



Dear Applicant:

Thank you for your interest in **Swan Lake**. Swan Lake is an 84-unit Section 42 Low Income Housing Tax Credit residential community. In order to be eligible for housing in this community, you must meet the income eligibility requirements established by the Low-Income Housing Tax Credit Program. Your gross household income cannot exceed 60% of the Polk County area median income (AMI), which is currently set at the following limits:

1 person: \$28,380 2 people: \$32,400 3 people: \$36,480 4 people: \$40,500 5 people: \$43,740

If you feel you fit this requirement, please complete the application and all attachments. Incomplete applications will not be accepted.

NOTE: When you come for your initial interview, you **must** provide your original Birth Certificate, Social Security Card, Alien Registration card (if applicable) on all household members and a photo ID for all members 18 years and older, as well as verification of income. If, however, you do not have a social security card at time of application and/or initial interview, you have 90 days from date you are offered a unit to provide documentation to verify your social security number. Disclosure and verification of a SSN are required before you can be housed. Additionally, a non-refundable application fee of \$15.00 per adult household member will be required at the time of your initial interview; **this must be paid in the form of a money order or cashier's check** to our office. Incomplete applications will not be accepted.

If you have any questions, please do not hesitate to contact the office. Requests for reasonable accommodations, including materials in alternate formats, may be made by contacting the site office:

Swan Lake Village

2762 Swan Village Blvd., Lakeland, FL 33810

Phone: (863) 215-6758 **FL Relay TTY:** 1-800-955-8771 **Email:** swanlake@carteretmgmt.com

Swan Lake will provide assistance to applicants with disabilities or with limited English proficiency in completing this document. If you have any special needs that might impact your access to the application process and require reasonable accommodation or alternate means of communication, please notify the office.

It is the policy of Swan Lake to provide housing on an equal opportunity basis. We do not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, National Origin, Sexual Orientation, Gender Identity or Marital Status. If you feel that you have been discriminated against, please contact this office, the Florida Housing Finance Corporation, or the local housing authority to report such action.

All units have reinforced walls for future installation of grab bars that meet or exceed 2010 ADA Standards for Accessible Design around each tub/shower. At the request of, and at no charge to, a resident household, the Owner will purchase and install grab bars around each tub/shower.



**THIS IS A
SMOKE FREE
BUILDING**



Professionally Managed by Carteret Management Corporation

FAIR HOUSING OPPORTUNITY



DEFINITIONS

A. **Homeless**, as defined by F.S. 420.621(5), means an individual or family who lacks a fixed, regular, and adequate nighttime residence, and includes a family who:

1. Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
2. Is living in a motel, hotel, travel trailer park, or camping ground due to a lack of alternative adequate accommodations;
3. Is living in an emergency or transitional shelter;
4. Has a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
5. Is living in a car, park, public space, abandoned building, bus or train station, or similar setting; or
6. Is a migratory individual who qualifies as homeless because he or she is living in circumstances described in subparagraphs (a)-(e).

The term does not refer to an individual imprisoned pursuant to state or federal law or to individuals or families who are sharing housing due to cultural preferences, voluntary arrangements, or traditional networks of support. The terms include an individual who has been released from jail, prison, the juvenile justice system, the child welfare system, a mental health and developmental disability facility, a residential addiction treatment program, or a hospital, for whom no subsequent residence has been identified, and who lacks the resources and support network to obtain housing.

B. **Person with a Disabling Condition** means a person with a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions, and a determination that the condition is

1. Expected to be long-continued and indefinite duration; and
2. Not expected to impair the ability of the person with special needs to live independently with appropriate supports.



Swan Lake

VILLAGE

2762 Swan Village Boulevard, Lakeland, Florida 33810
Phone: (863) 215-6758 • **FL Relay TTY:** 1-800-955-8771

FOR OFFICE USE ONLY – TO BE COMPLETED UPON RECEIPT OF APPLICATION

Date & Time:

Management Signature:

Type of apartment you are applying for: 1 Bedroom OR 2 Bedroom

How did you hear about our community? Signage Drive By CASL referral Other referral; who referred you? _____

INSTRUCTIONS TO APPLICANT

- Each household member over 18 must complete a separate application; however, married household members may complete one joint application.
- ALL lines must be filled in. You may write “NONE” or “NO” in a line, but DO NOT leave a line blank or write N/A.
- All information must be complete and true; false, incomplete, or misleading information will cause your application to be declined.
- If a correction is needed, put one line through the incorrect information, write the correct information, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or if there have been changes to your household composition.
- Submitting an application does not guarantee the offer of an apartment. See Tenant Selection Plan for details on waiting list and eligibility determination process.
- We will process your application according to our standard procedures, which are summarized in the Tenant Selection Plan that is posted in the Management Office.

APPLICANT INFORMATION

Applicant Name(s):

Please list any names any member of the household has used, including maiden names or any alias:

Mailing Address (include City, State, Zip Code):

Phone:

Email:

Do you speak English? (Please check one) Yes: No: If no, what language is spoken? _____

Do you need an interpreter? Yes: No:

HOUSEHOLD COMPOSITION

List your name and the names of persons who **will be** living with you. Please list the head of household first. Include all temporarily and permanently absent household members that are still considered living with you.

Full Name of Household Member	Date of Birth	Sex M/F	SSN	Marital Status	Relationship to Head of Household
					HEAD

Do you expect to add any additional family members over the next 12 months?

Yes: No:

RESIDENCE HISTORY

You **must** report **all** places you have lived for the past five years. Attach additional sheet if necessary.

Do you currently own any real estate? Yes No

Do you consider yourself homeless? Yes No

Are you seeking protection from domestic violence under the VAWA guidelines? Yes No

Current Address (include City, State, