

LIHTC Addendum

The undersigned agree that this addendum is incorporated in and made a part of the Lease between these same parties dated _____, _____ and that it shall be renewed and shall expire under the terms and conditions of the lease.

1. The tenant must live in the Premises and the Premises must be the tenant's only place of residence. The tenant shall use the Premises only as a private dwelling for himself / herself and the individuals listed on the Lease.

The tenant agrees to permit other individuals to reside in the unit only after obtaining the prior written approval of the Landlord. The tenant agrees not to sublet or assign the Premises, or any part of the Premises. Tenant shall not permit any roomer or boarder occupancy of any portion of the Premises. Any failure by tenant to comply with the obligations in this paragraph is a material breach of this Agreement.

2. A household is ineligible to participate in the LIHTC Program if all members of the household are full-time students, unless: (i) Receiving assistance under Title IV of the Social Security Act – (e.g. TANF); (ii) Previously under the care and placement responsibility of the local county children services agency (i.e. foster care) (iii) Enrolled in a government-sponsored job training program; (iv) Married and eligible to file a joint income tax return; or (v) A single parent household with at least one dependent child. The parent is not the dependent of another individual and the child is only a dependent of the tenant or the other, non-resident parent. If at any time tenant's household is ineligible to participate in the LIHTC Program by virtue of this prohibition on full-time students, it will constitute good cause to terminate this Agreement. tenant shall notify Landlord immediately of any change in student status of any member of tenant's household.

3. The tenant understands that their monthly rent is likely lower than the market rate because the premises were built under Section 42 of the Internal Revenue Code of 1986, as amended, to promote affordable housing. Every year, approximately 120 days before the anniversary date of tenant move-in, the Landlord may request the tenant to report the income (including a copy of the most recently filed federal income tax return) and composition of the tenant's household and to supply any other information required or requested by the Landlord. If the tenant does not submit the required information by the date specified in the Landlord's request, the Landlord may terminate this agreement and the tenant must vacate the Premises. Any failure by tenant to comply with the obligations in this paragraph is a material breach of this Agreement.

4. Resident hereby agrees and acknowledges that the total rent established for the unit is predicated on the current median income adjusted for family size as established by the U.S. Department of Housing and Urban Development and utility allowance established by the local housing authority or provider of utilities. Accordingly, when and if this median income is adjusted by the U.S. Department of Housing and Urban Development or the utility allowances are adjusted by the local housing authority or provider of utilities; the total rent for the Premises may be adjusted regardless of the lease termination date and in accordance with local law.

Resident

Date

Resident

Date

Agent for Owner

Date

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	FLORES ROSA GARDENS
Please complete this application and return to:	Salas Development, LLC 202 Hilton Road, PFM #7 Tumon, GU 96913

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____				
First Name	M.I.	Surname	Suffix	
Mailing Address: _____				
P.O. Box / Street	City	State	ZIP	
Daytime Phone: _____		Evening Phone: _____		
Email Address: _____				

Are you currently:			
<input type="checkbox"/> RENTING	<input type="checkbox"/> RENTING (Sec. 8 assisted)	<input type="checkbox"/> HOMEOWNER	<input type="checkbox"/> Other (specify): _____
Amount of current monthly rental (if Sec. 8 assisted, include Sec. 8 benefit amount):		\$ _____	
If a Section 8 voucher holder, list your share of the current monthly rental?		\$ _____	
Amount of current monthly mortgage payment:		\$ _____	
If a Homeowner, do you receive monthly rental income from property? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			

Check utilities paid by you: <input type="checkbox"/> Electricity <input type="checkbox"/> Water <input type="checkbox"/> Gas <input type="checkbox"/> Other (specify): _____	
Approximate monthly cost of utilities paid by you (<i>excluding phone and cable TV</i>):	\$ _____

No. of bedrooms in current unit: _____
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B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

Is there someone not listed above who would normally be living with the household? Yes No

If yes, explain:

Will **ALL** of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF (Welfare) or a title IV (Financial Aid) recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below.
 If your income sources are too numerous to list here, please request an additional form.
 If a section doesn't apply, please indicate **NONE**.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security (Income based on earned credits from taxable work)	\$
	Social Security (Income based on earned credits from taxable work)	\$
	Social Security (Income based on earned credits from taxable work)	\$
	Social Security (Income based on earned credits from taxable work)	\$
	SSI (Social Security Income) Benefits (Cash Assistance for 65 or older/Blind/Disabled)	\$
	SSI (Social Security Income) Benefits (Cash Assistance for 65 or older/Blind/Disabled)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV (Financial Aid)/TANF (Temporary Assistance for Needy Families-Welfare)	\$
	Title IV (Financial Aid)/TANF (Temporary Assistance for Needy Families-Welfare)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Employer's Contact #:	
	Position Held:	How long employed:
	Employment amount	\$
	Employer:	
	Employer's Contact #:	
	Position Held:	How long employed:
	Employment amount	\$
	Employer:	
	Employer's Contact #:	
	Position Held:	How long employed:
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to any of the above, explain:		
Is the income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, please indicate NONE

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Money Market Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Certificates of Deposit	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$

Life Insurance Policy	Company:	#	Cash Value \$
Life Insurance Policy	Company:	#	Cash Value \$

Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
Stock	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: Do you own any property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Type of property		
Location of property		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:		
Do they have access to the asset(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, Type of property</i>		
Market value when sold/dispensed	\$	
Amount sold/dispensed for	\$	
Date of transaction:		

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe the asset:</i>		
Date of disposition:		
Amount disposed	\$	

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please list:</i>		

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

Current Landlord	Name:	Contact #
	Address:	How Long?
Prior Landlord	Name:	Contact #
	Address:	How Long?

Credit Reference #1:	Account #:
Address:	Phone #:
Credit Reference #2:	Account #:
Address:	Phone #:
Credit Reference #3:	Account #:
Address:	Phone #:

Personal Reference #1:	Account #:
Address:	Phone #:
Personal Reference #2:	Account #:
Address:	Phone #:
Personal Reference #3:	Account #:
Address:	Phone #:

In case of emergency notify:	Relationship:
Address:	Phone #:

G. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

H. REFERRAL SOURCE

Tell us how you heard about Flores Rosa Gardens?

	Name	Contact#	Location
Family / Friend / Other (person):			
Flores Rosa Gardens Tenant:			
Real Estate Agent / Company:			
Advertisement (specify):			
Other (specify):			

Certification by Applicant(s)

1. As a Flores Rosa Gardens representative, I am making you aware that no one else can join the household without prior management approval. Do you understand this clearly? Yes No
2. Do you understand if we discover during the verification process that others will be living in your household not listed on the application or on this interview checklist that is grounds to cancel your application? Yes No
3. As a Flores Rosa Gardens representative, I am also making you aware that we do not allow **pets** in the community as described in Flores Rosa Gardens Community Rules and Regulations, and having a pet(s) will be in violation. Do you understand this clearly? Yes No

I/We certify that all questions on this application have been asked of me/us at my/our personal interview with management. I/We have understood and answered all questions. I/We have reviewed my/our answers on this application. I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Owner Representative/Manager)

Date