Dear Prospective Applicant for Liberty Apartments,

You are receiving this letter because you have expressed an interest in Liberty Apartments. We anticipate a construction completion date of May 2020.

This letter is being sent to provide you with important information related to eligibility requirements and the application process:

1. All Applicants must be determined eligible based on income requirements. The eligibility requirements for Liberty Apartments are as follows:
   - Gross Annual Income must be under income limits to be eligible:
     1. Person in household = $26,760.00
     2. People in household = $30,540.00
     3. People in household = $34,380.00
     4. People in household = $38,160.00
   *Income limits are anticipated to change by the time Liberty Apartments opens.

2. Eligible applicants must also pass screening criteria including credit, criminal background, and prior rental history. There is a $20 nonrefundable fee for these reference checks. **CASH IS NOT ACCEPTED FOR REFERENCE CHECKS**

3. Rent $475
4. The Security Deposit is $475.
5. The Security Deposit is not required prior to processing the application, however will be required to be paid in full prior to move-in. Any security deposit paid will be refunded if the applicant is determined to be ineligible. However, the deposit will **not** be refunded if the applicant changes his/her mind for any reason.

Enclosed you will find an application. Please complete the application in its entirety. Do not leave any blanks. [If the answer to the question is “no/no” enter “no/no”; do not leave it blank.] You must sign and date the application.

**IMPORTANT NOTE:** Regulations require that the waiting list be created based on the **date and time the completed application is received by management.** Therefore, it is very important that you complete and return your application in a timely manner.

We will begin the process or background screening and determining eligibility approximately 90 – 120 days in advance. This process of determining eligibility will involve verification of age, income & assets. We will start this process of according to placement on the waiting list. As stated above, it is very important that you complete and return your application in a timely manner to ensure placement on the waiting list.

Please return the enclosed application to:

Community Partnership of Southeast Missouri

Cape Girardeau, MO 63701

We are pleased you have expressed an interest in this apartment complex. We look forward to working with you.

Sincerely,

Community Partnership of Southeast Missouri

Please call the number at the top of this letter if specific arrangements need to be made for returning the application.
Liberty Apartments

RENT $475

plus utilities

(Trash Provided by Owner)

2-Bedroom Units with approximately 865 Sq. Ft.

Each Unit is Furnished with:

* Dishwasher  * Microwave
* Refrigerator  * Stove
* Garbage Disposal
* Full Size Washer and Dryer

Covered Front Porches

Super High Efficiency HVAC

Club House with Learning Center and Internet Service

For More Information Contact:
Community Partnership of Southeast Missouri
937 Broadway, Suite 306
Cape Girardeau, MO 63701
573-651-3747

*NOTE: Gross Annual Income must NOT exceed:
1 Person household = $26,760
2 Person household = $30,540
3 Person household = $34,380
4 Person household = $38,160
*Income limits are subject to change
**APPLYING FOR TAX CREDIT PROPERTIES**

**Property Name:** Liberty Apartments  
**Address:**  
**Phone:**  
**Fax:**  

**Bedroom Size Needed:** 2-Bdrm  
**Current Phone Numbers:** Day: __________ Night: __________ Alternate: __________

A SEPARATE APPLICATION FORM SHOULD BE COMPLETED BY EACH APPLICANT OF THE HOUSEHOLD, 18 YEARS OR OLDER.

Please provide date of birth for all persons who will be living in the household. Proof of age will be requested if you are applying to live in a designated senior development. Acceptable age verifications include a copy of (1) a Birth Certificate, (2) a valid State Driver’s License or (3) a valid State I.D. Card.

**HOUSEHOLD COMPOSITION AND STATUS:**

List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. Please answer all questions. **Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered.** List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.

<table>
<thead>
<tr>
<th>Household Member’s Full Name (first and last)</th>
<th>Relationship to Head</th>
<th>Date of Birth</th>
<th>Marital Status</th>
<th>Social Security Number</th>
<th>Student Y or N (FT)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>S=Spouse</td>
<td></td>
<td>M=Married</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>O=Other Adult</td>
<td></td>
<td>D=Divorced</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C=Minor Child</td>
<td></td>
<td>SP=Separated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F=Foster Adult or</td>
<td></td>
<td>S=Single</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child L=LIVE-In Attendant</td>
<td></td>
<td>W=Widowed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For each household member listed - List this member as a full-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.

