Were any of the names listed above students in the year this application was completed? Yes No. Do any of them plan to be students in the year this application is completed? Yes No. If you answered "Yes" to either question, please explain: _____

4. **Income.** List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18 who are dependents of another household member).

Gross Monthly Income Source: <small>Indicate whether anyone in your household receives income from the following</small>		Applicant	Co-Applicant	Other Household Members	Total
Salary	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Commissions and Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Tips and Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Interest and/or Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Income from Business	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Social Security, Supplemental Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Pensions, Retirement Funds, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Support from Parents or Relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Sources of Child Support:		\$	\$	\$	\$
• Court-ordered (regardless if paid)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
• Voluntary payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
• Anticipated payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
AFDC/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Student Financial Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Workers' Compensation, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)		\$	\$	\$	\$
TOTAL \$					

5. **Assets.** List all assets of all adults and persons in your household, including those under the age of 18.
Does anyone in the household own any non-necessary personal property, including, but not limited to items such as campers, motorhomes, travel trailers, all-terrain vehicles (if not for day-to-day transportation), bank accounts, financial investments, recreational boats, expensive jewelry without religious or cultural value, collectibles, equipment not generating business income, and luxury items? Yes No

If yes, please list the value of all non-necessary personal property below. If a specific item is not listed please include it under the "other assets" section with a description and value.

Listing of All Assets	Cash Value	Annual Interest, Dividends or Rent	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Whole Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Cash Value				
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$		

6. **Rental Assistance.** Do you receive any type of federal, state, or local government rental assistance? Yes No. If yes, please explain: _____
7. **Asset Verification.** Have you disposed of any assets for less than fair market value in the last two years preceding the date of this application? Yes No.
8. **Certification.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept.
9. **Recertification.** If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the TAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application



PRIVACY POLICY FOR PERSONAL INFORMATION OF RENTAL APPLICANTS AND RESIDENTS

We are dedicated to protecting the privacy of your personal information, including your social security number and other identifying or sensitive personal information. Our policy and procedures are designed to help ensure that your information is kept secure, and we work to follow all federal and state laws regarding the protection of your personal information. While no one can guarantee against identity theft or the misuse of personal information, protecting the information you provide us is a high priority to our company and staff. If you ever have concerns about this issue, please feel free to share them with us.

How personal information is collected. You will be asked to furnish some of your personal information when you apply to rent from us. This information will be on the rental application forms or other documents that you provide to us or to an apartment locator service, either on paper or electronically.

How and when information is used. We used this information only for our business purposes involved in leasing a dwelling to you. Examples of these uses include, but are not limited to, verifying statements made on your rental application (such as your rental, credit and employment history), reviewing your lease for renewal and enforcing your lease obligations (such as to obtain payment for money you may owe us in the future).

How the information is protected and who has access. We allow only authorized persons to have access to your personal information, and we keep documents and electronic records containing this information in secure areas and systems.

How the information is disposed of. After we no longer need or are required to keep your personal information, we will store or destroy it in a manner designed to prevent unauthorized persons from accessing it. Our disposal methods will include shredding, destruction or obliteration of paper documents and destruction of electronic files.

Thanks,
DMA Properties, LLC

Applicant signature

Date

Manager signature

Date



APPLICATION APPROVAL ADDENDUM

Applicant Name:	
Apartment Number:	
Date of Application:	

In consideration of (1) the extra time it takes to verify eligibility of Affordable Housing residents, and (2) management's taking the rental dwelling off the market during the verification process, management and applicant agree that the 7-day statutory rejection period is waived. Instead, applicant's application will be automatically rejected at the earlier of (1) the 60th day after date of application, or (2) the 7th day after management receives written replies from all employers, lenders, financial institutions, former spouses paying child support, educational institutions, government agencies, and entities to whom inquiries are required to be made by law to qualify resident.

Applicant/Resident Signatures:

Owner's Representative Signature:

 Title: _____
 Date: _____

TENANT RELEASE AND CONSENT FORM

Community Name:	
Household Name:	

I/We the undersigned hereby authorize the person(s) or company(s) listed above to release information regarding credit, criminal, employment, income and/or assets for purposes of verifying information on my/our application for participation in the applicable Affordable Housing program. I/we authorize release of information without liability to the Community listed above.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participated in an affordable housing program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

Past / Present Employers Support / Alimony Providers Educational Institutions Financial Institutions Public Housing Agencies	Welfare Agencies State Unemployment Agencies Social Security Administration Utility Providers Appraisal Districts	Veteran Administrations Retirement Systems / Agencies Medical / Child Care Providers Current / Previous Landlords
--	---	--

I/We agree that a photocopy of this authorization may be used for purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand that I/we have a right to review this file and correct any information that is incorrect.

Applicant / Resident Printed Name	Signature	Date
Applicant / Resident Printed Name	Signature	Date
Applicant / Resident Printed Name	Signature	Date
Applicant / Resident Printed Name	Signature	Date

Certification Questionnaire

Please complete the following information for your household. For all items marked yes, please attach supporting documentation.

