



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.
- Supplemental Application
- Landlord Verification – Applicant to complete the authorization to release information for residency only.
- Application Fee - \$22 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 (leaving no blanks)
 - Your Application Fee - \$22 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 mail or email to notify if application was approved or denied on initial information
- Upon approval, Property Manager will schedule an **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 Marisela Aguilar, Administrative Assistant of The Peak, at 214-515-1370. 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:

The Peak at Fowler
Attention: Jeana Smith, Manager of the Peak
230 S. Fulton Street
Dallas, TX 75214



Head of Household's Initials _____

Section I. Apartment Choice

Area Median Income Limits (2023)

Income Category	1 Person Household	2 Person Household	3 Person Household
30% AMI	\$21,680	\$24,750	\$27,840
50% AMI	\$36,100	\$41,250	\$46,400
60% AMI	\$43,320	\$49,500	\$55,680

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.

Head of Household's Initials _____

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
INTAKE APPLICATION**

Dear Applicant:

The information on this form is needed to determine if your household is eligible to participate under a Texas Department of Housing and Community Affairs (THCA) Affordable Housing Program. Please complete this entire form and leave no blanks.

If there are any questions that you do not understand, please contact the Contract Administrator, Owner or Management Office Personnel. We thank you in advance for your cooperation.

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name:	TDHCA Number:
Contact Name:	Contact Title:
Address:	Phone:
Email Address:	Fax:

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
A. CONTACT INFORMATION	
Street Address: <small>(as shown on driver's license or government ID)</small> <input type="checkbox"/> Rent <input type="checkbox"/> Own	Apt #:
City/State/Zip:	County:
Current Address: <small>(if different from above)</small> <input type="checkbox"/> Rent <input type="checkbox"/> Own	Apt #:
City/State/Zip:	County:
Email Address:	Home Phone: () Mobile Phone: ()
Emergency Contact Name:	Phone: ()

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Cost per Month:
Reason For Leaving:	Occupied For: ___ Yrs ___ Mos
Contact/Landlord Name:	Phone:

C. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household						
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income
1	Head of Household		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. HOUSEHOLD COMPOSITION INFORMATION

Were any of the household members a full-time student within the last calendar year? NO YES, who? _____

Are any of the household members listed above foster children? NO YES, who? _____

Are any of the household members listed above a live-in attendant? NO YES, who? _____

Are any household members temporarily absent from the home? NO YES, who? _____

Indicate reason for temporary absence: _____

Do you anticipate any other members will join your household within the next 12 months? NO YES

If yes, explain: _____

E. VETERAN INFORMATION

Are any of the household members a Veteran? NO YES, who? _____

*** Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>

F. ANNUAL INCOME (List ALL income of adults and children in your household, except for the earned income from employment by persons under the age of 18)

Identify income from any of the following sources, including periodic payments:	Head of Household	Co-Head/ Spouse	Other Adult Member(s)	Child or Dependent or Other Adult Member	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No					
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No					
Commissions/Fees <input type="checkbox"/> Yes <input type="checkbox"/> No					
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No					
Salary from 2 nd job <input type="checkbox"/> Yes <input type="checkbox"/> No					
Temporary Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Income from Military <input type="checkbox"/> Yes <input type="checkbox"/> No					
Interest/Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No					
Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Pension <input type="checkbox"/> Yes <input type="checkbox"/> No					
Retirement Funds <input type="checkbox"/> Yes <input type="checkbox"/> No					
Familial Support <input type="checkbox"/> Yes <input type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child Support (Circle Type) <input type="checkbox"/> Yes <input type="checkbox"/> No Anticipated, Voluntary, Court Ordered (regardless if pd)					
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No					
Educational Scholarship/Grant <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other: Explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
Total:					

G. CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #1				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #1				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #2				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #2				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #3				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #3				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #4				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #4				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

H. HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)

Identify All Asset Sources	Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pre-Paid Debit Cards <input type="checkbox"/> Yes <input type="checkbox"/> No			
Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trust Fund(s) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No			
Whole Life Insurance Cash Value* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Real Estate/Land* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Peer to Peer (PayPal, Cash App and Venmo) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Non Necessary Personal Property: Such as campers, motorhomes, travel trailers, all-terrain vehicles (if not for day-to-day transportation), recreational boats, expensive jewelry without religious or cultural value, collectibles, equipment not generating business income and luxury items. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No			

*When listing the "cash value" of any asset with an asterisk, indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

I. HOUSEHOLD ASSET INFORMATION

1. Has anyone in the household given away anything of value within the last two years? (if a home was released due to foreclosure, bankruptcy or divorce, answer no) NO YES If yes, who? _____
 Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): _____