1. If every household member listed above is indicated as a full-time (FT) student, please answer the following questions:
   a. Does the household receive assistance of Title IV of Social Security Act? (AFDC/TANF)  
   b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs?  
   c. Are any full-time students married and filing a joint tax return?  
   d. Is the household comprised entirely of a single parent & child(ren) none of whom are dependants of another individual?  
   e. Has any member of the household been a participant in the foster care program?
2. Is there any household member who is currently not a full-time student that was one during any portion of five months within the current calendar year? Yes or No
   If yes, who? _______________________________________

3. Do you have the right to legally enter the lease? Yes or No

4. Have you ever filed for bankruptcy? Yes or No
   If yes, please list date: ____________________________

5. Will this be your only place of residence? Yes or No
   If no, please explain: ______________________________

6. Have you been evicted or had your lease terminated from an apartment, house, or trailer for any reason? If yes, please explain: Yes or No

7. Have you ever received a written notice for non-payment of rent? If yes, please explain and list how many times you received such a notice: Yes or No

8. Do you own a pet? Yes or No
   If yes, please explain: _______________________________________

9. If you are divorced or separated, please provide date effective: Yes or No
   If divorced within last 3 years, please provide full copy of divorce decree.

10. Are any household members, under age 18, claiming emancipation (yourself included)? Yes or No
     If yes, please provide documentation to validate emancipation.

11. Do you expect any changes in the household in the next 12 months? Yes or No
     If yes, please describe change_________________________
     When will this occur? ________________________________
     (If adding a new member, this person should be listed as a household member on page 1 of this application.)

12. Are any household members currently pregnant? If yes, when is the baby due? ___ / ___ / ___
    If you wish to count your unborn child towards the income limit, a self-affidavit will be required.

13. Are any household members, who would normally live with you, temporarily or permanently absent? If yes, please explain: Yes or No

14. Is there anyone currently living with you that is not listed on this application? Yes or No
    If yes, please explain: _______________________________________

## RESIDENTIAL HISTORY: Please provide 3 years of MOST RECENT housing history.

<table>
<thead>
<tr>
<th>Current Address:</th>
<th>Own</th>
<th>Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/State/Zip:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landlord Name/Mortgage Company:</td>
<td>Date Moved In:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Reason for leaving:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Address:</th>
<th>Own</th>
<th>Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/State/Zip:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landlord Name/Mortgage Company:</td>
<td>Date Moved In:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Reason for leaving:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Address:</th>
<th>Own</th>
<th>Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/State/Zip:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landlord Name/Mortgage Company:</td>
<td>Date Moved In:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Reason for leaving:</td>
<td></td>
</tr>
</tbody>
</table>

Applicant's Initials: ___________
1. Do you receive Housing Assistance?
   If yes, please list amount and source of assistance:

2. Has your rental assistance ever been terminated for fraud, nonpayment of rent, or failure to recertify?
   If yes, please explain:

**CURRENT EMPLOYMENT INFORMATION:**
Company Name: ____________________________
Address: ____________________________
City/State/Zip: ____________________________
Phone: ____________________________ Fax: ____________________________
Employed from ___ / ___ / ___ To: Present

**ADDITIONAL EMPLOYER INFORMATION:**
Company Name: ____________________________
Address: ____________________________
City/State/Zip: ____________________________
Phone: ____________________________ Fax: ____________________________
Employed From: ___ / ___ / ___ To: ___ / ___ / ___

**PREVIOUS EMPLOYMENT INFORMATION:**
Company Name: ____________________________
Address: ____________________________
City/State/Zip: ____________________________
Phone: ____________________________ Fax: ____________________________
Employed From: ___ / ___ / ___ To: ___ / ___ / ___

