



APPLICATION SUBMISSION CHECKLIST FOR THE PEAK AT FOWLER

This checklist must be returned with the application.

Check off each item to ensure that it is included in your application package. Return all of the following documents as indicated. Management will not process any application until all documentation is received:

- Application Submission Checklist
- Application for Residency **including all applicants' information**. The application must be dated and signed by all applicants.
- Landlord Verification – Applicant to complete the authorization to release information for residency only.
- Application Fee - \$23 for each applicant 18 years and older.

PLEASE PROVIDE

- Copy of Driver's License (or other form of government issued ID)

Information about the following will be provided upon request or may be viewed at www.fowlercommunities.org

- Tenant Selection Criteria
- Application for Residency
- Landlord Verification form
- Sample Lease
- Pet Policy

RETURN COMPLETED FORMS:

Juliette Fowler Communities
Attention: Jeana Smith
1234 Abrams Road
Dallas, TX 75214



Dear Applicant,

Thank you for your interest in ***The Peak*** at Juliette Fowler Communities! Please review the below information and guidelines prior to filling out the Application for Residency.

Procedures for Processing Applications:

- Completed applications **must** be either mailed or returned in person to:

Juliette Fowler Communities
Attention: Jeana Smith, Manager of The Peak
1234 Abrams Rd
Dallas, TX 75214

- Your application is not considered “complete” and **will not** be processed until we receive:
 - Your completed Application for Residency
 - Your Application Fee - \$23 per applicant 18 and older
 - (check or money order made payable to The Peak)
- Applications will be processed in accordance with the date and time they are received at the above noted location
- Submission of an Application for Residency **does not** guarantee approval or acceptance
- Property management will contact applicants by phone and mail to notify if application was approved or denied on initial information
- Upon approval, Property Manager will schedule a **first interview** to review the information you have given and provide additional documents and instructions
- At the time of the invitation for the **second interview**, final approval may be issued; This is determined through verification of submitted documents and then you will be given the opportunity for **signing a lease**

If you have any questions, please contact Jeana Smith, Manager of The Peak, at 214-515-1367. Thank you, and we look forward to receiving your completed application!

The Peak

Reference #	_____
Applicant Name	_____
Interviewer	_____
Date Received	_____
Time Received	_____
Preference	_____

Application for Residency

INSTRUCTIONS:

At least one applicant must be 62 years or older. Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you or which you choose not to answer. Please use a pen with blue or black ink only. Do not use a pencil as written information may wear off the application making it illegible.

Applications will not be considered unless they are fully completed.
Applications are not accepted by fax or email.

MAIL OR DELIVER ALL COMPLETED APPLICATIONS TO:

Juliette Fowler Communities
Attention: Jeana Smith, Manager of the Peak
1234 Abrams Road
Dallas, TX 75214



Section I. Apartment Choice

Area Median Income Limits (2022)

Income Category	1 Person Household	2 Person Household	3 Person Household
30% AMI	\$20,460	\$23,400	\$26,310
50% AMI	\$34,100	\$39,000	\$43,850
60% AMI	\$40,920	\$46,800	\$52,620

Apartment Types

# of Apt	Apt Type	Income Limit	Program Type
3	Studio	30%	LIHTC
9	1BR 1Bath	30%	LIHTC
3	2BR 2 Bath	30%	LIHTC
7	Studio	50%	LIHTC
35	1BR 1Bath	50%	LIHTC
16	2BR 2 Bath	50%	LIHTC
8	Studio	60%	LIHTC
40	1BR 1Bath	60%	LIHTC
23	2BR 2 Bath	60%	LIHTC

Please select all housing you wish to apply for. A separate waiting list is maintained for each choice.

Standard Apartments

Studio Apt
 1 Bedroom Apt
 2 Bedroom Apt

Mobility Accessible Apartments

Studio Apt
 1 Bedroom Apt
 2 Bedroom Apt

At least one person with mobility impairment in need of features for units built out for accessibility. Applicants for accessible apartments may also apply for a standard apartment.

Sensory Adapted Apartments

Studio Apt
 1 Bedroom Apt
 2 Bedroom Apt

At least one person with visual impairment in need of features that are built out for sensory accessibility. Applicants for a sensory unit may also apply for a standard apartment.

