CHAF properties
MODERN LIVING AT A MODEST PRICE

RENEWAL CHECKLIST ITEMS

Household Last Name _____ **Renewal Date** _____ **Unit** _____

1) Proof of Income *(all that may apply to you and your household, current month of current year)*

a. Two month's most current paycheck stubs
b. 1099 Self-Employment / Profit Loss Sheet / Tax Return *(previous year)*
c. Pension Verification Letter
d. Social Security Benefits Verification Letter
e. Alimony documentation
f. Child Support official Family Law Case History
[print out from the courthouse of past 12 months]

2) Divorce decree – *if applicable*

3) Vehicle Registration

ALL MINORS/ ADULT CHILDREN TURNING 18 YEARS OF AGE UPON RENEWAL MUST ALSO PRESENT A COMPLETED RENEWAL PACKET; MUST BE PRESENT FOR RENEWAL APPOINTMENTS AND LEASE RENEWAL SIGNING.

PLEASE BE ADVISED:

ALL COMPLETED RENEWAL PACKETS MUST BE SUBMITTED IN PERSON BY APPOINTMENT ONLY.
PLEASE CALL TEXT OR EMAIL YOUR PROPERTY MANAGER TO SET UP YOUR RENEWAL APPOINTMENT.

PARTIAL PAPERWORK:

PAPERWORK SUBMITTED AFTER HOURS IN OUR DROP BOX IS NOT ALLOWED.
DROPPING OFF RENEWAL PAPERWORK AT OUR OFFICES DURING BUSINESS HOURS IS NOT ACCEPTED.

APPOINTMENTS:

IF YOUR RENEWAL PACKET OR PAPERWORK IS INCOMPLETE YOU WILL BE RESCHEDULED.
WE ALLOW A 15 MINUTE GRACE PERIOD.
IF YOU ARE PASSED THE 15 MINUTES YOU MAY BE RESCHEDULED.

TO ENSURE EFFECTIVE COMMUNICATION, PLEASE BRING AN INTERPRETER IF NEEDED.

Contemporary Housing Alternatives of Florida
5345 Laurel Place
Clearwater, FL 33760

STATEMENT OF QUALIFICATIONS

Thank you for applying at CHAF Properties!

Thank you for your patience while we work to ensure that our community is filled with qualified and respectful residents who will make this a great place to live.

If you meet the applications standards and are accepted, you will have peace of mind of knowing that you will be joining other residents who have been processed with equal care.

NOTE: We provide equal and fair housing opportunities. We do not discriminate based upon race, color, religion, sex, national origin, familial status disability, age, marital status, or any other qualifications not related to the application process.

If your application meets all the following criteria, you will be approved. If it does not, you may be approved with conditions, which may require you to pay an additional security deposit or obtain a guarantor from a third party (One App). In the event that you do not meet the requirements set forth, we will have to deny your application.

APPLICATION SCREENING REQUIREMENTS

A complete application: All lines must be filled in and questions answered for the application to be processed. ALL Applicants over the age of 18 must complete an application, in addition, all occupants must be named on the lease as a leaseholder, and all occupants over the age of 18 must sign the lease along with the lease holder(s).

Two forms of identification are required for all applicants over the age of 18: We require a photo ID (a driver's license or photo identification card issued by the government, state or federal) and a second form of identification in order to verify your identity once you begin the application process. Your second form of identification may be a social security card, birth certificate, or a non-resident alien card, etc.

Verifiable Rental History: The standard approval process requires verifiable rental history for the most recent two (2) years. It is the applicant's responsibility to provide the information necessary for us to contact previous landlord(s) for verification. Applicants must have a history of paying rent on time, providing proper notice when vacating, and maintaining a satisfactory rental history.

Applicants with a prior eviction may be subject to additional review. Evictions that occurred within the past twelve (12) months may result in denial. Applicants with multiple evictions may be denied based on the overall screening results and rental history.

Applicants must not owe any outstanding balance to a current or former landlord. Applicants with landlord debt identified during the screening process may be considered if they provide a current zero-balance letter from the landlord confirming the debt has been paid in full within three (3) business days of notification.

If we are unable to verify previous landlords and/or references, we reserve the right to require an additional security deposit and/or deny the application if the other criteria set forth are not met. Verifiable for these purposes means third-party verification from someone other than a relative.

We will consider a mortgage as rental history if it has been active within the past two (2) years. However, if the mortgage is late, in default, or subject to foreclosure proceedings, the applicant may be required to provide documentation supporting the circumstances and may be subject to additional review, an increased security deposit, or denial based on the overall screening results.

