

Thank you for your interest in The Arbors on Wintergreen Senior Apartments. We offer spacious and affordable one and two bedroom apartments in DeSoto exclusively for Adults age 62 and better! Each apartment home features full-size washer and dryer connections and walk-in closets. Water, sewer and trash are included plus we're pet friendly! Our controlled access community features a full-time activities director with monthly activities in our community room, clubhouse, computer room, lending library and more! We accept online payments and maintenance requests through our resident portal. We are conveniently located near medical facilities, banking, shopping, restaurants and entertainment. Storage units are available.

The Arbors on Wintergreen is a tax credit community. Our income limitations are as follows:

| Household Size | 60% AMI |
|----------------|----------|
| 1 Person | \$37,200 |
| 2 People | \$42,480 |
| 3 People | \$47,820 |
| 4 People | \$53,100 |

Enclosed is our application packet. Please read the application supplement carefully so you can gather all the correct information. All documents must be originals; no photocopies are accepted. All applications must be filled in with black ink and submitted in person. Faxed or e-mailed applications will not be accepted. We look forward to having you as a resident of The Arbors on Wintergreen Senior Apartments!

The Arbors on Wintergreen Senior Apartments Management

4.20



Frequently Asked Questions

Who is eligible to live at Arbors on Wintergreen Senior Apartments?

Arbors on Wintergreen Senior Apartments is intended for and occupied by persons 62 years of age or older. Therefore, all members of the household must be age 62 or older. Leasing criteria must be met, including rental, employment, and credit verifications. Income limits apply.

What floor plans are offered?

Arbors on Wintergreen offers 2 floor plans:

1 Bedroom/1 Bathroom, 709 square feet

2 Bedroom/2 Bathroom, 946 square feet

What utilities are included in the rent charge?

Water/sewer, trash and gas are included in your monthly rental fee.

Is smoking allowed?

Smoking is currently allowed at Arbors on Wintergreen Senior Apartments in your apartment home.

What is the pet policy?

Bring your furry friends! We allow two (2) non-aggressive breed and under 25 pounds pets per household. A pet deposit of \$350 per pet is required (price subject to change). No monthly charges for pet rent.

What services and amenities are offered?

Arbors on Wintergreen is a limited access community with ample covered parking, washer/dryer connections, four laundry rooms, a community room, and a library with business center. Our Activities Director plans weekly and monthly activities, such as exercising, health checks, bingo, and movie nights! In addition, we offer weekly planned transportation. Storage facilities can also be rented.

How do I apply?

Simply come by, call us at 972-224-8920 or email manager@arborswintergreen.com and ask for an application!

^{*}Patio or Balcony in select units.



FEE SCHEDULE

RATES:

1 Bedroom \$851.00 709 Sq. Ft.

2 Bedroom \$1,019.00 946 Sq. Ft.

APPLICATION FEE:

1st applicant \$25.00 (non-refundable)

2nd applicant \$25.00 (non-refundable)

Fee will differ for 3rd or more applicants.

DEPOSITS:

1 Bedroom \$150.00

2 Bedroom \$200.00

PETS:

Deposit \$350.00 per pet (Limit 2 pets not to exceed 20lbs. each.

Rabies shot must be current.) REFUNDABLE

STORAGE UNITS (OPTIONAL):

Medium (9'x6') \$30.00 per month

Large (9'x7') \$35.00 per month

CLOTHES CARE CENTER:

\$1.50 per load for washer and dryer

TELEPHONE: Resident's Responsibility

ELECTRICITY: Resident's Responsibility

WATER: Provided by Community

SCHEDULED TRANSPORTATION: Provided by Community

THE ARBORS ON WINTERGREEN SENIOR APARTMENTS

Rental Application

The information you provide below will be used to determine if your household is eligible under this community's leasing criteria. Please complete the ENTIRE form and do not leave any questions blank or unanswered. Write N/A if a particular question is not applicable. We thank you in advance for your cooperation.