**OTHER INCOME INFORMATION:**
Identify each source of income currently received or anticipated to be received in the next 12 months.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes or No</th>
<th>Monthly Gross Income (Enter N/A if none)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self-Employment</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2. Unemployment Compensation</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>3. Disability/Worker's Compensation/Severance Pay</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>4. Social Security/SSI Benefits</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>5. VA Benefits</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>6. Pension/Annuity</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>7. Military Pay</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>8. Public Assistance (AFDC/TANF/W-2)</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>9. Child Support/Alimony/Family Maintenance</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>10. Recurring Gift/Contribution</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>11. Rental Income</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>12. Lottery Winnings Paid Periodically</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>13. Adoption Assistance</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>14. Trust Income</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>15. Other Income (i.e. inheritance, insurance policies, grants, scholarships or other student financial assistance in excess of tuition)</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>16. Any income from any other source not listed above?</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Applicant's Initials: ____________________________
<table>
<thead>
<tr>
<th>Asset Description</th>
<th>Name of Financial Institution(s)</th>
<th>Yes or No</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Checking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Savings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Cash on Hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Stocks/Mutual Funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. CD/Money Markets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Treasury Bill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Bonds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. IRA/KEOGH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. 401K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Pension/Annuity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Whole Life Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Universal Life Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Land Contract/Deed of Trust</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Real Estate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Safety Deposit Box</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Personal Property Held as an Investment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Trusts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Lottery Winnings (Lump Sum)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Lump Sum Receipts</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Do all combined assets of the entire household total less than $5000?  Yes or No

Applicant's Initials: ____________ ____________ Page 4 of 6
2. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than $1,000 less that Fair Market Value?  
   Yes or No
   
   If yes, please complete the following:
   
   Asset Disposed:
   Date Disposed:
   Amount Disposed:
   
   Was the disposal of this asset due to:  
   Bankruptcy Yes No
   Foreclosure Yes No
   Marital Separation Yes No
   Divorce Yes No
   
   Asset Disposed:
   Date Disposed:
   Amount Disposed:
   
   Was the disposal of this asset due to:  
   Bankruptcy Yes No
   Foreclosure Yes No
   Marital Separation Yes No
   Divorce Yes No
   
3. Have you given any gifts of money totaling more than $1,000 in the past two (2) years?  
   Yes or No
   
   Gifted To:
   Date Gifted:
   Amount Gifted:
   
   Gifted To:
   Date Gifted:
   Amount Gifted:

**ADDITIONAL QUESTIONS: (ALL Must Be Answered Yes of No)**

1. Have you ever been arrested, pleaded guilty or "no contest" or convicted of a felony or misdemeanor? (Whether or not resulting in a conviction). If yes, please explain: ____________________________
   Yes or No

2. Have you ever been arrested, pleaded guilty or "no contest" or convicted of a misdemeanor involving sexual misconduct? (Whether or not resulting in a conviction). If yes, please explain: ____________________________
   Yes or No

3. Have you ever been arrested, pleaded guilty or "no contest" or convicted of offenses relating to manufacturing, distribution, or intent-to-distribute a controlled substance? (Whether or not resulting in a conviction.) If yes, please explain: ____________________________
   Yes or No

**VEHICLE INFORMATION: (List ALL Vehicles)**

Driver's License #:
Make: Model:
State Issued: Year: License Plate #:

Driver's License #:
Make: Model:
State Issued: Year: License Plate #:

Applicant's Initials: ___________ Page 5 of 6
EQUAL HOUSING OPPORTUNITY

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

Information solicited on this application is requested by Hartle Management Agency, Inc. in order to ensure that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, marital status, age, disability and familial status are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Race ___________________________ National Origin ___________________________ Sex __________

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of My/Our knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I/We further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

ANY HEAD OF HOUSEHOLD, CO-HEAD, SPOUSE, OR PERSON 18 YEARS OF AGE OR OLDER MUST SIGN BELOW.

I swear that I have read the above statement and grant my consent for the release of information to all necessary third parties as needed for verification purposes.

__________________________________________  ____________________________
Applicant's Signature                           Date

__________________________________________  ____________________________
Applicant's Signature                           Date

*BROKER/AGENT DISCLOSURE:

Chad Hartle is a Missouri Licensed Real Estate Broker.
Geneva Hartle is a Missouri Licensed Real Estate Agent.

Applicant's Initials: _______ _______ _______  Page 6 of 6

Forms/LIHTC App/November 28, 2007