



Dear Applicant:

Thank you for your interest in **Arbor Village**. Arbor Village is an 80-unit Section 42 Low Income Housing Tax Credit residential community. In order to be eligible for housing in this community, you must meet the income eligibility requirements established by the Low Income Housing Tax Credit Program. Your gross household income cannot exceed 60% of the Sarasota County area median income (AMI), which is currently set at the following limits:

1 person: \$32,160      2 people: \$36,720      3 people: \$41,340      4 people: \$45,900      5 people: \$49,620

Arbor Village has set aside 8 units (10%) for households whose income does not exceed 22% AMI and an additional 8 units (10%) are set aside for households whose income does not exceed 33% AMI. In addition to income limits, there are demographic requirements: 40 units (50%) are set aside for Homeless households and 40 units (50%) are set aside for Persons with a Disabling Condition. Please refer to page 2 of this letter for the definitions of "Homeless" and "Persons with a Disabling Condition."

If you feel you fit these requirements, please complete the application and all attachments. Return the signed documents, along with copies of **Birth Certificates, Social Security cards, Alien Registration cards (if applicable) on all household members and a photo ID for all members 18 years and older**, to our office. Incomplete applications will not be accepted.

If you have any questions, please do not hesitate to contact the office. Requests for reasonable accommodations, including materials in alternate formats, may be made by contacting the site office:

**Arbor Village**

2901 Fruitville Road, Sarasota, Florida 34237

**PH:** (941) 248-6011; **FL Relay TTY:** 1-800-955-8771

**Email:** [arborvillage@carteretmgmt.com](mailto:arborvillage@carteretmgmt.com)

***Arbor Village will provide assistance to applicants with disabilities or with limited English proficiency in completing this document. If you have any special needs that might impact your access to the application process and require reasonable accommodation or alternate means of communication, please notify the office.***

*It is the policy of Arbor Village to provide housing on an equal opportunity basis. We do not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, National Origin, Sexual Orientation, Gender Identity or Marital Status. If you feel that you have been discriminated against, please contact this office, the Florida Housing Finance Corporation, or the local housing authority to report such action.*



*Professionally Managed by Carteret Management Corporation*



## **DEFINITIONS**

- A. Homeless**, as defined by F.S. 420.621(5), means an individual or family who lacks a fixed, regular, and adequate nighttime residence, and includes a family who:
1. Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
  2. Is living in a motel, hotel, travel trailer park, or camping ground due to a lack of alternative adequate accommodations;
  3. Is living in an emergency or transitional shelter;
  4. Has a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
  5. Is living in a car, park, public space, abandoned building, bus or train station, or similar setting; or
  6. Is a migratory individual who qualifies as homeless because he or she is living in circumstances described in subparagraphs (a)-(e).

The term does not refer to an individual imprisoned pursuant to state or federal law or to individuals or families who are sharing housing due to cultural preferences, voluntary arrangements, or traditional networks of support. The terms include an individual who has been released from jail, prison, the juvenile justice system, the child welfare system, a mental health and developmental disability facility, a residential addiction treatment program, or a hospital, for whom no subsequent residence has been identified, and who lacks the resources and support network to obtain housing.

- B. Chronically Homeless**, An individual that is Homeless pursuant to 420.621(5), F.S., and has:
1. A diagnosable substance abuse disorder, or
  2. A serious mental illness, or
  3. A developmental disability, or
  4. A chronic physical illness or disability, including the co-occurrence of two or more of these conditions; and
  5. Meets at least one of the following requirements:
    - a. Has been continuously homeless for one (1) year,
    - b. Has had four (4) periods of homelessness in the last three (3) years, or
    - c. Has had a sustained stay of not less than 60 days and no more than the last two (2) years in an assisted living facility, residential care facility, nursing home, or institution due to a lack of appropriate and adequate Permanent Supportive Housing and services available in the community.
    - d. An episode of homelessness is a separate, distinct, and sustained stay in a place not meant for human habitation, on the streets, in an emergency homeless shelter or in transitional housing.
- C. Person with a Disabling Condition** means a person with a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions, and a determination that the condition is
1. Expected to be long-continued and indefinite duration; and
  2. Not expected to impair the ability of the person with special needs to live independently with appropriate supports.