Income eligibility: In order to become eligible for approval you must meet the monthly requirements set forth by this community. Our standard is 3 times the rent per month. Income will be verified by 3rd party. Some examples are; employment verification, the collection of paystubs (8 consecutive), the collection of SSI, SSD, SSA confirmation letters, the collection of legal settlement and divorce agreements and any other legal paperwork reflecting income (i.e.- child support documentation, the collection of bank statements (when applicable), or other asset statements). A complete list of income documentation will be provided to you by the property staff once the initial interview for application is

complete. For applicants that are reporting on income from a contributor (a person who makes regular monthly contributions to the applicant), the following applies:

20% of income or less from contribution- A notarized affidavit from the contributor (form to be provided by office) 6 months' bank statements showing the amount of the contribution as a deposit. If the applicant cannot provide bank statements proving the contribution, then your application may be denied.

This is an Affordable Housing property. During initial application and subsequent yearly recertifications you may be asked to provide IRS Income Tax Returns or Tax Return Transcripts. This provides proof your initial occupancy was indeed below the required maximum income limits.

Credit History: Credit accounts should have satisfactory ratings, and all utility accounts must be current with no outstanding balance.

Applicants with utility debt identified during the screening process may be considered if they provide a current zero-balance letter from the utility provider confirming the debt has been paid in full within three (3) business days of notification.

Applicants with adverse credit history may be subject to additional review. Based on the overall screening results, applicants may be approved, denied, or referred to OneApp for further consideration.

OneApp is a third-party lease assurance program that may be used to provide additional screening and qualification options for applicants who do not meet CHAF's standard screening criteria. Applicants referred to and approved through OneApp may be required to pay fees directly to OneApp. Any fees charged by OneApp are separate from application fees, holding deposits, security deposits, rent, or other amounts due to CHAF.

Bankruptcy will be subject to further review. Applicants with an active or open bankruptcy will be denied. If the bankruptcy has been dismissed or discharged, supporting documentation may be required. Once all information has been reviewed, the application may be approved, denied, or referred to OneApp for further consideration.

Criminal background: CHAF's goal is to assist ex-offenders in gaining access to one of the most fundamental building blocks of a stable life, a place to live. However, criminal background checks are performed at admission.

CHAF is committed to seek a balance between allowing ex-offenders to reunite with their families that live in our communities, and at the same time, ensuring the safety of all residents of its programs.

CHAF may deny admission when the screening process shows a conviction for engaging in criminal activity and history of inability to comply with the terms of previous leases, as verified by previous landlords or other entities. However, CHAF may consider mitigating circumstances and will handle each applicant on a case-by-case basis.

CHAF will use local and national databases to perform criminal background checks (not including juvenile records) and sex offender registration checks for applicants and additions to households who are 18 years of age and older. CHAF will conduct such checks on household members who are younger than 18 years only if they are being tried as adults for certain criminal offenses.

- A nationwide criminal background check and sex offender registration check will be performed.

In its decision to deny admission, CHAF shall conduct an individualized assessment considering the following:

- The seriousness of the case, especially as it affects the health and safety of other residents;

- The effect of denial or termination of assistance on other family members who were not involved in the action or failure to act;

- The level of violence, if any, of the criminal activity for which the applicant was convicted;

• The length of time since the conviction;

• The number of convictions that appears on the applicant criminal history;

• The possibility of the applicant being rendered homeless; and

• The rehabilitation efforts taken by applicant after conviction or released from prison.

An arrest is not evidence of criminal activity that can support an adverse admission, termination, or eviction decision. As such, an arrest where the disposition of the criminal charges are voided, invalidated, rendered inoperative, dropped, nolle prosed, dismissed pursuant to successfully completion of a diversion or a deferral of judgment program, no action, or other resolution that does not involve an admission of guilt or where the applicant is found not guilty or acquitted, may not result in denied or terminated assistance.

CHAF may permanently deny admission for convictions related to the following:

(1) Manufacturing or distribution of controlled substances.

(2) Sex offenders subject to a lifetime registration under a state sex offender registration program. In searching for sex offenders, CHAF will perform background checks nationwide.

(3) Felonious violent criminal activities, including but not limited to murder, arson, aggravated felony battery and sex-related crimes not subject to lifetime registration under a state sex offender registration program.

For non-permanent criminal activities, CHAF will consider criminal convictions within the last seven (7) years. The seven-year lookback period shall begin on the date the applicant successfully completes all terms of the sentence, including incarceration, probation, parole, community control, or any other court-ordered supervision, whichever occurs last.

After conducting an individualized assessment, CHAF may deny admission if the applicant has been convicted for the following criminal activities:

(1) Drug-related activities, including, but not limited to, eviction or termination from federally assisted housing due to drug activity. Drug-related activities mean illegal manufacture, sale, distribution or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute, or use the drug.

