



*May River Village
5736 Patriot Lane
Bluffton, SC 29910
Tel. (843) 837-9400 Fax (843) 837-9441
www.mayrivervillage.com*

**THANK YOU FOR CONSIDERING OUR APARTMENT COMMUNITY FOR
YOUR NEW HOME!**

In order to process your application for qualification guidelines, you need to provide **all of the documents listed below that apply to your household**. Providing these documents at the time of application may speed up our approval process and/or clarify incomplete third party documentation.

Application Instructions:

- \$26.00 money order per application fee for all applicants 18 years and older.
- Please print in black ink only. Please, do not use colored pens or pencil.
- All questions on the application must be completed. Do not write “N/A”.
If question does not apply please answer with “0” or “None”.
- If you make a mistake, cross through once and initial. **Do not use white out.**
- Be sure to sign and date the application and complete release forms.

Photocopies of the following documents are required at the time of application, if they apply to your household.

- 1.) **All filed divorce or legal separation records** for all current and previous marriages. Records should include petition for dissolution; final decree of dissolution; and custody, support and property settlement documents.
- 2.) **All court ordered child support documents and paternity records** if court order is not part of a divorce filing. Also, needed is the case number of the court ordered support and the payer of support.
- 3.) **Award letters** for Social Security, Supplemental Social Security (Disability), Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), pension, and trust funds, unemployment benefits, annuity payments, and death or disability payments.
- 4.) **Last three (3) months consecutive pay stubs** for all adults (18 years of age or older) in your household.
- 5.) **Most current bank or other financial institution statement** for all asset accounts held. These asset accounts include but are not limited to checking, savings, certificates of deposits, money markets, mutual funds, 401K's and IRA's.
- 6.) **Birth certificates** for all children under the age of 18 and adult students living as a dependent with parents(s).
- 7.) **Social Security** cards for each member of your household including minors.
- 8.) **Most recent Income Tax Return** for all adults in your household.
- 9.) **Photo identification** for all adults in your household.

RENTAL APPLICATION

Please answer **ALL** questions. Incomplete applications will be returned.