# Arbor Village

2901 Fruitville Road, Sarasota, Florida 34237  
 Phone: (941) 248-6011 • FL Relay TTY: 1-800-955-8771

**FOR OFFICE USE ONLY – TO BE COMPLETED UPON RECEIPT OF APPLICATION**

Date & Time:	Management Signature:
Type of apartment you are applying for: <input type="checkbox"/> 1 Bedroom Unit <input type="checkbox"/> 2 Bedroom Unit	How did you hear about our community? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Signage <input type="checkbox"/> Drive By <input type="checkbox"/> CASL Referral <input type="checkbox"/> Referral; who referred you?

**INSTRUCTIONS TO APPLICANT**

- Each household member over 18 must complete a separate application. However, married household members or members who have lived together for the past 3 years, may complete only one application.
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information must be complete/correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put a line through the incorrect information, write the correction above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Resident Section Criteria, your application will be declined.
- We will process your application according to our standard procedures, which are summarized in the Tenant Selection Plan that is posted in the Management Office.

**APPLICANT INFORMATION**

Applicant Name (Head of Household):			
Please list any names any member of the household has used, including maiden names or any alias:			
Home Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email:	
Do you speak English? (Please check one) Yes: <input type="checkbox"/> No: <input type="checkbox"/>		If no, what language spoken? Do you need an interpreter? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

**HOUSEHOLD COMPOSITION**

List your name and the names of persons who **will be** living with you. Please list the head of household first.

Full Name of Household Member	Date of Birth	Sex M/F	SSN	Driver's License/ Picture ID #	Marital Status	Relationship to Head
						<b>HEAD</b>

Do you expect to add any additional family members over the next 12 months? Yes:  No:

**RESIDENCE HISTORY**

You **must** report **all** places you have lived for the past five years. Attach additional sheet if necessary.

Do you currently: Own your home?  Rent?  Live with others?  Consider yourself homeless?

Are you seeking protection from domestic violence under the VAWA guidelines? Yes:  No:

**Present Address** (Street, City, County, State, Zip):

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: Present Reason for Moving:

Landlord Name: Landlord Phone:

Landlord Street Address:

Is this Subsidized Housing? Yes  No  Amount of Rent:

**Previous Address** (Street, City, County, State, Zip):

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Moving:

Landlord Name: Landlord Phone:

Landlord Street Address:

Is this Subsidized Housing? Yes  No  Amount of Rent:

You **must** report **ALL** states you have resided in since the age of 18, and the last address in each state. It is not necessary to repeat the addresses listed above. All applicants over 18 are required to report this information. Attach extra sheet if necessary.

Household Member	State	Household Member	State

**HOUSEHOLD INFORMATION**

- Has any household member ever been evicted for drug related activity? Yes:  No:   
*If YES, please explain with notes on the back of this page (where, when, why?).*
- Has any household member, ever been convicted of a felony and/or sexual offense? Yes:  No:   
*If YES, please explain with notes on the back of this page (provide State and County).*
- Is any household member subject to a lifetime state sex offender registration program in any state? Yes:  No:   
*If YES, please explain with notes on the back of this page (provide State and County).*
- Have you or any member of your household ever committed fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? Yes:  No:
- Do you have any **ANIMALS**? Yes:  No:   
*If YES, what type of animal(s)? \_\_\_\_\_ Weight? \_\_\_\_\_ How many? \_\_\_\_\_*  
*If YES, Is this Animal an Assistance Animal?  or Pet?*
- Is anyone in the household **currently** a **STUDENT**? Yes:  No:
- Has anyone in the household been a student for 5 months or more within the past year? Yes:  No:

**If YES, to either question number 6 or 7, please complete the below:**

Student Household Member	Full Time	Part Time	Student Household Member	Full Time	Part Time

**HOUSEHOLD INCOME**

List all money earned or received **by everyone** living in your household. Attach additional sheet if necessary.

**Household Member:** \_\_\_\_\_

<input type="checkbox"/> Employment	\$ _____/Month	Employer: _____
		Address: _____
		City: _____ State: _____
		Zip: _____ Phone: _____
<input type="checkbox"/> SSI/SSDI/Social Security Benefits	\$ _____/Month	<b>Submit Current Awards Letter</b>
<input type="checkbox"/> Employer Disability Payments	\$ _____/Month	Source: _____
<input type="checkbox"/> Child Support	\$ _____/Month	Source: _____
<input type="checkbox"/> Retirement Benefits	\$ _____/Month	Source: _____
<input type="checkbox"/> Veteran's Benefits	\$ _____/Month	Source: _____
<input type="checkbox"/> Worker's Compensation	\$ _____/Month	Source: _____
<input type="checkbox"/> W2/TANF	\$ _____/Month	Source: _____
<input type="checkbox"/> Contributions	\$ _____/Month	Source: _____
<input type="checkbox"/> Other: _____	\$ _____/Month	Source: _____