Name: _____

Address: _____

Phone Number: _____

A. Household information

1. List all members of the household.

Name (first and last name)	Relationship	Date of birth	Social security number

2. Additional household information

	Yes	No
Are any household members temporarily absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members permanently absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Foster Children or Foster Adults who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Live-In Care attendants who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any members of your household a student (full or part-time)? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has the employment status of any household member(s) changed? If yes, list the member name(s) and the type of change (include the employer's name): _____	<input type="checkbox"/>	<input type="checkbox"/>

B. Income and Assets Enter the amount received or the asset value for all questions that you answer Yes.

1. Do you receive or expect to receive:

	Yes	No	Amount
Wages, salaries (includes overtime, tips, bonuses, and self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any member work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular pay as a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	
Welfare or disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Child support?	<input type="checkbox"/>	<input type="checkbox"/>	
Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security payments? (prior to deductions)	<input type="checkbox"/>	<input type="checkbox"/>	
Pensions (Railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran's Administration benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment benefits or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	
Workman's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>	
Disability or death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement funds?	<input type="checkbox"/>	<input type="checkbox"/>	

1. Do you receive or expect to receive:	Yes	No	Amount
Regular cash contributions or gifts from individuals not living in the unit or organizations such as churches (includes rent, utilities, groceries, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	

2. Have you received or expect to receive any lump sum payments such as:	Yes	No	Amount
Inheritances?	<input type="checkbox"/>	<input type="checkbox"/>	
Lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance settlements for health, accident, Workers Compensation, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Capital gains?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security benefits, unemployment compensation, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Other? (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

3. Do you have money in:	Yes	No	Value
Checking accounts? (If yes, enter the balance)	<input type="checkbox"/>	<input type="checkbox"/>	
Savings accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Money market funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates of deposit?	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks?	<input type="checkbox"/>	<input type="checkbox"/>	
Bonds?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities?	<input type="checkbox"/>	<input type="checkbox"/>	
Securities?	<input type="checkbox"/>	<input type="checkbox"/>	
Trusts?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is the trust(s) irrevocable?	<input type="checkbox"/>	<input type="checkbox"/>	
Safety deposit box, at home, etc?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have any coin collections, antique cars, stamps, jewelry or gems, or any other items held as an investment? (this does not include wedding rings and other personal jewelry)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive rental income from a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you disposed of any assets for less than Fair Market Value in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received: _____			

Are any of the assets listed above held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list the assets: _____ _____			

I/We certify that I/we have been asked the above statements and they are true and complete to the best of my/our knowledge. I/We understand that it is my/our responsibility to report to management changes in income, assets, expenses and/or family composition whenever they occur. Submittal of false statements is punishable under Federal law.

Head of household

Date

Co-head of household

Date

Co-head of household

Date

BANK AND GENERAL ASSET VERIFICATION FORM

A I. THIS SECTION IS TO BE COMPLETED BY ADMINISTRATOR/OWNER/MGMT & EXECUTED BY APPLICANT/RESIDENT

TO: (Name of Institution)	Dated:
Institution Address:	Phone/Fax:
RE: (Applicant/Resident Name)	Social Security Number:
RELEASE: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my assets on deposit.	
_____	_____
Applicant/Resident Printed Name	Signature

Date	
Information The individual named directly above is an applicant/resident of a Texas Department of Housing and Community Affairs Affordable Housing Program, which requires verification of income. We ask your cooperation in supplying this information to the below referenced Administrator/Owner/Management. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident. Please return this completed form by mail or fax to:	
Administrator/Owner/Management Name:	TDHCA Number:
Address:	Phone:
Email Address:	Fax:
Your prompt response is crucial and greatly appreciated,	
_____	_____
Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title	Signature

Date	

II. THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

A. CHECKING ACCOUNT(s)

Account Holder	Account Number	Average 6 Month Balance	Interest Rate, if any

B. SAVINGS ACCOUNT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

C. CERTIFICATE OF DEPOSIT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

D. 401K PLAN / IRA / RETIREMENT ACCOUNT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

Does account holder have access to any of the above-identified Retirement Account(s) prior to termination or retirement? YES NO

E. MUTUAL FUND / STOCK(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate/ Annual Income**	Withdrawal Penalty

** Please answer this question based on the income the asset is currently generating

F. TRUST

Type of Trust: (Check one) Revocable Irrevocable

Account holder is the: (Check one) Beneficiary or Grantor of the Trust

Value of administered Trust Fund: \$ _____

Anticipated amount of income to be earned by Trust over the next 12 months: \$ _____
Is the Amount: (Check one) Reinvested or Disbursed

G. LIFE INSURANCE POLICY

Type of Policy: (Check one) Term Life Insurance Universal or Whole Life Insurance

Current cash value of the Life Insurance Policy: \$ _____

Income or interest the Policy will generate over next 12 months (based on current circumstances): \$ _____

H. OTHER: Type of Account

Account Holder	Account Number	Present Balance	Annual Interest Rate/Income	Withdrawal Penalty

I. AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

Signature of Financial Institution Representative Representative's Title Date

Representative's Printed Name Phone # Fax # Email

Financial Institution Name and Address

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).



UNDER \$50,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$50,000.
(Complete only one form per household; include assets of children.)

