

KEYWAY

Management Company

Dear Applicant:

Thank you for your interest in Lantern Park Apartments in Waverly. Our units are Affordable Housing, and we offer rental assistance from USDA and accept Section 8 Vouchers.

In order to be approved for housing, we will need the following information (the forms mentioned below are attached) submitted to the property address or email provided on the website:

1. A completed Application, one per household, leaving no blanks.
2. A completed IFA Compliance Questionnaire for each household member age 18 and older.
3. Your signature on the top 1/3 of the 1st page Landlord Reference Check Form.
4. A copy of each household member's Social Security Card.
5. A copy of each household member's Birth Certificate or Driver's License.
6. A completed Marital Status Form for each household member age 18 and older.
7. If you are divorced, we will need a copy of your divorce decree as stated on the Marital Status Form.
8. If you receive FIP, Social Security or Child Support, we will need a recent copy of your benefit letter.

We will contact you for additional information or verifications to be signed as we are processing your application.

If you are approved for move in, you will need to provide a security deposit of \$300.00 in check or money order form. We do not accept cash.

You will also need to provide us with proof that utilities have been changed to your name on the move in date.

If you need any assistance, please contact the manager at the phone number or email listed on the website.

Sincerely,

Keyway Management Company



Keyway Management Company, LLC
www.keywaymanagement.com

This institution is an equal opportunity provider and employer.



USDA-LIHTC-HOME - APPLICATION FOR HOUSING

Equal Housing Opportunity

(The use of white out, black out or alteration of original information will void this document.)

PROPERTY NAME: Lantern Park, Waverly Apartments

Date / Time Received: _____

For Office Use Only

Equal Housing Opportunity

Bedroom Size Requested: 0 Bdrm _____ 1 Bdrm _____ 2 Bdrm _____ 3Bdrm _____ 4Bdrm _____

Applicant Name: _____		
Last	MI	First
Co-Applicant Name: _____		
Last	MI	First
Current Address: _____		
City: _____ State: _____ Zip Code: _____ Tel #: _____		

All co-applicants, age 18 or older, other than spouse, is recommended to complete a separate application.

Any applicant who purposefully falsified, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.

HOUSEHOLD COMPOSITION

Complete, in your own handwriting. List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the head.

Member Full Name	Relationship	Date of Birth	Age	Marital Status	Student Y or N	Month & Year Last Attended School Full Time	Social Security #
	HEAD						

Relationship to HEAD: H-Head; S-Spouse; A-Adult Co-Tenant; O-Other Family Member; C-Child; F-Foster Child; L-Live-In Caretaker; N-None listed.

Marital Status: S-Single; M-Married; D-Divorced; SP-Separated; W-Widowed

Is any family member of this household, a full-time or part-time student or will be a student at an institution of higher education?
 Yes _____, No _____, If yes, please complete the following student information

Member Name	School Name / Address	Current Full-Time Student	Current Part-Time Student	Future Full-Time Student Next 12 months	Future Part-Time Student Next 12 months	Previous Full-Time Student Current Calendar Year	Receiving financial assistance? (scholarships, grants, private funds, parental support)*

*Student Loans are not considered financial assistance

QUESTIONS – Please answer all of the following questions:

1. Is there anyone currently living with you that is not on this application? Yes _____ No _____

- If yes, explain: _____



This complex does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



Keyway Management Company, LLC.

2. Provide the name of any person not listed on the application who expects to move into the unit during the next 12 months or any anticipated changes to household composition: _____

3. If you have children, do you have sole legal and physical custody of your children? Yes _____ No _____
- If no, please explain your custody arrangement? _____
4. Do you or does anyone in your household qualify for housing due to a disability? Yes _____ No _____
5. Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility impairments? Yes _____ No _____ If yes, explain: _____

6. Have you or anyone named on this application ever been convicted of a crime other than a simple misdemeanor (i.e. traffic ticket, etc.)? Yes _____ No _____ If yes, explain: _____

7. Are you current illegal user of a controlled substance? _____
Have you ever been convicted of the illegal use of a controlled substance? _____
Have you ever been convicted of the illegal manufacturing or distribution of a controlled substance? _____
- If you answered yes to any of the above questions, have you successfully completed substance abuse recovery program or are you presently enrolled in such a program? _____
8. Have you ever been evicted? Yes _____ No _____ If so, explain: _____