**Household Member:** \_\_\_\_\_

<input type="checkbox"/> Employment	\$ _____/Month	Employer: _____
		Address: _____
		City: _____ State: _____
		Zip: _____ Phone: _____
<input type="checkbox"/> SSI/SSDI/Social Security Benefits	\$ _____/Month	<b>Submit Current Awards Letter</b>
<input type="checkbox"/> Employer Disability Payments	\$ _____/Month	Source: _____
<input type="checkbox"/> Child Support	\$ _____/Month	Source: _____
<input type="checkbox"/> Retirement Benefits	\$ _____/Month	Source: _____
<input type="checkbox"/> Veteran's Benefits	\$ _____/Month	Source: _____
<input type="checkbox"/> Worker's Compensation	\$ _____/Month	Source: _____
<input type="checkbox"/> W2/TANF	\$ _____/Month	Source: _____
<input type="checkbox"/> Contributions	\$ _____/Month	Source: _____
<input type="checkbox"/> Other: _____	\$ _____/Month	Source: _____

**ASSETS**

List all assets and account numbers for all family members (checking, savings, credit unions, money market funds, certificates of deposit, stocks, bonds, real estate, cash value of life insurance, cash on hand, etc.) Attach additional sheet if necessary. **You must include any assets you have sold within the last 2 years.**

Household Member	Name & Address of Financial Institution	Type of Asset	Account #	Value of Asset

**DISABILITY**

*It is not necessary to give us details about your disability unless you are requesting an accommodation.*

- A. Do you claim a Disability?  Yes  No
- B. Do you need accommodation to help you completed the application process?  Yes  No
- C. Do you need an accommodation in housing features due to your disability?  Yes  No

If "yes" to b or c, what accommodation do you request? *(If necessary, attach additional sheets to explain.)*

**EMERGENCY CONTACT**

<b>Name:</b>		<b>Address:</b>		
<b>Phone:</b>	<b>Relationship to you:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>

**Applicant's Initials:** \_\_\_\_\_ I authorize Landlord to contact my Emergency Contact to assist in resolving any issues that may arise in connection with my tenancy.

**RACE/ETHNICITY**

The information solicited in this question is requested in order to assure HUD that Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, and handicap status are followed. This information is optional and will not be used to evaluate your application or to discriminate against you in any way.

Household Member #1: \_\_\_\_\_  
**Race:**  White  Black  Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  Other  
**ETHNICITY:**  Hispanic  Non-Hispanic

Household Member #2: \_\_\_\_\_  
**Race:**  White  Black  Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  Other  
**ETHNICITY:**  Hispanic  Non-Hispanic

Household Member #3: \_\_\_\_\_  
**Race:**  White  Black  Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  Other  
**ETHNICITY:**  Hispanic  Non-Hispanic

Household Member #4: \_\_\_\_\_  
**Race:**  White  Black  Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  Other  
**ETHNICITY:**  Hispanic  Non-Hispanic

Household Member #5: \_\_\_\_\_  
**Race:**  White  Black  Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  Other  
**ETHNICITY:**  Hispanic  Non-Hispanic

**APPLICANT CERTIFICATION**

Read each statement below and initial that you understand and agree.

- \_\_\_\_\_ (initial) I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.
- \_\_\_\_\_ (initial) I have read and understand the Application Processing, Tenant Selection, Waiting List Procedures, and Unit Assignment Policies. I understand that my application may be passed over in order to maintain the income limit set aside requirements, if my combined gross household income exceeds the extremely low-income limits.
- \_\_\_\_\_ (initial) I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
- \_\_\_\_\_ (initial) I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the household members, must be reported to Management in writing immediately.
- \_\_\_\_\_ (initial) If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.
- \_\_\_\_\_ (initial) If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including but not limited to, rules regarding pets, rent, damages, and security deposits.
- \_\_\_\_\_ (initial) I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.
- \_\_\_\_\_ (initial) I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.
- \_\_\_\_\_ (initial) I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to \$10,000 fine upon conviction.