PLEASE LIST EACH APPLICANT WHO WILL LIVE IN THE APARTMENT

Applicant: Head of Household

1. _____

Full Name (exactly as it appears on drivers license or government ID)

Social Security Number _____ Government ID _____

Date of Birth _____ Gender _____

Race _____ (optional) Hispanic Yes No

Driver License # _____ Occupation _____

US Citizen? Yes No Student Status Fulltime Part-time N/A

Other Applicants

2. _____

Full Name (exactly as it appears on drivers license or government ID)

Relationship to Head of Household: _____

Social Security Number _____ Government ID _____

Date of Birth _____ Gender _____

Race _____ (optional) Hispanic Yes No

Driver License # _____ Occupation _____

US Citizen? Yes No Student Status Fulltime Part-time N/A

3. _____

Full Name (exactly as it appears on drivers license or government ID)

Relationship to Head of Household: _____

Social Security Number _____ Government ID _____

Date of Birth _____ Gender _____

Race _____ (optional) Hispanic Yes No

Driver License # _____ Occupation _____

US Citizen? Yes No Student Status Fulltime Part-time N/A

Section III. Housing Questionnaire

COMPLETE THIS INFORMATION ONCE FOR THE ENTIRE FAMILY.

1. Name of Household _____

2. Present address: Street _____

City: _____ State _____ Zip code: _____

Home Telephone (____) _____ *Is this your number?* Yes No

Work Telephone (____) _____ Emergency# (____) _____

Cell Telephone (____) _____ Email address _____

3. If you are now renting, who is your landlord: _____

Address: _____

Telephone (____) _____

Current Rent: \$ _____ Security Deposit: \$ _____

If you are not renting, please explain your current living arrangements: _____

4. Were you evicted? Yes No If yes, did you owe rent? Yes No

If yes, how much did you owe? _____

5. How many vehicles does your family own? _____ List make, color, year, and

license plate number and state for each:

6. Is a live-in attendant required for an elderly or disabled member of the household?

Yes No

If yes, please enter the name of the attendant and the name and address of the doctor who can verify the need for the attendant: Attendant _____

Name of doctor: _____

Address _____ City _____ Zip _____

7. How many people live with you now? _____

Will any of these people live in the apt you are applying for? Yes No

If yes, please explain: _____

Will anyone else live in the apartment on either a full or part-time basis? Yes No

If yes, please explain: _____

Do you expect any of the above to change in the future? Yes No

If yes, please explain: _____

8. Do you have pets? Yes No How many pets? _____

Kind _____ Breed _____ Age _____ Weight _____

Kind _____ Breed _____ Age _____ Weight _____

9. Have you or any member of your household ever been convicted of a felony or a misdemeanor other than a traffic violation? Yes No

If yes, explain: _____

10. Do you or any member of your household use an illegal drug or other illegal controlled substance? This includes marijuana. Yes No

If yes, explain: _____

11. Are you or any member of your household subject to a lifetime registration requirement under any state sex offender registration program? Yes No

If yes, explain: _____

12. List all states that you and any member of your household have resided:

13. Have you or your spouse/co-applicant ever used different names? Yes No

If yes, list name(s) and explain: _____

14. Have you or any members of your household ever used social security numbers different from those listed in this application? Yes No

If yes, explain: _____

15. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to:

Fraud? Yes No

Non-payment of rent? Yes No

Failure to cooperate with recertification procedures? Yes No

For rules or other policies or procedures? Yes No

For any other reason? Yes No

If yes, explain: _____

16. How did you hear about this rental property? (Ex: newspaper, word of mouth, etc.?)

17. Have you or any member of your household ever had a security deposit withheld for nonpayment of rent? Yes No For damages to the apartment? Yes No

If yes to either, please explain: _____

18. Have you ever allowed anyone not listed on your lease as a tenant to move into your apartment? Yes No If yes, please explain: _____

19. Have you or any member of your household ever had your phone or utilities disconnected for nonpayment? Yes No If yes, please explain: _____

20. Do you acknowledge that you are aware that the owner/agent has implemented a No Smoking Policy? Yes No

This means that smoking is prohibited in the apartment, on porches and in all indoor and outdoor common areas. This includes the parking lot, sidewalks, hallways, elevators, etc. Your guests and service providers hired by you must abide by the No Smoking policy.

