

LONG ISLAND HOUSING PARTNERSHIP, INC. AND AFFILIATES

A Private Not-for-Profit Developer, Sponsor and Facilitator of Affordable Homes



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RECEIVED
Suffolk County Community Development

FEB 25 2013

Hauppauge, N.Y. 11788

Peter J. Elkowitz, Jr.
*President
Chief Executive Officer*

James Britz
Senior Vice-President

Counsel

Denise D. Pursley
Nixon Peabody LLP

Howard Gross
*Weinberg, Gross
& Pergament LLP*

February 22, 2013

Suffolk County Office of Community Development
P.O. Box 6100
Veterans Memorial Highway
Hauppauge, NY 11788

Dear Sir:

The Long Island Housing Partnership, Inc. (LIHP), the County of Suffolk, the Town of Riverhead and the developer, Eastern Property Investor Consultant, LLC, are pleased to announce the opening of Summerwind Square Affordable Rental Housing Program located in Riverhead, New York. This development holds 52 new riverfront rental apartments which include spacious studios as well as one- and two-bedroom units.

Enclosed please find a copy of the application which details the program guidelines as well as the eligibility requirements. If you have any questions, please feel free to contact me at (631) 435-4710 ext. 321 or at jappel@lihp.org.

Sincerely,

Jennifer B. Appel, Esq.
General Counsel/Program Advisor



OPENING SPRING 2013



SPECIAL CONSIDERATION WILL BE GIVEN TO THOSE WHO
LIVE OR WORK IN THE TOWN OF RIVERHEAD
OR RIVERHEAD CENTRAL SCHOOL DISTRICT



52 NEW Riverfront Rental Apartments
Spacious Studios, 1 & 2 Bedrooms
With Water Views and Balconies

From \$905 Month

APPLICATIONS NOW AVAILABLE

**THE APPLICATION WILL INCLUDE A FULL EXPLANATION OF THE GUIDELINES
ALL FAIR HOUSING LAWS WILL BE FOLLOWED DEADLINE TO APPLY APRIL 1, 2013**

WWW.SUMMERWIND-SQUARE.COM



Made possible by Suffolk County Executive Steven Bellone
Town of Riverhead and Suffolk County Department of Economic Development



631-435-4710

Long Island Housing Partnership





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The Engel Burman Group

Robert J. Coughlan
TRITEC Real Estate Company

Dear Applicant:

Thank you for your interest in the Summerwind Square Affordable Rental Housing Program located in Riverhead, New York. Under this program, efficiency, 1 bedroom and 2 bedroom apartment units will be offered to eligible applicants at affordable rents.

Enclosed please find a formal program application with guidelines. Please read the program guidelines carefully to see if you qualify prior to applying. These guidelines are strictly enforced. Please do not apply if you do not conform to all of the guidelines.

All applications, along with a non-refundable application fee of \$100 payable to Long Island Housing Partnership, a \$50 Safe Rent fee for each household member age 18 or older payable to Eastern Property Investor Consultant, LLC and all requested documents, must be received at LIHP's office or postmarked by April 1, 2013, to be included in the lottery. Applications postmarked after April 1, 2013 will be accepted on a first come first serve basis after lottery applicants have been assisted.

Only one application per household is allowed. Applicants who submit more than one application will be disqualified. After being submitted, any changes to an application must be requested in writing and must be approved by the program review committee.

If you are approved for an apartment and you decide to sign a 12 month lease, please note the following fees will be required at lease signing:

1. One time security deposit equal to the amount of first month's rent and
2. \$ 75 annual amenity fee

All household members age 18 and over must provide tax returns and income documentation as well as their own Residency, Employment Verification and Information Release form. An extra set of these forms are included as part of the application.

If you have any questions, please contact the Long Island Housing Partnership at (631) 435-4710.

Very truly yours,
The Long Island Housing Partnership

Peter J. Elkowitz, Jr.
President
Chief Executive Officer

James Britz
Senior Vice-President
Counsel

Denise D. Pursley
Nixon Peabody LLP

Howard Gross
Weinberg, Gross
& Pergament LLP

Robert C. Creighton
Farrell Frite, P.C.



SUMMERWIND SQUARE
AFFORDABLE RENTAL HOUSING PROGRAM
RIVERHEAD, NY
PROGRAM GUIDELINES
Please Read Carefully

I. Program Description

The Long Island Housing Partnership (LIHP) the County of Suffolk, the Town of Riverhead and the developer, Eastern Property Investor Consultant, LLC, welcomes applications from individuals and families whose incomes are within the income guidelines listed below and strictly complies with the Program Guidelines below for the Summerwind Square affordable rental program located at 40 Peconic Avenue, Riverhead, NY. Applications will be reviewed for compliance and completeness. 52 new rental apartments are being made available to applicants who meet the criteria set forth herein.

II. Income Guidelines

There will be a total of 52 apartments. 26 will be affordable to households earning at or below 80% HUD AMI, 23 apartments will be affordable to households earning at or below to 100% HUD AMI and 3 apartments will be affordable to households earning at or below 120% HUD AMI.* Recertification of income will be required annually.

Before applying, be certain you conform to all guidelines.

INCOME GUIDELINES FOR 120% OF THE AREA MEDIAN INCOME		
2 Bedroom only		
<u>Household Size</u>	<u>Gross Household Maximum Annual Income **</u>	<u>Gross Household Minimum Income Guideline**</u>
2	\$103,200	\$37,416
3	\$116,100	\$37,416
4	\$129,000	\$37,416
INCOME GUIDELINES FOR 100% OF THE AREA MEDIAN INCOME		
Efficiency and 1 Bedroom only		
<u>Household Size</u>	<u>Gross Household Maximum Annual Income **</u>	<u>Gross Household Minimum Income Guideline**</u>
1	\$75,300	Efficiency - \$27,288, 1 Bedroom - \$31,440
2	\$86,000	Efficiency - \$27,288, 1 Bedroom - \$31,440
INCOME GUIDELINES FOR 80% OF THE AREA MEDIAN INCOME		
Efficiency and 1 Bedroom only		
<u>Household Size</u>	<u>Gross Household Maximum Annual Income **</u>	<u>Gross Household Minimum Income Guideline**</u>
1	\$60,200	Efficiency - \$21,270, 1 Bedroom - \$25,008
2	\$68,800	Efficiency - \$21,720, 1 Bedroom - \$25,008

*INCOME REQUIREMENTS SHALL BE ADJUSTED ANNUALLY BASED ON THE NASSAU/SUFFOLK MEDIAN HOUSEHOLD INCOME.

**Includes all income – overtime, bonuses, pensions, social security, 401K distributions, tips, etc. Your gross income cannot exceed the maximum annual income for your household size. Gifts are now allowed per program requirements.



III. Rents

Each apartment will be rented for a very affordable price. Rents cannot exceed the fair market rents established by HUD. Applicants for the affordable rental program at Summerwind Square will be ranked by lottery. The cooperative efforts of the County of Suffolk, Town of Riverhead and Summerwind Square have enabled the apartments to initially be rented for:

Initial Rents are set as following:					
<u>80% Median Household Income</u>		<u>100% Median Household Income</u>		<u>120% Median Household Income</u>	
<u>Apartment size</u>	<u>Monthly Rent</u>	<u>Apartment size</u>	<u>Monthly Rent</u>	<u>Apartment size</u>	<u>Monthly Rent</u>
18 Efficiency units	\$ 905.00***	11 Efficiency units	\$ 1,137.00***	3 Two Bedroom	\$ 1,559.00***
8 One Bedroom	\$1,042.00***	12 One Bedroom	\$ 1,310.00***		

*****PLEASE NOTE THAT RENTS CHANGE ANNUALLY AND CALCULATED AFTER A UTILITY ADJUSTMENT**

IV. Credit and Background Check – All applicants will be subject to a credit and criminal background check through Safe Rent and must be approved. A fee for Safe Rent in the amount of \$50 for every household member age 18 or older is due at the time of application and should be made payable to Eastern Property Investor Consultant, LLC. If your application is not reviewed and you are not run through Safe Rent, you check will be returned.

V. Application fee - A non-refundable application fee of \$100 per household is due at the time of application submission.

VI. Residential Property – an applicant cannot have an ownership interest in residential property at the time of application, which shall include, but is not limited to, a single family home, a condominium and a cooperative unit.

VII. Waiting list – There are 52 affordable apartments. A lottery will be held to determine the ranking order for available units. Due to the different income levels and apartment sizes, a unit you qualify for may not be available based on your rank from the lottery. This limited availability may cause you to be placed on a waiting list for any future vacancies. Applicants are placed on the waiting list in the order in which they are ranked in the lottery and any application received after the lottery deadline date will be ranked on a first come, first served basis after the lottery applicants. Applicants are responsible for updating their contact information.

To establish the ranking of applicants, the following procedures will be implemented: Pursuant to a resolution approved by the Town of Riverhead, applicants who live and/or work in the Town of Riverhead and/or the Riverhead Central School District will be given priority for the first 75% of the units. Therefore, LIHP will establish a ranking of applicants meeting the preference criteria as a first priority to rent an apartment for the first 39 rankings, with all other remaining applicants to then be ranked. Applicants will be notified by mail of the ranking number.