**ALL adult members of the household must sign below:**

Applicant Signature _____	Date _____
Applicant Signature _____	Date _____
Applicant Signature _____	Date _____
Applicant Signature _____	Date _____
Applicant Signature _____	Date _____

**THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**

## SWORN DECLARATION OF STUDENT STATUS

Date: \_\_\_\_\_

Applicant/Resident Name: \_\_\_\_\_

Development Name: \_\_\_\_\_

Unit Number/Identification: \_\_\_\_\_

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

***A "Student" is an individual who is a full-time student at an education organization that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on, for at least five calendar months during a calendar year.***

The following information is requested as part of the household qualification process. Please mark the applicable item(s).

- A.  I am not a student and do not anticipate enrolling as a student in the upcoming year.
- B.  I anticipate enrolling as a student in the upcoming year.
- C.  I am a part-time student and expect to remain part-time in the upcoming year.
- D.  I am a full-time student.
- E.  I am a full-time student and offer the following explanation for eligibility consideration:
  - 1.  I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act.
  - 2.  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.
  - 3.  I am a single parent with dependent children, and none of the household members are dependents or another party other than a parent of the children.
  - 4.  I am married and file a joint federal tax return with my spouse.
  - 5.  I am a former foster child in transition to independence.

*Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I will provide proof of credit hours or other documentation that may be required for each school term during my occupancy of a unit at this rental community.*

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Representative Signature and Title

\_\_\_\_\_  
Date



## SWORN DECLARATION OF CHILD SUPPORT

Applicant/Resident Name: \_\_\_\_\_

Unit Number/Identification: \_\_\_\_\_

***Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment. Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions have been taken to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment.***

***As part of the qualification and certification process required by federal and/or state housing programs with jurisdiction over this development, the following information is needed:***

---

A. Do you receive child support? Yes ; go to B No ; go to C.1

B. I receive:

1. Payment amount \$ \_\_\_\_\_
2. Frequency \_\_\_\_\_
3. Children's names \_\_\_\_\_
4. Name of source \_\_\_\_\_

*Complete multiple declaration forms if there are multiple sources; Go to C.1*

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C. Court Orders

1. Have you been awarded child support by court order? Yes ; go to C.2 No ; sign form
2. Provide copy of entire document
  - i. Amount of award \$ \_\_\_\_\_
  - ii. Frequency \_\_\_\_\_

*Go to C.3*

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3. Is payment being received as awarded? Yes ; go to 3.i No ; go to 3.ii

i. Indicate the manner by which payment is received and sign form.

1.  Enforcement Agency (name agency & provide agency print out):  
\_\_\_\_\_
2.  Court of Law (name court): \_\_\_\_\_
3.  Direct from responsible party (name source & provide declaration from the source):  
\_\_\_\_\_
4.  Other (explain): \_\_\_\_\_

ii. If payment not received or if amount received is less than amount awarded, provide details and documentation of collection efforts:

\_\_\_\_\_  
\_\_\_\_\_

*Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

\_\_\_\_\_  
Applicant/Resident signature

\_\_\_\_\_  
Date

# SELF CERTIFICATION OF HOMELESSNESS and/or DISABLING CONDITION

Arbor Village has committed to provide 50 percent of the total units (40 apartments) in the project to provide permanent supportive housing for Homeless individuals or families, as well as 50 percent (40 apartments) for Persons with a Disabling Condition and their families.

Based on the definitions of "Homeless" and "Persons with a Disabling Condition," please answer the questions below:

1. Are you homeless? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF you answered YES to this question, please check the statement that explains your current housing situation:

- \_\_\_\_\_ Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
- \_\_\_\_\_ Living in a motel, hotel, travel trailer park, or camping ground due to a lack of alternative adequate accommodations.
- \_\_\_\_\_ Living in an emergency or transitional shelter.
- \_\_\_\_\_ Primary nighttime residence is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- \_\_\_\_\_ Living in a car, park, public space, abandoned building, bus or train station, or similar setting.
- \_\_\_\_\_ A migratory individual (or family) who qualifies as homeless because he or she is living in circumstances described above.
- \_\_\_\_\_ Recently released from jail, prison, juvenile justice system, child welfare system, mental health and developmental disability facility, residential addiction treatment program, or hospital, where no subsequent residence has been identified and lacking the resources or support network to obtain housing.

2. Do you have a Disabling Condition: a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability; where the condition is long-continued or indefinite duration, but does not impair your ability to live independently with appropriate support? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please note, answering YES or NO to either of these questions does not, in itself, qualify or disqualify a household from tenancy at Arbor Village. Due to specific demographic commitments, the property is required to identify households that meet these definitions. Any items answered YES above will be independently verified to confirm.

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*Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

\_\_\_\_\_  
Applicant/Resident signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident signature

\_\_\_\_\_  
Date