May River Village Apartments

5736 Patriot Lane
Bluffton, SC 29910

(843) 837-9400 - ph
info@mayrivervillage.com

| PERSONAL INFORMATION | | | | | | | | | |
|---|---|--------------------------------|---------------|--------------------------------------|---|---|------------------------------|---------------------------|----------|
| Full name of applicant | | | | Phone number | | | Date of birth | | Age |
| Social Security # | | Drivers License # | | State issued | Marital status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> (Number of years ___) | | | | |
| Full name of co-applicant | | | | Phone number | | | Date of birth | | Age |
| Social Security # | | Drivers License # | | State issued | Marital status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> (Number of years ___) | | | | |
| Does any member of the household need the features of an accessible unit? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(You are not required to disclose the nature of any disability in response to this question)</i> | | | | | | | | | |
| List all others who will be occupying the apartment | | | | | | | | | |
| Name | | | Date of birth | | Age | Social Security # | | Relationship to applicant | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| HOUSING INFORMATION | | | | | | | | | |
| If additional space is needed, then please attach a separate page. YOU MUST INCLUDE TWO YEARS OF CONTINUOUS HISTORY. | | | | | | | | | |
| # of bedrooms needed | | Upstairs/Downstairs preference | | | Date that you need an apartment | | Where did you hear about us? | | |
| Applicant's Information | Applicant's Current Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased home <input type="checkbox"/> Own home <input type="checkbox"/> Other (specify) | | | | | | | | |
| | Current Street Address | | | Apt. # | City | | | State | Zip Code |
| | Current Landlord or Mortgage Company | | | Monthly rent or mortgage \$ | | Dates: From: / / to / / | | | |
| | Address of Landlord or Mortgage Company | | | Landlord or Mortgage Company phone # | | Is landlord a relative? <input type="checkbox"/> yes <input type="checkbox"/> no Relationship: | | | |
| | Is your lease or mortgage in any other name? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain and provide name: | | | What is your reason for moving? | | | | | |
| | Applicant's Previous Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased home <input type="checkbox"/> Own home <input type="checkbox"/> Other (specify) | | | | | | | | |
| | Previous Street Address | | | Apt. # | City | | | State | Zip Code |
| | Previous Landlord or Mortgage Company | | | Monthly rent or mortgage \$ | | Dates: From: / / to / / | | | |
| | Address of Landlord or Mortgage Company | | | Landlord or Mortgage Company phone # | | Is landlord a relative? <input type="checkbox"/> yes <input type="checkbox"/> no Relationship: | | | |
| | Was your lease or mortgage in any other name? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain and provide name: | | | What was your reason for moving? | | | | | |
| Co-Applicant's Information | Co-Applicant's Current Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased home <input type="checkbox"/> Own home <input type="checkbox"/> Other (specify) | | | | | | | | |
| | Current Street Address | | | Apt. # | City | | | State | Zip Code |
| | Current Landlord or Mortgage Company | | | Monthly rent or mortgage \$ | | Dates: From: / / to / / | | | |
| | Address of landlord or Mortgage Company | | | Landlord or Mortgage Company phone # | | Is landlord a relative? <input type="checkbox"/> yes <input type="checkbox"/> no Relationship: | | | |
| | Is your lease or mortgage in any other name? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain and provide name: | | | What is your reason for moving? | | | | | |
| | Co-Applicant's Previous Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased home <input type="checkbox"/> Own home <input type="checkbox"/> Other (specify) | | | | | | | | |
| | Previous Street Address | | | Apt. # | City | | | State | Zip Code |
| | Previous Landlord or Mortgage Company | | | Monthly rent or mortgage \$ | | Dates: From: / / to / / | | | |
| | Address of Landlord or Mortgage Company | | | Landlord or Mortgage Company phone # | | Is landlord a relative? <input type="checkbox"/> yes <input type="checkbox"/> no Relationship: | | | |
| | Was your lease or mortgage in any other name? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain and provide name: | | | What was your reason for moving? | | | | | |

| HOUSEHOLD INFORMATION | |
|--|--|
| Do you expect any additions to the household within the next twelve months? If yes, provide: Name and relationship: _____ Explanation: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Is there anyone living with you or are you living with anyone now who will not be living with you at this property? If yes, provide: Name and relationship: _____ Explanation: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you have full custody of your child(ren)? (If no, then please show proof of how much time the child(ren) will live in the unit.) Explanation: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Are there any absent household members who under normal conditions would live with you (for example, a spouse is away in the military)? Explanation: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does your household have or anticipate having any pets other than those used as service animals? | <input type="checkbox"/> yes <input type="checkbox"/> no |

| RENTAL / CREDIT & CRIMINAL HISTORY | |
|---|--|
| Have you or any one else named on this application filed for bankruptcy? Explanation: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Have you or anyone else named on this application been convicted of a felony? Explanation: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Have you or anyone else named on this application been convicted of a misdemeanor? Explanation: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs? Explanation: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Have you or any one else named on this application had legal action taken against you for nonpayment of a bill? Explanation: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Have you or any one else named on this application broken a rental agreement or lease contract? Explanation: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Have you or anyone else named on this application been convicted of property damage? Explanation: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer? Explanation: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |

| PERSONAL REFERENCE <i>Please list a personal reference who is not a relative.</i> | | | |
|---|---------|-----|-------------|
| Name | Address | | |
| City | State | Zip | Phone #: |
| Relationship | | | Years known |

| VEHICLE IDENTIFICATION <i>Please list vehicle information for all vehicles that are owned or operated by any household member.</i> | | |
|--|--------------|-----------------|
| Tag/License plate # | State issued | Make/model/year |
| | | |
| | | |
| | | |

| EMERGENCY CONTACT <i>Please list a person in this area who is not already listed on this application</i> | | | |
|--|-------------|---|----------|
| Name | Address | | |
| City | State | Zip | Phone #: |
| Relationship | Years known | In the event of serious illness or death of a resident, the above person <input type="checkbox"/> may or <input type="checkbox"/> may not enter, remove and/or store all contents found in the dwelling, common areas, or mailbox. | |