9. Have you ever received a written notice for non-payment of rent? Yes _____ No _____ If yes, explain _____

10. Does your household have a pet? Yes _____ No _____, If yes, type _____
11. Do you receive or expect to receive Housing Assistance? Yes _____ No _____ If yes, : Section 8 Project Based _____
Section 8 Voucher _____ USDA _____ Other _____ (type: _____)
12. Have you always received all of your security deposit refund? _____ If no, explain: _____
13. How did you select our community? Drive by ___ Referral ___ Newspaper ___ Other _____

CURRENT HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Phone #: _____
 Address: _____
 How long have you resided at your current address? _____ Rent \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Phone #: _____
 Address: _____
 How long did you reside at this address? _____ Rent \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Phone #: _____
 Address: _____
 How long did you reside at this address? _____ Rent \$ _____



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HOUSEHOLD INCOME INFORMATION

All information will be verified by a third party.

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE:	Yes	No	Monthly Amount
1	Wages, salaries (includes overtime, tips, bonuses, commissions, self-employment)? Please provide 2 months current, consecutive pay stubs.			\$
2	Does any member work for someone who pays him/her cash?			\$
3	Regular pay for a member of the armed forces?			\$
4	Welfare benefits (AFDC, TANF, FIP)? Please provide a copy of award letter.			\$
5	Worker's Compensation?			\$
6	Unemployment benefits or Severance pay?			\$
7	Child Support? Please provide a current copy of payments received from CSR.			\$
8	Alimony? Please provide copy of court order or divorce decree.			\$
9	Education grants, scholarships or VA student benefits?			\$
10	Social Security (SSI or SSDI)? Please provide a copy of most recent award letter.			\$
11	Pensions (PERA, railroad, etc.)?			\$
12	Death Benefits?			\$
13	Retirements Benefits?			\$
14	Annuities or life insurance dividends?			\$
15	Lump Sum Payments? (Inheritance, insurance settlements, lottery winnings, etc.)			\$
16	Net income from rental property?			\$
17	Regular cash contributions or gifts from individuals not living in the unit?			\$
18	Other, (list)?			\$

The following area must be completed for each income source listed as Yes. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicant's approval to live at this property. Please use the back of sheet if additional room is needed.

Question #	Family Member	SOURCE(S) OF INCOME <u>AND</u> THEIR ADDRESS

HOUSEHOLD ASSETS

All information will be verified by a third party

	DO YOU HAVE MONEY HELD IN:	Yes	No	Amount
1	Cash on Hand If Over \$500 (not in an account)			\$
2	Checking Account			\$
3	Savings Account			\$
4	Stocks			\$
5	Capital Investments			\$
6	Bonds			\$
7	Trusts			\$
8	Securities			\$
9	IRA/KEOGH/Pension/Retirement Accounts			\$
10	Certificates of Deposit			\$
11	Social Security Direct Express Card... Please Provide an ATM printout.			\$
12	Payroll or Other Debit Card... Please Provide an ATM printout.			\$
13	Mutual Funds			\$



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Keyway Management Company, LLC.

14	Treasury Bills			\$
15	Safety Deposit Box			\$
16	Insurance Settlement			\$
17	Lump sum payments (include inheritance, insurance settlement, lottery winnings, etc.)			\$
18	Cash value of Whole Life Insurance Policy			\$
19	Other (list)			\$
20	Do you currently hold a contract for deed?			\$
21	Do you currently own real estate?			\$
	If yes, please list the location(s), number of acres owned, any expenses (i.e. taxes, insurance, etc.) and any income received:			\$
22	Do you have any coin collections, antique cars, gems/jewelry, stamps, or any other items held for investment purposes?			\$
23	Are any assets held jointly with another person?			\$
	If yes, person's name and the asset(s) held jointly:			\$

The following area must be completed for each asset source listed as Yes. If a household member has more than one source of asset from the same question, use a separate line for each source. Please use the back of sheet if additional room is needed.

Question #	Family Member	List Name AND Contact Information of Bank or Institution where funds are kept. Provide a copy of the entire property tax statement for any real estate owned.

