

Exhibit A

Roosevelt Square Apartments

Dear _____:

I am pleased to announce that we are starting our market program for a new affordable housing rental development called Roosevelt Square Apartments. Roosevelt Square Apartments will consist of brand new one, two and three bedroom affordable rental homes. Roosevelt Square Apartments is located at the intersection of Roosevelt and Taylor Streets, with rents ranging from _____ to _____.

In furtherance of our Affirmative Fair Housing Marketing Plan, we are reaching out to your agency to assist us in soliciting tenant referrals. If you are aware of anyone who would be interested in renting an apartment at Roosevelt Square Apartments who may be eligible under the requirements of the Low Income Housing Tax Credit program, please have the prospective applicant contact our management company's leasing office at the following phone number:

Name: _____
Phone Number: _____
TTD: _____

Thank you for your assistance.

Sincerely,



Preliminary Application For Occupancy

**This information is to be filled out by the head of the household.
Please complete all sections and sign the last page.**

**Related Management Company
For office Use**

Name:

Street Address:

City, State:

Zip Code:

Home Phone:

Work Phone:

Housing Status

Present Landlord & Managing Agent:

Are you sharing your apartment?

Yes No

Is your landlord a relative?

Yes No

Is the apartment lease in your name?

Yes No

Do you pay your own rent?

Yes No

If not, who does?

Address of Present Landlord:

City, State:

Zip Code:

Address of Managing Agent:

City, State:

Zip Code:

Landlord Telephone Number:

Managing Agent Telephone Number:

Monthly rent:

Does your rent include heat?

Yes No

Average Utility Bill:

\$

Is your rent based on your income?

Yes No

Is your rent subsidized?

Yes No

Size of present apartment:

How long have you lived at this address?

_____ years _____ months

Reasons for wanting to move?

If you have lived at your current address less than three years, what was your previous address?

Name of Previous Landlord:

Street:

City/State:

Zip Code:

Previous Landlord Telephone Number:

Previous Managing Agent Telephone:

Reason for moving:

Previous rent per month:

\$

Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g.) unborn child/children of expectant

Full Name:	Relationship	Sex	Birthdate	SS#:
1.	Head of Household			
2.				
3.				
4.				
5.				

Income from Employment

List all full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable earnings.) See below for non-employment sources of income.

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings Before Taxes
1.				\$ _____ Per _____
2.				\$ _____ Per _____
3.				\$ _____ Per _____
4.				\$ _____ Per _____

Income from Other Sources

(Examples: List all welfare, social security, S.S.I., pension, disability compensation, unemployment compensation, interest income, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants etc., ALSO ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED)

Full Name	Type of Income	Amount
1.		\$ _____ Per _____
2.		\$ _____ Per _____
3.		\$ _____ Per _____
4.		\$ _____ Per _____
5.		\$ _____ Per _____

Assets

Complete each category as applicable.

Checking Account - Name of Bank:

Address:

Account #:

Balance/Date:

\$ / as of

Money Market Account - Name of Bank

Address:

Account #:

Balance/Date:

\$ / as of

Stocks and Bonds Value:

\$

Do you own any real estate?

Yes No

Have you ever owned any real estate?

Yes No

Has any adult family member disposed of any assets for less than fair market value during the previous two years? Yes No

Full-Time Student Status

List all persons who are full-time students.

Full Name

1.

2.

3.

4.

General Questionnaire

- 1. Have you or any adult member of your household ever been evicted? If yes, when? Explain circumstances briefly.
- 2. Have you or any adult member of your household filed for personal bankruptcy? If yes, please explain circumstances.
- 3. Were you or any adult member of your household ever convicted of a felony? If yes, when? Explain circumstances briefly.
- 4. Identify any outstanding debts and payment terms.
- 5. Are there any current debts on which you are more than 90 days delinquent?
- 6. Do you have a pet? Yes No If Yes, please indicate what type of pet(s):
- 7. Do you own a car? Yes No If Yes, please indicate make and model:
- 8. Have you ever resided in another property managed by Related Management Co. or LR Management Co.?
 Yes No

Program Information

How did you hear about the development?

Why are you applying to our development?

Racial Group Identification (Provided by the applicant on a voluntary basis. Used for statistical purposes only.)

The following information is requested for statistical purposes to determine the degree of program utilization. THIS DATA WILL NOT AFFECT THE PROCESSING OF THIS APPLICATION. Please check the one group which identifies the head of household:

- White/Non-Hispanic Origin
- Black/Non-Hispanic Origin
- Hispanic
- American Indian
- Alaskan Native
- Asian/Pacific Islander

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

X _____
Signature of Head of Household (applicant) Date

X _____
Signature of Spouse or co-applicant Date

APPLICATIONS SHOULD BE SENT REGULAR MAIL ONLY

ATTENTION: POSITIVELY NO LARGE PETS, MAJOR APPLIANCES OR WATERBEDS ALLOWED

WE DO NOT INSURE



Roosevelt Square Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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One of The Related Companies

Application For Occupancy

<p>Related Management Company For Office Use Only Date Received: _____ Application #: _____</p>
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This information is to be filled out by the head of the household.
Please complete all sections and sign the last page.

Name:

Street Address/Apt #:

City, State:

Zip Code:

Home Phone:

Work Phone:

Email Address:

Check what size units you would want to be considered for:
 ___ Studio ___ Three Bedrooms
 ___ One Bedroom ___ Other, please specify
 ___ Two Bedrooms _____

Please indicate if you are requesting a unit with special accommodations for any member of your household due to a ___ mobility, ___ visual, or ___ hearing disability.

Housing Status

Name & Address of Present Landlord:

City, State:

Zip Code:

Name & Address of Managing Agent:

City, State:

Zip Code:

Landlord Telephone Number:

Managing Agent Telephone Number:

Is the apartment lease in your name?
 Yes No

Do you pay your own rent?
 Yes No

If not, who does?

Are you sharing your apartment?
 Yes No

Is your landlord a relative?
 Yes No

Monthly rent: \$

Does your rent include utilities?
 Yes No

Average monthly utility expenses:
 \$

How much do you contribute to the monthly rent? \$
 (If you do not contribute anything, write "0")

How long have you lived at this address?
 _____ years _____ months

Reasons for wanting to move?

Do you currently have a Section 8 voucher?
 Yes No

Please check the size of your present residence:
 ___ Studio
 ___ One Bedroom
 ___ Two Bedrooms

___ Three Bedrooms
 ___ Other: please specify

Is your rent presently being subsidized through Section 8?
 Yes No

Name and Address of Previous Landlord:

Street:

City/State:

Zip Code:

Previous Landlord Telephone Number:

Previous Managing Agent Name:
 Telephone Number:

Reason for moving:

Previous rent per month:
 \$

Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, etc)

Full Name:	Relationship to Head of Household	Birth date	SS#
1. <u>Household</u>	<u>Head of</u>		
2.			
3.			
4.			
5.			

Income from Employment

List all current full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings Before Any Payroll Deductions and Taxes
1.				\$ _____ Per _____
2.				\$ _____ Per _____
3.				\$ _____ Per _____
4.				\$ _____ Per _____

Income from Other Sources

(Examples: List all Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, ALSO ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED)

Full Name	Type of Income	Amount
1.		\$ _____ Per _____
2.		\$ _____ Per _____
3.		\$ _____ Per _____
4.		\$ _____ Per _____

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Assets

Complete each category as applicable.

Checking Account Name of Bank:	Passbook/Savings Account Name of Bank:
Address:	Address:
Account Number:	Account Number:
Balance/Date: \$ / as of	Balance/Date: \$ / as of
Money Market Account Name of Bank	Savings Certificate Name of Bank
Address:	Address:
Account Number:	Account Number:
Balance/Date: \$ / as of	Balance/Date: \$ / as of
Stocks and Bonds Value: \$	Savings Bond/s Value: \$
Do you own any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value?
Have you ever owned any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? When sold? For how much?
Has any adult family member sold, given away, or otherwise disposed of any assets during the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list each asset and the amount received for each asset.

Child Care & Medical Expenses

Complete each question as applicable

Do you pay for child care expenses for any household member under the age of 13? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list name, address, and telephone number of child care provider:
Names of children requiring child care:	
Estimate monthly child care costs: \$ _____ per _____	
If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not reimbursed by any medical plan/insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate the estimated yearly amount: \$ _____
Amount of monthly Medicare premium? \$ _____	Amount of other medical insurance: \$ _____ per _____

Program Information

Do you presently reside in a development where your rent is based upon your income? Yes No If yes, explain:

How did you hear about our development? Why are you applying to our development?

Were you or any member of your household ever convicted of a felony? Yes No If yes, when? Explain circumstances briefly.

Have you or any member of your household ever been evicted? Yes No If yes, when? Explain circumstances briefly.

Has anyone in your household been convicted of violating any drug-related laws? Yes No If yes, when? Explain circumstances briefly.

I acknowledge that a criminal background check of all adult household members will be part of the application process and I authorize that check.

Signature of head of household Date

WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of head of household Date

Demographic Data

The following information is required to determine program utilization and for statistical purposes only. This information will not affect the processing of this application.

Gender: Male Female Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race:
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Attention

Please do not submit more than one application per household or copies of an application.

The filing of this application in no way guarantees you an apartment.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.



Roosevelt Square Apartments does not discriminate on the basis of disability in the admission access to, or employment in, its federally assisted programs and activities.

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**EXHIBIT D
REJECTION LETTER**

Date _____

Name
Address
City, State, Zip

RE: Roosevelt Square Apartments – Application for Housing

Dear Applicant:

We are sorry to inform you that your application has been rejected. You have not met the standard criteria established by the owners in the following area(s):

- You have not evidenced an ability and/or willingness to care for an apartment to the standards established in our lease, regarding safety, cleanliness, and/or maintaining the good of the unit.
- Your documented rental payment history or other documented credit history shows that you have not made consistent and timely payments.
- Information/documentation collected in the processing of your application raised doubt about your ability to abide by the terms of our lease as evidenced by your:
 - History of nonpayment or repeated late payment of rent;
 - Permitting unauthorized persons to live in your unit or living in someone else's unit as an unauthorized occupant;
 - History of damage to property or creation of physical or other hazards;
 - History of serious or repeated disruptive violations of a rental agreement;
 - Provision of false information regarding income and/or other information requested on your application and/or failure to supply requested information.
 - History of crime, violence, disruptive behavior, and/or drug or alcohol abuse as evidenced by a record of conviction or by documented statements concerning criminal activities, disruptive behavior and/or illegal use of a controlled substance.

Please note: If your application has been denied based on credit history, you have the right to obtain a free copy of the credit report used to verify your credit history within sixty days of this letter. To obtain this information you may send a copy of this letter to the reporting agency listed below.

Credit Agency
Address
City, State
Phone Number

If you wish a review of this decision, please contact the Management Office within fourteen (14) days of this letter (excluding weekends and designated holidays) by telephone or written correspondence.

Sincerely,

Property Manager

AN EQUAL HOUSING OPPORTUNITY

Roosevelt Square Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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EXHIBIT D

Date:

Name
Address
City, State, Zip Code

Application #:

Dear Applicant:

We have received your application for residency.

Based on the guidelines for eligibility under this program, you are ineligible for the following reason(s):

- 1) Your family's gross income exceeds the program limit.
- 2) Your family's gross income is not sufficient to sustain the rent level.
- 3) No units are available within the community to accommodate your family size.
- 4) You are an ineligible student per Internal Revenue Service guidelines.

If you wish a review of this decision, please contact the Management Office within fourteen (14) days of this letter (excluding weekends and designated holidays) by telephone or written correspondence.

Sincerely,

Property Manager

EQUAL HOUSING OPPORTUNITY

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Roosevelt Square Apartments
 Exhibit E

TENANT TRACKING LOG

Application Number	Date Rec'd	Name(s)	Unit Size	1 st Contact Date	Interview Date	Notes
1						
2						
3						
4						
5						
6						
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38						
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40						

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Exhibit F

WAITING LIST UPDATE

Date: _____

Dear Friend:

We are currently in the process of updating our waiting list for **Roosevelt Square Apartments**. Some time ago, you expressed an interest in living at our development, and your name was placed on the waiting list.

If you are still interested in living at **Roosevelt Square Apartments**, enclosed is a card which must be returned to the **Roosevelt Square Apartments**, management office, within 15 days (excluding weekends and designated Federal Holidays). Failure to return this information within this time period will result in your name being permanently removed from the waiting list.

It is not necessary to call or come in to the office at this time as we do not have anything immediately available.

Roosevelt Square Apartments Development does not discriminate against any applicant on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or handicap.

Thank you for your interest in **Roosevelt Square Apartments**.

Sincerely,

Property Manager

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Roosevelt Square Apartments

Exhibit G

REPLY CARD

I AM STILL INTERESTED IN LIVING AT ROOSEVELT SQUARE APARTMENTS.