EMPLOYMENT INFORMATION*

If additional space is needed, then please attach a separate page. YOU MUST INCLUDE TWO YEARS OF CONTINUOUS HISTORY.

| | | | | | | | |
|----------------------------|---|-------------|--|------------------------|---|--|----------|
| Applicant's Information | Applicant's Current Employer | | | | | Position | |
| | Employer's Street Address | | Suite # | City | | State | Zip Code |
| | Contact Person | | | Contact Person Phone # | | Dates of Employment: From: / / to / / | |
| | Number of hours worked per week | Rate of pay | Pay is (check one): <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly | | Are you currently employed in more than one job? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please provide the same information. | | |
| | Applicant's Current Employer (second job – if applicable) | | | | | Position | |
| | Employer's Street Address | | Suite # | City | | State | Zip Code |
| | Contact Person | | | Contact Person Phone # | | Dates of Employment: From: / / to / / | |
| | Number of hours worked per week | Rate of pay | Pay is (check one): <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly | | | | |
| | Applicant's Previous Employer | | | | | Position | |
| | Employer's Street Address | | Suite # | City | | State | Zip Code |
| | Contact Person | | | Contact Person Phone # | | Dates of Employment: From: / / to / / | |
| | Number of hours worked per week | Rate of pay | Pay is (check one): <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly | | | | |
| Co-Applicant's Information | Co-Applicant's Current Employer | | | | | Position | |
| | Employer's Street Address | | Suite # | City | | State | Zip Code |
| | Contact Person | | | Contact Person Phone # | | Dates of Employment: From: / / to / / | |
| | Number of hours worked per week | Rate of pay | Pay is (check one): <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly | | Are you currently employed in more than one job? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please provide the same information. | | |
| | Co-Applicant's Current Employer (second job - if applicable) | | | | | Position | |
| | Employer's Street Address | | Suite # | City | | State | Zip Code |
| | Contact Person | | | Contact Person Phone # | | Dates of Employment: From: / / to / / | |
| | Number of hours worked per week | Rate of pay | Pay is (check one): <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly | | | | |
| | Co-Applicant's Previous Employer | | | | | Position | |
| | Employer's Street Address | | Suite # | City | | State | Zip Code |
| | Contact Person | | | Contact Person Phone # | | Dates of Employment: From: / / to / / | |
| | Number of hours worked per week | Rate of pay | Pay is (check one): <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly | | | | |

**All employment income to be verified using SCHFDA "Employment Verification" form.*

ADDITIONAL INCOME INFORMATION

- Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, then it is counted for all household members including minors.
- Include all income anticipated for the next 12 months.
- Do YOU or ANYONE in your household receive OR expect to receive income from:**

1. Self-employment? (Include overtime, tips, bonuses, commissions and payments received in cash.) If yes, then list below.

| <u>Household Member</u> | <u>Type of Business</u> | <u>Amount</u> | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 02) |
|-------------------------|-------------------------|---------------|--|
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

2. Regular pay as a member of the Armed Forces/Military? If yes, then list below.

| <u>Household Member</u> | <u>Base Name and Branch</u> | <u>Amount of Pay</u> | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 03) |
|-------------------------|-----------------------------|----------------------|--|
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

3. Unemployment benefits or workman's compensation? If yes, then list below.

| <u>Household Member</u> | <u>Case Worker</u> | <u>Amount</u> | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 04) |
|-------------------------|--------------------|---------------|--|
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

4. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)? If yes, then list below.

| <u>Household Member</u> | <u>Case Worker</u> | <u>Amount</u> | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 05) |
|-------------------------|--------------------|---------------|--|
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

5a. Does any member of the household receive child support or alimony? (Note: We must count court-ordered support whether or not it is received unless all reasonable legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from the payer.)

| <u>Household Member</u> | <u>Payer</u> | <u>Amount (week/month)</u> | <input type="checkbox"/> yes (EMC # 06) <input type="checkbox"/> no (EMC # 19) |
|-------------------------|--------------|----------------------------|--|
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

5b. 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: _____

5c. If support/alimony is court-ordered but not received, are you taking legal action to remedy? If yes, then obtain court papers.

