



PARKLANE MANAGEMENT COMPANY, LLC

INVESTMENT PROPERTY DEVELOPMENT MANAGEMENT

Office use Only

Date Rec'd		Annual Income		# Occupants	
		Set Aside %		Bedroom #	
Time Rec'd		Background CK ran		App. Fee Paid	
		Manager Signature			
This is an application for housing at:			Please complete this application and return to:		

Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_

Email: \_\_\_\_\_

Apartment size requested: Studio      One Bedroom      Two Bedroom

HOUSEHOLD COMPOSITION: "The following information is requested by the apartment Owner in order to assure the Federal Government that the Federal Laws prohibiting discrimination against tenant application's on the basis of race, color, national origin, religion, sex, marital status, age and handicap 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, national origin and sex of the individual on the basis of visual observation or surname."

<b>Marital Statuses of Head of Household - check one</b>	Married	Separated	Unmarried (Single / Divorced / Widowed)
<b>Race/National Origin of Head of Household - check one</b>	White	Black	Hispanic
	Asian or Pacific Islander		American Indian or Alaskan Native
<b>Is the household member disabled? Circle one</b>	Yes	No	
<b>I do not to wish to answer.</b>			

Do you have a disability, which requires a unit with special features? \_\_\_ If YES, what features do you require? \_\_\_\_\_

Do you have a disability, which requires an auxiliary aid? \_\_\_ If YES, what aides do you require? \_\_\_\_\_

	Name	Relationship To Head	Birth Date	SS #	Driver's License # & State	Student Y/N
Head		Self				
2.						
3.						
4.						
5.						

Do you anticipate a change in the family composition in the next twelve months? (ie. Marriage, addition of children and/or adult, divorce)       YES       NO

If yes, please explain: \_\_\_\_\_



**Student Status**

Will any of the adult persons in the household be or have been full-time students at least five calendar months of this year or plan to be in the next calendar year at an higher educational institution with regular faculty and students?  YES  NO

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and can file a joint tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a Title IV of Social Security (TANF) recipient?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a single parent with minor child (ren) and minor child(ren) can be claimed as <b>dependant(s)</b> on your tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any full-time adult student(s) in the household that will receive financial aide?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**INCOME - List ALL sources of income. If a section doesn't apply, cross out or write NA.**

Household Member Name	Source of Income	Gross Monthly \$
	Social Security	\$
	SSI Benefits	\$
	Pension (List source)	\$
	Veteran's Benefits (List claim #)	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Health & Welfare Cash Grant	\$
	Minor - Unearned Income	\$
	Full-time Student Income(18 & over)	\$
	Interest Income (source)	\$

Member Name	Source of Income	
Employer Name	Employment Amount (HR/ WK/MO/YR)	\$
	Occupation:	Date Hired:
	Address: Phone: Fax :	
Employer Name	Employment Amount (HR/ WK/MO/YR)	\$
	Occupation:	Date Hired:
	Address: Phone: Fax :	
	<b>ALIMONY</b> - Do you receive alimony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>If YES list the amount you receive.</b>	\$
	Are you <b>legally entitled</b> to receive?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>If YES list the amount.</b>	\$
	<b>CHILD SUPPORT</b> - Do you receive child support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>If YES list the amount you receive.</b>	\$
	Are you <b>legally entitled</b> to receive?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>If YES list the amount.</b>	\$
	<b>Other Income</b>	\$

<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts x 12)	\$
<b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b>	\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on page 1?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**IF YES TO ANY OF THE ABOVE, EXPLAIN:**



**ASSETS**

Please mark every question either YES or NO. / If you answer YES, complete the blanks on the right.

DO YOU HAVE...?	NO	YES	Name Acct.	Account #	Balance/Value	Bank - (Name & Address)
Checking Account						
Saving Account						
Money Market Acct						
Certificate Deposit						
Trust Accounts						
Stocks or Bonds						
IRA/ Keogh/ Life Ins./ Retirement Acct.						
Other						

Real Estate Property: **Do you own any real property?**  YES  NO

If YES, home or rental?

Location of property:

Appraised Market Value \$

Mortgage or outstanding loans – balance \$

Amount of annual insurance premium \$

Amount of most recent tax bill \$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household listed on page 1?  YES  NO

**If YES, describe:**

Do they have access to the asset(s)?  YES  NO

Have you sold/dispensed of any property in the last two years, for less than fair market value?  YES  NO

**If YES, type of property:**

Market value when sold/dispensed (Selling Price) \$

Date of transaction:

Have you disposed of any other assets in the last two years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?  YES  NO

**If YES, describe the asset:**

Date of disposition:

Amount disposed \$

**ADDITIONAL INFORMATION**

Have you or anyone who will be residing in the unit ever been convicted of a criminal offense?  YES  NO

**If YES, describe:**

Are you or anyone who will be residing in the unit required to register as a sex offender?  YES  NO

**If YES, describe:**

Have you ever been asked to vacate by a current/previous landlord?  YES  NO

**If YES – Apt. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_**

Have you ever filed for bankruptcy?  YES  NO

**If YES, describe:**

Will you be able to take an apartment when one is available?  YES  NO

Do you have / or have applied for a housing voucher?  YES  NO

**If yes, name of agency:**



REFERENCE INFORMATION		
<b>Current Landlord</b>	Name	
	Address	
	Bus. Phone	Home Phone:
	How long?	
<b>Prior Landlord</b>	Name	
	Address	
	Bus. Phone	Home Phone:
	How long?	