2. Has anyone in the household owned a home in the last two years? NO YES If yes, who? _____
 Do they currently own it? NO YES If No, when was it disposed of? _____
 If Yes, Is it being rented? NO YES
 Is it sitting vacant? NO YES
 Is it in the process of being sold? NO YES

J. HOUSING ASSISTANCE – List any assistance provided to or received by any member of the household

Source	Amount	Date Received	Reason
FEMA <input type="checkbox"/> Yes <input type="checkbox"/> No (Federal Emergency Management Agency)			
SBA <input type="checkbox"/> Yes <input type="checkbox"/> No (Small Business Administration)			
Section 8 <input type="checkbox"/> Yes <input type="checkbox"/> No (Housing and Urban Development)			

Source	Amount	Date Received	Reason
TBRA <input type="checkbox"/> Yes <input type="checkbox"/> No (Tenant Based Rental Assistance)			
Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (Homeowner)			
Other <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			

K. CONFLICT OF INTEREST INFORMATION

1. Is anyone in the household currently serving (or served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, the Administrator, or the Development Owner? NO YES
 If YES, identify who, organization and role? _____
 Is this a current role? NO YES If NO, identify date role ceased? _____

2. Is anyone in the household related to anyone currently serving (or who has served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, the Administrator, or the Development Owner (either through familial or business ties)? NO YES
 If YES, identify who, organization and role? _____
 Is this a current role? NO YES If NO, identify date role ceased? _____

L. APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program through the Texas Department of Housing and Community Affairs.

RELEASE: My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.

_____	_____	_____
Applicant/Resident Printed Name	Signature	Date
_____	_____	_____
Co-Applicant/Resident Printed Name	Signature	Date
_____	_____	_____
Adult Member Printed Name	Signature	Date
_____	_____	_____
Adult Member Printed Name	Signature	Date

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.

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
SUPPLEMENT TO THE INTAKE APPLICATION**

Participation in a TDHCA Tenant Based Rental Assistance Program requires the determination of adjusted income to calculate the amount of subsidy assistance your household may be eligible for. Adjusted income is also used to determine the required tenant paid rent of a household identified as over income at recertification on a HOME Rental development. Information disclosed on this form will only be used to determine eligible deductions. If there are any questions that you do not understand, please contact the Administrator, Owner or Management.

Applicant/Resident Name: _____

A. DEPENDENT DEDUCTION (Some household members cannot qualify for this deduction regardless of age, disability, or student status: Head of household, spouse, co-head, a foster child, an unborn child, a child who has not yet joined the family, or a live-in aide.)

Is the household comprised of a family member under the age of 18? NO YES, who? _____
 Is the household comprised of a family member with disabilities? NO YES, who? _____
 Is the household comprised of a family member who is a full-time student? NO YES, who? _____

B. CHILD CARE EXPENSES DEDUCTION

Is the household paying for the care of children age 12 or under? NO YES, for whom? _____

If YES, Please answer the following questions:

- Does the child care enable an adult household member to (check) Be gainfully employed **OR** Further his/her education (academic or vocational)? NO YES, who? _____
- Is there an adult household member capable of providing care during the hours care is needed? NO YES
- Is the child care provided by a member who comprises the household? NO YES, who? _____
- Is the household reimbursed by an outside Agency or Individual? NO YES, who? _____

C. ATTENDANT CARE AND AUXILIARY APPARATUS EXPENSE DEDUCTION

Is the household paying for attendant care and/or an auxiliary apparatus? NO YES, for whom? _____

If YES, Please answer the following questions:

- Does the care and/or use of the auxiliary apparatus enable an adult household member to work? NO YES, who? _____
- Is the household reimbursed by an Agency and/or Individual for these costs? NO YES, who? _____
- Identify the type of care and/or apparatus paid for: _____

D. ELDERLY OR DISABLED FAMILY DEDUCTION

Is the head of household, spouse, or co-head at least 62 years of age or older? NO YES, who? _____
 Is the head of household, spouse, or co-head a person with a disability? NO YES, who? _____

E. HEALTH AND MEDICAL CARE EXPENSE DEDUCTION (If your household qualifies for the deduction listed in "D" then medical expenses for ALL household members may be eligible for deduction)

Identify any of the following medical expenses?	Estimated Annual Costs	Can Support for expenses be provided?
Medicare <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Doctor Co-Pays <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Prescription Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Medical Deduction Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Over the Counter Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Other: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES

Is the household reimbursed by an Agency and/or Individual for any of these costs? NO YES, who? _____
 Did the household have any one-time non-recurring medical expenses? NO YES, explain? _____

F. APPLICANT/RESIDENT CERTIFICATION

I certify that the above information is true and correct,

Applicant/Resident Printed Name

Signature

Date

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.

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.