APPLICANT
NAME _____

CURRENT
ADDRESS _____

PHONE # _____

WORK # _____

UNIT SIZE DESIRED _____ 1 BR _____ 2 BR _____ 3 BR

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Roosevelt Square Apartments

Exhibit H

INACTIVE LETTER

Date: _____

Application No. _____

To: _____

NOTICE OF APPLICATION CANCELLATION

Dear Applicant(s):

Please be advised that we are withdrawing your application for housing at **Roosevelt Square Apartments** as of _____, 20____ for the following reason(s).

- _____ 1. You have notified us that you are no longer interested in an apartment here.
- _____ 2. You have not provided the additional information needed to complete or process your application.
- _____ 3. You did not keep your application appointment with us and did not request that we reschedule your appointment.
- _____ 4. We have had no response or have been unable to contact you at the address and/or telephone number provided to us.
- _____ 5. You have not contacted us within the past six months as required to remain on our waiting list.
- _____ 6. Other: _____

If you disagree with this determination, please notify us in writing within fourteen (14) days from the date of this letter to reactivate your application. We appreciate your interest in our apartments. Please let us know should you later wish to reapply.

Sincerely,

Property Manager

Exhibit J

Definitions

Exhibit N, (“Definitions”) defines terms used in the Tenant Selection Plan document, not otherwise defined within the text of the document itself.

ACC-Assisted Units- Housing reserved for public housing eligible households with incomes ranging from 0% to 60% of current area median income at initial occupancy and in accordance with the provisions of a CHA Annual Contributions Contract. The distribution of the ACC-assisted units by bedroom size shall be the same distribution contained in the Regulatory and Operating Agreement.

Affirmative Fair Housing Marketing Plan- A marketing plan that is designed to promote equal housing choice for all prospective residents regardless of race, color, religion, sex, disability, familial status, or national origin. The plan outlines marketing strategies the owner must use, including special efforts to attract persons who are least likely to apply because of such factors as the racial and ethnic composition of the neighborhood in which the property is located.

Affordable Housing Units- Housing reserved for households with incomes no more than 60% of current area median income.

Chicago Housing Authority’s Admission and Occupancy Policy- That certain Admission and Occupancy Policy adopted by the Chicago Housing Authority as it may be amended from time to time.

Final Marketing Plan- A marketing plan developed by the owner and approved, as necessary, by regulatory agencies that outlines the marketing strategies the owners will use to attract all segments of the eligible population. The plan details all projected advertising efforts, including newspaper advertisements, signage, brochures, and community contacts.

Low-Income Housing Tax Credit (LIHTC) Requirements- Established by the Tax Reform Act of 1986, this program authorizes a federal tax incentive for the construction or rehabilitation of rental housing units occupied by low-income households. State housing credit agencies award the limited annual supply of tax credits to developers of projects picked in application cycles. The LIHTC provides the owner with a tax credit to offset federal income tax for a 10-year period. The size of the tax credit is based on the construction or rehabilitation costs for the low-income units. Tenants of tax credit units may not have initial incomes greater than 50% or 60% of the area median income, adjusted for family size. The maximum rent charged to low-income tenants is 30% of the maximum income for a qualified low-income household. At least 20% of the units in a tax credit project must be occupied by households earning 50% or less of the area median

income. Alternatively, at least 40% of the units must be occupied by tenants earning 60% or less of area median income, adjusted for household size. The preceding "set-aside" percentage and the rent limit for low-income units must be met continuously for the tax credit project for the compliance period, which is at least 15 years.

Relocation Rights Contract (RRC)- That certain Relocation Rights Contract dated _____ entered into by and between the Chicago Housing Authority and _____.

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**EXHIBIT I
WELCOME LETTER**

Date

Applicant Name
Applicant Address

Dear _____:

It is my pleasure to welcome you to Roosevelt Square Apartments and say thank-you for choosing to make your new home with us.

In order to make your move as easy as possible, below are some important phone numbers.

Please contact the following utilities before your move-in so you can be assured you will have service on your move-in date.

<u>SERVICE</u>	<u>COMPANY</u>	<u>PHONE #</u>
Electric		
Cable		
Telephone		

Your move-in date is scheduled for _____. On your move-in date, please be prepared to sign your lease and complete a move-in inspection. The entire process will take approximately 1 hour. If you would like to schedule a different time to complete this process, then please call us to discuss.

Please bring a cashier’s check or money order for the following amount on your move-in date:

Security Deposit: _____

Rent for the period of _____ to _____ _____

Total Due: _____

If you have any questions, please do not hesitate to contact me. Again, welcome to Roosevelt Square Apartments.

Sincerely,

Roosevelt Square Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.