VIII. Complete Application Guidelines – Before you make an application for entrance into this program, read the guidelines thoroughly to be certain that you qualify. Please note, only completed application that meet ALL the program guidelines will be reviewed for program eligibility. After being submitted, any changes to an application must be

requested in writing and must be approved. Applicants must submit to LIHP all standard documentation required, including signed copies of the last three (3) years of their federal income tax returns, W-2 and/or 1099 forms, four (4) most recent, consecutive pay stubs and most recent three months bank statements for any and all bank accounts and investment accounts. **PLEASE NOTE THAT pets are not allowed at Summerwind Square. Exceptions will be made as provided for under applicable fair housing laws.**

IX. Applicant Eligibility and Intake

All applications must be received at LIHP's office by 5pm on April 1, 2013 or be postmarked by April 1, 2013 to be included in the lottery. LIHP will conduct a lottery to establish a ranking of income eligible applicants. Applications received or postmarked after April 1, 2013 will be accepted on a first come first served basis after lottery applicants have been assisted. Please mail the completed application accompanied by the \$100.00 application fee, Safe Rent fee, all documents and a signed copy of the Program Guidelines acknowledgement

To:

**Long Island Housing Partnership
180 Oser Avenue, Suite 800
Hauppauge, New York 11788
Attention: Summerwind Square Affordable Rental Program**

Fair Housing laws will be followed. The LIHP staff is available to assist with the application, answer questions or provide any assistance regarding eligibility. If you have any questions regarding any of the guidelines, please call the Long Island Housing Partnership, Inc at (631) 435-4710 before applying.

Disclaimer: It is understood that this is not an offer and that the terms and conditions may be changed at any time by the Long Island Housing Partnership, Inc., and Affiliates. It is further understood that notices by the Long Island Housing Partnership, Inc., and Affiliates may be made in such manner as Long Island Housing Partnership, Inc., and Affiliates may determine, including solely by advertisement.

APPLICATION DEADLINE DATE APRIL 1, 2013





LONG ISLAND HOUSING PARTNERSHIP, INC. AND AFFILIATES

A Private Not-for-Profit Developer, Sponsor and Facilitator of Affordable Homes

**SUMMERWIND SQUARE
Town of Riverhead
Tenant Application Form**

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Applicant Name: _____

Co-Applicant Name: _____

Current Address: _____

Primary Phone: () **Alternate Phone:** ()

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm/dd/yyyy)	Student (Y/N)	Social Security Number*
	HEAD				

*Applicants must have a valid social security number, taxpayer ID numbers are not allowed

Type:

1st Choice: Efficiency 1 BR 2 BR

2nd Choice: Efficiency 1 BR 2 BR

3rd Choice Efficiency 1 BR 2 BR

Would you or anyone in your household benefit from a special needs unit?
(Mobility, vision, or hearing impairment) Yes No

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____

Relationship (if any): _____

Housing References:

List the past 3 years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
2.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
3.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

Household Information (continued)

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? Yes No
If YES, explain _____
2. Do you expect the number of household members to change in the future? Yes No
If YES, explain how many members will be added or reduced, and when that change will take place.

3. Have any of the household members used names or a social security number other than the names and numbers used above? Yes No
If YES, explain _____
4. Are any or ALL members of the household full-time students? Yes No
If YES, explain _____
5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No
If YES, provide the nature of the crime(s): _____
Date: _____ State: _____ City: _____
County: _____
Are any of the above convictions a felony? Yes No If YES, Please explain _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes No If YES, Please explain _____

Are there any criminal charges pending now? Yes No If YES, please explain _____

6. Do you live in subsidized housing now or have you in the past? Yes No
 If YES, where? _____ From _____ To _____
 Were you evicted? _____ If YES, why? _____
7. Have you or your co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No
 If YES, explain _____
8. Have you ever filed or are you currently filing for bankruptcy? Yes No
 If YES, give reason _____
 Date of filing: _____
9. Do you currently hold a Section 8 housing voucher? Yes No
10. Are all household members U.S. citizens or permanent resident aliens? Yes No
 If No, explain: _____
11. **The Town of Riverhead by Resolution has authorized a preference for those applicants who live and/or work in the Town of Riverhead and/or the Riverhead Central School District**
 Do you currently reside within the boundaries of the Town of Riverhead? Yes No
 If Yes, please provide proof of residency (copy of deed, lease, utility bill, driver's license, etc.)
- Do you currently reside within the boundaries of the Riverhead Central School District, but not within the boundaries of the Town of Riverhead? Yes No
 If Yes, please provide proof of residency (copy of deed, lease, utility bill, driver's license and copy of corresponding tax bill for address)
- Do you currently work within the boundaries of the Town of Riverhead? Yes No
 If Yes, please provide proof of employment
- Do you currently work within the boundaries of the Riverhead Central School District, but not within the boundaries of the Town of Riverhead? Yes No
 If Yes, please provide proof of employment and corresponding tax bill for place of employment

Income Information:

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No
 Please list all income for all household members from these sources.
 (Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation? Yes No
Please list all income for all household members from these sources.

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? Yes No
Please list all income for all household members from these sources.

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)? Yes No
(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)
Please list all income for all household members from this source.

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? Yes No
 Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration? Yes No
Please list all income for all household members from these sources.

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? Yes No

Please list all income for all household members from these sources.

Household Member

Source of Benefit

Amount

7. Regular payments from a severance package?

Yes No

Please list all income for all household members from these sources.