I/We hereby certify that I/we have _____ have not _____ sold or disposed of any assets for less than Fair Market Value during the two-year (24-month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Relationship to Head of Household	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

HOUSEHOLD ALLOWANCE INFORMATION

All information will be verified by a third party. **For USDA-RD Projects Only.**

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include childcare costs, payments on outstanding medical bills, medical insurance premiums, cost of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g. insurance, Medicare, state agency or charitable organization.

	Do you expect to incur any of the following expenses:	Yes	No	Monthly Amount
1	Childcare which enables you or another household member to work, go to school or to seek employment			
2	Attendant care for a handicapped or disabled household member?			
3	Medicare premiums?			
4	Other medical insurance premiums?			
5	Outstanding medical bills on which you are currently paying?			
6	Cost of assistive devices for handicapped or disabled household member?			
7	Drug cost not covered by insurance?			
8	Do you receive medical assistance through the Public Assistance Program?			
9	Do you expect to have any additional medical expenses during the next twelve (12) months, i.e. glasses, dental, hearing aid batteries? If Yes, explain: _____ _____			



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Question #	Family Member	List Name AND Address of Service Provider, Day Care Center, Insurance Company, Doctor, etc. (Use back of page for extra space)

SIGNATURES

I (we) certify this housing is/will be my (our) permanent residence.
 I (we) do/will not maintain a separate subsidized rental unit in a different location.
 I (we) certify all household and income information is correct.
 I(we) consent to verification of all information provided on this application.
 I(we) consent to a criminal, credit, and rental history screening.
 I(we) consent to release wage matching data to USDA-RD, Keyway Management Company, LLC and the Borrower.

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OR OBTAINING OF FEDERAL FUNDS.

ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST SIGN BELOW

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

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

Ethnicity

Hispanic or Latino _____
 Not Hispanic or Latino _____

Race (Mark one or More)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or Other Pacific Islander _____
5. White _____

Gender: _____ Male _____ Female



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**IFA Compliance Questionnaire
(For All LIHTC and HOME Projects)**



Complete one form per adult household member who will occupy the unit at time of move-in.

Property Name:	IFA Project #:
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Applicant's Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Marital Status	Birth Date <i>Month, Date, year</i>

Current Address:				
	<i>Street Address (including Unit #, if applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Daytime Tel #:		Evening Tel #:	
Email Address:			

Check either **YES** or **NO** to each question. If you respond "Yes" to any question, please provide a brief explanation in the space provided below the question. You may be required to supply additional documentation to verify your response.

HOUSEHOLD INFORMATION:	
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
1.	Do you expect any additions to the household within the next twelve months?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
2.	Is there anyone living with you now who won't be living with you at this property?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)
3.	Do you have any minor children?

INCOME INFORMATION <i>Do you receive or expect to receive income in the next 12 months from any of the following sources:</i>

<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	4.	Social Security, SSI or other payments from the Social Security Administration?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	5.	Employment pensions or retirement benefits, veteran's benefits or annuities?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	6.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	7.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	8.	Unemployment benefits or workman's compensation?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	9.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	10.	Court ordered alimony or child support?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	11.	Alimony or child support paid directly from the payor that is not court-ordered?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	12.	Regular payments from a severance package from a previous employer?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	13.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	14.	Regular payments as a member of the Armed Forces?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	15.	Regular payments from disability, death benefits or life insurance dividends?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	16.	Regular gifts or payments from anyone outside of the household (including cash or goods)?

**IFA Compliance Questionnaire
(For All LIHTC and HOME Projects)**



<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	17. Regular payments from lottery winnings or inheritances?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	18. Regular payments from rental property (land contracts or other real estate transactions)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	19. Educational grants, scholarships or other student benefits?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	20. Any other sources of income not listed?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	21. Do you expect any changes to your income in the next twelve months?