Property Information (For Office Use Only):

| Date & Time Received: | | , , , , , , , , , , , , , , , , , , , | | | Initial Certific | ation | |
|--|-------------------------|---------------------------------------|--------------------------|---------------------------|--------------------|---------------|-----------------|
| Unit #: | | • | | | Recertification | n | |
| # of Bedrooms: | | • | | | Interim | | |
| Desired Move-In Date | | • | | | Other: | | |
| HOUSEHOLD COMPOS | CITION AND | STIIDENT S | TATUS | | | | |
| List all persons who will be living in yo | | | | h you at least 50% of the | time in the next 1 | 2 months and | d include |
| anyone who is not currently a househ | | | | | timo in the next | 2 months and | a morado |
| | Relationship | | | | | | |
| | to Head | | | | | | |
| | S=Spouse | | Marital | | | | * |
| | O=Other Adult | | Status | | | | *If "yes" |
| | C=Minor Child | | M=Married | | | | Part- |
| | F=Foster Adult/Child | | D=Divorced | | Driver's | | time (PT) or |
| Household Members | L=Live In | | SP=Separated S=Single | Social Security | License | Student | |
| Full Name (first and last) | Attendant | Date of Birth | W=Widowed | Number | Number | Y or N | (FT) |
| , | HEAD | | | | | | |
| | HEAD | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| *For <u>each</u> household member liste attending, OR plans to attend sch children, even if home-schooled. | | | | | | | |
| Contact Information | | | | | | | |
| Home Phone | | | | Email address: | | | |
| Cell Phone-1 | | | 1) | | | | |
| Cell Phone -2 | | | • | | | | |
| | | | • | | | | |
| | | | | | | Yes | No |
| 1. Is every household member | er listed above a | a full-time (FT) s | student? | | | O | Ö |
| 2. Will your household be receiving rental assistance? | | | | | \circ | \circ | |
| 3. Do you expect any changes in the household in the next 12 months? | | | | | \cap | \bigcirc | |
| If yes, please describe cha | | | | | | - | O |
| 4. If you are divorced or sepa | rated, please p | rovide date effe | ective: | | | _ | |
| 5. Is each household member a U.S. Citizen? If no, does everyone have an eligible immigration status? | | | | | 8 | 8 | |
| 6. Is any household member | a Veteran of the | e US Military? | | | | \circ | \circ |
| Important Information for Form | ner Military Servi | ces Member s. W | omen and n | nen who served in any | branch of the U | Inited States | s Armed |

Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Cost Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit with the Texas Veterans Portal at https://veterans.portal.texas.gov/.

| | EMPLOYMEN | IT INFORM | ATION | | | | |
|---|----------------------|--------------|-------------|--------------|-------------|--------|---------|
| Current Employment Information: H | EAD of HOUSEHOL | D | | | | | |
| | | | | Position: | | | |
| Company Name:Address: | | | Dat | e of Hire: | | | |
| City/State/Zip: | | | | | Gross Wage: | | |
| City/State/Zip:Phone: | Fax: | | Su | pervisor: | | | |
| Do you currently or expect to earn Over | time, Commission, T | ips, Bonuses | s in the ne | xt 12 mon | ths? | Yes 🔾 | No O |
| If Yes, list all that apply and expected a | | • | | | | | |
| | | | | | | | |
| Additional Employment Information: | | | | 5 | | | |
| Company Name: | | | | Position: | | | |
| Address: | | | Dat | e of Hire: | | | |
| City/State/Zip: | | | | | Gross Wage: | | |
| Address:City/State/Zip:Phone: | Fax: | | Sı | ipervisor: _ | | | |
| Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? Yes O No O | | | | | No 🔾 | | |
| If Yes, list all that apply and expected a | mount? | | | | | | |
| | | | | | | | |
| Current Employment Information: N | | | | | | | |
| Company Name: Position: | | | | | | | |
| Address: | | | Dat | e of Hire: | | | |
| City/State/Zip: | | | | Monthly | Gross Wage: | \$ | |
| City/State/Zip: Phone: | Fax: | | Su | pervisor: | | | |
| Do you currently or expect to earn Over | | | | | | \sim | No |
| If Yes, list all that apply and expected a | | 1 , | | | | | |
| , 11 / | | | | | | | |
| | OTHER INCOM | IE INFOR | MATION | ı | | | |
| Identify each source of income currently | lland of | | | | | Month | y Gross |
| received or anticipated to be received in the next 12 Months. (Y=Yes, N=No) | Head of Household | | | | | | ome |
| | Y O N O | ΥO | N O | γ 🔾 | N O | \$ | Jille |
| 1. Employed | | YO | | Y O | | + | |
| 2. Self-Employed | | YO | N O | Y O | | \$ | |
| 3. Unemployment Compensation | | | N O | γ O | | \$ | |
| 4.Social Security/SSI/SS Disability | | ΥO | N O | | | \$ | |
| 5. Disability/Worker's Compensation | Y O N O | γO | N O | γ Ο | N O | \$ | |

