



3710 Paseo Blvd.
 Kansas City, MO 64109
 Phone: 816.569.4744
 Fax: 816.569.5418

Credit Application Approval Checklist

Date: _____ Leasing Consultant: _____

Applicant(s) Name: _____

Unit #: _____ Building: _____ Move-In Date: _____

Cell: _____ Email: _____

Security Deposit Amount: _____ PAID: Y N App Fee Amount: _____ PAID: Y N

Pet: Y N Pet Deposit: _____ Paid: Y N

Referral Source _____

Application Processing Steps	Date Completed Verifications Received	Initials	Notes: <small>Note: Highlight Outstanding items upon completion</small>
Date Received			
Employment Verification Received	Total annual Income:		
Rental History Faxed/Mailed	Date faxed: Date mailed:		
Rental History Received	Date:		
Credit Report Background Check	Score:		
Clarification Needed?	Yes No		
Approval			
Guarantor of Rent Needed?	Yes No		
Additional Deposit Needed	Yes No		
Property Manager Approval	Yes No		
Final Approval	Yes No		

I _____ verify that all information in the following application is correct.

Signature: _____ Date: _____

Welcome Home!



Your new address is: _____ Apt # _____ Kansas City, MO 641 _____

Your lease will begin on _____ and end on _____.

<u>Deposit(s)/Fee(s)</u>	<u>CHARGES</u>	<u>DATE PAID</u>
Security Deposit	\$ _____	_____
Application Fee(s)	\$ _____	_____
Pro-rated Rent	\$ _____	_____
Other Deposit	\$ _____	_____
Concession	\$ _____	_____
Total Due with Application	\$ _____	_____
Total Due at Move-In	\$ _____	EVERGY CONFIRMATION # _____

**KEYS WILL NOT BE RELEASED UNTIL
YOUR EVERGY CONFIRMATION # IS
RECEIVED.**

Monthly Rental Amount \$ _____

Your move-in date is scheduled for _____. On the day of your move-in **all pending fees and prorates must be paid in full** unless prior arrangements have been made.

_____ Proof of Renter's Insurance is requested with the minimum coverages of \$100,000 liability and \$1,000 medical. Please list the building owner as the additional interested party as follows:

**Faxon School Apartments, LLC
3710 Pase Blvd. Attn: Office
Kansas City, MO 64109**

_____ Your file must be completed with all of the required information and have the manager's approval prior to the release of your keys.

_____ You have seven (7) days from today's date to help the office receive the required information to get your file approved or the unit will be released to the open market.

_____ You understand that Faxon School Apartments is a smoke free community.

Name (printed)

Name (printed)

Signature

Signature

Leasing Consultant

Date

Rental Qualification Standards

Note: These are the qualifications Sunflower Management Group looks for prior to certifying an applicant for residency. Should there be a question on whether an applicant is approved or not, the manager will make all final decisions.

Definitions

The term “applicant(s)” in these criteria means the person(s) that will be signing the lease as a “resident”. The term “occupants” in these criteria means the person(s) that are authorized occupants under the lease. Please also note that these are our current rental criteria; nothing contained in these requirements shall constitute a guarantee or representation by us that all current residents and occupants have met these requirements. There may be occupants that resided on the premises prior to these requirements going into effect. Additionally, our ability to verify whether these requirements have been met is limited to the information we receive from the various credit, criminal and evictions reporting services used.

Non-Discrimination

We will not discriminate against any person in the rental of an apartment because of race, color, religion, national origin, sex, age, familial status, sexual orientation, or mental or physical handicap.

Managements reserves the right to prohibit showing of apartments up to thirty (30) minutes before dark and showing of apartments that are not in market-ready condition.

Confidentiality

We maintain a strict policy of confidentiality and privacy for our applicants and residents. We do not discuss information on applications with anyone other than the applicant. In addition, we do not discuss individual credit reports with an applicant. If you would like to discuss or dispute anything in your credit report, you will need to contact the credit reporting agency that provided the report. Upon your request, we will provide you the name and address of that reporting agency.

Community Policies: Maximum Number of Occupants – Prohibited Pets

1 Bedroom=2 persons; 2 Bedroom=3 persons; 3 Bedroom=4 persons. A rental application is to be completed by each occupant 18 years of age and older, without omission or falsification of information, even if an applicant is only applying as an occupant.

Aggressive breeds of dogs and exotic, feral or wild animals are prohibited. Pet policies may vary by property.

Age/Identity Verification

Applicants must be at least 18 years of age. A government issued photo ID is required of all applicants and guarantors who wish to tour an apartment home or model. Applicants from foreign countries who have no social security number or citizenship must have a proper and current US Visa, I-9 documentation, and meet other criteria for consideration.

Criminal History

Criminal checks will be conducted. A felony conviction, any felony or misdemeanor conviction for a crime against a person, or incarceration for any offense, might not be accepted. "Conviction" includes but is not limited to a deferred judgment; a withheld adjudication; a plea of nolo contendere; a guilty plea; or a plea bargain to any lesser charge, including to a misdemeanor. "Incarceration" means being jailed pursuant to a conviction, not a mere arrest. Conviction of any sexual offense or drug offense will not be accepted. Convictions for any terrorism related charges will not be accepted.

Proof of Employment and Income

Applicant must be able to provide past ability to meet financial obligations, especially, but not limited to, rent and utilities. Applicants must be currently employed or be able to prove income from another source such as Social Security earnings. Current employer must be able to verify income and length of employment. If current position is less than 3 months, stable previous employment must be verifiable. Minimum income must be 2 times monthly rent. If applicant currently has been offered a position, but has not started, an employment verification letter must be obtained verifying start date and income. Income and student restrictions may apply and vary by property.

Guarantor

A guarantor may be required if the applicant does not meet the minimum income or credit history standards set forth above. Applicants must, at a minimum, meet the standards in one of the categories in order for us to accept a guarantor. A guarantor may not be used as a substitution for bad rental history. A guarantor may also be required for full time students and/or individuals new to the country. Proof of full-time student status, green card, or school or work visa is required. A qualified guarantor must be employed and show proof of income **3 times the monthly rental amount** by providing their last 3 consecutive pay stubs or the most recent W-2 and 1 pay stub. Pensions or Social Security are considered income with a copy of applicant’s pension or Social Security check or a copy of a bank statement showing direct deposit of the pension or Social Security payment. Self-employed guarantors will be required to provide either the previous year’s tax return or bank statements for the last 3 full months. Guarantors are subject to a non-refundable **\$30 application fee**. If an applicant has a local housing authority voucher that will cover a percentage or the entire rent, it may take place of the guarantor.

Credit History

A complete credit check will be performed and closely reviewed. False or negative information may result in the decline of your application. Agent requires a credit score of 475 or above for application approval. A credit score between 475 and 549 will require an additional deposit and/or guarantor of rent. A credit score below 475 will result in the decline of your application. If negative information is shown on credit check, an additional deposit and/or guarantor may be required.

Rental History

Applicant must have a least six months established rental history other than from a friend or relative. Applicant must provide a way for us to contact present landlord and do his/her best to provide information a previous landlord. Applicant must have left all previous address in good standing, given proper notice, left owing no rent, with no major problems like noise complaints or damage to the property. If history cannot be established, additional deposit or guarantor may be required. Proof of mortgage payments from a previously owned home can substitute for a rental verification.

Roommates/Co-Residents

Roommates or co-resident’s application data will be evaluated separately. All applicants must meet credit, criminal, evictions and rental history standards in order to be accepted. Roommates must have a combined monthly income equal to or greater than 2 times the monthly rent for the chosen unit.

Insurance Requirement

Residents are requested to obtain renters’ form homeowner’s insurance coverage for personal liability (property damage and bodily injury) with a limit of not less than \$100,000.00 each occurrence, and \$1,000.00 in medical payments coverage. All residents are requested to show proof of insurance prior to possession of unit and at lease renewal.

Application Fee/ Validity Period

Application Fee: \$30 per applicant when application is submitted. Non-refundable.

Security Deposit: \$ _____ due when apartment is reserved. Refundable if application is canceled with 72 hours after submission, non-refundable thereafter. Refundable if application is denied. Unit availability and pricing is apt to change daily and cannot be guaranteed without a reservation fee/security deposit. Approved applications are effective for 120 days from the application date. If the lease is not executed and/or the applicant fails to occupy an apartment within this time period, the application must be re-submitted for verification and approval. A new application fee of \$30 will also be assessed. Applications must be completed and approved by the Property Manager prior to receiving keys. Applicants have seven (7) days to help the office staff receive all required information to get the application approved.

