

COWBOY PROPERTIES

Resident Selection Plan - Section 42

Thank you for applying for residence at a Cowboy Properties community. Following is an outline of the criteria we utilize in determining the eligibility of each applicant. Should you have any questions please ask a member of our management staff. Applicants will be considered regardless of race, color, religion, sex, national origin, familial status, or disability. Rejected applicants will be notified of the reason for rejection and of their right to appeal.

RESPONSIBLE PARTIES: Each member of the household over the age of 18 must complete and sign a separate applicant questionnaire (married couples may complete a single questionnaire), be approved and sign the lease as a responsible party. Each member of the household over 18 must have a valid government issued photo ID.

OCCUPANCY: The maximum number of occupants per unit type is as follows: 1 occupant for a studio, 2 occupants for a 1 bedroom, 4 occupants for a 2 bedroom, 6 occupants for a 3 bedroom, and 8 occupants for a 4 bedroom. A minimum lease term of 6 months is required.

PETS: The community you have applied with may be a pet free community. In the event pets are allowed, there are rules and regulations on the ability to have and keep pets. Pets require permission in ALL cases and may require the additional payment of deposits and fees. This community adheres to all assistance animal regulations. Please contact the management office prior to bringing a pet or animal to the community.

SMOKING: The property you are applying for is a non-smoking community. There is no smoking in any of the apartments. There is no smoking permitted in the buildings, garages, balconies, or any common area at any time. Any smoking must be off of the property. This applies to all types of smoking including electronic cigarettes. Unauthorized smoking is punishable by a fine of up to \$50 per occurrence. A comply or vacate notice will be given for the first offense. A second offense will result in eviction.

INCOME: The household's gross monthly income must be at least two times the resident's monthly rental amount as well as be below the Section 42 Housing maximum gross income limit. Applicants must provide income and asset verification prior to move-in and thereafter on an annual basis.

SELF EMPLOYMENT: Self employed applicants must provide their most recent tax return. If self employed applicants/residents have not yet filed taxes on their business a certified profit and loss statement from an accountant will be required.

STUDENTS: Section 42 Housing restricts households comprised entirely of full-time students. A full-time student is defined as:
1) anyone who has attended school full-time during any five months (one day in any month counts as a full month) since January 1st of the current year, even if that person is not currently attending school;
2) anyone who is currently attending school and the school defines their attendance as full-time (note that "full-time" is defined by each individual school); and
3) anyone who will attend school full-time during the next twelve months.

There are a few exceptions to this rule. If your household consists entirely of full-time students please contact a member of our management staff to determine if your household qualifies.

CREDIT HISTORY: Open bankruptcies or bankruptcies discharged/dismissed within a year will result in denial of the application. If there is a discharged bankruptcy over one year old or if household collections, past due payments and judgments total over \$500.00, an additional deposit may be required, or the application may be denied. A co-signer with unblemished credit, an income of four times the rental amount, and verifiable steady income may be accepted with management approval. In the event a co-signer is required, the co-signer must complete an applicant questionnaire and meet the entire Resident Selection Plan (with exception to Section 42 Housing criteria). The co-signer will be responsible for the lease agreement if the occupying resident(s) defaults.

CRIMINAL HISTORY: Applicants shall NOT currently be engaging in the illegal use of a controlled substance or been convicted of the illegal use, manufacture or distribution of a controlled substance. Applicants may be rejected for convictions involving fraud, theft, drugs, assault and battery, or any violent crime, misdemeanor, or for numerous convictions of illegal activity dependent on the severity of the crime and length of time lapsed since.

REFERENCES: No member of the household can have a history of eviction. Applicants with a prior eviction will NOT be accepted for most reasons. Current and previous landlords are contacted and asked a series of questions including questions regarding your payment history, any complaints or rule violations, any eviction history, and the care taken of the apartment you occupied. Negative responses to landlord information may result in denial.

NOT MEETING ANY OF THE ABOVE CRITERIA MAY BE TERMS FOR DENIAL.

By signing below, I acknowledge that I have read and understand this document.

Applicant

Date

Applicant

Date





SECTION 42 / AFFORDABLE HOUSING APPLICANT QUESTIONNAIRE

Date of Application: _____

Cowboy community you are applying for: _____

Number of bedrooms requested: _____

Requested Move In Date: _____

Phone Number: _____ Day/Evening/Cell

Email Address: _____

Additional Email Address: _____

How did you hear about our community? (If referred, by whom?) _____

IMPORTANT! MUST READ BEFORE CONTINUING.

