

## The Woda Group Rental Application

Property Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_



DEVELOPMENT  
CONSTRUCTION  
MANAGEMENT

### PLEASE READ AND FOLLOW THESE INSTRUCTIONS THE SITE MANAGER CAN ASSIST WITH ANY QUESTIONS CONCERNING YOUR APPLICATION TO THIS COMMUNITY

Print legibly or type all entries. All “Yes or No” questions must be answered with “Yes or No” and provide explanation for given response as requested. Other questions must be answered with either applicable information or “N/A” (not applicable) where you have no information that applies. If you need to make a correction, draw one line through the incorrect information, then print the correct information above the error and initial and date the change. *Absolutely no white-out is permitted on the form.* Provide complete street address, zip code, phone number and fax number (if known), for all addresses that are requested. Incomplete information can delay the processing of your application for housing.

**Each adult member of the household must sign and certify to the completeness and accuracy of the information provided in this application. Each adult member of the household must sign the “Authorization to Release Information”.**

**All pages of this application must be completed and returned in order to begin the processing of this application. If you are completing this application online or away from the rental office it will be necessary to deliver the application to the manager in order to secure a position on the waiting list or to begin processing for an available apartment/home. The application can be delivered via mail, email as an attached pdf document or in person. It will be necessary to meet with the site manager or leasing agent to review and complete all necessary paperwork required by our company and the affordable housing programs available at this community.**

*It is critical that we have current contact information so we may reach you. You should notify us immediately if any changes occur to the following information:*

- Your household income changes
- Household composition changes (household member moves out or a new person is added to your household)
- You move to a new address or have a new telephone number

Your application will be reviewed to ensure that you are income eligible for the *Low Income Housing Tax Credit (LIHTC)* program and all program requirements. Your credit, criminal background and landlord reference reports will be evaluated on the basis of the criteria set forth by Woda Management & Real Estate, LLC (Woda). This criteria is outlined in the resident selection policy available in the rental office. You must have verifiable income of two and a half times the monthly rent to be eligible for the unit that you have applied for; unless your household receives rental assistance.

**If you have been denied occupancy at any Woda managed property within the last six months or should you owe money to any Woda managed property, your application will not be considered for occupancy until the six months has expired or money owed has been repaid to Woda Management & Real Estate, LLC.**

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**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction



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**Date Received:** \_\_\_\_\_  
 \_\_\_\_\_ (Circle)  
**Time Received:** \_\_\_\_\_ **AM/PM**  
**Mgr. Signature:** \_\_\_\_\_  
*For Office Use Only*

# The Woda Group Rental Application



DEVELOPMENT  
CONSTRUCTION  
MANAGEMENT

**Applicant Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  N/A Email Address: \_\_\_\_\_  N/A  
 Cell Phone Number: \_\_\_\_\_  N/A Will you accept our text message?  Yes  No  N/A  
**Best time and method for us to contact you?** \_\_\_\_\_

**How many bedrooms are you requesting?**  1-BR  2-BR  3-BR  4-BR  Other (Please Specify): \_\_\_\_\_  
**How did you hear about our community?** \_\_\_\_\_  
**Desired Move-In Date:** \_\_\_\_\_ **OR**  **ASAP**  
 Yes  No **Do you wish to have priority for an apartment with special design features for persons with disabilities?**

**Household Composition**

List all household members who will live in the apartment within the next twelve months. Be sure to include any temporarily absent family members who are still considered family members and who will be returning to the household.

Last Name	First Name	Middle Initial	Relationship to Head of Household	Gender (M)Male (F)Female	Social Security Number	Date of Birth (mm/dd/yyyy)	Marital Status*
			Head of Household				

\*Please list the applicable number in the previous column: (1) Married, (2) Single, (3) Separated, (4) Divorced, (5) Widowed

Copies of BIRTH CERTIFICATES and SOCIAL SECURITY CARDS for ALL household members along with VALID DRIVER'S LICENSE or VALID STATE I.D. for ALL adult household members will be required to process this application for occupancy. You may be required to provide criminal background verifications if management is unable to obtain a copy.