| OTHER INCOME INFORMATION | | | | | |
|--|----------------------|---|---|-------------------------|--|
| Identify each source of income currently received or anticipated to be received in the next 12 Months. (Y=Yes, N=No) | Head of Household | | | Monthly Gross Income | |
| 1. Employed | $Y \cap N \cap$ | $Y \cap N \cap$ | YONO | \$ | |
| 2. Self-Employed | $Y \cap N \cap$ | $Y \cap N \cap N$ | Y O N O | \$ | |
| 3. Unemployment Compensation | $Y \cap N \subset$ |) YO N O | YONO | \$ | |
| 4.Social Security/SSI/SS Disability | $Y \cap N \subset$ | $Y \cap N \cap$ | YO NO | \$ | |
| 5. Disability/Worker's Compensation | $Y \cap N \cap$ | YO N O | YONO | \$ | |
| 6. Severance Pay | $Y \cap N \cap$ | YO N O | $Y \cap N \cap$ | \$ | |
| 7. VA Benefits | $Y \cap N \cap$ | YO N O | $Y \cap N \cap$ | \$ | |
| 8. Pension/Annuity | $Y \cap N \cap$ | YO N O | $\mathbf{Y} \bigcirc \mathbf{N} \bigcirc$ | \$ | |
| 9. Military Pay | $Y \cap N \cap$ | YO N O | YONO | \$ | |
| 10. AFDC/TANF | $Y \cap N \cap$ | YO N O | $Y \cap N \cap$ | \$ | |
| 11. Child Support/Alimony | $Y \cap N \cap$ | $Y \bigcirc N \bigcirc$ | $\mathbf{Y} \bigcirc \mathbf{N} \bigcirc$ | \$ | |
| 12. Recurring Gift/Contribution | $Y \cap N \subset$ | $Y \cap N \cap$ | YO NO | \$ | |
| 13. Rental Income | $Y \cap N \subset$ | $Y \cap N \cap$ | YONO | \$ | |
| 14. Adoption Assistance | $Y \cap N \cap$ | YO NO | $Y \cap N \cap$ | \$ | |
| 15. Trust Income | $Y \cap N \cap$ | $Y \cap N \cap$ | Y O N O | \$ | |
| 16. Other Income: | $Y \cap N \subset$ | $\mathbf{Y} \bigcirc \mathbf{N} \bigcirc$ | $_{N}$ | \$ | |
| 17. Zero Income | $Y \cap N \subset$ |) YO N O | $\mathbf{Y} \cap \mathbf{N} \cap$ | \$ | |