NO CASH WILL BE ACCEPTED. All rents, deposits, and fees must be paid by check, cashier’s check, or money order or through the online banking portal, Rent Café.

Since there are no exceptions to these policies, it is important that applicants review this information carefully before submitting an application. Applicants’ signatures below indicate that they have carefully reviewed these policies and believe themselves to be eligible for rental of a unit. Signatures below also indicate understanding of and agreement to be bound by the policies stated above regarding fees and deposits.

Applicant Signature _____ **Date** _____

LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

All co-applicants, age 18 or older, including spouse, should complete a separate application.

Date Received: _____ Time: _____ am/pm Proposed Effective Date: _____

Faxon School Apartments
3710 Paseo Blvd.
Kansas City, MO 64109

Phone: 816.569.4744 Fax: 816.569.5418

We are pleased to consider your family as future residents of our rental community. The information you provide below will assist us in determining your eligibility. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law. **Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered. THANK YOU!**

PROPERTY INFORMATION (For Office Use Only):

Unit Address: _____ _____ Initial Certification
 Unit Number: _____ _____ Recertification
 # of Bedrooms: _____ _____ Other _____

HOUSEHOLD COMPOSITION AND STATUS:

List the Head of Household (applicant) and all other persons who will be living in your unit. State the relationship of each family member to the Head. Choose only one member to be Head of Household. List all members you anticipate to live with you at least 50% of the time in the next 12 months including anyone who is not currently a household member but is anticipated to become one in the next 12 months. Include any temporarily absent family members.

Household Member's Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child U=Unborn child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If "yes" Parttime (PT) or Fulltime (FT)*
	Head					

*A household member should be considered a full-time (FT) or part-time (PT) student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. Please include all school-age children, even if home-schooled as FT students.

1. COMPLETE THE FOLLOWING SECTION ONLY IF ALL HOUSEHOLD MEMBERS ARE FULL TIME STUDENTS:

- a. Is at least one student receiving assistance under Title IV of the Social Security Act? (AFDC/TANF) Yes or No
- b. Does at least one student participate in a program receiving assistance under the Training Act, Workforce Investment Act or under other similar federal, state, or local laws? Yes or No
- c. Are the full-time students married and entitled to file a joint tax return? Yes or No
- d. Is the household comprised entirely of a single parent with child(ren) and the parent is not a dependent of another individual and the child(ren) are not dependents of someone other than a parent? Yes or No
- e. Was at least one student previously under the care and placement responsibility of the State agency responsible for administering foster care? Yes or No



2. If you are divorced or separated, please provide date effective: _____
(If divorced in last three years, please provide a full copy of divorce decree.)
3. Do you expect any changes in the household in the next 12 months? Yes or No
If yes, please describe: _____
When will this occur? _____
(If adding a new member, this person should be listed as a household member on page 1 of this application.)
4. Are any household members under age 18 claiming emancipation (yourself included)? Yes or No
If yes, please provide documentation to validate emancipation.

CURRENT EMPLOYMENT INFORMATION:		
Company Name: _____	Title: _____	
Address: _____	Date of Hire: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____ Fax: _____	Supervisor: _____	
ADDITIONAL CURRENT EMPLOYER INFORMATION: (complete if you currently have more than one job)		
Company Name: _____	Title: _____	
Address: _____	Date of Hire: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____ Fax: _____	Supervisor: _____	
PREVIOUS EMPLOYMENT INFORMATION:		
Company Name: _____	Title: _____	
Address: _____	Date Left: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____ Fax: _____	Supervisor: _____	

OTHER INCOME INFORMATION:		
<i>Identify each source of income currently received or anticipated to be received in the next 12 months.</i>	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. Adoption Assistance	Yes or No	\$ _____
2. Disability/Worker's Compensation/Severance Pay	Yes or No	\$ _____
3. Lottery Winnings Paid Periodically	Yes or No	\$ _____
4. Military Pay	Yes or No	\$ _____
5. Pension/Annuity	Yes or No	\$ _____
6. Educational Financial Assistance	Yes or No	\$ _____
7. Recurring Gift/Contribution	Yes or No	\$ _____
8. Child Support/Alimony/Family Maintenance	Yes or No	\$ _____
9. Rental Income	Yes or No	\$ _____
10. Self-Employment	Yes or No	\$ _____
11. Not Employed	Yes or No	\$ _____
12. Zero Income (No income from any source)	Yes or No	\$ _____
13. Social Security/SSI Benefits (Disability)	Yes or No	\$ _____
14. Trust Income	Yes or No	\$ _____
15. Unemployment Compensation	Yes or No	\$ _____
16. VA Benefits	Yes or No	\$ _____
17. Public Assistance (AFDC/TANF/W-2) / Welfare	Yes or No	\$ _____
18. Any other income not listed above	Yes or No	\$ _____



ASSET INFORMATION: List all assets for this household member. Complete one for every household member.