Household Member

Source of Benefit

Amount

8. Regular payments from any type of settlement? (For example, insurance settlements)

Yes No

Please list all income for all household members from these sources.

Household Member

Source of Benefit

Amount

9. Disability, death benefits or life insurance dividends?

Yes No

Please list all income for all household members from these sources.

Household Member

Source of Benefit

Amount

10. Regular gifts or payments from anyone outside of the household?

Yes* No

* If yes, please provide a signed, notarized gift letter stating monthly amount to be gifted.

Please list all income for all household members from these sources.

Household Member

Source of Benefit

Amount

11. Educational grants, scholarships, or other student benefits?

Yes No

Please list all income for all household members from these sources.

Household Member

Source of Benefit

Amount

12. Regular payments from lottery winnings or inheritances?

Yes No

Please list all income for all household members from these sources.

Household Member

Source of Benefit

Amount

13. Regular payments from rental property or other types of real estate transactions?

Yes No

Please list all income for all household members from these sources.

Household Member

Source of Benefit

Amount

14. Any other income sources or types not listed above?

Yes No

Please list all income for all household members from these sources.

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months? Yes No

If YES, explain: _____

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Yes No If YES, who? _____

Explain _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?

Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CDs, money market accounts or treasury bills?

Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Stocks, bonds or securities?

Yes No

<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION FOR HUD MONITORING PURPOSES

This question is being asked for statistical purposes to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect, in any way, your selection for the program. If you do not wish to furnish the above information, please check the box below. We must review the above material to assure that the disclosure satisfies all requirements of HUD.

Borrower	<input type="checkbox"/> I do not wish to furnish this information	Co-Borrower	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity	Hispanic or Latino Y ___ N ___	Ethnicity	Hispanic or Latino Y ___ N ___
Race/Nationality	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Asian/Pacific Islander	Race/Nationality	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Asian/Pacific Islander

Signature Clause:

I/We certify that all information and answers to the questions are true and complete to the best of my/our knowledge. I/We consent to release the necessary information to determine my/our eligibility. I/We understand that providing false information or making false statements may be grounds for denial of my application. I/We also understand that such action may result in criminal penalties.

I/We consent to have LIHP verify the information contained in this application for purposes of proving my/our eligibility for occupancy. I/We will provide all necessary information and expedite this process in any way possible. If any of this information changes prior to a signed lease, it is my/our responsibility to notify the Long Island Housing Partnership, Inc. so that an updated determination can be made on my/our status. I/We understand that my/our occupancy is contingent on meeting the rental program criteria. I/We understand that after review of my/our application, LIHP may determine that I/we do not qualify for this program.

I/We understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I/we provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I/We hereby grant the Landlord of Summerwind Square and The Long Island Housing Partnership, Inc. the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I/We authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me/us and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date

**Applications received by the Long Island Housing Partnership, Inc. as agent for
Summerwind Square**

**Please return completed applications with all accompanying documentation and \$100 application fee
made payable to "The Long Island Housing Partnership" and the Safe Rent fee**

To:

**The Long Island Housing Partnership, Inc.
180 Oser Avenue, Suite 800
Hauppauge, NY 11788
Phone: (631) 435-4710**

All Applications must be received at LIHP or postmarked by April 1, 2013

4. Trust funds? Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable? Yes No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts? Yes No

<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death? Yes No

<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) Yes No

<u>Household Member</u>	<u>Type of Property</u>	<u>Market Value</u>	<u>Mortgage or lien balance due</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

8. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Yes No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
_____	_____	_____

Explanation: _____

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1. License #: _____ State Issued: _____ Make/Model/Year: _____

2. License #: _____ State Issued: _____ Make/Model/Year: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

ACKNOWLEDGMENT

PLEASE RETAIN A COPY OF THESE GUIDELINES AFTER YOU SEND IN YOUR APPLICATION AS THEY CONTAIN IMPORTANT PROGRAM INFORMATION

Applicant(s)

(To be filled out and returned with application)

By signing below, I certify that I have read, understand and agree to the Summerwind Square Affordable Rental Housing Program Guidelines.

Applicant's Name (Please Print)

Applicant's Signature

Date

By signing below, I certify that I have read, understand and agree to the Summerwind Square Affordable Rental Housing Program Guidelines.