| ASSET INFORMATION | | | | | |
|--|---|-------------------------|----------------------|-------------------|-------------------------|
| List all assets for each | | | Financial | Annual | |
| Household Member | Household | | Institution | Interest/Earnings | Asset Value |
| 1. Checking | $Y \bigcirc N \bigcirc$ | YO NO | | \$ | \$ |
| 2. Savings | $Y \bigcirc N \bigcirc$ | YO NO | | \$ | \$ |
| 3. Pre-Paid Debit | $Y \bigcirc N \bigcirc$ | YO NO | | \$ | \$ |
| 4.Cash On Hand | $Y \bigcirc N \bigcirc$ | YO NO | | \$ | \$ |
| 5. Stocks/Mutual Funds | $Y \bigcirc N \bigcirc$ | YO NO | | \$ | \$ |
| 6. CD/Money Markets | $Y \bigcirc N \bigcirc$ | YO NO | | \$ | \$ |
| 7. Treasury Bill | $Y \bigcirc N \bigcirc$ | YO NO | | \$ | \$ |
| 8. Bonds | $Y \bigcirc N \bigcirc$ | YO NO | | \$ | \$ |
| 9. IRA/KEOGH | $Y \bigcirc N \bigcirc$ | YO NO | | \$ | \$ |
| 10. 401K/401(b) | YONO | YO NO | | \$ | \$ |
| 11. Pension/Annuity | $Y \bigcirc N \bigcirc$ | YO NO | | \$ | \$ |
| 12. Whole Life Insurance | $Y \bigcirc N \bigcirc$ | YO NO | | \$ | \$ |
| 13. Land Contract/Deed of Trust | $\mathbf{Y} \bigcirc \mathbf{N} \bigcirc$ | YO NO | | \$ | \$ |
| 14. Real Estate | $\mathbf{Y} \bigcirc \mathbf{N} \bigcirc$ | YO NO | | \$ | \$ |
| 15. Safe Deposit Box | YO NO | YO NO | | \$ | \$ |
| 16. Personal Property as Investment | $Y \bigcirc N \bigcirc$ | YO NO | | \$ | \$ |
| 17. Trust | YONO | YO NO | | \$ | \$ |
| 18. Lump Sum Receipts | $\mathbf{Y} \bigcirc \mathbf{N} \bigcirc$ | YO NO | | \$ | \$ |
| 19. Other | $Y \bigcirc N \bigcirc$ | $Y \bigcirc N \bigcirc$ | | \$ | \$ |
| 1. Do all combined assets of | the entire hous | ehold total less | than \$5,000? | | $Y \bigcirc N \bigcirc$ |
| than fair market value? If yes, complete the following: Asset Disposed: Date Disposed: Amount Disposed: Amount Disposed: Amount gifts of money totaling more than \$1,000 in the past two (2) years? Was the disposal of asset due to: (Select One) Bankruptcy Y N N Marital Separation/Divorce Y N N N | | | | | |
| If yes, complete the following: Gifted to: Date: Amount Gifted: | | | | | |
| Residential History Please provide 2 years of rental/housing history | | | | | |
| | | | | | |
| City/State/Zin: | | | | | |
| | | | | | |
| Landlord Name/Mortgage : | | | Dagger far Lagying | | |
| | | | | | |
| Date Moved In: | | | | | |
| Rent/Mortgage: | Rent/Mortgage: \$ Rent O Own O | | | | |
| Previous Address: | | | | | |
| Citv/State/Zip: | | | | | |
| Landlord Name/Mortgage : | | | | | |
| Phone: | | | Reason for Leaving: | | |
| | | | | | |
| Date Moved In: | | | Date Moved Out | Rent O | Own O |
| Rent/Mortgage: | \$ | | | Rent O | |
| Have you ever been evicte If yes, please list date: | d from tenancy | , broken a lease | e, or sued for rent? | | Yes No |
| 2. Have you ever filed for bank If yes, is bankrupcy discharge. | | YO NO | Date Discharged: | | _ |

| 3. Has any household member plead guilty or received probation, deffered adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime or misdemeanor assault? | | | | 0 |
|--|--|---|---|--|
| Do you own any pets that would be moving with you into the community? If yes, please list types: | | | 0 | 0 |
| Other Information | | | | |
| Type of Vehicle: | License Plate # | | | |
| Make/Model: | Year | Color_ | | |
| Type of Vehicle: | License Plate # | | | |
| Make/Model: | Year | Color | | |
| Emergency Contact In case of emergency, no | otify | | | |
| Name: | Phone #1 | | | |
| Address: | Phone #2 | | | |
| | | | | |
| | | | | |
| CERTIFICATION OF ACCURACY AND COMPLETE | NESS | | | |
| I/We certify that all information provided in this renunderstand that this information will be used to verify advised and understand residency at this communit qualification. I agree that in addition to execution certifying the information contained herein and that understand and agree that the owner/management through credit bureau, criminal checks, income and purposefully falsifies, misrepresents or withholds in incomplete information on this application will not be determined. | y income eligibility for community which y requires certain income restrictions of a Lease Agreement, I will execut it such certification will be made unagent will use this information to investigation verification. I/We further unaformation related to program eligibility considered for housing. | th I/We applied. and that reside e a Tenant Inco der penalty of p estigate my/our o derstand that an ity or submits in | I/We had now is some Ce perjury. Credit was now applicated to the control of the | ave been subject to rtification I further orthiness cant who te and/or |
| Furthermore, if such misrepresentation or omission is subject to eviction or punishable by law. | discovered after tenancy has begun, l | /we understand | that we | may be |
| Head of Household | Date | - | | |
| Applicant | Date | - | | |
| Applicant | Date | - | | |