	<i>Name of Financial Institution(s)</i>	Circle One	Amount
1. 401K	_____ _____	Yes or No	\$ _____ \$ _____
2. Bonds	_____ _____	Yes or No	\$ _____ \$ _____
3. CD/Money Markets	_____ _____	Yes or No	\$ _____
4. Treasury Bill	_____ _____	Yes or No	\$ _____ \$ _____
5. Checking	_____ _____	Yes or No	\$ _____ \$ _____
6. Savings	_____ _____	Yes or No	\$ _____ \$ _____
7. IRA/KEOGH	_____ _____	Yes or No	\$ _____ \$ _____
8. Land Contract/Deed of Trust	_____ _____	Yes or No	\$ _____ \$ _____
9. Lottery Winnings (Lump Sum)	_____ _____	Yes or No	\$ _____ \$ _____
10. Pension/Annuity	_____ _____	Yes or No	\$ _____ \$ _____
11. Real Estate	_____ _____	Yes or No	\$ _____ \$ _____
12. Cash on Hand	_____	Yes or No	\$ _____ \$ _____
13. Safety Deposit Box	_____ _____	Yes or No	\$ _____ \$ _____
14. Personal Property Held as an Investment	_____ _____	Yes or No	\$ _____ \$ _____
15. Stocks/Mutual Funds	_____ _____	Yes or No	\$ _____ \$ _____
16. Trusts	_____ _____	Yes or No	\$ _____ \$ _____
17. Universal Life Insurance	_____ _____	Yes or No	\$ _____ \$ _____
18. Whole Life Insurance	_____ _____	Yes or No	\$ _____ \$ _____
19 Other Assets not listed above	_____ _____	Yes or No	\$ _____ \$ _____

1. Do all combined assets of the entire household exceed \$5000? Yes or No



EXHIBIT D – UNDER \$5000 ASSET CERTIFICATION

For households whose combined NET assets DO NOT exceed \$5,000.
Complete one form per household; include assets from children of the household.

Property Name: Faxon School Apartments Property Number: MO-13-42101
Household Name: _____ Unit Number: _____

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

1. My/Our household assets include:

(A) Cash Value*	(B) Int. Rate*	(AxB) Annual Income	Source	(A) Cash Value*	(B) Int. Rate*	(AxB) Annual Income	Source
\$		\$	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 RealEstate	\$		\$	Land Contracts
\$		\$	Lump Sum Receipts	\$		\$	Capital Investments
\$		\$	Life Insurance Policies (Excluding Term):				
\$		\$	Other Retirement/Pension Funds Not named 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 of autos, clothing, assets of an active business, or special equipment for use of disabled.

2. Within the past 2 years, I/We have sold or given away assets (including cash, real estate, etc.) for more than \$1,000. below the fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____, the difference between Fair Market Value (FMV) and the amount received, for each asset on which this occurred.
3. I/We have NOT sold or given away any assets (including cash, real estate, etc.) for less than Fair Market Value (FMV) during the past 2 years.
4. I/We DO NOT have any assets at this time.

The Net Family Assets (as defined in CFR 813.102) above do not exceed \$5,000 AND the Annual Income from the Net Family Assets is \$_____. This amount is included in the total Gross Annual Income.

Under penalty and 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 information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature	Date	Applicant/Resident Signature	Date
Applicant/Resident Signature	Date	Applicant/Resident Signature	Date

2. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes or No

If yes, please completed the following:

Was the disposal of this asset due to (circle as appropriate):

Asset Disposed: _____	Bankruptcy	Yes	No
Date Disposed: _____	Foreclosure	Yes	No
Amount Disposed: _____	Marital Separation	Yes	No
	Divorce	Yes	No

