

Thank you for your interest in Countryside North Apartments. We offer spacious and affordable ranch-style one, two and three bedroom apartments in Memphis. Each apartment home features washer & dryer connections, walk-in closets, fireplace, patio, ceiling fans and convenient parking near your door. Our community features a pool with large sun deck, fitness center, tennis courts, playground, clubhouse and on-site laundry center. We accept online payments and maintenance requests through our resident portal. We are conveniently located near great schools, shopping, restaurants and entertainment with easy freeway access. We're near the Wolfchase Galleria, IKEA, Wal-Mart, Main Event, the Agricenter International and so much more.

Countryside North Apartments is a tax credit community. We are designed with low to moderate income households in mind; therefore our community does have income restrictions which are as follows:

Maximum Gross Income per Household Size

Household Size	50% AMI	60% AMI
1 Person	\$24,300	\$29,160
2 People	\$27,800	\$33,360
3 People	\$31,250	\$37,500
4 People	\$34,700	\$41,640
5 People	\$37,500	\$45,000
6 People	\$40,300	\$48,360

The floor plan you are interested in is subject to a waitlist. Enclosed is the application and waitlist process supplement discussing our waitlist procedures. All applications must be filled in with black ink and submitted in person or mailed. Faxed or e-mailed applications will not be accepted. We look forward to having you as a resident of Countryside North Apartments!

Countryside North Apartments Management

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 "Community" 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 waitlist 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 publicly. 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 has requested and 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.

COUNTRYSIDE NORTH 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 (F	or Office Us	se Only):					
Date Received:					Initial Certific	ation	
Unit #:		•			Recertificatio	n	
# of Bedrooms: Desired Move-In Date		•			Interim Other:		
Desired Move-III Date	'				Other.		
HOUSEHOLD COMPOS					Alora in the count of	10	-1 -11
List all persons who will be living in you anyone who is not currently a househ					time in the next	12 months and	a include
	Relationship	·					
Household Members Full Name (first and last)	to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult/Child L=Live In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separate d S=Single W=Widowed	Social Security Number	Driver's License Number	Student Y or N	*If "yes" Part-time (PT) or Full-time (FT)
ruii Name (ilist and last)		Date of Birtin	vv=vvidowed	Number	Number	1 OI IN	(F1)
	HEAD						
*For <u>each</u> household member listed above-List this member as a full-time student if he/she has attended school in the last 12 months, is currently attending, OR plans to attend school in the next 12 months. (The educational institution defines student status.) Please include all school-ago children, even if home-schooled.							
Contact Information							
Home Phone			_	Email address:			
Cell Phone-1			-				
Cell Phone -2			-				
Is every household member	er listed above	a full-time (FT)	student?			Yes	No
•		` ,					
2. Will your household be rec	eiving rental as	ssistance?				\bigcirc	\bigcirc
Do you expect any changes in the household in the next 12 months? If yes, please describe change and date expected					_	\bigcirc	
4. If you are divorced or separated, please provide date effective:							
5. Is each household member a U.S. Citizen? If no, does everyone have an eligible immigration status?							
					\sim	\sim	
6. Will you have at least 50% physical custody of all minor members in household?					\cup	\bigcup	