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

Complete all that apply for 1 through 4:

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

Source	(A) Cash Value	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value	(B) Int. Rat	(A*B) Annual Income
Savings Account(s)	\$ _____	_____ %	\$ _____	Checking Account(s)	\$ _____	_____ %	\$ _____
Cash on Hand	\$ _____	N/A	N/A	Money Market Funds	\$ _____	_____ %	\$ _____
Certificates of Deposit	\$ _____	_____ %	\$ _____	Bonds	\$ _____	_____ %	\$ _____
Pre-paid Debit Card	\$ _____	_____ %	\$ _____	Trust Funds	\$ _____	_____ %	\$ _____
Stocks	\$ _____	_____ %	\$ _____	Land Contracts	\$ _____	_____ %	\$ _____
Equity in Real Estate	\$ _____	_____ %	\$ _____	Capital Investments	\$ _____	_____ %	\$ _____
Lump Sum Receipts	\$ _____	_____ %	\$ _____	Peer to Peer (CashApp, Venmo, Paypal, etc.)	\$ _____	_____ %	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	_____ %	\$ _____	GoFundMe/Crowdsourcing	\$ _____	_____ %	\$ _____
Life Insurance (Excluding Term)	\$ _____	_____ %	\$ _____				
Personal Property Held as an Investment	\$ _____	_____ %	\$ _____				
Other (list):	\$ _____	_____ %	\$ _____	Explanation _____			
	\$ _____	_____ %	\$ _____	Explanation _____			
	\$ _____	_____ %	\$ _____	Explanation _____			

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

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

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

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$50,000, and the annual income from the net family assets is \$ _____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual income.

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

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

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

CHILD SUPPORT CERTIFICATION

INSTRUCTIONS: This form must be completed separately for each possible order

Applicant / Tenant Name: _____

Relationship to minor household member(s): Custodial Parent Appointed Guardian

Name(s) of minor child(ren): _____

NOTE: If an appointed guardian, it is mandatory that either the court order of appointed guardianship OR notarized Guardianship Affidavit from the custodial parent be provided

Please select from the following:

- There **is** a court order or state agency order for financial support from the non-custodial parent

	Amount	Frequency
Child Support		
Medical Support		
Arrears		

NOTE: if a 3rd party Child Support Verification is obtained and does not support the information listed above, additional documentation will be requested, such as but not limited to, the applicable court order / state agency order divorce decree etc.

- There is **not** a court order or state agency order **however**, I receive the following support from the non-custodial parent

	Amount	Frequency
Voluntary Child Support		
Non-Monetary Gift(s)		

- There is **not** a court order **or** state agency order for financial support from the non-custodial parent nor am I receiving voluntary payments or non-monetary items as support for my child.

The likelihood of receiving financial support in the next 12 months are: _____

 Applicant / Tenant Printed Name

 Applicant Signature

 Date



SPECIAL PROVISIONS

Applicant/Resident Name:	
Apartment Number:	

Is a member of the household a Veteran? Y N

Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Cost Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit with the Texas Veterans Portal at <https://veterans.portal.texas.gov/>.

Annual Certification / Occupancy Based on Eligibility

Resident agrees that 120 days prior to the Expiration, Resident will submit to Landlord all documentation required by Landlord necessary to ensure that Resident remains a Qualified Household. In the event that Resident fails to deliver such information or Landlord determines (whether in connection with a renewal or otherwise) that Resident is no longer a Qualified Household under the program, Resident agrees to vacate premises upon the earlier of the Expiration or upon 30-days written notice from Landlord of non-qualifying status.

Program Eligibility / Full-Time Students / Changes in Student Status

Resident acknowledges that the Apartment Community listed above is operated pursuant to the rules and regulations of the Affordable Housing Program (the "Program"). The program provides for specific qualification restrictions with respect to occupancy of Program units by full-time students. Resident acknowledges that qualification to remain as a resident is at all times dependent upon the household meeting all student status requirements. Should Resident fail to meet all student status requirements, Resident will be deemed an unqualified resident and will be subject to immediate eviction. Resident agrees to notify Landlord immediately of any change in student status by any member of the household.

Misrepresentation / Falsification

Household collectively acknowledges that any misrepresentation or falsification of this certification by any individual occupant will be considered a material breach of the lease agreement. If at any time the household becomes ineligible for occupancy under the Affordable Housing Program guidelines, the lease will be terminated prior to the end of the lease term, by giving a 30-day written notice to vacate and stating the reason for the lease termination.

Each Occupant of the household has provided true and correct list of all people who reside within the apartment, their student status and anticipated income.

Resident Signatures:

Owner's Representative Signature

SPOUSAL SUPPORT AND MARITAL STATUS AFFIDAVIT

Based on preliminary certification, it has been established that a household member over the age of 18 is currently divorced or separated. We are required by program rules to verify all possible sources of income. To determine whether additional income or members should be included or verified, please complete the following.