Co-Applicant's Name (Please Print)

Co-Applicant's Signature

Date

**SUMMERWIND SQUARE AFFORDABLE RENTAL HOUSING PROGRAM
CHECK LIST OF REQUIRED DOCUMENTATION**

	APPLICANT	CO-APPLICANT	OTHER ADULT
1. Long Island Housing Partnership Application form with acknowledgment completed with signature(s)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
2. Most recent three (3) consecutive months of bank statements (all pages) for any and <u>all</u> accounts.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
3. Documents showing balance and/or value of all stocks bonds, treasury bills, certificate of deposits, money market funds, etc.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
4. Copies of <u>SIGNED</u> Federal Tax Returns with required schedules, W2's including 2012 and 1099's for the last three years. (Please <u>SIGN</u> your returns)	2011 2010 2009 Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
5. Self-employed applicants must provide a notarized statement from a CPA or attorney indicating the amount you expect to receive for the next 12 months.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
6. Four (4) most recent, consecutive pay stubs that indicate year-to-date gross income. If year-to-date is not included on pay stub, a letter from employer on company stationery is required.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
7. Documentation for Social Security, Child Support, Pensions Disability, Unemployment, retirement funds, income from rental property and documentation for any other income you may receive (for child support or alimony you may use enclosed form or provide other documentation)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
8. School transcripts for family members over 18 (if applicable)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
9. Employment Verification Form (Form enclosed. - Each household member age 18 and over must fill out a separate form) OR A letter from your employer on company letterhead, stating that you are employed and your gross annual salary.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
10. Information Release Form (Form enclosed. - Each household member age 18 and over must fill out a separate form)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
11. Application for Residency	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
12. Market Analysis for all properties owned	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
13. Documentation on balances for mortgages/liens on all properties owned	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
14. Documentation for live/work in the Town of Riverhead/Riverhead Central School District	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

Comments: _____

I understand that I may be required to supply/submit additional documentation to complete and substantiate my eligibility.

APPLICANT'S SIGNATURE

DATE



APPLICATION FOR RESIDENCY

Date: _____

Apartment # _____

Personal Information:		_____ Responsible Resident	_____ Guarantor	[] Primary Applicant
First Name _____	Middle Initial _____	Last Name _____		
Last Name Suffix (Jr., Sr., etc.) _____		Former Last Name (maiden, married) _____		
Social Security Number _____		Date of Birth _____		
No SSN, are you in the U.S. on a Visa? _____ Yes _____ No		Marital Status (optional) _____		
Visa Number _____		Exp. Date _____		
Driver's License No. _____		Driver's License State _____		

Occupant Information: (persons under 18 years of age)		[] same as Primary Applicant
Name & SSN _____	Date of Birth _____	Relationship _____
Name & SSN _____	Date of Birth _____	Relationship _____
Name & SSN _____	Date of Birth _____	Relationship _____
Name & SSN _____	Date of Birth _____	Relationship _____

Residence Information:		[] same as Primary Applicant
Current Street Address _____		Suite or Apt. _____
City _____	State _____	Zip Code _____
Country _____	Phone (____) _____	Email Address _____
Name of Apartment Community or Mortgage Co. _____		
Type (circle one) Rent Own Other _____	Dates of Residency: From _____ To _____	
Contact Name _____	Contact Phone _____	
Monthly Payment _____	Reason For Moving _____	
Have you ever been evicted or asked to move out? _____ Yes _____ No If Yes, Explain _____		

Employment Information/Additional Income:	
Current Employer (as of move-in date) _____	Position _____
Industry _____	Annual Income _____
Street Address _____	Work Phone _____
City _____	State _____
City _____	Zip Code _____
Name of Supervisor _____	Phone _____
Dates of Employment: From _____ To _____	
If there are other sources of income you would like us to consider, please list source and income amount. Sources of Additional Income _____	
Amount of Additional Annual Income (\$)	

Note: After the application is processed, this entire page will be securely shredded except when prohibited by law.
 Date: _____ Apartment # _____

Personal Information:		_____ Responsible Resident	_____ Guarantor	[] Primary Applicant
First Name _____	Middle Initial _____	Last Name _____		Password (for lockout purposes): _____
Emergency Information:		Relationship _____		
First Name (not an occupant) _____	Middle Initial _____	Last Name _____		

Current Street Address _____ Suite or Apt. _____

City _____ State _____ Zip Code _____

Phone () _____ Type (circle one) Cell Home Work Allow Key Access Yes No

Conviction Information:

Have You Ever Been Convicted of, or Pleaded Guilty or "No Contest" to, a Misdemeanor or Felony Involving Sexual Misconduct?

Yes No If yes, When _____ What State _____

Explain: _____

In connection with this Application for apartment home no. _____ located at _____ (the "Apartment Home"), the undersigned ("you" or "your") hereby deposits with _____ ("we", "us", or "our") the sum of \$ _____ (the "Deposit"). We will apply the Deposit in accordance with the provisions set forth below. Upon receipt of this Application and the Deposit we will set aside and reserve the Apartment Home for you.