EMPLOYMENT INFORMATION

Current Employment Information: HE	AD of HOL	JSEHOL	D					
Company Name:			Position:					
Address:			Date of Hire:					
City/State/Zip:Fax:				ı	Monthly C	Gross Wage:	\$	
Phone:I	Fax:				Supervisor: _			
Do you currently or expect to earn Overt					next 12 mont	:hs?	Yes ()	No (
If Yes, list all that apply and expected ar	mount?)
Additional Employment Information:					D 111			
Company Name:					Position:			
					ate of Hire:		Φ.	
City/State/Zip:I Phone:I	-				Monthly (Gross Wage:	\$	
Pnone:I	Fax:				Supervisor:			
Do you currently or expect to earn Overt	time, Comm	nission, T	īps, Bonus	es in the r	next 12 mont	hs?	Yes (No 🔘
If Yes, list all that apply and expected ar	mount?							
Current Employment Information	ama:							
Company Name:					Position:			
Company Name:				D	ate of Hire:			
Address:City/State/Zip:Fax:						Gross Wage:	· ¢	
Phone:	Fav:				Supervisor:		Ψ	
					_			
Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 m				next 12 mont	:hs?	Yes (No 🔘	
If Yes, list all that apply and expected ar	mount?							
	OTHER	INCO	ME INFO	RMATIC	N			
Identify each source of income currently	OTTIET	111001		IIIIAIIO			I	
received or anticipated to be received in the	Head						Monthly	
next 12 Months. (Y=Yes, N=No)	House	_					Inco	me
1. Employed	Υ 🔾	NO _	γΟ	NO .	Υ()	<u>N</u>	\$	
2. Self-Employed	<u>Y </u>	\sim	ΥΟ	NO	Υ 🔾	<u>N</u>	\$	
Unemployment Compensation	<u>YO</u>	\sim	ΥΟ	NO	YO	\sim	\$	
4.Social Security/SSI/SS Disability	<u> YO</u>	\sim	ΥΟ	NO _	ΥO	$\overset{N}{\bigcirc}$	\$	
5. Disability/Worker's Compensation	<u>YO</u>	\sim	ΥΟ	NO	YO	\sim	\$	
6. Severance Pay	<u>YO</u>	<u>N</u>	ΥΟ	NO	ΥO	<u>N)</u>	\$	
7. VA Benefits	Υ	<u>N</u>	ΥΟ	NO.	Υ()	<u>N)</u>	\$	
8. Pension/Annuity	Υ()	N)	ΥΟ	NQ_	Υ()	<u>N)</u>	\$	
9. Military Pay	Υ()	N)	γΟ	\sim	Υ()	<u>N)</u>	\$	
10. AFDC/TANF	Υ 🔾	N	γΟ	N	Υ 🔾	NQ_	\$	
11. Child Support/Alimony	Υ 🔾	N	γΟ	NO.	ΥO	NO	\$	
12. Recurring Gift/Contribution	YΟ	\mathbf{N}	γΟ	NO	YO	N	\$	
13. Rental Income	YΟ	\mathbf{N}	γΟ	\mathbb{N}	Y	N	\$	
14. Adoption Assistance	Y	\mathbf{N}	γ 🔾	NO	ΥO	N	\$	
15. Trust Income	Y	\mathbf{N}	γ 🔾	NO	YO	$N\bigcirc$	\$	
16. Other Income:	ΥO	\sim	γΟ	NO	YO	\sim	\$	
17 Zero Income	v	\sim	v 🔘	N	vO	\sim	\$	

ASSET INFORMATION					
List all assets for each			Financial	Annual	
Household Member	Household		Institution	Interest/Earnings	Asset Value
1. Checking	$Y \bigcirc N \bigcirc$	Y NO		\$	\$
2. Savings	$Y \bigcirc N \bigcirc$	$Y \bigcirc N \bigcirc$		\$	\$
3. Pre-Paid Debit	$Y \bigcirc N \bigcirc$	$Y \bigcirc N \bigcirc$		\$	\$
4.Cash On Hand	$Y \bigcirc N \bigcirc$	$Y \bigcirc N \bigcirc$		\$	\$
5. Stocks/Mutual Funds	$Y \bigcirc N \bigcirc$	$Y \bigcirc N \bigcirc$		\$	\$
6. CD/Money Markets	$Y \bigcirc N \bigcirc$	$Y \bigcirc N \bigcirc$		\$	\$
7. Treasury Bill	$Y \bigcirc N \bigcirc$	$Y \bigcirc N \bigcirc$		\$	\$
8. Bonds	$Y \bigcirc N \bigcirc$	$Y \bigcirc N \bigcirc$		\$	\$
9. IRA/KEOGH	$Y \bigcirc N \bigcirc$	$Y \bigcirc N \bigcirc$		\$	\$
10. 401K/401(b)	$Y \bigcirc N \bigcirc$	Y N		\$	\$
11. Pension/Annuity	$Y \bigcirc N \bigcirc$	$\mathbf{Y} \bigcirc \mathbf{N} \bigcirc$		\$	\$
12. Whole Life Insurance	$\mathbf{Y} \bigcirc \mathbf{N} \bigcirc$	$\mathbf{Y} \bigcirc \mathbf{N} \bigcirc$		\$	\$
13. Land Contract/Deed of Trust	$Y \bigcirc N \bigcirc$	Y N		\$	\$
14. Real Estate	$\mathbf{Y} \bigcirc \mathbf{N} \bigcirc$	Y N		\$	\$
15. Safe Deposit Box	$Y \bigcirc N \bigcirc$	Y N		\$	\$
16. Personal Property as Investment	$Y \bigcirc N \bigcirc$	$Y \bigcirc N \bigcirc$		\$	\$
17. Trust	$Y \bigcirc N \bigcirc$	$Y \bigcirc N \bigcirc$		\$	\$
18. Lump Sum Receipts	$Y \bigcirc N \bigcirc$	$Y \bigcirc N \bigcirc$		\$	\$
19. Other	$Y \bigcirc N \bigcirc$	Y N		\$	\$
2. In the past two (2) years, have you or anyone in your household sold or gifted assets for less than than fair market value? If yes, complete the following: Asset Disposed: Date Disposed: Amount Disposed: Marital Separation/Divorce Y N N N N N N N N Marital Separation/Divorce Y N N					
3. Have you given any gifts of	monev totaling	more than \$1,	- 000 in the past two (2	2) vears?	Y (N (
If yes, complete the following: Gifted to: Amount Gifted: Date:					
Residential History Ple	ease provide 2	years of rental	/housing history		
Current Address:					
City/State/Zip:					
Landlord Name/Mortgage :					
Phone:			Reason for Leaving:		
Date Moved In:					
Rent/Mortgage:				Rent O	Own O
Previous Address:					
City/State/Zip:					
Landlord Name/Mortgage :					
Date Moved In:					
Rent/Mortgage:				Rent O	Own O