EMERGENCY CONTACT INFORMATION	
In case of emergency notify - name:	
Address:	
Phone #:	Relationship:

VEHICLE INFORMATION	
List all cars, trucks or other vehicles owned. Parking maximum is for two vehicles per apartment. Arrangements with Management will be necessary for more than two vehicles.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets	<input type="checkbox"/> YES <input type="checkbox"/> NO

**If YES, describe:**  
 In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize **Moco, Inc.** whose address is P.O. Box 2828, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agent. If the application is denied or approved conditionally based upon information contained in this report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

**CERTIFICATION**

I certify that if selected to move into this project, the unit occupied will be my/our only residence. I/We understand that the above information is being collected to determine eligibility for income restricted income units. Federal regulations require that in order for a family to be eligible for this type of housing, the income of the family, as well as their assets must not exceed certain established limits. I/We authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. All adult applicants, 18 or older, must sign application.

**SIGNATURE (S):**

\_\_\_\_\_ (Signature of Tenant) \_\_\_\_\_ (Date)

**Please tell us how you heard about our community:**

Newspaper	Friend	Tenant	
Agency	Drive - By	Other	



**General Release Form**

RE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to: **Parklane Management**  
1020 W. Main St., Ste 270  
Boise, Idaho 83702  
208-345-3221  
208-342-1209 FAX

To Whom It May Concern:

The person(s) named above is a resident/applicant for income restricted housing. Federal regulations require that in order for a family to be eligible for this type of housing, the income of the family, as well as their assets must not exceed certain established limits. The information requested below will be held in STRICT CONFIDENCE as is required under the provisions of the applicable law and will be used only to determine the eligibility of the family for the housing. Thank you for your cooperation.

\_\_\_\_\_  
Resident Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
All adult members of household must sign below

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

**This form expires one year from date of signature.**



# Certification of Student Status

Head of Household Name	Unit Number
------------------------	-------------

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

Please choose **one** option below that best describes **your household**:

<input type="checkbox"/>	The household contains <b>no</b> occupants who are students (full-time or part-time).=
<input type="checkbox"/>	The household contains <b>at least one occupant who is not a student</b> and has not been and will not be a student for five months or more out of the current calendar year (months need not be consecutive).
	List non-student here: _____
<input type="checkbox"/>	The household contains <b>all students</b> , but is qualified because at least one occupant is a <b>part-time</b> student. Verification of part-time status is required.
	List part-time student here: _____ _____
<input type="checkbox"/>	The household contains <b>all full-time students</b> for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). <b>If yes, you must answer all five questions below.</b>

	Yes	No
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)		
Are all adult members single parents with child(ren), and not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)?		
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?		
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)		
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)		

## Signatures:

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. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

This form must be signed by each household member age 18 and older.

Resident Signature	Date
Resident Signature	Date
Resident Signature	Date
Resident Signature	Date



**UNDER \$5,000 ASSET CERTIFICATION**  
**Complete only one form per household; include assets of children.**

Household Name: \_\_\_\_\_

Unit No. \_\_\_\_\_

**Complete all that apply for 1 through 4:**

**1. MY/OUR ASSETS INCLUDE:**

Cash Value	Interest Rate	Annual Income (from Asset)	Cash Value	Interest Rate	Annual Income (from Asset)
\$ _____	_____	\$ _____ Savings Account	\$ _____	_____	\$ _____ Checking Account
\$ _____	_____	\$ _____ Cash on Hand	\$ _____	_____	\$ _____ Safety Deposit Box
\$ _____	_____	\$ _____ Certificates of Deposit	\$ _____	_____	\$ _____ Money Market Funds
\$ _____	_____	\$ _____ Stocks	\$ _____	_____	\$ _____ Bonds
\$ _____	_____	\$ _____ IRA Accounts	\$ _____	_____	\$ _____ 401K Accounts
\$ _____	_____	\$ _____ Keogh Accounts	\$ _____	_____	\$ _____ Trust Funds
\$ _____	_____	\$ _____ Equity in Real Estate	\$ _____	_____	\$ _____ Land Contracts
\$ _____	_____	\$ _____ Lump Sum Receipts	\$ _____	_____	\$ _____ Capital Investments
\$ _____	_____	\$ _____ Life Insurance Policies (excluding Term)			
\$ _____	_____	\$ _____ Other Retirement/Pension Funds not name Above: _____			
\$ _____	_____	\$ _____ Personal property held as an investment***: _____			
\$ _____	_____	\$ _____ Other (list): _____			

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

\* Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\* Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual **income** from the **net family assets** is \$ \_\_\_\_\_. This amount is included in total gross annual income.