Yes  No  N/A **Do your minor son(s) and/or daughter(s) listed above live with you in the household 50% or more of the time?** If no, please explain: \_\_\_\_\_  
 Yes  No  N/A **Do you have legal custody of minors, other than your son(s) and/or daughter(s) listed above?** If no, please explain: \_\_\_\_\_  
 Yes  No  N/A **Are you currently in the process of adopting minors listed above?** If yes, please explain: \_\_\_\_\_

- Yes  No **Do you expect any changes to your household composition in the next twelve months?**  
If yes, please explain: \_\_\_\_\_
- Yes  No **Are there temporarily absent family members not listed on the previous page?**  
If yes, please explain: \_\_\_\_\_

**INCOME INFORMATION FOR EVERYONE 18 AND OLDER**

- Yes  No **Employment Wages or Salaries?**  
If yes, what date did you begin with current employer: \_\_\_\_\_  Do not remember
- Yes  No **Anticipated income that has been secured/awarded but not started?**  
(i.e., employment which has been offered and has been accepted but first day of work has not taken place and/or notification of benefits to be received from SSA or VA but first benefit payment has not been received)
- Yes  No **Self-Employment?**
- Yes  No **Regular pay as a member of the Armed Forces/Military?**
- Yes  No **Unemployment Benefits, Workman’s Compensation or Disability Compensation?**
- Yes  No **Public Assistance, General Relief, AFDC or TANF (excluding Foodstamps)?**
- Yes  No **Entitled to receive alimony and/or child support? (i.e., court-ordered or legal agreement)**
- Yes  No **Social Security, SSI, or any other payment from Social Security Office?**
- Yes  No **Regular payments from Veteran’s benefits, pension, retirement or annuity?**
- Yes  No **Regular payment from a severance package?**
- Yes  No **Regular payment from any type of settlement?**
- Yes  No **Regular gifts or payments from anyone outside the household?**
- Yes  No **Regular payments from lottery winnings or inheritances?**
- Yes  No **Regular payments from Rental Property or other real estate transactions?**
- Yes  No **Any other income sources or types not listed herein?**
- Yes  No **Does anyone in the household receive or anticipate receiving in the next 12 months student financial aid assistance (excluding loans)?**  
If yes, please list name: \_\_\_\_\_
- Yes  No **Are you or any ADULT household member claiming zero income?**  
If yes, please list name: \_\_\_\_\_

<b>INCOME SOURCE(S)</b> (list all sources of income and/or benefits for every household member)		
<b>NAME</b> <i>(Person working or receiving benefits)</i>	<b>EMPLOYER and/or SOURCE of INCOME</b> <i>(Include Company Name, address, phone number, fax number, email address and name person to verify)</i>	<b>ANNUAL/MONTHLY GROSS INCOME</b>
		\$
		\$
		\$
		\$
		\$



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**ASSET INFORMATION FOR EVERY MEMBER OF THE HOUSEHOLD**

- Yes  No **Cash held on hand, at home or in a safety deposit box?**
- Yes  No **Bank accounts?** (i.e. checking, savings, CD, money market, and Direct Express or any other Pre-Paid debit card)
- Yes  No **Stocks, bonds, securities, mutual funds, and/or treasury bills?**
- Yes  No **Revocable trust fund(s), Annuity, IRA, 401K and/or other retirement fund?**
- Yes  No **Whole or Universal life insurance** (excluding term life and include **only** policies with accumulation of equity that can be cashed in)?
- Yes  No **Real estate, a home, rental property, land, land contract/contract for deeds or other real estate holdings?** (Including your residence, trailer, land and/or commercial property)
- Yes  No **Personal property held as an investment?** (Including stamp/coin collections, artwork, antiques, NOT your personal belongings)
- Yes  No **Funeral and/or burial account** (include **only** policies with accumulation of equity that can be cashed in)?
- Yes  No **Have you or any member of the household received a cash settlement or lump sum in the past 24 months?**
- Yes  No **Are you or any member of the household expecting to receive a cash settlement or lump sum in the next 12 months?**
- Yes  No **Have you or any member of the household disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**
- Yes  No **Any other asset(s) that are not listed above?**

<b>ASSET SOURCE(S)</b> (Please list all asset source(s) detail information in the table below. Be sure to include all source(s) identified in the above questions for EVERY member of the household.)			
<b>NAME</b> <i>(Person with account)</i>	<b>SOURCE of INCOME</b> <i>(Include Financial Institution Name, address, phone number, Branch location fax #, email address and name person to verify)</i>	<b>Type of Account</b> <i>(i.e., checking, savings, CD, etc.)</i>	<b>CASH VALUE of ASSET</b>
			\$
			\$
			\$
			\$
			\$



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**CURRENT RESIDENTIAL HOUSING REFERENCES:**

(List the past Five Years of history including the time at current residence)