APPLICATION SUPPLEMENT

| | | additional documentation is required to process ng office if you have any questions or concerns. |
|---------|---|---|
| | Application Fee \$ | Deposit \$ |
| | be accepted for each married co | person over the age of 18. One application may puple. (Black Ink Only) All contact telephone al history must be listed on the application. |
| | Valid ID , Birth Certificate & So each household member as noted | cial Security Card or acceptable equivalent for on the Leasing Criteria |
| | Current Award letter of all Security, SSI, SSD, Pensic Verification of earned inco stubs; 7 consecutive if paid Child support and/or Alir orders for payment and child self-employed; copy of attached Verification of any other | or anticipated to be received in next 12 months unearned income sources for each person; Social on, Retirement me for all persons 18 years of age or older. Check dibi-monthly or bi-weekly, 13 if paid weekly mony documentation; divorce papers and court ald support case number for each child foliast year's full tax return with all schedules income such as monetary gifts, trust, income, recurring withdrawal from retirement/annuity |
| | Verification of Assets for each h total is \$5,000 or more | ousehold member; if combined asset cash value |
| | Verification of Assets for each h of household assets | ousehold member regardless of combined value |
| | Current savings statement Copy of <u>pre-paid</u> debit car Most recent statement for 4 | king account statements (most recent) d and current ATM receipt of balance 01K, stocks, bonds, whole Life Insurance policy, ny other retirement or investment accounts. perty; home, land, etc. |
| resider | | turn for each adult household member (NY |
| | Student household members age school | 18 or older; provide current class schedule from |
| | Other: | |

LEASING CRITERIA The Arbors at Wintergreen

This community utilizes a third-party service that conducts credit, rental history and criminal background investigations. Community management team members conduct all employer/income verifications. The investigation is conducted on all adult (18 years of age or older) occupants. The investigations are based on information provided by the applicant and information that may be retrieved from credit agencies, employers, previous landlords and Federal, State and Local agencies and other associated parties. In the event the application is rejected, the applicant will be notified verbally and in writing as to the reasons and the sources(s) of the information that resulted in the rejection. However, if the rejection is a result of the information provided by the applicant, we will only provide the results verbally unless the applicant makes a formal written request for information pertaining to the denial. In the case of roommates, information that we have obtained resulting in a rejection can only be released to the party whose investigation causes the rejection. A security deposit will be required from all applicants and multiple adult applicants will require additional application fees.

Criteria:

- 1. A minimum of 6 month rental or ownership history. History must consist of no more than 1 late payment or 1 lease violation during a 6 month period. If a debt is owed to another rental community, the application will not be considered until adequate proof of satisfaction of that debt is provided. If renting from a Private Owner, applicant must provide a copy of a utility bill with the address and name of the applicant on the utility bill. Applicant(s) without rental or ownership history may be accepted with a security deposit equal to the monthly market rental rate for the apartment to be occupied. Evictions will constitute an automatic denial of the application.
- 1. No felony convictions, indictments, arraignments or deferred adjudications within the last 7 years. No misdemeanor criminal convictions, indictments, arraignments or deferred adjudications involving drugs, minors, arson, terrorism or theft (robbery & burglary) greater than \$500 within the last 7 years. Any felony conviction or misdemeanor conviction of a sex crime will result in automatic denial of application. Each applicant with criminal convictions will be assessed on a case by case basis. Crimes for which the applicant has been convicted and recent pending arrest will be considered. Assessment will evaluate how much time has elapsed since criminal conviction, age at time of conviction, seriousness of conviction and any rehabilitative actions and good conduct since conviction. The standards to approving or denying eligibility will be: 1) is applicant a detriment to the health or safety of the residents and community: 2) a source of danger to the peaceful occupation of other residents, 3) a source of danger or cause of damage to residents, personnel, property or the premises. The fact that we perform criminal background checks does not mean that our residents and occupants have no prior or current criminal histories. We cannot and do not guarantee that this community and its residents are free from crime. Verification of the accuracy of information supplied to or made available to us by applicants and credit reporting services is limited.
- † All members of the household must be 62 years of age or older. All applicants must provide one US government issued photo identification and one of the following: valid Social Security Number, Form I-94 Arrival-Departure Record with proper annotations; Temporary resident alien card verifying approved entry by US government (I-94W), I-551 Permanent Resident Card, Form I-668 Temporary Resident Card, Form I-688A Employment Authorization Card.
- 3. 6 months verifiable employment history or verifiable income/assets. Applicants receiving SS, SSI, pension or disability are excluded from the employment requirement, but must provide documentation to verify these benefits. (Verifiable income source includes check stubs, W2s, verification from employer or government entity. If self-employed, applicant must produce Tax Return with Schedule C, financial statements from business, or profit/loss statement with back up.)
- 4. At least 50% of trades rated positively by the credit bureau (rating of 1, 2 or 3) for the past 3 years. Medical, student loans and 0 rated trades are excluded. Bankruptcy must be discharged and all trades (minimum of 3) since bankruptcy must be rated positively by the credit bureau (rating of 1, 2 or 3). The presence of utility collection accounts will require verification of balance paid in full before approval can be considered. Screening criteria will be applied in a manner consistent with all applicable laws, including Texas and Federal Fair Housing Acts, the Federal Fair Credit Reporting Act, program guidelines, and TDHCA rules.

