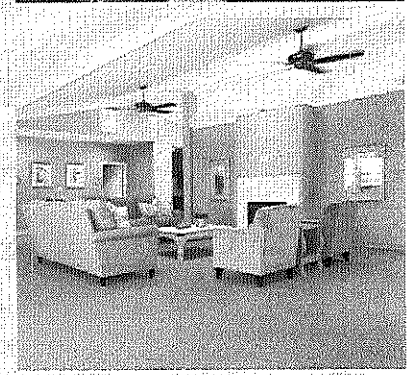
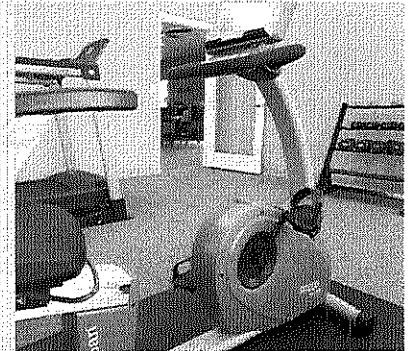
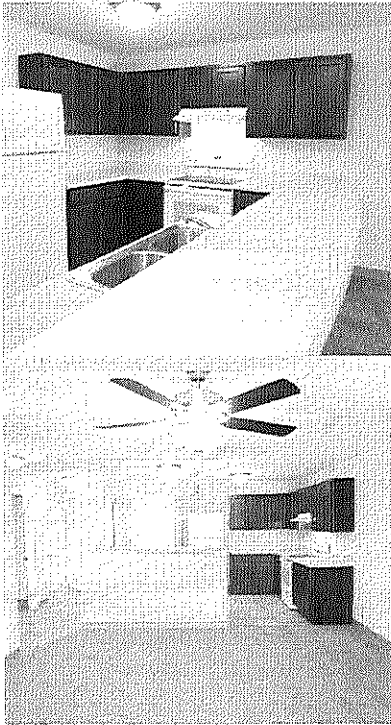


# Avonlea

## SENIOR LIVING

An Affordable Community Featuring 48 Rental Apartments  
Exclusively For Adults 55+ In The City of Eureka

ONE BEDROOMS FOR \$589\* & TWO BEDROOMS FOR \$653\*



\*INCOME LIMITS APPLY AT THIS COMMUNITY // ONE PERSON \$39,900 -or- TWO PERSONS \$45,600

Avonlea Senior Living features 48 rental apartments in two impressive three-story elevator buildings.

The community is professionally managed and maintained.

We are participants in the **Missouri Affordable Housing Program** which regulates our low rental rates and income limits.

You Can Download A Leasing Application From Our Website.

### APARTMENT FEATURES

- Fully-Equipped Kitchen including Refrigerator, Electric Range, Dishwasher, Stainless Steel Sink, Garbage Disposal, & Raised Breakfast Bar Island
- Well-Appointed Baths
- Designer Lighting
- Wall-To-Wall Carpeting & Vinyl Flooring
- Laundry Room with Full-Size Washer & Dryer
- Patio or Deck

### COMMUNITY AMENITIES

- Clubhouse
- Fitness Room
- Data Center
- Library
- Elevator Service To All Floors

Avonlea Senior Living  
531 Avonlea Court • Eureka MO 63025

**636-587-9888**

[www.AvonleaSeniorLiving.com](http://www.AvonleaSeniorLiving.com)