Current Residency Information				
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>Mailing Address</b> (Please check below, and list mailing address if different from current residency address)			<b>Monthly Payment:</b>	
<input type="checkbox"/> If different from current residency address listed above insert here. _____ _____			\$	
<input type="checkbox"/> If same as current residency address listed above check this box.				
<b>Daytime Phone</b>	<b>Email Address</b>	<b>Own/Rent</b>		<b>Date of Move-In</b>
( ) _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family		____/____/____
<b>Current Landlord's Name</b>	<b>Landlord's Address</b>		<b>Landlord's Contact Phone Number</b>	
			( ) _____	

**Previous Housing History if Current Residency is less than FIVE YEARS:** (Add additional sheets if necessary)

Landlord's Name/Address	Your Address	Own/Rent	Dates Occupied
Name: _____	_____	<input type="checkbox"/> Own   FROM: _____	
Address: _____	_____	<input type="checkbox"/> Rent   TO: _____	
_____	_____	<input type="checkbox"/> Other _____	
City   State   Zip	City   State   Zip		
Phone: ( ) _____	Monthly Rent/Mortgage: \$ _____		
Name: _____	_____	<input type="checkbox"/> Own   FROM: _____	
Address: _____	_____	<input type="checkbox"/> Rent   TO: _____	
_____	_____	<input type="checkbox"/> Other _____	
City   State   Zip	City   State   Zip		
Phone: ( ) _____	Monthly Rent/Mortgage: \$ _____		
Name: _____	_____	<input type="checkbox"/> Own   FROM: _____	
Address: _____	_____	<input type="checkbox"/> Rent   TO: _____	
_____	_____	<input type="checkbox"/> Other _____	
City   State   Zip	City   State   Zip		
Phone: ( ) _____	Monthly Rent/Mortgage: \$ _____		



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**OTHER INFORMATION:**

- Yes  No **Does your household currently have a Section 8 Voucher for rental assistance?** If yes, please list name of agency: \_\_\_\_\_
- Yes  No **Have you or any member of your household applied for Section 8 rental assistance?**
- Yes  No **Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other violent dangerous or life-threatening conditions?**
- Yes  No **Are you able to obtain utility service in your name?**
- Yes  No **Do you have or plan to obtain renters insurance?** *Renters insurance is recommended.*
- Yes  No **Have you or any member of the household been evicted, or are currently under eviction from a rental unit?** If yes, please explain: \_\_\_\_\_
- Yes  No **Do you owe a previous landlord any money?** If yes, please list name: \_\_\_\_\_
- Yes  No **Have you or any member of the household been charged or convicted of a felony?**
- Yes  No **Are you or any member of the household registered on a sex offender registry (national or state)?**
- Yes  No **Have you or any member of the household ever filed for a Bankruptcy?** If yes, please list under what name: \_\_\_\_\_ AND when \_\_\_\_\_
- Yes  No **Have you or any member of the household ever had a foreclosure on Real Estate?** If yes, please list property address: \_\_\_\_\_ AND when \_\_\_\_\_
- Yes  No **Have you or any member of the household has had a drug related conviction?** If yes, please list under what name: \_\_\_\_\_ AND when \_\_\_\_\_
- Yes  No **Do you or any member of the household have pets?**  
If yes, description of pet: \_\_\_\_\_

**EMERGENCY CONTACT:** (SOMEONE NOT LISTED ON THIS APPLICATION)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  N/A  
 Relationship: \_\_\_\_\_

**VEHICLES: How many vehicles do you own?**  None  1  2  Other: \_\_\_\_\_

(Please provide vehicle information below). *If more than 2 vehicles, please provide the same information on an additional page.*

- 1) YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_  
 LICENSE PLATE #: \_\_\_\_\_ STATE \_\_\_\_\_
- 2) YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_  
 LICENSE PLATE #: \_\_\_\_\_ STATE \_\_\_\_\_



**STUDENT STATUS:**

- Yes  No **Does your household currently consist ENTIRELY of persons who are FULL-TIME students (including kindergarten and higher)?**
- Yes  No **Does your household anticipate becoming a household that would consist ENTIRELY of FULL-TIME students (including kindergarten and higher) in the next 12 months?**
- Yes  No **Does your household consist of any persons who were FULL-TIME students for parts of five or more months of the current calendar year (January through December)?**  
If yes, please list name: \_\_\_\_\_
- Yes  No **Does your household consist of any ADULT (person age 18 and over) persons who are PART-TIME students?**  
If yes, please list name: \_\_\_\_\_