SEPARATION STATUS

_____ I am currently separated from my spouse. *If Yes, then a notarized separation certification must also be completed.*

_____ I **have** been court awarded, voluntarily receive or anticipate financial support in the next 12 months

Amount	Frequency

_____ I **have not** been court awarded, voluntarily receive or anticipate financial support in the next 12 months

I further certify that I do not intend to reconcile with my spouse (Read & Initial **both**)

_____ If reconciliation occurs during my lease term, I understand that my spouse will not be permitted to occupy the unit with me in the Community for which I am applying unless at least 12 months have elapsed since the beginning of the initial lease term

_____ I further understand that if reconciliation occurs after the twelve-month timeframe, and my spouse wishes to reside with me, our entire household must re-qualify as a new household, and that failure to do so will constitute a material violation of the lease and I will be subject to immediate termination of my lease agreement

DIVORCED STATUS

_____ I am legally divorced from my spouse.

NOTE: Final Divorce Decree that was signed by a Judge must be provided.

_____ I **have** been court awarded, voluntarily receive or anticipate financial support in the next 12 months

Amount	Frequency

_____ I **have not** been court awarded, voluntarily receive or anticipate financial support in the next 12 months

I understand that providing false information on this form may jeopardize my tenancy and is also punishable under applicable federal and/or state statutes.

Applicant / Tenant Printed Name	Signature	Date
---------------------------------	-----------	------

State of: _____ County of: _____

I, the undersigned Notary Public in and aforesaid County and State, do hereby certify that on this day, the foregoing instrument was produced and acknowledged before me in the aforesaid County and State.

Given under my hand and seal this date of: _____

_____ Notary Public Signature My Commission expires: _____



SPECIAL NEEDS CERTIFICATION

Applicant/ Resident Name:	
Apartment Number:	

We have a priority to lease apartment homes to “Persons with Special Needs” in accordance with our Affordable Housing Program.

A “Persons with Special Needs” is defined as having a physical or mental impairment that substantially limits one or more major life activities (i.e., self-care, performing manual tasks, walking, seeing & hearing, speaking, breathing, learning, or working). A “Persons with Special Needs” includes the following:

- Households where one individual is recovering from alcohol and/or drug addictions
- Colonia residents
- Persons with Disabilities
- Persons protected by the Violence Against Women Act Protections (domestic violence, dating violence, sexual assault, and stalking)
- Persons with HIV/AIDS
- Homeless persons
- Veterans
- Wounded warriors (as defined by the Caring for Wounded Warriors Act of 2008)
- Farmworkers.

You are not being asked to disclose any details or specifics regarding the type or nature of the special need, only to disclose that you, or someone in your household, meets one of the categories above.

Based on the above, do you or anyone in your household have a “Special Need”?

YES **NO**

I do not wish to furnish information regarding special needs (Initials) _____

My household **WILL** **WILL NOT** be needing accommodations from the list provided below: (if requesting accommodation or modification, please select the appropriate box(s) needed).

- | | | |
|----|---|-----|
| 1. | Light / Horn Combo in _____ bath | [] |
| 1. | Accessible Toilet in _____ bath | [] |
| 2. | Sink and Tub levers in _____ bath | [] |
| 3. | Lever Handles on _____ bath doors | [] |
| 4. | Tub Grab Bars in _____ bath | [] |
| 5. | Roll-in Shower in _____ bath | [] |
| 6. | Accessible Range / Oven (controls in front) | [] |
| 7. | Rocker Switches for Lights | [] |
| 8. | Wheelchair Ramp | [] |
| 9. | Other _____ | [] |

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

Resident Signatures:


Owner's Representative Signature:

Date: _____

Date: _____



STUDENT AFFIDAVIT

If I have attended school in this calendar year,  A student verification must be performed instead.

This is to certify that I, _____
(Name of Applicant/Resident)

(Address of Applicant / Resident, City and State, Zip)

am not currently, nor do I plan to enroll in **full-time** OR **part-time** educational courses. *Full-time is defined as attending 5 months of this current calendar year, (January- December) and full-time student status is defined by the institution of higher learning.*

This is also to certify that I, _____
(Name of Applicant/Resident)

HAVE NOT been enrolled in **full-time** OR **part-time** educational courses in 5 months of this current calendar year *(January – December)*.

WARNING: Section 1001 of the title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to matters within its jurisdiction.

Signature *(Applicant/Resident)*

Date



RESIDENTIAL HISTORY CERTIFICATION

Applicant/ Resident Name:	
Apartment Number:	

Please check the box that best demonstrates your residential history (and complete any blanks)

In the last 2 years I have **rented** an apartment/ home and signed a rental agreement.

(Additional form required * Request to complete a Rental Verification Authorization Form)

In the last 2 years I have been an owner of Real Estate: ex: **homeowner/ landowner**.

(Additional form required * Request to complete a Real Estate Certification)

Home was sold. Date sold: _____

- Please provide supporting documentation.

Home is now a rental property.

- Please provide supporting documentation.

Other:

- Explain below:

I do not have any recent rental history/ have not owned property in the last 2 years.

Explain below:

I/we understand that this verification is made as part of the qualification procedure to determine eligibility for residency at the above apartment community and that any misrepresentation herein will be considered a material breach of the lease agreement and subject me/us to immediate eviction. Under penalties of perjury, I/we certify the above representations to be true as of the date shown below.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
A Tenant Rights and Resources Guide
For Tenants Living in a TDHCA Monitored Rental Property
 Property Name: Arbor Park



Management Company*	Property Owner*
Company Name: DMA Properties, LLC	Austin McNeil DMA Housing, LLC
Contact Name: Marnie Geurin	JoEllen Smith
Phone Number: (512) 328-3232x4509	(512) 328-3232x4506
Email Address: marnieg@dmacompanies.com	joellens@dmacompanies.com

* As listed in TDHCA's Compliance Monitoring Tracking System ("CMTS").