21. Do you agree to abide by the No Smoking Policy? Yes No

22. Please give three (3) references (*other than family*).

Name _____ Telephone (____) _____
Address _____
City _____ Zip _____

Name _____ Telephone (____) _____
Address _____
City _____ Zip _____

Name _____ Telephone (____) _____
Address _____
City _____ Zip _____

Section IV. Previous Address History

LIST ALL CURRENT AND PREVIOUS ADDRESSES FOR THE PAST FIVE YEARS. A Landlord reference will be sent to any or all previous or current landlords.

1. Name of Landlord: _____
Name of Apartment Building (if applicable) _____
Mailing Address: _____

Dates applicant(s) lived here: _____
Phone: _____ Fax: _____

2. Name of Landlord: _____
Name of Apartment Building (if applicable) _____
Mailing Address: _____

Dates applicant(s) lived here: _____
Phone: _____ Fax: _____

3. Name of Landlord: _____
Name of Apartment Building (if applicable) _____
Mailing Address: _____

Dates applicant(s) lived here: _____
Phone: _____ Fax: _____

4. Name of Landlord: _____
Name of Apartment Building (if applicable) _____
Mailing Address: _____

Dates applicant(s) lived here: _____
Phone: _____ Fax: _____

5. Name of Landlord: _____
Name of Apartment Building (if applicable) _____
Mailing Address: _____

Dates applicant(s) lived here: _____
Phone: _____ Fax: _____

Section V. Financial Information

Applicant(s) must list all money earned or received by each member of the household applying for Government Regulated Affordable Housing. It is your responsibility to report **all income from all sources and all assets**, for The Peak at Juliette Fowler Communities to determine eligibility and appropriate rent. This includes, but is not limited to, any sum of money no matter how great or small from Employment, Self-employment, Social Security, Supplemental Security Income, Disability compensation, Veterans Administration income, Company or government pensions, Unemployment compensation, Income from rental property or other real estate, income from sale of real estate, Interest from dividends on assets, Stocks/Bonds, Annuities, Mineral rights, Regular Monetary Contributions from family or friends, payments being made on your behalf by someone else and ANY other sources of income your have.

It is your responsibility to report any and all assets or investments. You must report all assets and investments such as cash located in banks, security deposit boxes, at home or stored anywhere else; all Bank Accounts, including but not limited to, checking, savings, money markets, C.D.'s, IRA's; Stocks/Bonds; Real Estate; Land; Homes, etc.

Failure to report any income or assets is FRAUD.

A.) INCOME

Applicant: Head of Household

Retired Employed Current Occupation: _____

Employer Name: _____

Employer Address: _____

Employer Number: _____ Fax Number: _____

Type of Income	Gross Amount Received	How often received?
Social Security	\$	
Pension	\$	
Disability	\$	
Employment	\$	
Other	\$	

Applicant: Co-head of Household

Retired Employed Current Occupation: _____

Employer Name: _____

Employer Address: _____

Employer Number: _____ Fax Number: _____

Type of Income	Gross Amount Received	How often received?
Social Security	\$	
Pension	\$	
Disability	\$	
Employment	\$	
Other	\$	

B.) ASSETS

List assets of all household members, including savings and checking account, certificates of deposit, stocks, bonds, mutual funds, credit union shares, land, real estate (including your home, if you own it), and any other assets.