(2) Violent criminal activities which shall include any criminal activity that has as one (1) of its elements: the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, non-trivial bodily injury or property damage.

(3) Non-violent criminal activities that may threaten the health, safety or right to peaceful enjoyment of the premises by other residents. Examples are crimes that involve disturbing the peace, crimes against property such as burglary, larceny and robbery, and crimes that impose financial costs such as vandalism, bribery, and fraud, including fraud in connection with federally assisted housing.

(4) Alcohol abuse or pattern of abuse, if CHAF has reasonable cause to believe that the person's abuse or pattern of abuse of alcohol may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.

In determining denial of admission related to drug or alcohol abuse, CHAF must take into consideration: Evidence of drug or alcohol rehabilitation, as indicated under Mitigating Circumstances below, and if the drug or alcohol abuse is related to a disability, as determined by CHAF's ADA Coordinator.

CHAF may also deny admission based on the conduct underlying arrests, only if the conduct indicates the individual is not suitable for tenancy and CHAF has sufficient evidence, other than the fact of the arrest that the individual engaged in the conduct, other than the fact of the arrest. Such evidence may include a police report property, living and housekeeping habits that may adversely affect the health, safety or welfare of other tenants or cause damage to the unit or development.

Notification of Proposed Rejection

CHAF must notify the household of the proposed rejection, the reason for the denial of admission, and provide an opportunity to dispute the accuracy and relevance of the record.

Mitigating Circumstances for Applicants

1. Mitigating circumstances are facts relating to negative rental history or behavior, that, when verified, indicate that the reason for the unsuitable rental history or behavior is no longer in effect or is under control, justifying admission or continued occupancy. Mitigating circumstances could overcome or outweigh information gathered in the screening process.

2. The factors below will be taken into consideration when reviewing the conviction(s) for engaging in criminal activities. These factors are not the only allowable mitigating circumstances. CHAF may consider other mitigating circumstances as appropriate.

Providing documentation of mitigating circumstances as described below is the responsibility of the applicant. It is incumbent upon the applicant to provide documentation, evidence and any and all other third-party proof at any time, including but not limited, to the investigation interviews, appointments with the CHAF staff, at the time of the informal review or within the time limit set by the hearing officer to provide substantiating information challenging the recommendation to deny assistance.

Substance Abuse Rehabilitation

Upon determination by the hearing officer, hearing panel, or CHAF, whether to recommend denial or termination of assistance for illegal drug use or a pattern of illegal drug use by a household member who is no longer engaging in such use, or for abuse or a pattern of abuse of alcohol by a household member who is no longer engaging in such abuse, may consider whether such household member was remanded by the court and is participating in or has successfully completed a supervised drug or alcohol rehabilitation program, or has otherwise been rehabilitated successfully. For this purpose, CHAF shall require the applicant to submit evidence of the household member's current participation in, or successful completion of, a supervised drug or alcohol rehabilitation program or evidence of otherwise having been rehabilitated successfully.

Examples of mitigating circumstances may include:

a) Evidence of successful rehabilitation. The household member who engaged in criminal activity successfully completed a diversion or deferral of judgment program; or has successfully completed a supervised drug or alcohol rehabilitation program verified by CHAF;

b) Circumstances leading to the eviction or criminal activity no longer exist (for example, the criminal household member has died or is imprisoned);

c) Evidence of the family's participation in social service or other appropriate counseling service; or

d) Evidence of successful and sustained modification of previous disqualifying behavior.

PROPERTY SPECIFIC INFORMATION:

Pets Policy: We allow 2 pets per unit. Dogs must be 25 lbs. or less. We do not allow breeds that are classified as aggressive, including but not limited to American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier, Bull Terrier, Rottweiler, Jack Russell Terrier, Chow, Great Dane, Doberman Pincher, German Shepherd, Caucasian Ovcharka, Dogo Argentino, Saint Bernard, Fila Brasileiro, Perro De Presa Canario, Akita Inu, Husky, Bull Mastiff. The nonrefundable pet fee is $250 per pet, plus an additional $30 per month per pet. All pets must be listed on your application and registered with the office. We also require that immunizations are up to date and a photo of your pet for the file. Additional information and requirements are available on the Pet Addendum and may be reviewed prior to moving in by request.

Important Move-In Rent Policy
Please be advised that if your move-in date is after the 20th of the month, you will be required to pay rent for both the remainder of the current month **and** the full rent for the following month at the time of move-in.