Property Policies, Regulations and Requirements

Texas Administrative Code

- This property received either public funds or low income housing tax credits through the Texas Department of Housing and Community Affairs ("TDHCA"). That means this property must follow certain State rules that are in the Texas Administrative Code or "TAC."
- Part of the TAC says rental properties must have certain policies.
- You can ask your property manager for a copy of the full Written Policies and Procedures part of the TAC (Title 10, Part 1, Chapter 10, Subchapter F, Rule Section 10.610) or you can ask for certain sections or use this short URL to read the full Written Policies and Procedures online:
<http://ow.ly/GsVS50u0NBW>

If you want to know...	Ask for this...
<ul style="list-style-type: none"> ▪ The requirement(s) that you need to meet to live at this property. ▪ How and when you will be notified if your application is denied, and why your application was denied. 	Tenant Selection Criteria Policy
How a person with a disability may request certain accommodations, and how long it may take for a response.	Reasonable Accommodation Policy
How a waiting list is opened and closed and how applicants are selected.	Wait List Policy
What must be included in notices about ending your occupancy: <ul style="list-style-type: none"> ▪ The specific reason why your occupancy is ending. ▪ Information about rights under the Violence Against Women Act ("VAWA"). ▪ How a person with a disability can request a reasonable accommodation in reply to the notice. ▪ Information on the appeals process (if one is used by the property). 	Non-Renewal and/or Termination Notice Policy
<ul style="list-style-type: none"> ▪ How to ask for a unit transfer. ▪ What happens to the security deposits for your current and new unit. ▪ Transfers related to reasonable accommodations for persons with disabilities. 	Unit Transfer Policy

Texas Property Code

This property must follow all applicable Texas State Landlord-Tenant Laws, which outline the responsibilities of landlords and tenants in residential rental agreements. These laws can be found in the Texas Property Code at <https://goo.gl/aHDQ7e>.

100 Year Floodplain

(Select only if applicable to this development)

The Development is located within a 100 year floodplain, it is encouraged that resident(s) consider getting appropriate insurance or take necessary precautions.

Land Use Restriction Agreement (“LURA”)

- This property must operate in accordance with its Land Use Restriction Agreement (“LURA”) as affordable housing, whether or not ownership or management agents change.
- The LURA:
 - Says the property must be suitable for occupancy and in good repair;
 - Sets the maximum rents that can be charged;
 - Prohibits evictions for other than good cause;
 - Prohibits the owner from denying admission to any person exclusively on the basis of such person receiving rental assistance under a local, state, federal or other housing assistance program, including, but not limited to, Section 8 of the United States Housing Act of 1937 as amended.
 - Lists the number and type of property amenities and/or services that must be provided by the TDHCA monitored property. The amenities and/or services required to be provided at this property include: [This section should not be blank when provided to the tenant.]

Common Areas	Unit Amenities	Required Services
Fitness Center Community Room Business Center Theater	Central Heating and Cooling Full Appliance Package Ceiling Fans	Food Pantry Notary Public Service Arts and Crafts/ Book Club On-site Social Events Home Chore Services Financial Planning Classes Health Fair Health & Nutrition Courses Exercise Classes Income Tax Preparation

- You can request a copy of the LURA from the property or by calling TDHCA at 800-525-0657 or by email to open.records@tdhca.state.tx.us.

Your Rights as a Renter in a TDHCA Monitored Property

In addition to Texas Property Code requirements, **TDHCA Monitored Property Owners Must:**

- Keep properties suitable for occupancy and in good repair consistent with Uniform Physical Condition Standards (“UPCS”) published by the U.S. Department of Housing and Urban Development (“HUD”).
- Estimate utility costs at the property, annually review the utility allowance they calculate, and make utility allowances available for inspection. Utility allowances are used to help determine the amount a property owner will charge for rent.
- Provide reasonable accommodations or modifications for a tenant’s disability at the property owner’s expense unless the request presents an undue financial and administrative burden on the owner or if the property was awarded tax credits before 2001 (unless otherwise agreed to in the LURA).
- Offer written leases.
- Provide tenants with written notice in the event of lease termination or non-renewal.

TDHCA Monitored Property Owners Are Not Allowed To:

- Lock out or seize property of tenants who have not paid rent except by judicial process or as expressly allowed under Texas Government Code §2306.6738 (cases of necessary repair, construction work, emergencies, or in the event of tenant abandonment of a unit).
- Charge rents in excess of program-specific rent limits that are published each year.
- Require households that get rent payment help from a federal program, such as Housing Choice Voucher/Section 8, HOME or other federal program, to establish a minimum income standard that requires more than 2.5 times their portion of the monthly rent or \$2,500 whichever is greater.
 - Example: If your household gets federal rent payment help and your household’s portion of the rent is \$200 per month, you do not have to show that your household makes more than \$500 per month ($\$200 \times 2.5 = \500) to be eligible for housing.
 - Example: If your household gets federal rent payment help and your household income is less than \$50 per month, you do not have to show that your household makes more than \$2,500 per year to be eligible for housing.
- Deny households housing just because of participation in the Housing Choice Voucher/Section 8, HOME or other federal, state, or local rental assistance program
- Refuse to renew the lease or evict tenants without good cause. Landlords may not retaliate against renters who have made a discrimination complaint or who have assisted others in exercising their fair housing rights, including rights to request a reasonable accommodation or modification.