- * One questionnaire per adult household member is required (married couples may fill out a single questionnaire).
- * **You must fill out your own application in black or blue ink. Applications in any other color ink or in pencil will not be accepted.**
- * The program for the apartment you will occupy requires that we count a spouse's income even if the spouse will not be living in the apartment. If you are currently married your spouse's income must be counted unless legal proof of separation or a pending divorce can be provided.
- * Every question must be filled out in its entirety.
- * Applications with white out used for corrections will not be accepted. If you make a mistake, put a single line through the error, write in the correct information, initial and date the correction.
- * If you do not understand any portion of the questionnaire please speak with a member of management.

HOUSEHOLD INFORMATION: Complete the following information for each household member that will occupy the apartment at move-in or any time within the next (12) twelve months.

Legal Name (First, Middle, Last)	Relationship to Head of Household	Birth Date mm/dd/yyyy	Age	Social Security Number	Student Status: (Includes Elementary through Higher Education)	Marital Status
	HOH				FT / PT / NAP	Single, Married, Divorced, other
					FT / PT / NAP	Single, Married, Divorced, other
					FT / PT / NAP	Single, Married, Divorced, other
					FT / PT / NAP	Single, Married, Divorced, other
					FT / PT / NAP	Single, Married, Divorced, other
					FT / PT / NAP	Single, Married, Divorced, other
					FT / PT / NAP	Single, Married, Divorced, other
					FT / PT / NAP	Single, Married, Divorced, other

APPLICANT NAME: _____

HOUSING REFERENCES: Please include all necessary contact information for current/prior landlord. List at least one year of residence history.

Current Address: _____
City: _____ State: _____ Zip code: _____
Landlord Name: _____
Landlord Phone/Email: _____
Dates rented: From: _____ To: _____ Lease expiration date: _____
Current monthly rent: _____
Reason for leaving: _____ Do you: Rent / Own / Other _____

Current Address: _____
City: _____ State: _____ Zip code: _____
Landlord Name: _____
Landlord Phone/Email: _____
Dates rented: From: _____ To: _____ Lease expiration date: _____
Current monthly rent: _____
Reason for leaving: _____ Do you: Rent / Own / Other _____

VEHICLE IDENTIFICATION: Please list information for all vehicles owned by any household member.

1. License Plate #: _____ State Issued: _____ Make/Model/Year: _____ Color of vehicle: _____

2. License Plate #: _____ State Issued: _____ Make/Model/Year: _____ Color of vehicle: _____

PETS/SMOKING

Please circle yes or no:

Do you or anyone in the household own a pet? YES NO _____

Is this animal a service/assistance animal? YES NO _____ If yes, indicate type and breed

Do you smoke? YES NO _____

EMERGENCY CONTACT

If possible, list someone in the area not already listed on this application.

Name: _____ Relationship: _____

Address: _____ Phone/Email: _____

List someone in the area other than a relative.

Name: _____ Relationship: _____

Address: _____ Phone/Email: _____

STUDENT ELIGIBILITY

Check either YES or NO for each question

YES NO Student status is applicable to elementary (K-12) through Higher Education (college/trade school, etc)

___ ___ Are **ALL** household members (adults and minors) full-time students?

___ ___ Will **ALL** household members (adults and minors) be full-time students within the next twelve (12) months?

___ ___ Has any **ADULT** in the household been a full-time student since January 1st of the current calendar year?

if yes, who is/was the student and where do/did they attend school? _____

APPLICANT NAME: _____

Check either YES or NO for each question.

YES NO

- ____ 1. Have you or anyone else named on this application used another name (names) besides the name listed on this application? If yes, please list other name (names) used. _____
- ____ 2. Do you expect any changes to the household within the next 12 months? If yes, what is the change and when is it expected to occur?

- ____ 3. Is there anyone living with you now who **will not** be living with you at this property? If yes, please list name and relationship.

- ____ 4. Are there any absent household members who under normal conditions would live with you? (Such as a spouse in the military, children away at college, etc.) If yes, please list name and relationship.

- ____ 5. Do you share physical custody of any minors residing in the household? If yes, please explain custody arrangements.

- ____ 6. Will any dependent children be eighteen (18) years old in the next twelve (12) months? If yes, please list name of dependent and date dependent will turn eighteen (18). _____
- ____ 7. Are any household members under the age of eighteen (18) claiming emancipation? If yes, please list household members' name.

- ____ 8. Are any of the household members listed on this application foster children or foster adults? If yes, please list who on the line below.

- ____ 9. Will you or anyone in your household require a live-in care attendant? If yes, please list the name of attendant and relationship.

- ____ 10. Do you or any household member listed above receive funding from a State Medicaid agency (including through a managed care entity) or State or Federal agency to enable a family member who has a disability to reside with you? If yes, please list who this benefit is for and how much you receive and how often you receive it. _____
- ____ 11. Have you or anyone named on this application ever been involved in criminal activity? If yes, please explain below.

- ____ 12. Have you or anyone named on this application ever been convicted of criminal activity? If yes, please explain below.