Application fee: **$100** per adult over the age of 18

Holding Deposit: **$150**, may or may not be refundable*

Conditional Approval: Applicants who do not meet CHAF's standard screening criteria may be referred to OneApp for additional consideration. Applicants approved through OneApp may be required to pay fees directly to OneApp. Any fees charged by OneApp are separate from application fees, holding deposits, security deposits, rent, or other amounts due to CHAF.**Conditions may apply that would make deposit NOT refundable. An example would be cancelation of application by the applicant.*

Occupancy Standards:

One Bedroom..... Two (2) Member Household

Two Bedroom..... Four (4) Member Household

Three Bedroom..... Six (6) Member Household

Important things to remember:

1. All applicants 18 years of age or older will be required to go through the application process and sign the lease as a lease holding resident.
2. Credit reports will not be printed at any time, nor are we permitted to discuss the reporting with the applicant.
3. All applicants will be notified immediately upon approval or denial with written results generated from the screening program. In addition, this approval/denial will be noted on your application at this time.
4. Holding deposits are not refundable during the application process or once you have been notified that your application has been approved.
5. Once an application has been submitted, all information, including copies of any verifications of income, identifications, residential history become property of the community and will be retained in accordance with the law of the governing State.
6. It is required to leave your ID Copy (we will make the copy) in the leasing office when touring the community.
7. You must move in within 30 days of the time you turn in your application.
8. We gladly accept agency move-in funds. However, please note that **full payment must be received at the time of move-in**, whether from the agency, the tenant, or a combination of both.

Tenants will not be permitted to move in until all required funds have been paid in full.

9. Your application is not considered "approved for occupancy" until all fees are paid, background check is approved, all income, asset and student information has been provided and your file have been cleared by CHAF's Compliance Department. _____ INITIALS

I acknowledge the receipt of this Statement of Qualifications document:

Applicant Signature: _____

Print name: _____

Date: _____

Applicant Signature: _____

Print name: _____

Date: _____

Applicant Signature: _____

Print name: _____

Date: _____

Applicant Signature: _____

Print name: _____

Date: _____

ANNUAL RECERTIFICATION QUESTIONNAIRE

Unit Number: _____

I. Resident Information

Resident's Name: _____

Driver License #: _____ **State:** _____

Last Four SS #: XXX-XX- _____ **Date of Birth:** ____/____/____ (MM/DD/YY format ONLY)

Phone #: _____ **Email:** _____

Student Status: Full Time Part Time Not Student

Resident's Marital Status: ☐ Married ☐ Separated ☐ Widowed ☐ Divorced Never Been Married

II. Other Household Members

List all children who are dependent of persons listed on this application: **Check Student Status:**

Name: _____ Current Age: _____ DOB: ____/____/____ ☐ F/T ☐ P/T ☐ Not Student

Name: _____ Current Age: _____ DOB: ____/____/____ ☐ F/T ☐ P/T ☐ Not Student

Name: _____ Current Age: _____ DOB: ____/____/____ ☐ F/T ☐ P/T ☐ Not Student

Name: _____ Current Age: _____ DOB: ____/____/____ ☐ F/T ☐ P/T ☐ Not Student

A) Are there any other household members **NOT** listed on this or a separate application (i.e., spouse, absent spouse, roommate, foster adult, foster child, or other)?
☐ NO ☐ YES **If yes,** please explain: _____

B) Does anyone in the household anticipate changes to "Student Status" within this calendar year? ☐ NO ☐ YES
If yes above, list name(s): _____ Anticipated Change(s): _____

III. Employment History

Resident's Current Employer:

Employer's Name: _____

Street Address: _____

City, State, Zip: _____ Supervisor's Name: _____

Phone #: _____ Fax #: _____

Anticipated Gross Annual Income: _____ Hire Date: ____/____/____ (MM/DD/YY format)

IV. Other Sources of Income

Resident's Other Income:

Source:			Gross Amount Received:	Frequency (mark one):
SSI/SSA:	NO	YES	$_____	☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____
Retirement/Pension:	NO	☐ YES	$_____	☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____
Unemployment:	☐ NO	☐ YES	$_____	☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____
Recurring Contribution:	NO	YES	$_____	Monthly Quarterly ☐ Annually Other: _____
AFDC/TANF:	NO	YES	$_____	☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____
Child Support:	☐ NO	YES	$_____	☐ Monthly Quarterly ☐ Annually ☐ Other: _____
Alimony:	NO	YES	$_____	Monthly ☐ Quarterly ☐ Annually Other: _____
Military Service	☐ NO	☐ YES	$_____	☐ Monthly Quarterly ☐ Annually ☐ Other: _____
Other:	☐ NO	☐ YES	$_____	☐ Monthly ☐ Quarterly ☐ Annually Other: _____

If other, list source: _____

V. Household Assets

Does any household member on this application (including children) have a checking or savings account, CD, Bonds, Real Estate, digital payment apps, or any other type of asset(s)?