**SIGNATURE CLAUSE:**

I/We hereby apply to the above named community for an apartment on substantially the terms set forth herein. I/We warrant to Ownership and Management of the property that all statements contained herein are true and correct. I understand that my acceptance for occupancy is contingent on meeting management, resident selection criteria, and LIHTC Program requirements. I grant the community authority to check my/our credit, income, assets, rental and criminal history, to secure follow up credit reports and income and asset verifications, and to answer questions about its credit experience with me/us. I/We understand that management is relying on this information to prove my household’s eligibility for the LIHTC Program. **I/We understand and agree that deliberately submitting false information or withholding information constitutes fraud and will be grounds for rejection of this application or for eviction.**

Management makes every attempt to ensure that an apartment is available when promised. If Management cannot have an apartment for me/us by the projected move-in date, whether it is not ready for occupancy or because another resident holds over or for any other reason, Management and Ownership are not liable to me/us for losses or damages incurred due to the delay. I/We will not be required to pay any rent until the beginning term of occupancy as specified on the executed lease. If Management and/or Ownership are not able to deliver possession to me/us within thirty days of the original projected date, I/we may cancel the lease without further obligation and any security deposit paid in advance will be refunded within thirty days.

I/We hereby waive any claim to damages by reason of non-acceptance of my application for housing. If rejection of my/our application occurs for the rental of an apartment with the above community, I/we hereby authorize you to share information with any community affiliated with management or the ownership of this community for purposes related to rental of an apartment or residency of any type.

I/We agree that I/we have the legal ability to execute a lease agreement. I/We certify that the apartment will be my/our principal residence and will not sublease this residence. Tenant provided utilities can and will be placed under my/our legal responsibility (if applicable). Before possession is delivered I/we will be required to pay the balance of any deposits and other move-in costs in the form of a check or money order. **NO CASH WILL BE ACCEPTED.**

**ALL HOUSEHOLD MEMBERS 18 AND OVER MUST SIGN (INCLUDING SPOUSE UNDER THE AGE OF 18 AND EMANCIPATED MINORS):**

Head of Household	Date
Co-Head/Applicant	Date
Applicant	Date
Applicant	Date



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**SUPPLEMENTAL INFORMATION FORM**

**For Collection of Tenant Demographics  
(For reporting purposes only)**



DEVELOPMENT  
CONSTRUCTION  
MANAGEMENT

**Property Name** \_\_\_\_\_

**Head of Household Name** \_\_\_\_\_

Woda Management & Real Estate (Woda) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although Woda would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for household members included in this application for occupancy (*See below for codes*):

**TENANT DEMOGRAPHIC PROFILE**

HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Last 4 digits of Social Security #
1							
2							
3							
4							
5							
6							
7							

**The Following Race Codes should be used:**

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – 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.
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

*Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.*

**The Following Ethnicity Codes should be used:**

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Disability Status:**


Check “Y” if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201, available at [http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100=201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100=201).
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

**Resident/Applicant:** I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) \_\_\_\_\_  
(HH#)            1.                            2.                            3.                            4.                            5.                            6.                            7.

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**Authorization to Release Information**



The undersigned individual(s) has applied for residency at \_\_\_\_\_.  
 The property is operated under the LIHTC program within Section 42 of the Internal Revenue Code, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of LIHTC housing, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Student Status
Residences and Rental Activity	Income (including employment if applicable) and Assets	Social Security Numbers
Family Composition	Federal/State/Tribal/Local Benefits	Medical Allowances

The groups or individuals, including any governmental organization, may be asked to release and/or verify the above information (depending on program requirements) including but not limited to:

Courts and Post Offices	Past and Present Employers	Present Landlord
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Veterans Administration	Welfare Agencies	Retirement Systems
Social Security Administration	Utility Companies	Banks and Other Financial Institutions
Previous Landlords (Including PHA's)	Education Institutes	Support and Alimony Providers
Health Care Providers	Life Insurance Agent	

**CONDITIONS:**

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect.


I/We \_\_\_\_\_, the undersigned hereby authorize the release of any information requested by \_\_\_\_\_ for purposes of verifying my/our eligibility for the LIHTC Program

**SIGNATURES:**

_____	_____	_____
Applicant/Resident Signature	Print Name	Date
_____	_____	_____
Co-applicant/Resident Signature	Print Name	Date
_____	_____	_____
Adult Member Signature	Print Name	Date
_____	_____	_____
Adult Member Signature	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.

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