Applicant Name _____

1) Description of Asset _____

Account Number _____ Current Total Value of Asset \$ _____

Interest Rate/ Income per Year _____

Bank, Institution, Real Estate Agent, or Appraisal: _____

2) Description of Asset _____

Account Number _____ Current Total Value of Asset \$ _____

Interest Rate/ Income per Year _____

Bank, Institution, Real Estate Agent, or Appraisal: _____

3) Description of Asset _____

Account Number _____ Current Total Value of Asset \$ _____

Interest Rate/ Income per Year _____

Bank, Institution, Real Estate Agent, or Appraisal: _____

Applicant Name _____

1) Description of Asset _____

Account Number _____ Current Total Value of Asset \$ _____

Interest Rate/ Income per Year _____

Bank, Institution, Real Estate Agent, or Appraisal: _____

2) Description of Asset _____

Account Number _____ Current Total Value of Asset \$ _____

Interest Rate/ Income per Year _____

Bank, Institution, Real Estate Agent, or Appraisal: _____

3) Description of Asset _____

Account Number _____ Current Total Value of Asset \$ _____

Interest Rate/ Income per Year _____

Bank, Institution, Real Estate Agent, or Appraisal: _____

C.) ASSETS DISPOSED

List any assets that you have disposed of, transferred, given away or sold less than the fair market value during the last 2 years, e.g., a house, or cash.

1) **Description of Asset** _____

Date Disposed of _____ Fair Market Value \$ _____

Divestiture Costs, e.g., realtor or CD penalty \$ _____

Amount Received \$ _____

Name and address of Bank, Institution, Real Estate Agent, or Appraiser who verify information _____

2) Description of Asset _____

Date Disposed of _____ Fair Market Value \$ _____

Divestiture Costs, e.g., realtor or CD penalty \$ _____

Amount Received \$ _____

Name and address of Bank, Institution, Real Estate Agent, or Appraiser who verify information _____

3) Description of Asset _____

Date Disposed of _____ Fair Market Value \$ _____

Divestiture Costs, e.g., realtor or CD penalty \$ _____

Amount Received \$ _____

Name and address of Bank, Institution, Real Estate Agent, or Appraiser who verify information _____

Do you expect any changes in your income, assets, or expenses during the next twelve months? Yes No If yes, please explain _____

APPLICATION AGREEMENT

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease. In order to continue with this Application, you'll need to review the Application Agreement carefully and acknowledge that you accept the terms.

1. **Apartment Lease information.** The Lease contemplated by the parties will be the current TAA Lease. Special information and conditions must be explicitly noted on the Lease.
 2. **Approval/non-approval.** Your application will be reviewed within 7 days after the date we received your completed paperwork. Notification will be made by telephone and mail of your approval or non-approval. You must not assume approval until you receive actual notice of approval. The 7-day time period may be changed only by separate written agreement.
 3. **Keys or access devices.** We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease and other rental documents referred to in the Lease; and (2) all applicable rents and security deposits have been paid in full.
 4. **Application submission.** Submission of an Application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease. Images on our website may represent a sample of a unit and may not reflect specific details of any unit. For information not found on our website regarding unit availability, unit characteristics, pricing or other questions, please call or visit our office.
11. **Notice to or from co-applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicants is considered notice from all co-applicants.

Disclosures

1. **Application fee (non-refundable).** You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 2. Payment of the application fee does not guarantee that your Application will be accepted. The application fee offsets the cost of screening an applicant for acceptance.
2. **Fees due.** Your Application will not be processed until we receive your completed Application (and the completed information of all co-applicants, if applicable) and the following fees:
 - Application fee (non-refundable): \$23 per person on the application (example: 2 people on application will pay \$46 application fee)
3. **Completed Application.** Your Application will not be considered "complete" and will not be processed until we receive the following documentation and fees:
 - A. Your completed Application;
 - B. Completed information for each co-applicant (if applicable);
 - C. Application fees for all applicants;

Authorization and Acknowledgment

I authorize The Peak at Juliette Fowler Communities to obtain reports from any consumer or criminal record reporting agencies before, during, and after residency on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this Application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Application. Authority to obtain work history information expires 365 days from the date of this Application. You agree the information provided may be used for business purposes.

Payment Authorization

I authorize The Peak at Juliette Fowler Communities to collect payment of the application fee in the amounts specified under paragraph 2 of the Disclosures.