☐ **NO** ☐ **YES** **If yes,** list type of asset and name of institution:

Resident	Child	Type of Asset	Institution
☐			
☐			
☐			
	☐		

Has anyone in your household disposed of any assets in the past twenty-four (24) months?
☐ NO ☐ YES **If yes,** explain: _____

VI. General Information

Has anyone in your household been convicted of a felony? ☐ NO ☐ YES **If yes, list name(s):** _____

VII. Acknowledgement and Authorization

Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in denial of my application for residency or the immediate termination of the lease agreement. All persons contacted in relation to this acknowledgement and authorization, may freely give any requested information concerning me, including but not limited to credit, criminal, employment and rental history, and I hereby waive all right of action for any consequence resulting from such information.

Resident's Signature: _____ **Date:** ____/____/____ (MM/DD/YY format ONLY)

Verification of Employment Income

Employer Name: _____ Phone: _____

Street Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____

The person listed below has made an application for residency in our community. This rental community requires documentation of income as part of the qualification process. The applicant has indicated that he/she is employed by your organization and has given us authorization to request the following needed information.

Employee Name: _____ SS#: XXX-XX- _____

Employee's Consent:
I authorize my employer to release the above requested information to the named community. I also understand that information provided by my employer will no way be considered a binding contract from my employer.

Employee Signature: _____ Title/Position: _____ Date: _____

Employers - please fully and clearly answer sections 1 through 5

1. Date of Hire: _____

2. Current Wages/Salary: $_____ ☐ If Hourly – Average Number Hours per Week _____
   ☐ Bi-weekly ☐ Weekly ☐ Semi-monthly
   ☐ Monthly ☐ Annually ☐ If other explain _____

3. Is overtime (OT) available? ☐ No ☐ Yes
   If yes, OT rate $_____ Average Number Hours per Week _____

4. Are commissions, tips, bonuses, shift differential or any other income available?
   ☐ No ☐ Yes If yes, list amount $_____(check one)
   ☐ Bi-weekly ☐ Weekly ☐ Semi-monthly
   ☐ Monthly ☐ Annually
   ☐ If other explain _____

5. Any pay increase anticipated in the next twelve months?
   ☐ No ☐ Yes If yes, enter effective date _____, % Increase _____%

Under penalty of perjury, I herby certify that I am authorized to release this information and all payroll information for employees of the above-named company. In addition, I certify that the information supplied in this section is true and complete and it includes all anticipated income expected to be earned by this employee. Also, that I understand, that federal and state law prohibits employers from providing false or inaccurate income information.

Employer Signature: _____ Date: _____
Printed Name: _____ Phone: _____
Title: _____ E-mail: _____

This statement cannot be handled by the employee,
please fax, email, or mail from your office to the address shown on the coversheet.

Declaration of Child Support Income

Applicant's Name: _____ Unit Number: _____

Non-custodial parent's name: _____

List only child/children from the absent non-custodial parent listed above:

Child/Children Name: _____ _____

_____ _____

A. Do you receive child support? ☐ No ☐ Yes

If yes, list amount $_____ (check one) ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly
☐ Monthly ☐ Annually
☐ If other explain _____

If yes, is your child support ☐ voluntary or ☐ court ordered? **mark one option*

If court ordered, date the order was established: _____ ***(MM/YY format required)***

***Note: If court order was established less than 3 months ago, a copy of the court order is required.**

Under penalty of perjury I hereby certify that all the above information is correct, and that I understand that failure to provide accurate information will result in denial of my application or immediate termination of my lease agreement. Furthermore I understand that the community for which application is being made is finance through a program governed by the Internal Revenue Services wherein qualification for occupancy requires that certain income, including child support be included and verified.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Student Eligibility Questionnaire

For LIHTC Units with HOME and/or Sec 8

Applicant's Name: _____ **Application for HOME and/or Sec 8?** ☐ Yes ☐ No

LIHTC Student Definition - Full-time students are those attending or who will attend public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools (does not include those attending on-the-job training courses) for five months during the current and/or upcoming calendar year (months need not be consecutive). If you graduated from school or university during the current calendar year, you are also considered full-time student.

HOME and/or Sec 8 Student Definition - A student is an individual who is enrolled as a student part-time or full-time at an institution of higher education, who is under the age of 24, not a veteran, not married, is not a person with disabilities, and does not have a dependent child.