- ____ 13. Have you or anyone named on this application ever been evicted from a rental unit of any type? If yes, please explain below.

- ____ 14. Have you or anyone else named on this application ever filed for bankruptcy? If yes, what was the discharge date?

- ____ 15. Have you ever lived in a Cowboy Properties community before? If yes, list property name and dates you lived there.

SECTION 42 STATEMENT OF INCOME AND ASSETS

SOURCES OF INCOME

Please note that the following income sources are considered "nonrecurring" and do not need to be reported. Please report all other income and we will help you determine what needs to be counted.

- Payments from the U.S. Census Bureau for employment (relating to the decennial census or the American Community Survey) lasting no longer than 180 days and not culminating in permanent employment.
- Federal or State stimulus or recovery payments.
- Gifts for holidays, birthdays, or other significant events or milestones (e.g., wedding gifts, baby showers, anniversaries).
- Non-monetary, in-kind donations, such as food, clothing, or toiletries, received from a food bank or similar organization.
- Lump-sum additions to net family assets, including but not limited to lottery or other contest winnings. **Note: list these in the asset section of this questionnaire.**

Please include **ALL ANTICIPATED** income for the next twelve months. Check either YES or NO for each question. If yes, fill in the amount and how often received. Do you currently receive, or expect to receive income from:

YES	NO	INCOME SOURCE	AMOUNT	HOW OFTEN?
____	____	Employment, wages, salaries, tips/commissions	\$ _____	_____
____	____	Armed Forces/Military pay	\$ _____	_____
____	____	Self-employment – Total of Gross receipts	\$ _____	_____
____	____	Net income from business – Gross receipts less expenses	\$ _____	_____

APPLICANT NAME: _____

<u>YES</u>	<u>NO</u>		\$ _____	_____
___	___	Social Security	\$ _____	_____
___	___	Supplemental Security Income (SSI)	\$ _____	_____
___	___	Social Security Disability Insurance (SSDI)	\$ _____	_____
___	___	Veterans benefits or disability	\$ _____	_____
___	___	Pension, retirement, annuities	\$ _____	_____
___	___	Trust Income (will need copy of the Trust Agreement)	\$ _____	_____
___	___	Unemployment compensation	\$ _____	_____
___	___	Aid to Families with Dependent Children (AFDC, previously TANF)	\$ _____	_____
___	___	Public assistance, such as FEP (do not include food stamps)	\$ _____	_____
___	___	Do you receive alimony or family maintenance?	\$ _____	_____
___	___	If yes, how is it received? _____		
___	___	Do you receive child support?	\$ _____	_____
___	___	If yes, how is it received? _____		
___	___	Adoption assistance	\$ _____	_____
___	___	Income awarded/received in divorce	\$ _____	_____
___	___	Regular gifts/contributions from friends or relatives	\$ _____	_____
___	___	Regular payments from a severance package	\$ _____	_____
___	___	Regular payments from any type of settlement	\$ _____	_____
___	___	Regular payments from lottery winnings or inheritance	\$ _____	_____
___	___	Regular payments from rental property or real estate	\$ _____	_____
___	___	Lottery or other winnings paid periodically	\$ _____	_____
___	___	Income from assets	\$ _____	_____
___	___	Education financial assistance (including but not limited to: grants, stipends, scholarships, etc.- do not include loans)	\$ _____	_____
___	___	List type of assistance: _____		
___	___	Any income from sources not mentioned above? (i.e. inheritance, Insurance policies, GoFundMe or other Crowdfunding, etc.)	\$ _____	_____
___	___	Are there any other wage earners residing in the household?	\$ _____	_____
___	___	Do you expect any changes to your household income in the next (12) twelve months? Explain _____		
___	___	Are any periodic withdrawals being made from a retirement account? Such as an IRA, 401(k), Annuity, etc. (This would include an RMD (Required Minimum Distribution) If yes, please list the name of retirement account? _____ Amount of withdrawal: \$ _____ How often withdrawn: _____ Who administers the retirement account? _____ Contact Phone # _____		

Please list all current and future sources of income (including employment) for each household member expected in the next 12 months.

Household Member	Name of Employer or other Source of income	Employer Address	Employer Phone	Employer Fax/Email	Hire Date	Annual Income

YES NO

16. Are any of the income sources listed above ending in the next 12 months and will not repeat?

If yes, list the source of income and when you expect it to end. _____

APPLICANT NAME: _____

ASSETS

Check either YES or NO for each question. Do you have the following assets (include assets of minors)? If yes, please list **current** balance for asset in the chart below.

