



Green Gables Senior Living
2000 Green Gables Circle
Wentzville, MO 63385
(636) 327-7755
greengablescondos@gmail.com

Thank you for your interest in renting an apartment. Green Gables Senior Living is the newest residential community in Wentzville. It is located at the corner of Green Gables Drive and Lewis Street. Please find enclosed the information that you will need to complete and return to the leasing office in order to determine eligibility for admission to our apartment community.

1. Tenant Certification/Recertification Questionnaire – This is a six page questionnaire which must be completed and returned before we can determine your eligibility and complete the third-party verification requirements.
2. Resident Release and Consent and Signed Release – These two forms allow us to verify your application information. They are required to be completed at the time of application.
3. Ethnicity & Race Data Collection Form – The Office of Housing uses this form to gather gender, age, disability, ethnic and race data to be used to assist housing programs.
4. Exhibit M – LIHTC Certification of Student Eligibility – This form is used to determine household eligibility .

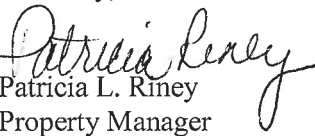
Please provide social security card and a government-issued photo identification card for all household members. If you receive Social Security pensions or disability payments, please include a copy of your most recent notice of benefits information from the Social Security Administration. These documents will allow us to avoid delays in processing your application.

Green Gables Senior Living offers a unique opportunity to rent a one-bedroom apartment at \$466.00 per month or a two-bedroom apartment at \$570 per month. Residents are required to provide a security deposit equal to one month's rent and be responsible for their own electric bill. One small pet is allowed as long as it does not weigh more than 25 pounds. A pet deposit of \$300 will be required along with appropriate documentation. \$150.00 of the pet deposit is refundable without damage.

Green Gables Senior Living is community living at its best! The apartments are equipped with a range/ refrigerator, range hood, dishwasher, washer/dryer (in unit), and large walk-in closets. You can enjoy the generously landscaped common areas or relax on a 13' x 7' deck or patio. Residents are encouraged to utilize the on-site Community Center, including the fitness room, and living and dining areas for social gatherings, games and other activities.

Please complete the application and provide all information requested. We look forward to receiving your completed application and having the opportunity to meet with you to answer any questions about our apartment community. Please call (636) 327-7755 today with any questions.

Sincerely,


Patricia L. Riney
Property Manager

Enclosures





Green Gables Senior Living
1001 Green Gables Circle
Wentzville, MO 63385
(636) 399-7705
greengablescondos@gmail.com

DRIVING DIRECTIONS:

From I-70 East:

Travel west on I-70 toward Wentzville. Exit at Church Street/MO-N
Turn right on Church Street
Make immediate right on Wagner Street
Turn left on S. Linn Avenue
Turn right on 6th Street (Green Lantern Senior Center on corner)
Turn right on Green Gables Drive



TENANT CERTIFICATION / RECERTIFICATION QUESTIONNAIRE

NOTE TO TENANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for the Section 42 LIHTC program. *Providing false information may result in your loss of housing.*

Tenant Name:		Home Telephone Number: ()
Home Address:	Apartment Number:	Alternate Telephone Number: ()

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

List yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including but not limited to; dependents away at school, military persons stationed away from home who have a spouse or dependent in the home.

Please list household members starting with Head of Household on line 1, then in order of oldest to youngest.

Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status:		
					Full Time	Part Time	N/A
1.	Head						
2.							
3.							
4.							
5.							
6.							

Do you anticipate any changes in the size of your household *within the next 12 months?* (O-04) Yes No

(Examples: a future spouse, minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe any changes here: _____

Will any members of your household under age 18 live with you at least 50% of the upcoming 12 months? Yes No

(If you have no household members under 18 write "N/A" in the blank below) (O-01)

If no, please explain here: _____

Does any member in your household have a disability and require a live-in care attendant? (O-01) Yes No

Is any adult member of your household separated, but not divorced? (O-07) Yes No

Do you own a pet? Yes No



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

STUDENT ELIGIBILITY QUESTIONS

Are **ALL** members of your household full-time students? (S-03) Yes No

Will **ALL** members of your household become full-time students during any 5 months of this year? (S-03) Yes No
(Example: a student who goes to school full-time in January, February, April, October and November)

