

JASMINE CAY APARTMENTS

Pre-qualifying Guidelines

This community will not discriminate against any person based on race, color, religion, sex, national origin, familial status, or handicap.

Age requirement: Lease holder must be eighteen (18) years of age or older. All future residents eighteen (18) years or older will be required to complete an application. All future residents are required to be on the lease agreement. **All residents eighteen (18) years of age or older, are required to provide a copy of picture identification (example: Drivers License, state identification card, passport, etc.) All residents are required to provide a copy of Social Security card.**

Income Requirements: All income must be verifiable. We are an affordable living community, therefore any individual or family can apply to live in JASMINE CAY APARTMENTS. Provided the total anticipated gross annual household income fall within the following guidelines of the state, county and owner's criteria.

# of Persons	40% AMI	50% AMI	60%AMI
1 Person	20,440.00	25,550.00	30,660.00
2 Person	23,360.00	29,200.00	35,040.00
3 Person	26,280.00	32,850.00	39,420.00
4 Person	29,160.00	36,450.00	43,740.00
5 Person	31,520.00	39,400.00	47,280.00
6 Person	33,840.00	42,300.00	50,760.00

Employment Verification: if employed, due to our special financing, all applicants are required to have written verification of income from their employer. (For further information ask your leasing representative).

Resident History: We must be able to verify up to two years of rental history, with no derogatory references. NOTE: if you have ever had an eviction filed left a rental property without giving proper notice, or owe rental property money this will result in automatic denial of residency.

Credit Requirements: We ask that you have positive credit, no collections or charge off. (For further information ask you leasing representative.)

Application fee: A 35.00 non-re-fundable application fee is required per adult eighteen (18) years of age and older, unless married couple, and have credit established less than one report. If upon running report, two separate reports are required and additional non-refundable fee of \$ 35.00 will be required.

Criminal History: A state wide and Federal criminal check will be run on all adults. Any criminal convictions no contend ray or pending cases involving violence, firearms, illegal drugs, theft, crimes involving theft or destruction of property, trespassing after warning, prostitution, or crimes involving a minor or other relate charges would result in denial of residency.

I understand and accept JASMINE CAY APARTMENTS guidelines for residency and have truthfully answered all questions asked on this pre-qualifying guidelines sheet. Further, I understand that falsification of information will lead to denial of residency.

I further understand that the rental rates quoted at application time are provided by the state of Florida, and may increase or decrease prior to move-in. I understand that I will be required to pay the rent effective at the time of move-in.

Applicant Date

Applicant Date

Applicant Date

Applicant Date

Applicant Date

Applicant Date



APPLICATION FOR RESIDENCY

Size of Apt. Needed:	Desired Date of Move In:
Lease Term: 12 Months	Special:

1. Applicant Information

	APPLICANT	SPOUSE
Full Name (Last, First Middle)	_____	_____
Drivers License Number	_____	_____
Social Security Number	_____	_____
Date of Birth	_____	_____
Sex	_____	_____
Are you Currently Employed?	_____	_____
Phone Number	_____	_____
Indicate Day or Evening	_____	_____

2. Other Occupants:

Full Name Social Security# Date of Birth Relationship Sex
(Last, First Middle)

Full Name	Social Security#	Date of Birth	Relationship	Sex

3. Residency: (Must show a minimum of 3 years rental history if applicable)

Present Address:

Street _____ City _____ State _____ Zip _____

Landlord _____ Landlord's Ph# _____

Dates: From _____ To _____ Monthly Payment _____ Own ___ or, Rent _____

Reason for Moving _____

Previous Address _____
 Street Apt# City State Zip
 Landlord _____ Landlord's Ph# _____

Dates From _____ To _____ Monthly Payment _____ Own ___ or ___ Rent _____

Reason For Moving _____

4. Employment:

Present Employer: _____ Position _____

Address _____
 Street City State Zip
 Phone Number _____ Fax Number _____

Anticipated Gross Annual Income _____

Supervisor _____ Employed Since _____

Spouses Employer: _____ Position _____

Address: _____
 Street City State Zip
 Phone Number: _____ Fax Number: _____

Anticipated Gross Annual Income: _____

Supervisor _____ Employed Since _____

5. Other Income: Do you Plan to Receive Any other Income For The Next 12 Months? (SSI, Unemployment, Retirement, Child Support, Alimony, Family Assistant, Part Time job. Etc)