Leasing Criteria Pg 2

5. Minimum monthly verifiable gross income must be at least 2 times the monthly rental rate. Applicants receiving approved and verifiable rental assistance will require a minimum monthly gross income of 2 time's resident portion of rent. Maximum gross income, which includes all income sources, cannot exceed LIHTC schedule, which is based on household size.

Each applicant must satisfy all of the above criteria. No co-signers accepted. If applicant has no credit and/or rental history a deposit equal to one months' rent may be required.

*Maximum General Occupancy Standards

1 bedroom - 3 persons

2 bedroom - 5 persons

† The Arbors at Wintergreen Apartments operates under the Housing for Older Persons Act of 1995 (Pub. L. 104-76, 109 Stat. 787 Approved December 28, 1995) (HOPA); and is intended for, and solely occupied by, persons 62 years of age or older. This community complies with the requirements to qualify for such exemption of the familial status protection under the Fair Housing Act.

Equal Housing: This community is an Equal Housing Opportunity Provider. We do business in accordance to the Federal Fair Housing Act and do not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. Please contact our Corporate Office Manager at 713-932-0005 if you feel our representative has not acted in accordance with this policy. The Arbors at Wintergreen Apartments will comply with state and federal fair housing and antidiscrimination laws, including, but not limited to, consideration of reasonable accommodations requested to complete the application process. Chapter 1, Subchapter B of this title provides more detail about reasonable accommodations.

If you believe you are subject to protections under the Violence Against Women's Act (VAWA) or need to request a reasonable accommodation, please contact the manager for more information.

The Arbors at Wintergreen Apartments will comply with state and federal fair housing and antidiscrimination laws; including, but not limited to, consideration of reasonable accommodations requested to complete the application process.

ACKNOWLEDGEMENT

| I understand the policies contained herein and have received a copy of this document. | | | |
|---|-------|--|--|
| Applicant Signature: | Date: | | |
| Applicant Signature: | Date: | | |

Application Process

- A separate rental application for each unmarried adult containing the required information must be submitted.
- Applicants must provide a non-refundable application fee for each adult household member and refundable deposit to take the unit off the market.
- Applicants must provide any pertinent information such as check stubs or other income verifications, to ensure qualification of the affordable housing program.
- Sign the application and Tenant Release and Consent form authorizing and accepting the guidelines described on the documents

Once we received the completed application for everyone adult in the household (18+ years old), application fee and deposit:

The Arbors at Wintergreen will review your application and verify the information including:

- Rental History
- Income verification
- Background check
- Employment verification
- Credit report
- Age

The Arbors at Wintergreen will contact you upon approval of the application for the apartment you have applied for. If your application has been rejected, a written notice will be mailed to the address on the application specifying reason(s) the application was denied within 7 business days of rejection result.

ACKNOWLEDGEMENT

| I understand the process contained herein and | have received a copy of this document. |
|---|--|
| Applicant | Date |

Waitlist Process

Applicants that are approved for the wait list are not guaranteed eligibility. A full eligibility determination through the application process will be completed at the time a unit is made available and applicant is selected. When a unit becomes available the next applicant on the waitlist for the appropriate unit size will be offered and the application process shall begin. All applicants on the waitlist will be in date order applicant is received and placed. Current residents approved to transfer will be placed on the waitlist if a unit is not available without preferential order. Should an Accessible Unit become available the unit will be first offered to current residents then qualified applicants with a household member requiring accessibility features of the unit.*

To be placed on the waitlist:

- Complete and submit application
- Management will conduct an interview to prequalify for the waiting list and to
 ensure that there are no obvious factors that would make applicant ineligible
 based on the current leasing criteria.
- If a preliminary screening indicates that a family may be eligible for tenancy, but units of appropriate size are not available, the application will be placed on the waitlist.
- Applicants who are obviously not eligible for tenancy will not be placed on the wait list.
- When a unit will be available in the near future, The Arbors at Wintergreen will contact the first applicant on the waitlist for an interview. Notification will be made by mail and phone. If no response is received within 7 business days, applicant will be removed from the waitlist and the next applicant will be notified. If an applicant refuses the unit, they may remain on the wait list for the next available qualifying unit. If an applicant refuses the second qualifying unit available, they may be removed from the waitlist and must complete the process from the beginning in order to be on the waitlist. At the point of acceptance, the applicant must move into the unit within 30-days.