**2. Mark ONLY if you have zero assets listed at the top of page.**

\_\_\_ I/we do not have any assets at this time.

**Mark either #3 OR #4 ONLY**

3. \_\_\_ 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 their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred).

4. \_\_\_ 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.

**Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.**

Applicant/Tenant \_\_\_\_\_

Date \_\_\_\_\_

Applicant/Tenant \_\_\_\_\_

Date \_\_\_\_\_



THIS ADDENDUM is being attached to, and incorporated by reference in, that certain Apartment Lease (the "Lease") between the Landlord and the Tenant for the purpose of modifying certain terms and conditions of the Lease. The parties agree that, if any terms of the Lease and this Addendum are inconsistent, the term set forth on this Addendum shall govern.

Low-Income Housing Credit: The premises are to be operated in accordance with the requirements of the low-income housing credit program under Section 42 if the Internal Revenue Code of 1986, as subject to the requirements that must be met under the Program in order for Landlord to qualify to take the cost of the premises into basis for calculation of Landlord's tax credit. Tenant shall cooperate with all Landlord requirements related to such compliance and the Program.

Full time Student Household: Tenant acknowledges that households entirely comprised of full time students are not eligible unless; married and have filed a joint tax return; single parent(s) with minor child(ren) and both the parent(s) and child(ren) are not a dependents of a third party; at least one member of the household receives assistance under Title IV of the Social Security Act; at least one member of the household is enrolled in a job training program receiving assistance under the Job Training Partnership Act, or similar federal, state, or local laws.

Permitted Occupants: Only the following persons will be permitted to occupy the premises:

\_\_\_\_\_

Tenant shall not allow any other person to move into the premises without Landlord's prior written approval.

Income Certification: Tenant has completed and executed an Income Certification Form prior to execution hereof, and shall complete and execute further Income Certification Forms at Landlord's request not less than annually hereafter. Upon request by Landlord, Tenant shall recertify Tenant's household income to Landlord or any governmental or quasi-governmental agency in a manner satisfactory to Landlord, and shall complete any and all other certifications and supply further documentation with respect to income and occupancy of the premises as may be reasonably requested by Landlord. Failure to provide accurate and timely income certification will constitute a breach of this lease.

Recertification Income: Tenant acknowledges that the annual recertification of Tenant's household income must meet the limitations imposed by the Program for continued occupancy of the premises.

Information Supplied: Tenant hereby certifies that the information supplied by Tenant to Landlord that was taken into consideration by Landlord in determining Tenant's qualifications to rent the premises, including Tenant's Application, Income Certifications and Recertification, is accurate, complete and true in all respects.

Excess Rents: If it is determined that the premises are not a qualified low-income unit under Section 42 (1) (3) of the Internal Revenue Code because the rent paid by Tenant, plus the applicable utility allowance, for the lease term exceeds the maximum rent allowed under Section





42 of the Internal Revenue Code, then Landlord shall immediately pay to “Tenant the amount of such excess, with interest. If tenant no longer occupies the premises when the excess rent determination is made, Landlord shall use its best efforts to locate Tenant for Purposes of repaying the excess rent.

Increased Income: If, upon annual recertification, tenant’s household income exceeds 140% of the applicable Program limit, Landlord may elect not to renew this Lease upon thirty (30) days written notice to Tenant.

Rent Increase: Tenant acknowledges that Landlord may revise the rents based on changes in the HUD area median income for the county in which the property is located.

Certain Changes: Tenant shall notify Landlord immediately in writing if Tenant’s household size changes, his or her income increases, Tenant become(s) a full-time student, or begins to receive HUD assistance. Landlord may elect not to renew this Lease if tenant becomes a student and Landlord determines that Tenant’s student status would disqualify the premises under the Program. Landlord may adjust Tenant’s rent and/or utility allowance to reflect Tenant’s status if Tenant becomes a HUD assisted tenant.

Intent to Vacate: After the term of the lease term, Tenant may notify Landlord of intent to vacate upon thirty (30) days written notice.

Misrepresentation: Tenant’s misrepresentation of any information or tenant’s failure to supply required information requested by the Landlord or Tenant’s failure to perform any action which may be required by the covenants or provisions of the Lease will constitute a basis for termination of the Lease.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ . 20\_\_\_\_.

ACCEPTED BY:

\_\_\_\_\_  
Applicant/Tenant Applicant/Tenant

\_\_\_\_\_  
Property Manager