Please check YES or NO to the following questions:

<u>YES</u>	<u>NO</u>	
___	___	Checking accounts
___	___	Savings accounts
___	___	Money Market accounts
___	___	Direct Express debit card or other prepaid debit card
___	___	Cash on hand or cash at home
___	___	Certificates of deposit
___	___	Stocks or mutual funds
___	___	Bonds, treasury bills, or securities
___	___	Crypto-currency, Bitcoin or any other kind of electronic currency
___	___	Pensions or annuities
___	___	Trust accounts or deed of trust.
		If yes, is the trust in control of the family (can any family member change or cash in the trust)? YES / NO
		Are any distributions being received from the trust? YES / NO
		Contact info for the administrator of the trust: _____
___	___	Whole or Universal Life Insurance (do not include term life insurance)
___	___	Lottery winnings received as a lump sum or other lump sum receipts
___	___	Safety Deposit box
___	___	Assets received in a divorce. If yes, please list item(s) _____
___	___	Personal property held as an investment. If yes, please list item(s) _____
___	___	Real estate, rental property, or land contracts
		If yes to real estate, is it: For sale / Rented
___	___	Any other current assets?
___	___	Any other assets that you owned in the previous 2 years? What was the asset? _____
		If yes, what is the current market value of the asset? _____
___	___	Do you possess any non-account based items such as vehicles used for recreation (RV, ATV, Boat), antique cars, collectibles (stamps, jewelry, coins & artwork), and equipment/machinery that is not used to generate income for a business? If yes, please list item(s) _____
___	___	Has anyone in the household received a federal tax refund or a refundable federal tax credit refund in the past 12 months that was deposited into an account listed above? If yes, what was the amount of the federal tax refund or the refundable federal tax credit refund? _____ Into which account was the refund deposited? _____

ASSETS

List your asset accounts for **all household members (including accounts held by minors)**, including amounts disposed of during the past two years. List the name of the household member, financial institution, the type of asset, account number, current balance, APY (annual percentage yield), and how much interest you expect to earn during the next (12) twelve months for all accounts.

Household Member	Bank/Financial Institution	Type of Asset	Account Number	Current Balance	Interest Rate (APY)	Expected Annual Income from Asset (Value x APY)

APPLICANT NAME: _____

YES NO

_____ _____ 1. Will any household member have any other residence besides this apartment? If yes, please list address of other residence.

_____ _____ 2. Are any household members married and separated, but not yet divorced, from their spouse? If yes, is this separation
Temporary or permanent? _____

Household member: _____ Date of separation: _____

_____ _____ 3. Are you or any other ADULT household member claiming zero income (not receiving money from ANY source)?

Household member: _____ Explain: _____

_____ _____ 4. Will your household be receiving Section 8 rental assistance at the time of move-in?

Name of Agency: _____ Contact person: _____

_____ _____ 5. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next twelve months?

Expected Date: _____ Name of Agency: _____ Contact Person: _____

CERTIFICATION BY APPLICANT(S)

I understand that management is relying on this information to prove my household’s eligibility for the Affordable Housing Program. I certify that all information and answers to the above questions are true and correct to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management’s Resident Selection Plan and the Section 42 Housing requirements. I understand that providing false information or making false statements will be reported to the IRS and may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I / we certify all applicants/occupants are legal to reside in the United States of America.

Applicants will be considered regardless of race, color, religion, sex, national origin, familial status, or disability.

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the US as to any matter within its jurisdiction.

I certify that I understand and have answered all the questions on this questionnaire. I certify that all answers are true and correct to the best of my knowledge and that any misrepresentation of information will be reported to the Internal Revenue Service (IRS) and may lead to denial of my application or future eviction. **I understand that I must report any changes to income, assets, household composition and student status to management as soon as they occur, including changes after move – in. Failing to do so could result in eviction.** I also understand that I will be required to recertify for the Section 42 program each year (or when otherwise necessary) and I agree that I will provide in a timely manner any necessary documentation needed for this process. **I understand that failure to comply and complete this recertification could result in eviction.**

IF COMPLETED BY MARRIED COUPLE, BOTH MUST SIGN BELOW:

Applicant printed name Applicant signature Date

Applicant printed name Applicant signature Date

Applicant printed name Applicant signature Date

Applicant printed name Applicant signature Date

Management Signature Date

App revised 9/2025

COWBOY PROPERTIES

RESIDENT RELEASE

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to: COWBOY PROPERTIES for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to the following: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement System
Support and Alimony Providers	Military/Government Agencies	Schools / Universities
Educational Institutions	Social Security Administration	Banks and other Financial Institutions
Medical and Child Care Providers	Credit Providers/ Credit Bureaus	Public Court Records

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for the entire length of residency. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident Signature (Print Name) Social Security Number Date

Applicant/Resident Signature (Print Name) Social Security Number Date

Applicant/Resident Signature (Print Name) Social Security Number Date

Applicant/Resident Signature (Print Name) Social Security Number Date