Answer the questions in I through III below based on the student definitions above as applicable:

I. LIHTC

Did you graduate from school or university during the current calendar year? ☐ Yes ☐ No

Based on the definition above, is *everyone* in the household a full-time student? ☐ Yes ☐ No If "Yes," be sure to complete "A" below

II. HOME and/or Sec 8

Will you be moving into a HOME and/or Sec 8 unit? ☐ Yes ☐ No If "No", proceed to III
If "Yes", answer the next question

Based on the definition above, are you currently or do you anticipate becoming a student at an institution of higher education, full or part-time? ☐ Yes ☐ No If "No", **household is eligible**
If "Yes", be sure to complete "B" below

III. Are there any adult household members that are either full or part-time students? ☐ Yes ☐ No
If "Yes," the adult student(s) must complete a Student Income Certification.

A. Applicable Exemptions - Only complete if you answered "Yes" to question "I" above.

- ☐ I am married and entitled to a joint tax return.
- ☐ I am a single parent with child(ren), I am not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent.
- ☐ I am a full-time student who previously was under the care of a foster care program and are currently transitioning into independent living.
- ☐ I do not meet any of the above exemptions and therefore are NOT eligible to reside in a LIHTC community that has HOME and/or Sec 8. However, do meet one of the following LIHTC exceptions:
  - ☐ At least one household member will be residing in the unit who is not a full-time student.
  - ☐ Our household is currently receiving assistance under Title IV of the Social Security Act (e.g. AFDC or TANF)
  - ☐ I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar federal, state, or local laws.

B. Applicable Exemptions - Only complete if you answered "Yes" to the second question in part "II" above.

1. Are you over 24 year of age? ☐ Yes ☐ No
2. Are you a veteran? ☐ Yes ☐ No
3. Are you married? ☐ Yes ☐ No
4. Do you have a dependent child living with you? ☐ Yes ☐ No
5. Are you a person with a disability and was receiving Section 8 assistance as of 11/30/2005? ☐ Yes ☐ No

If you answered yes to any of the questions above, skip questions 6-8 below. Otherwise, continue.

6. Are you or your parents eligible for Section 8 assistance? ☐ Yes ☐ No
7. Are you independent from your parents? ☐ Yes ☐ No
8. Are you receiving any financial assistance to help pay for your education? ☐ Yes ☐ No

A "Yes" answer to any of the above may require additional supporting documentation.
If "No" to all of the above, the household is ineligible to reside in an LIHTC unit with HOME and/or Sec 8.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the immediate termination of the lease agreement.

Applicant's Signature: _____ **Date:** _____

Student Eligibility Declaration

Applicant's Name: _____ Unit Number: _____

This rental community has received funding from a program which does not generally allow occupancy by households comprised entirely of full-time students.

Did you attend school or university at any time during the current calendar year?

☐ No ☐ Yes Starting date: _____ Ending Date: _____

Do you plan to attend school or university next year and/or in the remainder of this year?

☐ No ☐ Yes Starting date: _____ Ending Date: _____

Based on the below definition and answers to the questions above, I am:

Full-time is defined as those that have attended, are attending, or who will attend public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools (does not include those attending on-the-job training courses) for five months during the current calendar year (months need not be consecutive).

☐ Not a Student

☐ Part-Time Student Receiving rental assistance? ☐ No ☐ Yes *If yes, complete a Student Income Certification*

If all household members are students, provide from the school a completed Student Verification form

☐ Full-Time Student Receiving rental assistance? ☐ No ☐ Yes *If yes, complete a Student Income Certification*

When counting only $480 of the full-time student's income, provide Student Verification form

Only when a Full-Time Student check which applies:

☐ At least one household member will be residing in the unit who is NOT a full-time student.

List such household member: _____

☐ I am married and entitled to a joint tax return

PLEASE PROVIDE: A signed copy of most recent tax return or copy of marriage certificate

☐ I am a single parent with child(ren), I am not a dependant of another individual and the child(ren) is/are not dependent(s) of someone other than a parent

PLEASE PROVIDE: A signed copy of most recent tax return

☐ Our household is currently receiving assistance under Title IV of the Social Security Act (e.g. AFDC or TANF)

PLEASE PROVIDE: A third-party verification of AFDC or TANF award

☐ I am a full-time student who previously was under the care and placement of a foster care program

PLEASE PROVIDE: Third party verification of participation of foster care program

☐ I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar federal, state, or local laws

PLEASE PROVIDE: A third-party verification of participation in such program and the programs mission statement

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the immediate termination of the lease agreement.