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

Gifted To: _____
 Date Gifted: _____
 Amount Gifted: _____

RESIDENTIAL HISTORY: Please provide 3 years of housing history

Current Address: _____	_____ Own	_____ Rent
	_____ Other	_____
City/State/Zip: _____	Date Moved In: _____	
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____	
Phone: _____	Reason for leaving: _____	
Previous Address: _____	_____ Own	_____ Rent
	_____ Other	_____
City/State/Zip: _____	Date Moved In: _____	
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____	
Phone: _____	Reason for leaving: _____	
Previous Address: _____	_____ Own	_____ Rent
	_____ Other	_____
City/State/Zip: _____	Date Moved In: _____	
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____	
Phone: _____	Reason for leaving: _____	



1. Have you ever been evicted from tenancy? Yes or No
If yes, please list date: _____
2. Have you ever filed for bankruptcy? Yes or No
If yes, please list date: _____
3. Have you ever been convicted of a felony? Yes or No
If yes, please list what for: _____
4. Will this be your only place of residence? Yes or No
If no, please explain: _____
5. Will you have 50% or more physical custody of all minor members in household? Yes or No
If no, please explain: _____
6. Will you be receiving rental assistance while living at this community? Yes or No
If yes, please list source of assistance: _____
 - a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify? Yes or No
If yes, please explain: _____
7. Do you own any pets that would be moving with you into the community? Yes or No
If yes, please list types: _____

OTHER INFORMATION:		
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____
<hr/>		
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____

EMERGENCY INFORMATION: *In case of emergency, notify...*

Name: _____ Phone #1 _____
 Phone #2 _____
 Address: _____ Relationship: _____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

Under penalty of perjury, I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

Applicant's Signature

Date





3710 Paseo Blvd.
Kansas City, MO 64109
Phone: 816.569.4744
Fax: 816.569.5418

Release Authorization

- I. In connection with my application for (proposed tenancy), I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment.
- II. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- III. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this box . The report(s) will be sent by the reporting agency to you at the address below.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, landlord, reference or insurance company contacted by **Sunflower Management Group** or its agents, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Initial _____

Disclosure to Applicant Regarding Procurement of a Consumer Report

In connection with your application for (proposed tenancy), we may procure a consumer report on you as part of the process of considering your application.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days on which we receive the request from you or within 5 days of the time the report was first requested.

The **Fair Credit Reporting Act** gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or investigative report about you in order to consider your application.

The report will be processed by:
AppFolio Property Management Software Screening

Name: _____

Address: _____

City/State/Zip: _____

Length of Time at Current Residency _____

Date of Birth _____ Driver's License # _____

Social Security Number: _____

Signature: _____ Date: _____

EXHIBIT C – EMPLOYMENT VERIFICATION

Property Name: Faxon School Apartments Property Number: MO-13-42101
Unit Number: _____ Date: _____

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/RESIDENT

Employer Information:

To: _____
Attn: _____
Addr: _____
Phone: _____
Fax: _____

Please Return Form To:

To: Faxon School Apartments
Attn: Compliance/Resident Manager
Addr: 3710 Paseo Blvd. Kansas City, MO 64109
Phone: 816.569.4744
Fax: (816) 569-5418
Email: chris@smg-kc.com

Applicant Name: _____ Last 4 SS #: _____

I hereby authorize the release of my employment information.

Applicant Signature: _____ Date: _____

The individual named directly above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Owner/Management Signature: _____ Date: _____

THIS SECTION MUST BE COMPLETED BY THE EMPLOYER

Employer, Please fill in ALL blanks. Enter N/A if an item is not applicable to the employee.

Employee Name: _____ Job Title: _____

Presently Employed: Yes No Date First Employed ___/___/___ Last Day of Employment ___/___/___

Current Wages/Salary: \$ _____ (mark one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ From ___/___/___ thru ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (mark one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____

Does this employee have a 401k, 403b or other retirement account? Yes No

If Yes, can the employee withdraw funds in this account? Yes No

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: ___/___/___

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Printed Name of Signatory

Date

Employer [Company] Name and Address

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

EXHIBIT Q – NON-EMPLOYMENT CERTIFICATION

Property Name: Faxon School Apartments Property Number: MO-13-42101
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__
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.