By submitting this Application, you agree to enter into a lease ("Lease") for the Apartment Home under the terms specified in this Application. We may require you to sign the Lease concurrently with your submission of this Application. However, if we put you on a waiting list for an Apartment Home, you will not be obligated to sign a Lease until we advise you (in writing, in person or by telephone) that an Apartment Home is available, and you accept the Apartment Home. You will have 24 hours after you are notified by us to accept or reject the Apartment Home, which you may do in writing, in person or by telephone. If you accept the Apartment Home, you will have 24 hours to pay all associated deposits and you must sign a lease within ten (10) days or your rights to lease the Apartment Home will terminate. If you do not timely notify us of your acceptance of the Apartment Home, we will thereafter have no obligation to lease the Apartment Home to you. If, for any reason, we decline this Application, then we will refund the Deposit to you in full. If we approve this Application, we will ask that you execute the Lease (if you have not already done so). Upon your execution of the Lease, we will apply a portion of the Deposit to the Security Deposit and the remainder of the Deposit, if any, to the Common Area Amenities [Charge/Rent] that is due upon the execution of the Lease. If, however, you decide prior to executing the Lease that, notwithstanding this Application, and our approval, you no longer wish to proceed with the Lease, you must so notify us in writing (the "Termination Notice"). To be effective, the Termination Notice must be delivered by you during regular business hours to one of our representatives at the leasing office where the Apartment Home is located. Concurrently with your delivery of the Termination Notice to us, in consideration for our having held the Apartment Home off the market and reserved the Apartment Home for you, you agree to pay to us a "Reservation Fee" in an amount equal to the product of (i) the number of days from the date of this Application until we received the Termination Notice; multiplied by (ii) the base rent that would have been payable by you under the Lease for the Apartment Home (calculated on a per diem basis). After our receipt of the Termination Notice, we will refund the Deposit to you in accordance with our customary practice, less the full amount of the Reservation Fee, unless you have previously paid the Reservation Fee to us, in which case no deductions from the Deposit will be made.

Apartment # _____

In all events, if you have not executed and returned the Lease to us within ten (10) days after this Application is signed by you, we will assume that you are not interested in proceeding, the Apartment Home will no longer be reserved for you, and we will refund the Deposit to you, less the full amount of the Reservation Fee.

By accepting the Deposit we are not obligated to approve this Application or rent the Apartment Home to you. Our approval of this Application is contingent upon our receipt of a satisfactory report of your rental history, credit history and other information that we deem necessary.

By signing this Application, you certify that all persons over eighteen years of age who will be occupying the Apartment Home have completed and provided to us a separate Application for Residency, and that each such occupant of the Apartment Home will sign the Lease at the time required by us.

You authorize us, through our designated agent or employees, to obtain and verify all credit information for the purpose of determining whether or not to lease the Apartment Home to you. You understand that should you enter into the Lease for the Apartment Home, we and our designated agents and employees will have a continuing right to review your credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

By signing this Application, you certify that all information contained in this Application is true, correct and complete.

Signature of Applicant _____

Date _____

Signature of Management

Date

FOR OFFICE USE ONLY:	
<u>Summary Of Monthly Rent/Charges:</u>	<u>Summary Of Non-Recurring Rent/Charges:</u>
Base Rent _____	Common Area/Amenities (Rent/Charge) _____
Pet Rent/Charge _____	Non-Refundable Pet Fee _____
Parking Rent/Charge _____	
Storage Rent/Charge _____	<u>Summary Of Deposits:</u>
Appliance Rent/Charge _____	Security Deposit _____
CAH Rent/Charge _____	Pet Deposit _____
Trash Removal _____	
Other _____	<u>Term:</u>
Total Rent/Charges _____	Lease Begin Date _____
First Month Proration _____	Lease End Date _____
Applicant Cancellation Reason _____	Move-In Date _____
Approved/Declined By _____	Cancellation Date _____
	Approval/Declined Date _____

INFORMATION RELEASE

EXPLANATION: Your signature on this information release waiver is necessary for the processing of your certification / re-certification. You should be aware that a credit report will be ordered initially and may be repeated if necessary. This release authorizes verification of information regarding you and your household from sources such as, but not limited to: landlord, Social Security Administration, Department of Welfare, employer, income, etc.

I, _____ authorize you to release to Sumerwind Square or its designated agent for Summerwind Square Apartments, all information specifically requested by _____ to verify my family's composition, income, credit and references as may be necessary. It is understood that all information released will be kept confidential. However, you should be aware that the information reported may be reviewed by someone other than a Summerwind Square employee (i.e. attorney, auditor, etc.).

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purpose stated above. The original authorization form is on file with the management office and will stay in effect for thirteen (13) months from the date signed. All adult members of my family (eighteen and older, including full-time students) will also be required to sign an information release waiver.

As a condition of continued occupancy, I further understand that I and all adult members of my family will be required to sign this information release waiver each year at re-certification time.

Signature _____ Date _____ Social Security # _____
Apartment # _____

NOTE: This general consent may not be used to request a copy of a tax return

EMPLOYMENT VERIFICATION REQUEST

Date: _____

To: _____

_____ has applied for residency at Summerwind Square. As a part of our application process, it is necessary that we obtain verification of his/her employment and income prior to occupancy.

Permission by: _____

Please complete the section below and return it to us by fax or mail at your earliest convenience.