Applicant's Signature: _____ Date: _____

Printed Name: _____

CHAF Properties

GENERAL INFORMATION UPDATE

RESIDENT / HOUSEHOLD NAME: _____

PROPERTY: _____ **UNIT:** _____ **DATE:** _____

EMERGENCY CONTACT INFORMATION

CANNOT LIVE IN SAME HOUSEHOLD

Name of Emergency Contact : _____

Street Address: _____

City, State, Zip Code: _____

1st Phone: _____

2nd Phone: _____

Relationship to Resident: _____

RESIDENT VEHICLE INFORMATION

BRING YOUR VEHICLE REGISTRATION WITH YOU

Name on Vehicle Registration: _____

Make: _____

Model & Year: _____

Color: _____

License Plate: _____

State of Issued Plate: _____

CHAF Permit Number: _____

PERMISSION TO DRIVE/ AUTHORIZED DRIVER FORM REQUIREMENTS

If your name is not on the current registration AND the person listed on the registration is NOT on your lease, you must submit the **Permission to Drive / Authorized Driver Form.**

*The **Permission to Drive / Authorized Driver Form** must be **notarized**.*

An updated copy of the current owner's vehicle registration must be submitted.

Authorized Driver: (NOTARIZED) ☐ **YES OR** ☐ **NO**

TENANT RELEASE AND CONSENT

I/WE _____ the undersigned, hereby authorize _____ to release without liability, information regarding my/our employment, income, and/or assets to **CHAF PROPERTIES** for purposes of verifying information provided as part of the apartment rental application or annual recertification.

INFORMATION COVERED

I/WE understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to personal identity; employment, income and assets; medical or childcare allowances. I/WE understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The group or individuals that may be asked to release the above information includes but are not limited to:

Past and Present Employers
Previous Landlords
Public Housing Agencies
Support and Alimony

Welfare Agencies
State Unemployment Agency
Social Security Administration
Medical/Child Care Providers

Veterans Administration
Retirement Systems
Banks and Others
Financial Institutions

CONDITIONS

I/WE agree that a photocopy of this autorization may be used for the purposes stated above. The original of this authorization is on file and will stay on file for one year and one month from the date signed. I/WE understand that I/WE have a right to review this file and correct any informaiton that I/WE can prove is correct.

SIGNATURES

_____ **Head of Household Signature**	_____ **(Print Name)**	_____ **Date**
_____ **Spouse Signature**	_____ **(Print Name)**	_____ **Date**
_____ **Adult Member Signature**	_____ **(Print Name)**	_____ **Date**

NOTE: THIS GENERAL CONSISTENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN . IF A COPY OF A TAX RETURN IS NEEDED THE IRS FORM 4506 "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATLEY.

After Hours:

Emergency Work Order

Acknowledgment

_____ I acknowledge that EMERGENCY work orders REQUIRE contacting the office immediately.

_____ I acknowledge that if an EMERGENCY work order is submitted after business hours I am to call, not text, (727) 497-5250.

_____ I acknowledge that reporting an EMERGENCY work order REQUIRES clearly stating the maintenance issue: my address, my name and call back number.

_____ I acknowledge that EMERGENCY after hours contact number is not the phone number to contact for a life emergency, for medical attention, or to place a non-emergency work order.

EMERGENCIES INCLUDE:

- Electric Hazards
- Fires
- Plumbing /Leaks
- Toilets (if only 1 in the unit)
- Broken Windows
- A/C Heat when outdoor temperatures drop below 35-40°F
- A/C Cooling when outdoor temperatures exceed 90°F

_____ I acknowledge that I will have to contact the authorities and the fire department by dialing 9-1-1 for medical emergencies, criminal activity, fires, floods and vandalism.

_____ _____

Resident Date

_____ _____

Agent Date

CHAF Properties

Work Order

Acknowledgment

Property: _____ **Unit:** _____ **New Lease** ☐ **Renewal** ☐

Please read and place your initials on each statement below:

_____ I acknowledge that work orders must be made in a timely manner.

_____ * I acknowledge that once I submit a work order, I am giving permission for CHAF Properties maintenance staff to assess, repair and return to the unit during business hours to complete said work order.

_____ I acknowledge that once I submit a work order, I will not be provided with additional notifications of entry or completion.

_____ I acknowledge that once I submit a work order, I will not have unsupervised minors in the unit.

_____ I acknowledge that once I submit a work order, I will have to properly secure pets in the home.

_____ I acknowledge that additional work and repairs detail may be modified to my original work order upon inspection and further assessment of the repairs needed.