Explain: _____

6. Regular benefits from the Social Security Administration including Social Security, SSI or SSI-D? If yes, then list below.

| <u>Household Member</u> | <u>SSA Office/Case Worker</u> | <u>Amount</u> | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 07) |
|-------------------------|-------------------------------|---------------|--|
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

7. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities? If yes, then list below.

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 55) |
|-------------------------|--------------------------|---------------|--|
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

| <p>8. Regular payments from a severance package? If yes, then list below.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Source of Benefit</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no <small>(EMC # 08)</small> |
|---|--|--------------------------|---------------|-------|-------|-------|-------|-------|-------|--|
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| <p>9. Regular payments from any type of settlement (for example, insurance settlements)? If yes, then list below.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Source of Benefit</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no <small>(EMC # 08)</small> |
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| <p>10. Regular gifts or payments from anyone outside of the household? <i>(This includes anyone outside the household supplementing your income or paying any of your bills.)</i> If yes, then list below.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Source of Benefit</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no <small>(EMC # 08)</small> |
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| <p>11. Regular payments from lottery winnings or inheritances? If yes, then list below.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Source of Benefit</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no <small>(EMC # 08)</small> |
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| <p>12. Regular payments from rental property or other types of real estate transactions? If yes, then list below.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Source of Benefit</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no <small>(EMC # 08)</small> |
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| <p>13. Any other income source or types not listed. If yes, then list below.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Source of Benefit</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no <small>(EMC # 08)</small> |
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| <p>14. Student financial aid assistance from any government, public or private sources? <i>(We must count student financial aid, excluding loans, on certain households receiving Section 8 assistance).</i> If yes, then list below.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Source of Benefit</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no <small>(EMC # 54 and, if receiving Section 8 Assistance, SCHFDA "Income Verification for Tenants with Section 8 Certificates or Vouchers")</small> |
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| <p>15. Do you or any other household members expect any changes to your income in the next 12 months? If yes, explain below.</p> <p>_____</p> <p>_____</p> <p>_____</p> | <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | | | | | |

ASSET INFORMATION

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

| | | | | |
|--|------------------------------|-------------|-------------------------|--|
| 16. Checking or savings account? | | | | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 09) |
| <u>Household Member</u> | <u>Financial Institution</u> | <u>Type</u> | <u>Amount</u> | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| 17. CDs, money market accounts or treasury bills? | | | | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 09) |
| <u>Household Member</u> | <u>Financial Institution</u> | <u>Type</u> | <u>Amount</u> | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| 18. Stocks, bonds or securities? | | | | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 10) |
| <u>Household Member</u> | <u>Company or Broker</u> | <u>Type</u> | <u>Amount</u> | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| 19. Trust funds? | | | | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 09) |
| <u>Household Member</u> | <u>Financial Institution</u> | <u>Type</u> | <u>Amount</u> | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| 20. Pensions, IRAs, Keogh or other retirement accounts? | | | | <input type="checkbox"/> yes <input type="checkbox"/> no (Use EMC # 55 for Pensions, VA Benefits or other retirement benefits. Use EMC #56 for IRA's, 401(k), 403(b) or other retirement savings) |
| <u>Household Member</u> | <u>Financial Institution</u> | <u>Type</u> | <u>Amount</u> | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| 21. Whole life insurance policy? | | | | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 57) |
| <u>Household Member</u> | <u>Insurance Carrier</u> | | <u>Amount</u> | |
| _____ | _____ | | _____ | |
| _____ | _____ | | _____ | |
| 22. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? (Note: This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.) | | | | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 10) |
| <u>Household Member</u> | <u>Address of Property</u> | | <u>Amount</u> | |
| _____ | _____ | | _____ | |
| _____ | _____ | | _____ | |
| 23. Personal property held as an investment? (Note: This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture, or clothing.) | | | | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 10) |
| <u>Household Member</u> | <u>Item</u> | | <u>Value</u> | |
| _____ | _____ | | _____ | |
| _____ | _____ | | _____ | |
| 24. A safe deposit box? | | | | <input type="checkbox"/> yes <input type="checkbox"/> no (EMC # 13) |
| <u>Household Member</u> | <u>Financial Institution</u> | | <u>Value of Item(s)</u> | |
| _____ | _____ | | _____ | |
| _____ | _____ | | _____ | |