Non-sufficient funds and dishonored payments. If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

1. Applicant shall pay a charge of \$35 for each returned payment; and
2. We reserve the right to refer the matter for criminal prosecution

Acknowledgment

You declare that all your statements in this Application are true and complete. **Applicant's submission of this Application, including payment of any fees, is being done only after applicant has fully investigated, to its satisfaction, those facts which applicant deems material and necessary to the decision to apply for a rental unit.** You authorize us to verify your information through any means, including consumer-reporting agencies and other rental-housing owners. **You acknowledge that you had an opportunity to review our rental-selection criteria, which include reasons your Application may be denied, such as criminal history, credit history, current income and rental history. You understand that if you do not meet our rental-selection criteria or if you fail to answer any question or give false information, we may reject the Application, retain all application fees as liquidated damages for our time and expense, and terminate your right of occupancy.** Giving false information is a serious criminal offense. In lawsuits relating to the Application or Lease, the prevailing party may recover from the non-prevailing party all attorney's fees and litigation costs. We may at any time furnish information to consumer-reporting agencies and other rental-housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease, the rules, and financial obligations. Fax or electronic signatures are legally binding. You acknowledge that our privacy policy is available to you.

Right to review the Lease. Before you submit an Application or pay any fees, you have the right to review the Application and Lease, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed Application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease if agreed to in writing by all parties. You are entitled to a copy of the Lease after it is fully signed. Images on our website may represent a sample of a unit and may not reflect specific details of any unit. For information not found on our website regarding availability, unit characteristics or other questions, please call or visit our office. **This Application and the Lease are binding documents when signed. Before submitting an Application or signing a Lease, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease if agreed to in writing by all parties.**

1. Signature of Head of Household

Date

2. Signature of Applicant

Date

3. Signature of Applicant

Date

Thank you for applying to The Peak at Juliette Fowler Communities.

Return to:
Juliette Fowler Communities
Attention: Jeana Smith
1234 Abrams Rd, Dallas, TX 75214
Phone: (214) 515-1367

LANDLORD VERIFICATION

The person named below has applied for an apartment at our community and has stated that you are his/her present or previous landlord. Please complete the information requested below, sign and date the form and return by either **Email** or **Mail**. By signing below, the applicant is authorizing release of this information. Your assistance is greatly appreciated. This information is requested by:

 Jeana Smith, Manager of The Peak

 Date

Applicant to Complete - AUTHORIZATION TO RELEASE INFORMATION OF RESIDENCY

Landlord Name: _____ Property Name: _____
 Address: _____
 Tenant Name: _____ Social Security #: _____
 Address: _____

RELEASE: I hereby authorize the landlord name above to release the information requested below. I will not hold the landlord or its agents responsible or liable for any information released. I understand that the information includes, but is not limited to rental payment history, reason for moving, housekeeping habits, damages to property, date of move-out and/or disturbances.

Applicant Signature: _____ Date: _____

LANDLORD TO COMPLETE:

1. When did Applicant rent from you? From: ___/___/___
 To: ___/___/___
2. How much was the Applicant's monthly rent? \$ _____
3. Is any portion of the rent paid by HUD subsidy?
 Yes No
4. Did Applicant's payment history include any late payments?
 Yes No
5. Did Applicant have a history of disturbance to neighbors or domestic disputes?
 Yes No If yes: How Often? _____
6. Did Applicant display housekeeping habits that would adversely affect the health or safety of other residents?
 Yes No If Yes: Describe: _____
7. Did Applicant have any Bed Bug Infestations? Yes No
8. Did Applicant damage their unit or common areas?
 Yes No If yes: Describe: _____
9. Did Applicant give you a proper notice to vacate?
 Yes No Reason for moving? _____
10. Did Applicant leave owing you money for rent or damages? Yes No
 If yes: Amount of rent? \$ _____
 Amount of damages? \$ _____
11. Was Applicant evicted?
 Yes No If yes: Reason: _____
12. Was the Applicant evicted for drug-related criminal activity?
 Yes No
 If Yes, is this a federally assisted (subsidized) housing?
 Yes No
13. Did Applicant engage in illegal use of a drug or display a pattern of illegal use that interfered with the health, safety, or right to peaceful enjoyment by other residents?
 Yes No
14. Did Applicant abuse alcohol or have a pattern of abuse that interfered with the health, safety, or right to peaceful enjoyment by other residents? Yes No
15. Would you rent to Applicant again? Yes No
 Why/Why Not? _____

Please print Name & Title of Person Providing Information

Phone Number: _____

Date: _____

Signature

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