Fair Housing - It’s Your Right!

This property must follow federal, state, and local fair housing laws. Fair housing laws say everyone has a right to fair and equal housing choices and opportunities. This means you cannot be denied an apartment based on your race, color, national origin, religion, sex, disability, or whether or not your household includes children under the age of 18.

For example, all properties must:

- Give everyone the same rental terms and conditions.
- Show everyone the location of every available apartment.

- Advertise to everyone broadly and in a non-discriminatory manner.
- Make reasonable accommodations or modifications for people with disabilities.
 - A reasonable accommodation or modification request may be made by a person with a disability or on their behalf. The accommodation or modification must:
 - Be related to a disability;
 - Not cause an undue administrative and financial burden to the owner; and
 - Not change the basic nature of the program governing the property
 - If your request is denied, your property representative must talk with you about an alternative option that may meet your disability-related needs.

How to Request Reasonable Accommodations and Modifications

- If you have a disability-related need, ask your property manager for the Reasonable Accommodation Policy. This policy will tell you how to request an accommodation or modification. A tenant should know that a property *can* request verification of a disability if the disability or need for the accommodation is not obvious, but the property *cannot* request information about the nature, extent, or severity of the disability.
 - **Reasonable Accommodations:** A reasonable accommodation is a change in the way things are usually done that may be needed for a person with a disability to use and enjoy a dwelling or common area. Examples include:
 - Allowing a service dog, even if the property has a 'no pet' policy.
 - Providing an assigned parking space closer to a unit.
 - Requesting a unit transfer from an upper floor to a ground floor unit.
 - Requesting interpreters or auxiliary aids to communicate effectively with management.
 - **Reasonable Modifications:** A reasonable modification is a change to an apartment.
 - Property managers may allow a disabled person to make changes to an apartment.
 - The disabled person may have to pay for the changes.
 - Examples of reasonable modifications include:
 - Adding grab bars to a bath tub or shower
 - Widening doorways
 - Adding a ramp to make an entrance accessible
- A tenant should know that owners have a right to deny a request in certain situations.
- Reasonable accommodations or modifications for the tenant's disability may be provided at the owner's expense unless the request presents an undue financial or administrative burden on the owner or the property was awarded tax credits before 2001.
 - If you need to find out if a property was awarded tax credits before 2001 or to request a copy of the LURA, contact TDHCA at 800-525-0657 or email open.records@tdhca.state.tx.us.
- To learn more about Reasonable Accommodations and Fair Housing, visit <http://www.tdhca.state.tx.us/fair-housing/index.htm>.

Complaints

Fair Housing Complaints

If you believe you have been discriminated against based on race, color, national origin, religion, sex, family status, or disability, you can file a complaint.

- The **Texas Workforce Commission**, not TDHCA, handles complaints under the Fair Housing Act in the State of Texas.

Texas Workforce Commission	Call: 512-463-2642 Toll free: 888-452-4778
Civil Rights Division	TTY: 512-371-7473 Fax: 512-463-2643
1117 Trinity Street, Room 144-T	Email: housingcomplaints@twc.state.tx.us
Austin, TX 78701	
- The Texas Workforce Commission may file your complaint with the U.S. Department of Housing and Urban Development (“HUD”). However, you can also send a complaint directly to HUD.

HUD Fort Worth Regional Office	Call: 817-978-5900
Office of Fair Housing and Equal Opportunity	Toll free: 800-669-9777
801 Cherry Street, Unit #45, Suite 2500	TTY: 817-978-5595
Fort Worth, TX 76102	
- Some Texas cities have a local fair housing agency that may help with fair housing complaints. Find a list of local fair housing enforcement agencies at www.tdhca.state.tx.us/fair-housing/renters.htm

Property Complaints

If you...	Do this...
<p>Have a concern about...</p> <ul style="list-style-type: none"> ▪ Property issues, such as parking, broken cars, trash, safety, or pets. ▪ A neighbor is making too much noise or disturbing you. ▪ Your apartment manager is unprofessional or rude. <p>Suspect that a neighbor...</p> <ul style="list-style-type: none"> ▪ Doesn't report everyone living in the unit. ▪ Does not report their total income. ▪ Rents or sublets their apartment. ▪ Is using or selling illegal drugs. 	<p>Step 1: Call or write your property <i>manager</i> and state your concern.</p> <p>Step 2: Give your property <i>manager</i> time to respond to your concern.</p> <p>Step 3: Call or write your property <i>owner</i> if the manager has not responded to your concern.</p> <p>Step 4: Give your property <i>owner</i> time to respond to your concern.</p>
<p>Need...</p> <ul style="list-style-type: none"> ▪ Something fixed in your unit, like a leaky faucet, broken smoke detector, defective or missing refrigerator seal, broken window, or some other repair. <ul style="list-style-type: none"> – You must give the property management seven days to respond to your written request (except if the request is related to an imminent threat to health or safety). 	<p>Step 1: Ask the management office to submit a written work order or submit a request yourself.</p> <p>Step 2: Give the property management time to respond to your request.</p> <p>Step 3: File a complaint with TDHCA <i>only if property management has not responded to your request.</i></p> <p>Mail TDHCA</p>