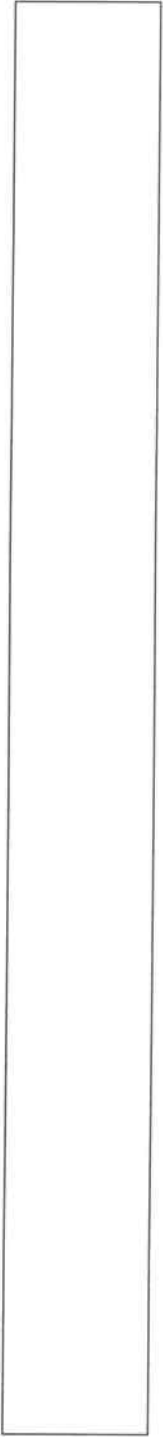
Applicant	Spouse	Type of Income	Gross Annual Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you Have A Checking Or Saving Account?

Applicant	Spouse	Type	Bank Name	Current Balance	Annual Income Derived
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you Have Any Assets and/or asset Income? (IRA, CD, Bonds, Equity in Property, etc?)

Applicant	Spouse	Type	Value	Annual Income Derived
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



6. General Information:

Have You Ever Been Arrested or Convicted Of a Crime? _____ If yes, please explain

Have You Ever Filed Bankruptcy? _____ If So How Many Years Ago? _____

Have You Ever Had An Eviction Filed Against You? _____ If yes, please explain

If You Answered Yes to Any Of The 3 Questions Above. You Understand Your Application May Be Declined?

_____ (Initials)

Is anyone in the household a full time student? _____ If yes, please list all full time students below

Name

Type of Schooling Institute

_____	_____
_____	_____
_____	_____
_____	_____

You understand that if all occupants are full time students or attending a schooling institution 5 months out Of the Year, you may not qualify for residency in our community unless you meet certain exemptions within the state program? _____

_____ (Initials)

Do you Own Any Pets? _____ If so How Many? _____

Kind? _____ Weight? _____

Vehicle Information

Year	Make	Model	Color	Tag Number
_____	_____	_____	_____	_____

Emergency Contact:

Name _____
First/Middle/Last

Address _____
Street Apt# City State Zip

Relationship _____ Phone # _____

AUTHORIZATION FOR RELEASE OF INFORMATION FOR JASMINE CAY APTS

Purpose

Company uses this information and the information obtained with it to administer and enforce program rules and policies.

Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs

Low-Income Rental Indian Housing
Low-Income Rental Public Housing
Mutual Help Homeownership Opportunity Program
Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Program
Section 23 and 10 © Leased Housing
Section 202

Section 221(d) (3) Below Market Interest Rate
Turnkey III Homeownership Opportunities Program

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize the above named organization to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered Inquiries may be made about
Child Care Expenses
Credit History
Criminal Activity
Family Composition
Employment, Income, Pensions and Assets
Federal, State, Tribal or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Status
Medical Expenses
Residences and Rental History

Signature & Printed Name of Household & Date

Signature & Printed Name of other Adult or Member of Household & Date

Individuals/Organizations That May Release Information

Any individual or organization, including any governmental organization, may be asked to release information For example, information may be requested from:

Banks and Other Financial Institutions
Courts
Law Enforcement Agencies
Credit Bureaus
Employers, Past and Present
Landlords
Provider of
Alimony
Child Care
Child Support
Credit
Handicapped Assistance
Medical Care
Pensions/Annuities
Schools and Colleges
U S Social Security Administration
U S Department of Veterans Affairs
Utility Companies
Welfare Agencies

Computer Matching Notices & Consent

I agree that the above named organization may conduct computer matching programs with governmental agencies including Federal State, Tribal or local agencies The government include:

U S Office of Personnel Management
U S Social Security Administration
U S Department of Defense
U S Postal Service
State Employment Securities Agencies
State Welfare and foot Stamp Agencies
The match will be used to verify information supplied by the family.

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above If I do not sign this authorization I also understand that my housing assistance may be denied or terminated

Signature & Printed Name of other Adult Member of Household & Date

Signature & Printed Name of other Adult Member of Household & Date