APPLICATION FEE AND SIGNATURE CLAUSE

Applicant has submitted \$ _____ which is a non-refundable payment for a credit and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment. In the event this application is disapproved by Management or canceled by the applicant, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. The application along with an applicant questionnaire completed by each adult in the household must be completed in total and signed before it will be processed by Management.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

I/We understand that management is relying on this information to prove our household's eligibility for the Housing Credit Program and, if applicable, the HOME Investment Partnerships Program. I/We certify that all information and answers to the above questions are true and complete to the best of our knowledge. I/We consent to release the necessary information to determine our eligibility. I/We understand that providing false information or making false statements may be grounds for denial of our application. I/We also understand that such action may result in criminal penalties.

I/We authorize our consent to have management verify the information contained in this application for purposes of proving our eligibility for occupancy. I/We will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I/We understand that our occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program and, if applicable, the HOME Investment Partnerships Program requirements.

All ADULT household members must sign below.

| | |
|---|------------|
| Signature of Applicant _____ | Date _____ |
| Contact Phone #: _____ Email Address: _____ | |

| | |
|---|------------|
| Signature of Applicant _____ | Date _____ |
| Contact Phone #: _____ Email Address: _____ | |

| | |
|---|------------|
| Signature of Applicant _____ | Date _____ |
| Contact Phone #: _____ Email Address: _____ | |

| | |
|---|------------|
| Signature of Owner/Managing Agent _____ | Date _____ |
|---|------------|



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



For Office Use Only:

Date of Interview _____ Desired Apartment # _____ Desired Move-In Date _____

COVER SHEET / FAX TRANS.
AUTHORIZATON TO RELEASE INFORMATION

Date: _____

Number of pages including cover sheet: _____

To be completed by office:

| | |
|-------------------|-------------------------------------|
| <u>TO:</u> | <u>FROM:</u> |
| Company: | May River Village Apartments |
| Address: | 5736 Patriot Lane |
| City, State, Zip: | Bluffton, SC 29910 |
| Phone: | Phone: (843) 837-9400 |
| Fax: | Fax: (843) 837-9441 |

The undersigned individual(s) has applied for residency at our apartment community. The property is operated under the LIHTC program within Section 42 of the Internal Revenue Code and the HOME Investment Partnerships Program, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of LIHTC and HOME Investment Partnerships Program housing, please complete the following form in full and return to the sender at your earliest convenience.

The undersigned understands that, depending on management policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

| | | |
|----------------------------|---------------------------|------------------------------|
| Credit & Criminal Activity | Identity & Marital Status | Residences & Rental Activity |
| Employment, Income & Asset | Medical Allowances | Student Status |

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

| | | |
|-------------------------------|----------------------------------|----------------------------|
| Courts & Post Offices | Past & Present Employers | Utility Companies |
| Law Enforcement Agencies | State Unemployment Agencies | Credit Providers & Bureaus |
| Medical Providers | Veterans Administration | Welfare Agencies |
| Retirement Systems | Social Security Administration | Internal Revenue Service |
| Banks & Other Financial Inst. | Previous Landlords (incl. PHA's) | |

I/we agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office and will stay in effect for five years from the date signed. I/we understand I/we have a right to review my/our file and correct any information that can be proven is incorrect.

The undersigned hereby authorizes the release of any information requested in order to determine eligibility for the apartment community.

To be completed by applicant:

| |
|--|
| Applicant/Resident Name (printed): _____ Social Security Number: _____ Authorizing Signature: _____ |
| Co-Applicant/Co-Resident Name (printed): _____ Social Security Number: _____ Authorizing Signature: _____ |