ASSET INFORMATION: *An asset is defined as any lump sum amount that you hold and can currently access even though a financial penalty may be imposed.*

<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	22. Checking accounts?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	23. Savings accounts?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	24. Certificates of deposit (CDs), money market accounts or treasury bills?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	25. Stocks, bonds, mutual funds or securities?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	26. Any capital gains (assets sold in excess of purchase price) during the previous 12 months?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	27. Trust Funds?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	28. IRA, KEOGH or other retirement accounts?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	29. Cash on hand over \$500 (other than money previously reported in checking or savings)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	30. Real estate, rental property, (land contracts/contract for deed or other real estate holdings)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	31. Have you sold, disposed or given away any property in the last two years? (such as large charitable contributions over \$500 or real estate)
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	32. Personal property held as an investment (such as paintings, coins, art work or antiques)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	33. Whole or universal life insurance policies (not including term policies)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	34. A safe deposit box with a monetary content of \$500 or more?

OTHER INFORMATION:

<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	35. Are you claiming ZERO Income?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	36. Have you been a student during the current calendar year?

**IFA Compliance Questionnaire
(For All LIHTC and HOME Projects)**



<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	37. Are you currently a student or do you plan to be a student during the current calendar year?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	38. Will you or anyone in your household require a live-in care attendant?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	39. Will your household be receiving Section 8 rental assistance at the time of move-in?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	40. Will your household apply for Section 8 rental assistance in the next 12 months?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	41. Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility or other impairments?

APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management will all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify under penalty of perjury that all information and answers provided are true and complete to the best of my knowledge. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I authorize my consent to have management verify the information contained in this application questionnaire and to perform a credit check and criminal background check for purposes of proving my eligibility for occupancy. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

Applicant/Resident Signature

Date

LANDLORD REFERENCE CHECK FORM

Project Name:	IFA Project #:	Date:
Applicant/Tenant:	SSN:	Apt #:

Name:	Date:
Address:	Phone:
City: State: Zip:	Fax:
My signature authorizes verification of my Housing information:	

_____ _____
 Applicant/Tenant Signature Date

The individual named directly above is an applicant/tenant of the IRC 42 Low Income Housing Credit Program. The information provided will be used to determine eligibility for the program and remain confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

RETURN THIS FORM TO:

Sincerely,

 Project Owner/Management Agent

To be completed by landlord

Dates of residency: From _____ to _____. Total number of months _____

1. Did the resident pay their rent on time? Yes No
 If the resident was late on the rent, how late? _____ How often/comments: _____
2. How much rent was paid each month by this resident? \$ _____
3. Did you receive a security deposit? Yes No
4. Did the resident, their guests, or their family damage the apartment or the property? Yes No
 Did they pay for damages? Yes No Amount of damages \$ _____
5. Were the police ever called as a result of the disturbance? Yes No Date(s): _____
 Comments: _____
6. Were there problems with the neighbors? Yes No
7. Does the resident have pets or other potential problems that may be important for a landlord to know? Yes No
8. Did the resident violate the lease agreement in any way? Yes No
 Comments: _____
9. Did the resident give you proper notice for vacating? Yes No Date Notice Given: _____
 Reason for leaving? _____ Move-out date: _____
10. Would you re-rent to this resident? Yes No
11. What previous address do your records indicate? _____

Comments: _____

_____ _____
 Preparer's Signature Date

_____ _____
 Print Name Phone Number

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Marital Status Certification

(The use of white out, black out, or alteration of original information will void this document.)

Project Name:		IFA Project #		Date:	
Applicant/Tenant:		SSN:		Apt. #	

My current marital status is: Married Single Divorced Widowed Separated

A. I am legally divorced and can provide a copy of my divorce decree (If Yes, please attach.) Yes No
If No, I can provide documentation to prove I was not awarded child support or alimony Yes No

B. I am legally separated from my spouse and can provide a copy of my separation agreement Yes No
If No, reasons for not pursuing legal action:

If No, future plans for pursuing legal action:

I currently receive spousal support from my spouse Yes No
If yes, I receive this amount: _____ Per Week month Year

C. There are assets currently held in both names Yes No
Please attach a list of all assets currently in both names (checking accounts, savings accounts, real estate, etc.)

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, household composition and marital status. I will not allow my spouse or other individuals to move into my apartment without prior written approval from management. I understand that if I do, this will be a breach of my lease agreement and may be considered "other good cause" for eviction.

Applicant/Tenant Signature

Date

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