Signature of Applicant/Resident

Printed Name of Applicant/Resident

Date



3710 Paseo Blvd.
Kansas City, MO 64109
Phone: 816.569.4744
Fax: 816.569.5418

Rental Verification

Tenant Name(s): _____
Address: _____
Landlord/Property Name: _____
Contact Phone #: _____ Contact Fax#: _____

I _____ hereby authorize Faxon School Apartments, and its associates to obtain information concerning my residency.

signature date

signature date

THIS SECTION IS TO BE FILLED OUT BY LANDLORD ONLY

Name(s) listed on lease: _____

Move In Date _____ Move Out Date _____ # of lease holders _____

Monthly Rental Amount: _____ Balance Owed? _____

Eviction Notice Given: Yes No

Eviction Went to Court: Yes No

Eviction Case Number: _____

Judgment Amount: \$ _____

Was the Lease Fulfilled: Yes No If not, when does it expire? _____

Paid on Time: Yes No If late, how many times? _____

How many days late? _____

NSF Checks: Yes No If yes, how many? _____

Proper Notice Given: Yes No Explain: _____

Deposit Refunded: Yes No Explain: _____

Noise Complaints: Yes No Explain: _____

Unauthorized Persons: Yes No Explain: _____

Police Calls: Yes No Explain: _____

Pet Violations: Yes No Explain: _____

Would you re-rent: Yes No Explain: _____

Comments: _____

Completed by: _____ Date: _____

Printed Name: _____ Title: _____

Please fax back to 816.569.5418 as soon as possible. ATTN: _____

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Faxon School Apartments	MO-13-42101	3710 Paseo Blvd.
Name of Property	Project No.	Address of Property
Faxon School Apartments, LLC		LIHTC
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 cohead 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.

**ADDITIONAL DISCLOSURES INCLUDING THOSE
MANDATED BY STATE OF MISSOURI OR FEDERAL LAW**

SELLER/LANDLORD: Faxon School Apartments LLC

BUYER(S)/TENANT(S): _____

PROPERTY: Faxon School Apartments

THE FOLLOWING IS AN INTEGRAL PART OF THE ABOVE-REFERENCED SALE CONTRACT.

1. **LEAD BASED PAINT DISCLOSURE.** If the Property was built prior to 1978, BUYER acknowledges receiving, reading and signing the Federally required disclosure regarding lead based paint.
2. **RADON DISCLOSURE.** Every Buyer of residential real property is notified the property may present exposure to dangerous concentrations of indoor radon gas that may place occupants at risk of developing radon-induced lung cancer.
Radon, a class-A human carcinogen, is the leading cause of lung cancer in non-smokers and the second leading cause overall. All testing for radon should be conducted by a radon measurement technician. Elevated radon concentrations can be easily reduced by a radon mitigation technician. For additional information, please go to <http://www.epa.gov/radon>.
3. **CRIME INFORMATION DISCLOSURE.** Missouri law requires persons who are convicted of certain crimes, including certain sexually violent crimes, to register with the Sheriff of the county in which they reside. If you, as the BUYER, desire information regarding those registrants, you may find information on the homepage of the Missouri State Highway Patrol at <http://www.mshp.dps.missouri.gov> or BUYER should contact the Sheriff of the county in which the Property is located.
4. **BROKERAGE RELATIONSHIP DISCLOSURE.**
SELLER/LANDLORD and **BUYER/TENANT** acknowledge the Real Estate Brokerage Relationship Brochure has been furnished to them and the brokerage relationships were disclosed to them no later than the first showing, upon first contact, or immediately upon the occurrence of any change to that relationship.
SELLER/LANDLORD and BUYER/TENANT acknowledge the real estate Licensee(s) involved in the transaction may be acting as agents of the SELLER/LANDLORD, Agents of the BUYER/TENANT, Transaction Broker(s) or Disclosed Dual Agents (Available only in Missouri).
Licensee acting in the capacity of:
 - a. Agent for the SELLER has a duty to represent the SELLER'S interest and will not be the Agent of the BUYER. Information given by the BUYER to an Agent of the SELLER will be disclosed to the SELLER.
 - b. Agent for the BUYER has a duty to represent the BUYER'S interest and will not be an Agent of the SELLER. Information given by the SELLER to an Agent of the BUYER will be disclosed to the BUYER.
 - c. Transaction Broker is not an Agent for either party and does not advocate the interests of either party.
 - d. Disclosed Dual Agent (Available only in Missouri) is acting as an Agent for both the SELLER and the BUYER, and a separate Disclosed dual Agency Amendment is required.
Agent generating the Contract is responsible for checking appropriate boxes
on BOTH sides of Agency PRIOR TO THEIR CLIENT SIGNING.