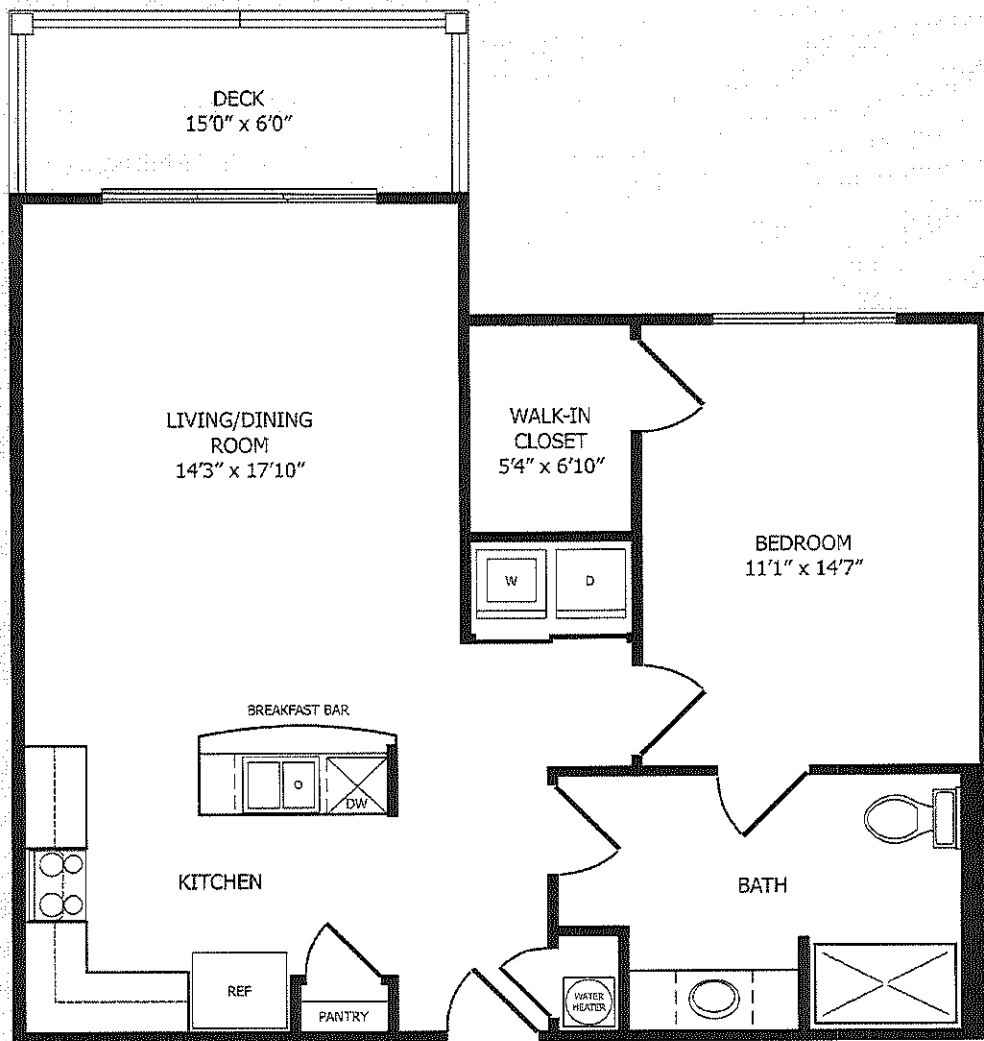
\*Rental Rates & Income Limits  
are subject to change without notice.

# Avonlea

## SENIOR LIVING

### ONE BEDROOM

One Bedroom // One Bath // 828 SF



1st Floor Units Offer 9-foot Ceilings & Patio  
2nd Floor Units Are As Shown Above  
3rd Floor Units Offer Vaulted Ceilings & Deck

Listed Room Dimensions & Square Footage Is Approximate

[www.avonleaseniorliving.com](http://www.avonleaseniorliving.com)