Sincerely,

Summerwind Square

Dates of Employment: From _____ To _____

Position : _____

Gross Salary or Wage: _____ Per _____
(If hourly wage, please specify number of hours worked weekly: _____)

Tips, Commission, Bonuses: _____
(average per week)

Other Comments: _____

Verified by:

Printed Name:

Title:

Date:



REQUEST FOR CHILD SUPPORT/ALIMONY VERIFICATION

Date: _____

To: _____

_____ has applied for residency at Summerwind Square . As a part of the application process, it is necessary that we obtain verification of his/her receipt of any child support and/or alimony payments prior to occupancy.

Permission by: _____ Social Security: _____

Please complete the section below and return it to us by fax or mail at your earliest convenience.

Sincerely,

Summerwind Square

This form does not apply because I/We do not receive any child support or alimony.

Applicant/Resident: _____

Date: _____

Witness: _____

Date: _____

CHILD SUPPORT OR ALIMONY VERIFICATION

Declaration of payment made:

I, _____, who reside at _____ do certify that I pay the sum of \$ _____ per _____ for the obligation of child support _____ alimony _____ (please check one). If child support, please list names of children cared for.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

How long must payments be made? _____

Signature: _____

Date: _____

Witness : _____

Date: _____



Declaration of payment received: the applicant or resident entitled to the child support or alimony should fill out this section if the maker of the payment is not able to be reached or will not complete the form. If the applicant is not receiving child support, or if the applicant is receiving a different amount than on a divorce or settlement agreement, this form must be notarized.

I, _____, who reside at _____ do certify that I received the sum of \$ _____ per _____ for the obligation of child support ___ alimony ___ (please check one) If child support, list names of children cared for:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

If child support or alimony is \$0, answer the following:

- ___ I am not entitled to receive child support
- ___ I am entitled to receive child support but do not currently receive it.
- ___ I am not entitled to receive alimony
- ___ I am entitled to receive alimony but do not currently receive it.

Please explain the likelihood of receiving either child support or alimony in the future and attach a copy of your divorce decree/separation agreement. If there is no agreement, please state so. If the amount being received is different than the amount specified in the divorce decree or settlement, please explain the difference and what attempts have been made to collect the amount specified.

Signature: _____ Date: _____

Notary: _____ Date: _____

Date Sent: _____

Date Received: _____



**EVERY HOUSEHOLD MEMBER AGE 18 AND
OVER MUST COMPLETE THEIR OWN FORM**

- **Information Release**
- **Employment Verification Request**
- **Summerwind Residency Application**

APPLICATION FOR RESIDENCY

Date: _____

Apartment # _____

Personal Information:	_____ Responsible Resident	_____ Guarantor	[] Primary Applicant
First Name _____	Middle Initial _____	Last Name _____	
Last Name Suffix (Jr., Sr., etc.) _____		Former Last Name (maiden, married) _____	
Social Security Number _____		Date of Birth _____	
No SSN, are you in the U.S. on a Visa? _____ Yes _____ No		Marital Status (optional) _____	
Visa Number _____		Exp. Date _____	
Driver's License No. _____		Driver's License State _____	

Occupant Information: (persons under 18 years of age)		[] same as Primary Applicant
Name & SSN _____	Date of Birth _____	Relationship _____
Name & SSN _____	Date of Birth _____	Relationship _____
Name & SSN _____	Date of Birth _____	Relationship _____
Name & SSN _____	Date of Birth _____	Relationship _____

Residence Information:		[] same as Primary Applicant
Current Street Address _____	Suite or Apt. _____	
City _____	State _____	Zip Code _____
Country _____	Phone (____) _____	Email Address _____
Name of Apartment Community or Mortgage Co. _____		
Type (circle one) Rent Own Other _____	Dates of Residency: From _____ To _____	
Contact Name _____	Contact Phone _____	
Monthly Payment _____	Reason For Moving _____	
Have you ever been evicted or asked to move out? _____ Yes _____ No	If Yes, Explain _____	

Employment Information/Additional Income:		
Current Employer(as of move-in date) _____	Position _____	
Industry _____	Annual Income _____	
Street Address _____	Work Phone _____	
City _____	State _____	Zip Code _____
Name of Supervisor _____	Phone _____	Dates of Employment: From _____ To _____
If there are other sources of income you would like us to consider, please list source and income amount. Sources of Additional Income _____		
Amount of Additional Annual Income (\$)		

Note: After the application is processed, this entire page will be securely shredded except when prohibited by law.

Date: _____

Apartment # _____

Personal Information:	_____ Responsible Resident	_____ Guarantor	[] Primary Applicant
First Name _____	Middle Initial _____	Last Name _____	Password (for lockout purposes): _____
Emergency Information:		Relationship _____	
First Name (not an occupant) _____	Middle Initial _____	Last Name _____	

Current Street Address _____ Suite or Apt. _____

City _____ State _____ Zip Code _____

Phone () _____ Type (circle one) Cell Home Work Allow Key Access Yes No

Conviction Information:

Have You Ever Been Convicted of, or Pleaded Guilty or "No Contest" to, a Misdemeanor or Felony Involving Sexual Misconduct?