If you...	Do this...
<ul style="list-style-type: none"> ▪ A reasonable accommodation or modification to your unit. You may make the request verbally or submit it in writing. <ul style="list-style-type: none"> - Generally, property management has 14 calendar days to respond to your request. 	<p style="text-align: right;">Attn: Housing Resource Center P.O. Box 13941 Austin, Texas 78711-3941</p> <p>Fax 800-733-5120 Online www.tdhca.state.tx.us/complaint.htm</p> <p>Individuals with a disability may request a reasonable accommodation to submit complaints over the phone by calling 512-475-3800 or toll free 800-525-0657, 800-735-2989 or 7-1-1 Voice.</p> <p><i>TDHCA may take up to 15 working days to respond to your complaint.</i></p>
<p>Have a complaint about...</p> <ul style="list-style-type: none"> ▪ Specific information about property management renting apartments to households that make too much money. 	<p>File a written complaint with TDHCA.</p> <p>Mail TDHCA Attn: Housing Resource Center P.O. Box 13941 Austin, Texas 78711-3941</p> <p>Fax 800-733-5120 Online www.tdhca.state.tx.us/complaint.htm</p>

General Complaints

TDHCA cannot resolve complaints about abuse, criminal activity, rent payment assistance, or other issues. If you have a complaint about these types of activities, please contact the appropriate organization as provided below.

For complaints about...	Contact...
Abuse, neglect, or exploitation of a child, person with a disability, or elderly	Texas Department of Family and Protective Services Toll free (hotline): 800-252-5400
Social services issues, such as Medicaid, Supplemental Nutrition Assistance Program (“SNAP”), Temporary Assistance for Needy Families (“TANF”)	Texas Health and Human Services Commission Office of the Inspector General Call: 800-436-6184 Web: http://oig.hhsc.state.tx.us/Fraud_Report_Home.aspx
Criminal activities, such as illegal drug activities, violence	Your local law enforcement office or dial 9-1-1
Rent payment assistance	Call your rent payment assistance provider.

Tenant Rights

Landlord-Tenant Issues

- Visit the Office of the Attorney General (“OAG”) at www.TexasAttorneyGeneral.gov/cpd/tenant-rights or call the OAG’s Consumer Protection Hotline toll free at 800-621-0508.
- Visit the Texas State Law Library’s Landlord/Tenant Law page at <http://guides.sll.texas.gov/landlord-tenant-law>.
- Texas A&M Real Estate Center has also published a Landlord Tenants Guide which is available at <https://assets.recenter.tamu.edu/documents/articles/866.pdf>
- Contact the U.S. Department of Housing and Urban Development (“HUD”)
 - Toll Free: 800-955-2232 Email: TX_WebManager@hud.gov
 - TTY: 800-877-8339 Hours: 8:00 a.m. to 4:30 p.m., Monday - Friday
- Regional and Field Offices:

HUD Fort Worth Regional Office 801 Cherry St., Unit 45, Suite 2500 Fort Worth, TX 76102 Phone: 817-978-5600 Fax: 817-978-5569	HUD Houston Field Office 1301 Fannin St., Suite 2200 Houston, TX 77002 Phone: 713-718-3199 Fax: 713-718-3225	HUD San Antonio Field Office 615 E. Houston St., Suite 347 San Antonio, TX 78205-2001 Phone: 210-475-6800 Fax: 210-472-6804
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Need Legal Help?

- TDHCA does not provide legal advice or help with resolving landlord-tenant issues.
 - TDHCA may try to resolve these issues for reasonable accommodation requests.
- If you received a property violation or eviction notice and need help, contact one of the following organizations.

Legal Aid of Northwest Texas
 Call: 888-529-5277 Visit: www.lanwt.org

Lone Star Legal Aid
 Call: 800-733-8394 Visit: www.LoneStarLegal.org

Texas Rio Grande Legal Aid
 Call: 888-988-9996 Visit: www.trla.org

Volunteer Legal Services of Central Texas
 Call: 512-476-5550 Visit: www.vlsoc.org

Effective 02/02/2024



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

A Tenant Rights and Resources Guide
Acknowledgement of Receipt Form



DEPARTAMENTO DE VIVIENDA Y ASUNTOS COMUNITARIOS DE TEXAS

Guía de derechos y recursos de los inquilinos
Formulario de acuse de recibo

Property Name* / Nombre de la propiedad*:

TDHCA File # / N.º de expediente de TDHCA:

Household Name / Nombre del grupo familiar:

Unit Number / Número de unidad

* As listed in TDHCA's Compliance Monitoring Tracking System ("CMTS"). / Según se detalla en el Sistema de Seguimiento de Control de Cumplimiento del TDHCA ("CMTS", por sus siglas en inglés).