Avonlea Senior Living • 531 Avonlea Court • Eureka MO 63025 • 636-587-9888

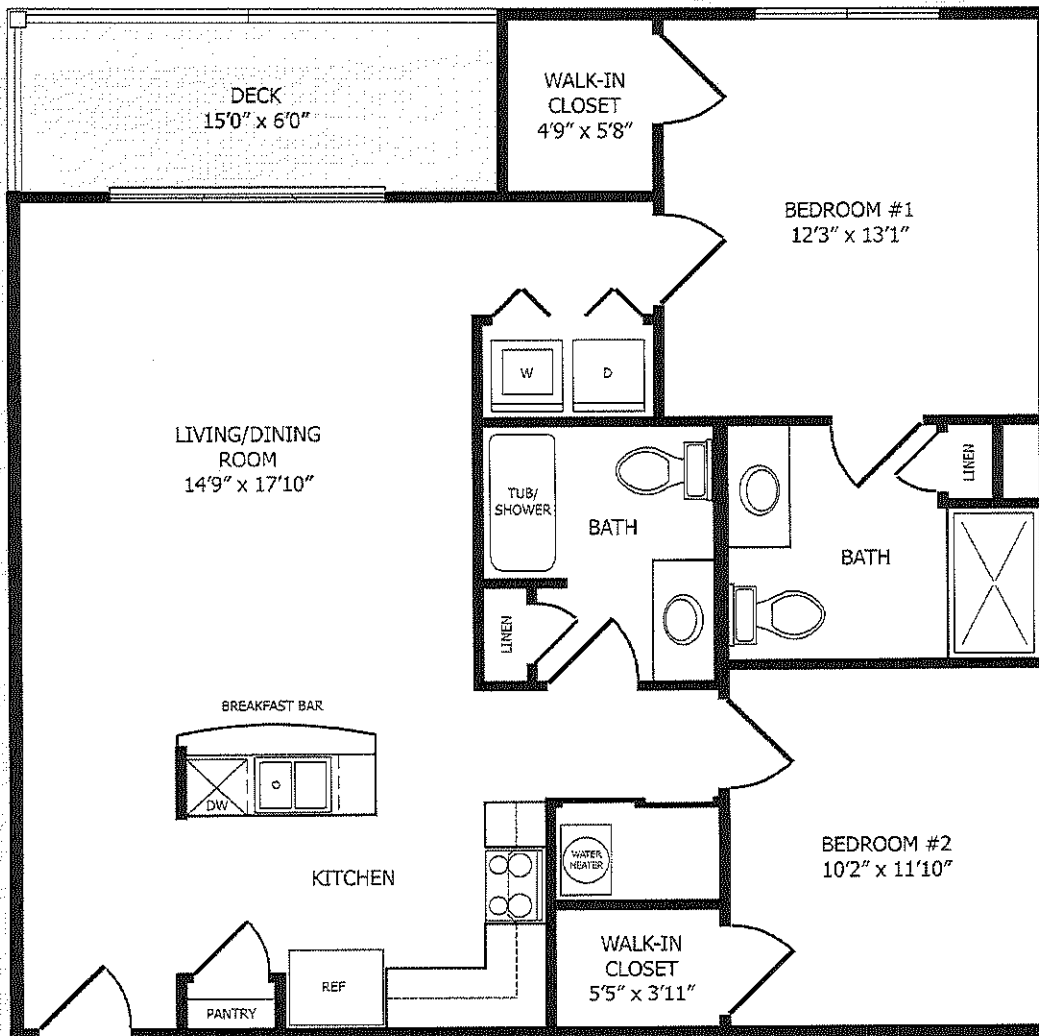


# Avonlea

## SENIOR LIVING

### TWO BEDROOM

Two Bedrooms // Two Baths // 1054 SF



1st Floor Units Offer 9-foot Ceilings & Patio  
2nd Floor Units Are As Shown Above  
3rd Floor Units Offer Vaulted Ceilings & Deck

Listed Room Dimensions & Square Footage Is Approximate



[www.avonleaseniiorliving.com](http://www.avonleaseniiorliving.com)

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**The following items must be brought with you to ensure a smooth process:**