_____ I acknowledge that I will be sent an email indicating maintenance fees applied for repair.

_____ I acknowledge that these charges must be paid in full to avoid late fee charges.

_____ I acknowledge that work orders can be submitted best via:

- The ResMan resident portal app
- CHAF Website: https://chafproperties.com/
- Front office: either of the front desk staff will assist
- Email: info@chafproperties.com or your property manager's email
- Text Message

** **Entry Authorization description for WORK ORDERS**: Entry of unit includes and are described as a physical, initial visit of maintenance due to a work order submission; or an inspection of property due to a work order submitted to best assess the repair; a return visit from maintenance to complete the work order (should replacement parts or further work be needed); finally, to make repairs in unit from the work order submitted by tenant and/or Property Manager.*

YOU MUST INITIAL EACH SECTION BELOW

CHAF Parking Policy Addendum – Updated 06.03.2026

Towing Hours: 8:00 p.m. to 8:00 a.m.

Property _____ **Apt #**_____ **Permit #** _____

____ All vehicles parked on property must clearly display a valid parking decal. Resident decals must be installed on the **interior of the vehicle. VEHICLES WITHOUT A PROPERLY DISPLAYED DECAL IN RESIDENT AREAS WILL BE TOWED IMMEDIATELY WITHOUT NOTICE!**

____ Visitors and all vehicles without decals (including rentals or loaner vehicles) must be parked in areas designated for Visitor parking. Vehicles parked in Visitor parking for more than 3 consecutive days must have prior written permission from the office to do so.

____ **If you have a rental for longer than one day, it is your responsibility to notify the office or park in a VISITOR's spot. (If Property has visitor spots)**

____ Any vehicle that is on jacks, blocks or otherwise inoperable, double parked, blocking a dumpster, parked on sidewalks or landscaping, taking up more than one parking space, parked in a fire lane, parked in a handicapped spot without the proper permit, has missing license plates, "For Sale" vehicles parked out front, or is parked anywhere other than a clearly designated parking space will be **towed immediately** without notice regardless of parking verification.

____ Vehicles with flat tires, expired plates, leaking fluids, not in acceptable condition or otherwise deemed improper by management will be given a 48-hour notice to correct the violation. If not corrected, the vehicle will be towed with no further warning.

____ Only those residents on the Lease will receive a parking decal. There will only be 1 decal issued per licensed resident.

____ Boats, trailers, RV's or commercial vehicles may not be parked on property.

____ Gasoline powered vehicles (scooters, motorcycles, ATV's, etc.) may not be parked within 5 feet of any residential structure.

____ Any decals or permits that are improperly placed, obscured, altered or otherwise not readily visible may result in your vehicle being towed.

____ If you purchase a new vehicle, you must bring your registration into the front office for verification, we will issue a new decal. **Old decals are not transferable and must be returned or a $25.00 fee is charged. If you lose your permit, you will be charged $25.00 for a replacement.**

____ Any and all previous rules or regulations, lease disclosures or addendum's pertaining to vehicles on property, parking or towing are hereby superseded by this addendum. Management reserves the right to periodically review or amend these rules at their discretion.

____ **Residents are responsible for informing guests of our parking policies.**

____ **Vehicles will be towed at their owner's expense. Management is not responsible for damages or loss.**

____ **The speed limit throughout the neighborhood is 25 miles per hour and YOU MUST ABIDE BY ALL TRAFFIC LAWS while in the neighborhood, including fully stopping at all STOP signs.**

____ At the time of **move-out and key return, all parking decals assigned to the unit must also be returned, as all parking decals remain the property of CHAF.** Failure to return any assigned parking decal(s) at the time of move-out will result in a **$25 charge per decal**. Residents are responsible for ensuring that all decals issued to their household are returned when vacating the premises.

_____ _____

Resident Date

_____ _____

Property Agent Date

AVOID
GETTING TOWED

THE AUTOS OF GUESTS WILL BE TOWED AFTER 8:00 PM IF NOT PARKED IN VISITORS' PARKING SPOTS.
THE AUTOS OF GUESTS WILL BE TOWED IF PARKED ANYWHERE ON PROPERTY WITH NO YELLOW GUEST TAG.
THE AUTOS OF RESIDENTS WILL BE TOWED IF PARKED ON PROPERTY & NO ORANGE PARKING DECAL IS VISIBLE.

A-1 Recovery Inc. #TEAMTOM

2221 5th Ave South
Saint Petersburg, Florida 33712
(727) 536-5600

_____
Tenant Signature of Acknowledgment

_____
Date of Acknowledgment

Estimated Drop Fee $75.00 (CASH ONLY)
Estimated Retrieve Auto Fee $202.00 (CASH ONLY)
Estimated Additional Card Charge 4% (estimated $10.08)

Race and Ethnic Data

OMB Approval No. 2502-0204

Reporting Form

(Exp. 06/30/2017)

Name of Property | **Address of Property**

Name of Owner/Managing Agent | **Type of Assistance or Program Title:**

Name of Head of Household | **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	**Select One**
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature | **Date**