The property will always maintain a waitlist for any unit or floor plan that is not available. A waitlist will only be closed if the average wait is excessive; two years or more based on average annual turnover. Closure and opening of waitlist will be published publically. Waitlist will be updated at least twice a year by contacting applicants to ensure continued eligibility, desired preference and note any household changes. If contact information is no longer valid or applicants fail to respond to contact within 7 business days, applicant(s) will be removed from the waitlist. It is the applicants' responsibility to notify the community with any contact changes.

^{*}Accessible units will be offered to those qualified in order of first, current tenants with disabilities currently residing in a non-accessible unit who requires the features of the unit. If no current tenants require the special features of the accessible unit, then the offer of the unit will be made to the next qualified applicant on the waiting list with a family member who needs the features of the accessible unit. If neither a current tenant nor a qualified applicant requires the features of the available accessible unit, then the unit will be offered to next qualified applicant on the waiting list.

Denial Process

If your application has been rejected, a written notice will be mailed to the address on the application specifying reason(s) the application was denied within 7 business days of rejection result.

If the denial is due to information received via credit report, you will receive information on how to contact them directly to obtain your own copy on the denial letter.

Should you desire to appeal your denial, submit a written request for an appeal providing any additional information and back up for extenuating circumstances that you would like considered, including protections under the VAWA Act, to the corporate office address below within 30 days of denial. Be sure to provide the full name of all applicants as well as the property application was submitted to and date of denial.

Whitney Management Corp. Attn: Denial Appeal 9575 Katy Freeway, Suite 330 Houston, TX 77024

Or submit via email: residentrelations@whitneymgmt.com Subject Line: Appeal

Non-renewal and/or Termination Notice Process

Non-renewal and/or termination of lease agreement will be for just-cause as determined by the state and local law which includes but may not be limited to:

- Refusal to comply with program guidelines specified in lease addendum, no longer qualifies under program guidelines or for fraud/failure to disclose all sources of income prior to move-in
- Violation of lease or rental agreement; such as delinquency, failure to maintain uniform conditions standards of the unit, health and safety violations, chronic or numerous lease violations, criminal activity, etc.
- Non-payment of rent
- Destruction or damage to the property
- Interference with other residents, creating a nuisance, or using the property for unlawful purpose

Request for consideration under reasonable accommodation policy or rights under VAWA in relation to the notice will be reviewed on a case by case basis. Additional information may need to be obtained from the resident as part of determination.

TENANT RELEASE AND CONSENT

| I/We | | _, the undersigned hereby authorize all | | |
|---|--|--|--|--|
| Persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release conformation without liability to the owner/manager of the apartment community listed below. | | | | |
| INFORMATION COVERED | | | | |
| inquiries that may be requested income, assets, medical or child car | clude, but are not limited to: person e allowances. I/We understand that th | me/us may be needed. Verifications and al identity, student status, employment, is authorization cannot be used to obtain continued participation as a Qualified | | |
| GROUPS OR INDIVIDUALS TH | IAT MAY BE ASKED | | | |
| The groups or individual limited to: | is that may be asked to release the | above information include, but are not | | |
| Past and Present Employers Support and Alimony Providers Educational Institutions Banks and other Financial Institutions | Welfare Agencies State Unemployment Agencies Social Security Administration Previous Landlords (including Public Housing Agencies) | Veterans Administrations Retirement Systems Medical and Child Care Providers | | |
| CONDITIONS | | | | |
| original of this authorization is on | | ed for the purposes stated above. The r and one month from the date signed. formation that is incorrect. | | |
| SIGNATURES | | | | |
| Applicant/Resident | (Print Name) | Date | | |
| Co Applicant/Resident | (Print Name) | Date | | |
| Adult Member | (Print Name) Date | | | |
| Adult Member | Adult Member (Print Name) Date | | | |
| The Arbors on Wintergreen (972) 224-8920 | | | | |

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 A TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.

Contact

Phone

Apartment Name