1. State issued photo identification card, social security card and proof of income/assets for all household members, an example of proof of income will include a current award letter from the Social Security Administration stating your monthly income; paycheck stubs from your employment, and/or a benefit letter from your pension provider. (Bank account statements are not an acceptable proof of income).
2. Tenant Certification/Recertification Questionnaire: This is a six-page questionnaire that requires every question be answered. Please do not write "N/A" on any form. When answering the questions, the appropriate response will be to place an "X" in the Yes or No column. If you answer "Yes" you must complete the additional information the form request. If the question asks for contact information for your sources of income or assets you must provide this information clearly and accurately.
3. Resident Release and Consent and Sign Release: These forms allow us to verify your application information. Each household member must sign the forms and provide any additional information the form may require.
4. Exhibit 3-5: Sample Citizenship Declaration: A separate form must be completed for each household member listed on the application. All U.S. Citizens must complete Page 1 of the 3-page form only. Non-citizens with eligible immigration status must complete all forms provided.
5. Exhibit 3-4 and 3-7 Sample Family Summary Sheet: All household members need to be listed on this form. Follow the column titles and fill in the appropriate information for each household member.
6. Race and Ethnic Data Reporting Form: The office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. A separate form for each individual household member is required.
7. Exhibit Q – Non-Employment Certification: This form is completed by all household members that are not employed. If your status is "retired" this form is required. One form per household member is required.
8. Exhibit M – LIHTC Certification of Student Eligibility: This form must be completed whether you are a student or not. Please read the options carefully and select the appropriate answer.
9. Rental History: Answer all questions at the top of the form. Under Housing References all information must be provided. If you rent property provide the name, complete address and telephone number of your current and previous owned real estate, write the complete address of the property in the second column under "Your Address", check mark the own box and include the dates of ownership.
10. Personal Reference: Provide three personal references that are not family members. Be sure to include complete addresses, an accurate telephone number, your relationship and year known.



AVONLEA SENIOR LIVING

531 Avonlea Court

Eureka, MO 63025

Office: (636) 587-9888

Email: [avonleaseniorliving@gmail.com](mailto:avonleaseniorliving@gmail.com)

For your convenience, below are driving directions for the office where applications are accepted.

**DRIVING DIRECTIONS TO AVONLEA SENIOR LIVING:**

From I-44 West

Exit at Highway 109 North (Exit #264)

Turn left onto E. 5<sup>th</sup> Street and travel approximately 1 mile

Turn Right onto Hilltop Village Center Drive

Turn left into parking lot

**OFFICE HOURS:**

Monday 9:00AM – 4:00 PM

Tuesday Closed

Wednesday 9:00AM – 4:00 PM

Thursday Closed

Friday 9:00AM – 2:00 PM

**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 Avonlea 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.



## 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:		Telephone Number: (     )
Home Address: (include city, state and zip code)	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  
(Example: 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? (0-01)  Yes  No

Is any adult member of your household separated, but not divorced? (0-07)  Yes  No

Do you own a pet?  Yes  No



### 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"/>	<b>Is any member of the household employed?</b>	
(I-01)		<b>Job 1.)</b> Who is employed _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		<b>Job 2.)</b> Who is employed _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		<input type="checkbox"/> <b>Check if there are any additional jobs in the household.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Is household member self-employed?</b>	
(I-02 & 1040C)		Who is self-employed? _____	AMT \$ _____
		What type of work does this person do? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Does any household member receive pay from the military?</b>	
(I-03)		Who is paid by the military? _____	AMT \$ _____
		Which branch of the military? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Does any household member receive any payment from the Social Security Administration?</b>	
(I-04)		<b>Which type:</b> <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Other	AMT \$ _____
		Who receives payments from the Social Security Office? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Does any household member receive severance pay or worker's compensation?</b>	
(I-09)		Who is receiving severance pay or worker's compensation? _____	AMT \$ _____
		What company pays them? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Is any household member unemployed and receiving payments from an Unemployment Agency?</b>	
(I-05 & I-10)		Who is receiving unemployment benefits? _____	AMT \$ _____
		Contact Person: _____ Phone: _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Does any household member receive Public Assistance payments such as TANF or AFDC?</b>	
(I-06)		Who is receiving TANF or AFDC benefits? _____	AMT \$ _____
		Caseworker: _____ Phone: _____	PER _____



**INCOME INFORMATION CONTINUED**

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Does any household member receive periodic payments from a pension, annuity or retirement benefit account?</b></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><b>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?</b></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><b>Is there any other source of income we haven't already asked about above that you receive?</b></p> <p>Please describe: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Does your household expect any changes in their income <i>within the next 12 months</i>?</b></p> <p>Please describe: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>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?</b></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><b>Are any adult members of your household unemployed?</b></p> <p>Which adult members are unemployed? _____</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Do any adult members of your household have zero income?</b></p> <p>Which adult members have zero income? _____</p>	



## 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-05)

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](http://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.**



**Exhibit 3-5: Sample Citizenship Declaration**

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION**

I, \_\_\_\_\_ hereby declare, under

penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

- \_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.\**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

<b>REQUEST FOR EXTENSION</b>	
<p>I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.</p>	
_____ Signature	_____ Date
<p>Check if adult signed for a child: _____</p>	

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_



**Exhibits 3-4 and 3-7: *\*\*Sample\*\** Family Summary Sheet and  
Owner's Summary of Family**

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex M or F	Date of Birth	Declaration	Date Verified
						FOR OFFICE USE	
Head of Household							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 03/31/2014)

Avonlea Senior Living 16-069

531 Avonlea Ct.

Name of Property

Project No.

