The Woda Group Rental Application (Market Rate Only)

(Market Nate Only)		
Property Name:	TU	DEVELOPMENT
	Woda	CONSTRUCTION
Phone Number:	woud	MANAGEMENT
Email Address:		

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.

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.

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 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.

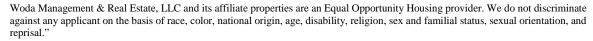
Woda Management & Real Estate, LLC and its affiliate properties are an Equal Opportunity Housing provider. We do not discriminate against any applicant on the basis of race, color, religion, sex, disability, familial status, national origin, age, sexual orientation and reprisal.





Date Received: Time Received: For Office	ce Use Only	The Woda Group Rental Application (Market Rate Only) Wold				
Applicant Name						
Address:		City _		State	Zip Code	
Phone Number:						
Cell Phone Number	:	🗆 N	/A Will yo	u accept our t	ext message? □ Yes □	No \square N/A
Best time and met	hod for us to contact	you?				
How did you hea Desired Move-In Da	r about our comm	unity?	OR 🗆 A	ASAP	☐ Other (Please Specify):	rsons with
Household Comp		a anartment within the	nart twalva m	onths Rosura	to include any temporarily abs	cont family
members who are stil	l considered family mem	ibers and who will be r	eturning to the	household.		
Last Name	First I	Name Initi			Social Security Number	Date of Birth (mm/dd/yyyy)
			Head of H	ousehold		
LICENSE or VALID		L adult household m	embers will b	e required to	members along with <u>VALI</u> process this application for ble to obtain a copy.	
□ Yes □ No	Do you expect any If yes, please explain		household (composition	in the next twelve mon	ths?
□ Yes □ No	Is there any temp If yes, please explain		nily membe	rs not listed	above?	









HOUSEHOLD SOURCE OF INCOME:

(Must be able to demonstrate that the household's income is at least two and one-half time the rent)

Employ	yment Waş	ges or Salar	ies?				
Job 1	Househol	d Member a	t this Employer:				
		Employer:					
	Address:						
	Phone Nu				Email		
	GROSS	INCOME:		□ Weekly	☐ Monthly	☐ Yearly	
Job 2			t this Employer:				
		Employer:					
	Address:						
	Phone Nu						
		INCOME:	\$	□ Weekly	☐ Monthly	☐ Yearly	
	ncome sou						☐ Yes ☐ No
			eiving Benefit(s):				
	ame of Sou				Type of So	ource:	
	ource Addr		=				
	ource Phon ROSS INC						
			\$	⊔ Monuny		expiaiii):	
OTHE ☐ Yes		RMATION Does you		ently have a Sect	tion & Vouch	er for rental assi	stance? If yes, please
□ 1¢s			of agency:				
□ Yes	□ No		able to obtain uti				
□ Yes	□ No	Do you h	ave or plan to ob	tain renters insu	rance? Rente	ers insurance is re	ecommended.
□ Yes	□ No		u or any member unit? If yes, please				y under eviction from
□ Yes	□ No		we a previous lan				
□ Yes		-	ı or any member	•			
□ Yes	_	•	-		_		egistry (national or
□ Yes	□ No	Have you	or any member				If yes, please list under
□ Yes	□ No	Have you	ı or any member	of the household	ever had a f	oreclosure on Re	
□ Yes	□ No	Have you	ı or any member	of the household	has had a di	rug related convi	ction? If yes, please list
□ Yes	□ No	Do you o	or any member of cription of pet:	the household ha	ave pets?		
EMER	RGENCY		T: (LIST SOMEON)				
Name:					- 01, 11110 / H I	2.2.11.011)	
Addres				City	,	State	Zip
	Number:				il Address:		



Relationship:

Woda Management & Real Estate, LLC and its affiliate properties are an Equal Opportunity Housing provider. We do not discriminate against any applicant on the basis of race, color, national origin, age, disability, religion, sex and familial status, sexual orientation, and reprisal."

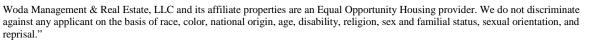




<u>VEHICLES</u> : How many vehicles do you own? \square None \square 1 \square 2 \square Other:										
1) YEAF	₹		MAKE		MOD	EL		СО	LOR	
					STAT					
2) YEAF	3				MOD				LOR	
	LICENSE	PLATE								
(List the pas	st Five Years of	history	ncluding t	ING REFERENCE the time at current resident						
Current R	Residency Info				C:4		Chaha	7:- Codo	Communication	
	St	reet Ad	aress		City		State	ate Zip Code County		
Mailing A	ddress (Please	check bel	ow. and list	mailing address if differe	ent from curren	residency	address)	Month	 ly Payment:	
☐ If differ	ent from currer	t resider							<u> </u>	
listed ab	ove insert here							\$		
		lency add		above check this box.						
Daytin	ne Phone			Email Address			own/Rent on □ Ren		ate of Move-In	
()							e with Fan		/	
Current 1	Landlord's N	ame		Landlord's Ad	ldress		Land	llord's Contact	Phone Number	
							()			
Previous H	lousing Histor	v if Cu	rent Resi	dency is less than FI	VE YEARS					
	lord's Name				ur Address		Own/R	ent	Dates Occupied	
Name:							□ Owr	FROM:		
							_ ☐ Ren	t TO:		
Address:								-		
								-		
								-		
	City S	State	Zip	City	State	Zip		-		
Phone:	City S	State	Zip	City S Monthly Rent/Mon		Zip		-		
Phone:	City S	state	Zip	•		Zip		-		
	City S	State	Zip	•		Zip	_	er		
Phone:	City S	itate	Zip	•		Zip	_ □ Othe	n FROM:		
	City S	State	Zip	•		Zip	Other	n FROM:		
Name:	City S	itate	Zip	•		Zip	Other	r FROM: t TO:		
Name:	()	state	Zip	Monthly Rent/Mon		Zip	Other	r FROM: t TO:		
Name:	()		· 	Monthly Rent/Mon	tgage: \$		Other	r FROM: t TO:		



reprisal."







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
Manager	Date





Authorization to Release Information



				MANAGEMENT	
Consent:					
I/We,				, the undersigned hereby	
authorize the release of any informati	ion reque	sted by			
for purposes of verifying information	on my r	ental application.			
, ,	•	••			
Credit and Criminal Activity	Identity	and Marital Status		Student Status	
Residences and Rental Activity		(including employment if applicable) and Asse		Social Security Numbers	
Family Composition	Federal	/State/Tribal/Local Benefits	N	Medical Allowances	
(depending on program requirements					
Courts and Post Offices		Past and Present Employers	Present Landlord		
Law Enforcement Agencies		State Unemployment Agencies	Credit Providers and Bureaus		
Veterans Administration		Welfare Agencies		ement Systems	
Social Security Administration		Utility Companies	Banks and Other Financial Institutions		
Previous Landlords (Including PHA's	s)	Education Institutes	Support and Alimony Providers		
Health Care Providers Life Ins		Life Insurance Agent			
	in effect	on may be used for the purposes stated above. If for two years from the date signed. I/we understoven incorrect.			
SIGNATURES:					
Applicant/Resident Signature		Print Name		Date	
Co-applicant/Resident Signature		Print Name	Print Name		
Adult Member Signature		Print Name	Print Name		
Adult Member Signature		Print Name	Print Name		

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.

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