I/we acknowledge that I/we have received the *Resident's Guide* as of the date this document is signed below. / Acuso/acusamos recibo de la *Guía del Residente* a la fecha de firma de este documento.

Signature / Firma

Date / Fecha

Signature / Firma

Date / Fecha

Signature / Firma

Date / Fecha

Signature / Firma

Date / Fecha

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for persons that have been subject to domestic violence, dating violence, sexual assault, or stalking.² VAWA protections are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The Texas Department of Housing and Community Affairs is the State agency that oversees (please circle the covered program) **the Housing Tax Credit, HOME Multifamily, HOME Tenant Based Rental Assistance, Tax Credit Assistance Program-Repayment Funds, National Housing Trust Fund, Emergency Solutions Grant, and the Housing Choice Voucher Program “covered program”**. This notice explains your rights under VAWA. A U.S. Department of Housing (“HUD”) approved certification form is attached to this notice. You can fill out this form to show that you are or have been subject to domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

Protections for Applicants

If you otherwise qualify for assistance under **a covered program listed above**, you cannot be denied admission or denied assistance because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **the covered program**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been subject to of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **the covered program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² The VAWA statute uses the term victims to describe those with VAWA protections, but the Department herein refers to this class of persons as subject to protections under VAWA.

³ Housing providers in the covered programs cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Removing the Abuser or Perpetrator from the Household

The Housing Provider (“HP”) may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has VAWA protections and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking (such as HUD’s self-certification form 5382).

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you have been subject to domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You have been subject to sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you have been subject to sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the

property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and work to ensure the confidentiality of the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been subject to domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form (HUD form 5382) given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning

household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been subject to domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been subject to domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for persons subject to domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for persons subject to domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with the Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with TDHCA at <https://www.tdhca.state.tx.us/complaint.htm> or 800-525-0657 or 817-978-5600 the HUD Fort Worth regional office, (800) -669-9777, (TTY 817-978-5595).

For Additional Information

You may view a copy of HUD's final VAWA rule at:

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, and/or if you need to move due to domestic violence, dating violence, sexual assault, or stalking please contact the Texas Department of Housing and Community Affairs at 512-475-3800 or 800-475-3800 (Relay Texas 800-735-2989) for assistance in locating other available housing (note, this is not a domestic violence hotline). Depending on your location, the Department may also have a listing of local service providers and advocates who can help you move to a safe and available unit. For more information regarding housing and other laws that may protect or provide additional options for survivors, call the Texas Council on Family Violence Policy Team at: 1-800-525-1978.

Domestic Violence, Sexual Assault and Stalking Resources

To speak with an advocate and receive confidential support, information and referrals regarding domestic violence 24 hours a day, every day, contact the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also visit the Texas Council on Family Violence website for a listing of local domestic violence services providers: http://tcfv.org/service-directory/?wpbdp_view=all_listings.

For confidential support services and referral to a local sexual assault crisis center 24 hours a day, every day, contact RAINN: Rape, Abuse, & Incest National Network: Hotline: 1-800-656-HOPE. You may also visit the Texas Association Against Sexual Assault to find local crisis centers: <http://taasa.org/crisis-center-locator/>.

For information regarding stalking visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>. Victims of a variety of crimes may find referrals by contacting the Victim Connect Resource Center, a project of the NCVIC, through calling Victim Connect Helpline: 855-4-VICTIM (855-484-2846) or searching for local providers at <http://victimconnect.org/get-help/connect-directory/>.

Legal Resources

TexasLawHelp.org

www.texaslawhelp.org

TexasLawHelp.org is a website that provides free, reliable legal information on a variety of topics such as; family law, consumer protection and debt relief, health and benefits, employment law, housing, wills and life planning, and immigration. The website offers interactive and downloadable legal forms, self-help tools and videos on legal issues, and can assist in locating local free legal services.

Texas Advocacy Project, A VOICE

1.888. 343.4414

Advocates for Victims of Crime (A VOICE), a project of Texas Legal Services Center, provides free direct legal representation and referrals to victims of violent crime, and providing education about crime victim's rights and assistance with Crime Victims Compensation applications. Note: callers will most likely leave a message and their call will be returned by an attorney.

Legal Aid for Survivors of Sexual Assault (LASSA)

1-844-303-SAFE (7233)

The LASSA Hotline is answered by attorneys seven days a week. The Hotline attorneys provide sexual assault survivors with legal information and advice about legal issues that may arise following a sexual assault including crime victim's rights, housing, and safety planning.

Family Violence Legal Line

800-374-HOPE

Texas Advocacy Project. Offers the HOPE Line, Monday -Friday 9am-5pm, staffed by attorneys can help you with a variety of legal concerns related to domestic violence, sexual assault, and stalking.

Attachment: Certification form HUD-5382.



**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.



DMA PROPERTIES

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Acknowledgement of Receipt of HUD VAWA 5380 & 5382

I/We, by signature hereunder, accept and understand the Notice of Occupancy Right under the Violence Against Women Act and the supplemental Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking. These documents have been provided during time application, when an application was approved or denied, and when a lease termination or non-renewal has been initiated. In addition, as required, some developments also provide these documents upon annual recertification.

Resident

Date

Resident

Date