Have you ever been evicted from tenance If yes, please list date:	y, broken a lease,	or sued for rent?		Yes	No
Have you ever filed for bankruptcy? If yes, is bankrupcy discharged?	Y	Date Discharged:		\bigcirc	\bigcirc
3. Has any household member plead guilty court-ordered supervision, or pre-trial div			eanor assault?	\bigcirc	\bigcirc
Do you own any pets that would be moving lf yes, please list types:	ng with you into th	e community?		\bigcirc	\bigcirc
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 eme	rgency, notify				
Name:		Phone #1			
Address:		Phone #2			
CERTIFICATION OF ACCURACY AND CO	MPLETENESS				
I/We certify that all information provided in understand that this information will be use advised and understand residency at this qualification. I agree that in addition to e certifying the information contained herein understand and agree that the owner/man through credit bureau, criminal checks, incompresefully falsifies, misrepresents or wi incomplete information on this application we	d to verify income community require execution of a Le and that such agement agent wome and landlore thholds informatic	e eligibility for community which es certain income restrictions ase Agreement, I will execute certification will be made uncill use this information to inved verification. I/We further uncon related to program eligibility	n I/We applied. and that reside a Tenant Inc ler penalty of p stigate my/our derstand that a	I/We had a sency is some Ce perjury. credit was not applicate.	ave been subject to ertification I further vorthiness cant who
Furthermore, if such misrepresentation or of subject to eviction or punishable by law.	mission is discove	red after tenancy has begun, I/	we understand	that we	may be
Head of Household	- <u>-</u>	Date			
Applicant		Date			
Applicant	_ <u> </u>	Date			

LEASING CRITERIA Countryside North Apartments

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.
- 2. 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. 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.
- 3. 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, or Form I-688A Employment Authorization Card. (A US government issued birth certificate in lieu of photo identification is acceptable for minor children.)
- 4. Employment history must be six months continual; may change jobs, but must be continual employment or verifiable income source. Applicants receiving SS, SSI, pension, retirement or disability are excluded from this requirement, but must provide acceptable 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.)
- 5. At least 50% of accounts reported must be rated positively by the credit bureau (rating of 1, 2 or 3). Medical, student loans and 0 rated trades are excluded from the account history. The presence of utility collection accounts will require verification of balance paid in full before approval can be considered.
- 6. Minimum monthly verifiable gross income must be at least 2.5 times the monthly rental rate. Applicants receiving approved and verifiable rental assistance will require a minimum monthly gross income of 2.5 times the resident portion of rent. Maximum gross income, which includes all income sources, cannot exceed LIHTC schedule, which is based on household size.

SPECIAL NOTE: Any bankruptcy 25 - 84 months old 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) for the application to be considered.

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.

Leasing Criteria – Page 2

Maximum General Occupancy Standards

1 bedroom - 2 persons 2 bedroom - 4 persons 3 bedroom - 6 persons

*A child <u>under</u> the age of eighteen months and sleeping in the same bedroom as the child's parent, custodian, etc., is not calculated in the above occupancy standards. Residents with a child at eighteen month or older, at the time of occupancy or lease renewal will be required to transfer to a larger apartment upon a subsequent renewal if the above occupancy standards are exceeded.

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.

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.

ACKNOWLEDGEMENT

Applicant	Date
Applicant	Date
Applicant	Date
Applicant	

I understand the policies contained herein and have received a copy of this document.

TENANT RELEASE AND CONSENT

I/We		_, the undersigned hereby authorize all	
assets for purposes of verifying in	ries listed below to release information formation on my/our apartment rental owner/manager of the apartment comm	regarding employment, income and/or application. I/We authorize release of	
INFORMATION COVERED			
inquiries that may be requested in income, assets, medical or child car	iclude, but are not limited to: person re allowances. I/We understand that the	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 TI	HAT MAY BE ASKED		
The groups or individual limited to:	ds 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	(Print Name)	Date	
Countryside North		(901) 377-4025	

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

Apartment Name

Phone