Will **ALL** members of your household be full-time students during any 5 months of next year? (S-03) Yes No

Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? (S-01) Yes No

If yes, who is enrolled? _____ Which school are they enrolled in? _____

How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____

Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*? (S-03) Yes No

If yes, who will be enrolling in school? _____

If yes, will they be enrolling as a full-time or part-time student? _____

CHILD SUPPORT / ALIMONY INFORMATION

1. Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received? (I-07a) (8 digit case id#) _____ Yes No

IF NO, SKIP TO QUESTION 2

a) Name of person with court order: _____ Payment Amount: \$ _____ per _____

b) Name of person(s) paying support / alimony: _____

Are the **FULL** court-ordered amount(s) being received? Yes No

If **NO**, are you making efforts to collect the amounts due? Yes No

If **YES**, please explain the efforts you're making here: _____

2. Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**? (This includes help from children's father or mother for clothes, groceries, etc.) (I-07b) Yes No

IF NO, SKIP TO NEXT SECTION

a) Payment Amount: \$ _____ per _____

b) Name of person(s) paying support/alimony: _____

_____ Phone: _____ for child: _____

_____ Phone: _____ for child: _____



INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of the household employed?	
(I-01)		Job 1.) Who is employed _____	AMT \$ _____ PER _____
		What company? _____ Phone: _____	
		Job 2.) Who is employed _____	AMT \$ _____ PER _____
		What company? _____ Phone: _____	
		<input type="checkbox"/> Check if there are any additional jobs in the household.	
<input type="checkbox"/>	<input type="checkbox"/>	Is household member self-employed?	
(I-02 & 1040C)		Who is self-employed? _____	AMT \$ _____ PER _____
		What type of work does this person do? _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive pay from the military?	
(I-03)		Who is paid by the military? _____	AMT \$ _____ PER _____
		Which branch of the military? _____	
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive any payment from the Social Security Administration?	
(I-04)		Which type: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Other	AMT \$ _____ PER _____
		Who receives payments from the Social Security Office? _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive severance pay or worker's compensation?	
(I-09)		Who is receiving severance pay or worker's compensation? _____	AMT \$ _____ PER _____
		What company pays them? _____	
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member unemployed and receiving payments from an Unemployment Agency?	
(I-05 & I-10)		Who is receiving unemployment benefits? _____	AMT \$ _____ PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Public Assistance payments such as TANF or AFDC?	
(I-06)		Who is receiving TANF or AFDC benefits? _____	AMT \$ _____ PER _____
		Caseworker: _____ Phone: _____	



INCOME INFORMATION CONTINUED

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member receive periodic payments from a pension, annuity or retirement benefit account?</p> <p>Please check one: <input type="checkbox"/> Pension (I-11) <input type="checkbox"/> Annuity (I-12) <input type="checkbox"/> Other Retirement (I-08)</p> <p>Who receives these benefits? _____</p> <p>What company pays this person? _____</p> <p>Contact Person: _____ Phone: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?</p> <p>What is the name of the person that pays you? _____</p> <p>What is their address? _____</p> <p>Phone number? _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Is there any other source of income we haven't already asked about above that you receive?</p> <p>Please describe: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does your household expect any changes in their income <i>within the next 12 months</i>?</p> <p>Please describe: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility?</p> <p>Which household member is in a long-term facility? _____</p> <p>Which household member are the payments made to? _____</p> <p>What company pays this person? _____</p> <p>Contact Person: _____ Phone: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Are any adult members of your household unemployed?</p> <p>Which adult members are unemployed? _____</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<p>Do any adult members of your household have zero income?</p> <p>Which adult members have zero income? _____</p>	



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts/assets apply to all members of your household, including minors and those temporarily absent from the home.
YES NO ACCOUNT INFORMATION

Does any household member have a Checking, Savings, CD or Money Market account?

(A-01) Bank 1.) Bank Name: _____ Name on Account: _____
Account Type: Checking Savings CD Money Market

Bank 2.) Bank Name: _____ Name on Account: _____
Account Type: Checking Savings CD Money Market

Check if there are additional accounts of these types belonging to the household.

Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death)?

(A-02) Institution Name: _____ Name on Account: _____
Contact Phone: _____ Account Type: Stocks Bonds Mutual Funds Whole Life Insurance

Does any household member have an IRA, Keogh, 401K or similar retirement account?

(A-03) Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: IRA Keogh 401K Other _____

Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including 401(k), IRAs and Keoghs)?

(A-06) Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: _____

Does any household member have an Annuity account that can be cashed in?

(A-03) Institution Name: _____ Name(s) on Account: _____
Contact: _____ Phone: _____

Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Contracts for Deed)

(A-04) Property Owner(s): _____ Type of Property: _____
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)
Contact: _____ Phone: _____

Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)

(O-04) Property Type: _____ Estimated Cash Value: \$ _____

Does any household member have cash on hand?

Which household member? _____ What amount is kept on hand? \$ _____

Does any household member have a Trust account?

Institution Name: _____ Name(s) on Account: _____
Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____

Does any household member have any Treasury Bills or Government Bonds? (www.savingsbonds.gov)

Which household member: _____
Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION (CONTINUED)

The questions regarding household accounts/assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO ACCOUNT INFORMATION

Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.)
What type of account or asset is this? _____
What is the estimated value of this asset if you were to sell it today? \$ _____

In the past two years, has any household member given away any assets for less than it was worth? (Examples include property, transferring an asset account into someone else's name, etc.)
What was the estimated value of this asset? \$ _____

Do all of the accounts / assets that are listed in this section have a total value of less than \$5,000?

(A-05)

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued in the same Section 42 housing program.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

Head of Household

Date

Co-Head of Household

Date

Other Adult Member

Date

Other Adult Member

Date

MANAGEMENT SIGNATURE:

This application / questionnaire was accepted by:

Apartment Management / Owner's Agent

Date

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.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.



RESIDENT RELEASE AND CONSENT

I, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, student status, and/or assets to Green Gables Senior Living for purposes of verifying information on my apartment rental application.

INFORMATION COVERED

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or childcare allowances. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

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 and Present Employers	Welfare Agencies	Veterans Administration
Past and Present Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
	Medical and Child Care Providers	Educational Institutions

CONDITIONS

I agree that a photocopy of this authorization may be used for the 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 understand that I have a right to review this file and correct any information that is incorrect.

SIGNATURE

_____ Applicant/Resident	_____ (Print Name)	_____ Date
-----------------------------	-----------------------	---------------

_____ Applicant/Resident	_____ (Print Name)	_____ Date
-----------------------------	-----------------------	---------------

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

SCREENING RESULTS, INC.

SIGNED RELEASE

I/We authorize SCREENING RESULTS, INC. to do a complete investigation of all information provided above. I/We have personally filled in and/or reviewed all information listed above. I/We understand failure to complete this form completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: Credit Report Verification of Employment and Income, Criminal Record Search, Rental History References and Personal Interviews with above references. I/We understand that I/We have a right to make a written request within 90 days to receive information pertaining to this report. I/We authorize SCREENING RESULTS, INC. to provide to the credit grantor federal and state records of employment and income history, including state employment security agency records. This authorization is for this transaction only and continues for (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed (1) year, allowed by law. My signature below authorizes all above listed companies to release rental payments information, job history information (including salary) and criminal record information.

Applicant Name (Print)

Social Security Number

Applicant Signature

Date of Birth

Today's Date

Applicant Name (Print)

Social Security Number

Applicant Signature

Date of Birth

Today's Date



RENTAL HISTORY

- | <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you or any one else named on this application filed for bankruptcy?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you or any one else named on this application been convicted of a felony?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you or any one else named in this application been convicted for dealing, use of or manufacturing illegal drugs?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you or any one else named in this application been convicted of property damage?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____ |

HOUSING REFERENCES:

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From _____
Address:	_____	_____	Rent <input type="checkbox"/>	To _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From _____
Address:	_____	_____	Rent <input type="checkbox"/>	To _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From _____
Address:	_____	_____	Rent <input type="checkbox"/>	To _____
Phone:	() _____	_____		



"This institution is an equal opportunity provider and employer"

PERSONAL REFERENCE:

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____