Address of Property

Avonlea Senior Living, LP

Section 42

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**EXHIBIT Q – NON-EMPLOYMENT CERTIFICATION**

Property Name: \_\_\_\_\_ Property Number: \_\_\_\_\_  
Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY ADULT APPLICANT / RESIDENT**

I confirm that (check which applies):

- I am not currently employed in any capacity.
- I have no intention of becoming employed in the next 12 months.
- I do not currently receive unemployment compensation or other benefits as a result of my non-employment status.
- I have applied to receive unemployment compensation or other benefits.
- I do intend to become employed in the next 12 months.

This information must be completed by the Applicant/Resident at the time of application.

My anticipated employment as a \_\_\_\_\_ has a start date of \_\_\_\_\_, 20\_\_\_\_  
Position  
and I anticipate earning \$ \_\_\_\_\_ per hour working \_\_\_\_\_ hours per week.

This information is supported by the following provided documentation.

- Written confirmation from new employer
- Previous tax return
- Previous job pay stub /salary history
- Other \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. 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 a lease agreement.

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name of Applicant/Resident

\_\_\_\_\_  
Date

## EXHIBIT M – LIHTC CERTIFICATION OF STUDENT ELIGIBILITY

Property Name: \_\_\_\_\_ Property Number: \_\_\_\_\_

Applicant/Resident: \_\_\_\_\_ Unit Number: \_\_\_\_\_

### **DEFINITION OF FULL-TIME STUDENT**

For the purpose of this form, a full-time student is defined as one who is, has or will be carrying a full-time subject load or attending an educational institution accredited with a degree or certificate program (including K-12 school age children) during any portion of five months within the current calendar year. Verification of "Full time" status must be verified by the educational institution. Please note a student includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online or mechanical schools, but does not include those attending on-the-job training courses.

### **THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT**

To qualify under the Section 42 program rules, any low income tax credit household that is made up of all Full time Students, the household must meet one of the five exemptions (Ref. Section 42(i)(3)(D) and HR3221).

#### **CHECK ONE**

1)  **This household is NOT comprised ENTIRELY of full-time students as defined above.**

The qualifying household member is a verified part-time student.

2)  **This household is comprised of ALL full-time students, but the following exemption applies:**

#### **ALL members of this household:**

The entire household is composed of a Head of Household who is a single parent with dependent children; the parent is not a dependent and the dependent child(ren) are not listed as dependents (as defined in IRC Section 152) on any other third party tax return, other than a parent of the dependent child(ren) in the household .

The entire household is composed of individuals who are married that are eligible to file or file a joint tax return.

#### **ANY member of this household:**

A member of this household is receiving assistance under Title IV of the Social Security Act (TANF).

A member of this household is enrolled in a job-training program receiving assistance under the Job Training Partnership Act/1998 Workforce Investment Act or under other similar Federal, State, or Local government agency funded programs.

A student member of this household has previously received foster care and placement assistance by the State agency plan under Title IV, part B or E of the Social Security Act. (HR3221; effective date 7/30/2008)

**NOTE: Any student household exemption marked above must be verified and qualification documented in the property household file for review.**

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered a material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

_____ / /	_____ / /		
APPLICANT / RESIDENT	DATE	APPLICANT / RESIDENT	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?<br>Explanation: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you or any one else named on this application been convicted of a felony?<br>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?<br>Explanation: _____                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you or any one else named in this application been convicted of property damage?<br>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?<br>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:	(    ) _____	_____			

## PERSONAL REFERENCE:



“This institution is an equal opportunity provider and employer”



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: \_\_\_\_\_