Yes No If yes, When _____ What State _____

Explain: _____

In connection with this Application for apartment home no. _____ located at _____ (the "Apartment Home"), the undersigned ("you" or "your") hereby deposits with _____ ("we", "us", or "our") the sum of \$ _____ (the "Deposit"). We will apply the Deposit in accordance with the provisions set forth below. Upon receipt of this Application and the Deposit we will set aside and reserve the Apartment Home for you.

By submitting this Application, you agree to enter into a lease ("Lease") for the Apartment Home under the terms specified in this Application. We may require you to sign the Lease concurrently with your submission of this Application. However, if we put you on a waiting list for an Apartment Home, you will not be obligated to sign a Lease until we advise you (in writing, in person or by telephone) that an Apartment Home is available, and you accept the Apartment Home. You will have 24 hours after you are notified by us to accept or reject the Apartment Home, which you may do in writing, in person or by telephone. If you accept the Apartment Home, you will have 24 hours to pay all associated deposits and you must sign a lease within ten (10) days or your rights to lease the Apartment Home will terminate. If you do not timely notify us of your acceptance of the Apartment Home, we will thereafter have no obligation to lease the Apartment Home to you.

If, for any reason, we decline this Application, then we will refund the Deposit to you in full. If we approve this Application, we will ask that you execute the Lease (if you have not already done so). Upon your execution of the Lease, we will apply a portion of the Deposit to the Security Deposit and the remainder of the Deposit, if any, to the Common Area Amenities [Charge/Rent] that is due upon the execution of the Lease. If, however, you decide prior to executing the Lease that, notwithstanding this Application, and our approval, you no longer wish to proceed with the Lease, you must so notify us in writing (the "Termination Notice"). To be effective, the Termination Notice must be delivered by you during regular business hours to one of our representatives at the leasing office where the Apartment Home is located. Concurrently with your delivery of the Termination Notice to us, in consideration for our having held the Apartment Home off the market and reserved the Apartment Home for you, you agree to pay to us a "Reservation Fee" in an amount equal to the product of (i) the number of days from the date of this Application until we received the Termination Notice; multiplied by (ii) the base rent that would have been payable by you under the Lease for the Apartment Home (calculated on a per diem basis). After our receipt of the Termination Notice, we will refund the Deposit to you in accordance with our customary practice, less the full amount of the Reservation Fee, unless you have previously paid the Reservation Fee to us, in which case no deductions from the Deposit will be made.

Apartment # _____

In all events, if you have not executed and returned the Lease to us within ten (10) days after this Application is signed by you, we will assume that you are not interested in proceeding, the Apartment Home will no longer be reserved for you, and we will refund the Deposit to you, less the full amount of the Reservation Fee.

By accepting the Deposit we are not obligated to approve this Application or rent the Apartment Home to you. Our approval of this Application is contingent upon our receipt of a satisfactory report of your rental history, credit history and other information that we deem necessary.

By signing this Application, you certify that all persons over eighteen years of age who will be occupying the Apartment Home have completed and provided to us a separate Application for Residency, and that each such occupant of the Apartment Home will sign the Lease at the time required by us.

You authorize us, through our designated agent or employees, to obtain and verify all credit information for the purpose of determining whether or not to lease the Apartment Home to you. You understand that should you enter into the Lease for the Apartment Home, we and our designated agents and employees will have a continuing right to review your credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

By signing this Application, you certify that all information contained in this Application is true, correct and complete.

Signature of Applicant _____

Date _____ / _____ / _____

_____ / _____ / _____

Signature of Management

Date

FOR OFFICE USE ONLY:

Summary Of Monthly Rent/Charges:

Base Rent _____
Pet Rent/Charge _____
Parking Rent/Charge _____
Storage Rent/Charge _____
Appliance Rent/Charge _____
CAH Rent/Charge _____
Trash Removal _____
Other _____
Total Rent/Charges _____
First Month Proration _____
Applicant Cancellation Reason _____
Approved/Declined By _____

Summary Of Non-Recurring Rent/Charges:

Common Area/Amenities (Rent/Charge) _____
Non-Refundable Pet Fee _____

Summary Of Deposits:

Security Deposit _____
Pet Deposit _____

Term:

Lease Begin Date _____
Lease End Date _____
Move-In Date _____
Cancellation Date _____
Approval/Declined Date _____

**EMPLOYMENT VERIFICATION
REQUEST**

Date: _____

To: _____

_____ has applied for residency at Summerwind Square. As a part of our application process, it is necessary that we obtain verification of his/her employment and income prior to occupancy.

Permission by: _____

Please complete the section below and return it to us by fax or mail at your earliest convenience.

Sincerely,

Summerwind Square

Dates of Employment: From _____ To _____

Position : _____

Gross Salary or Wage: _____ Per _____
(If hourly wage, please specify number of hours worked weekly: _____)

Tips, Commission, Bonuses: _____
(average per week)

Other Comments: _____

Verified by:

Printed Name:

Title:

Date:



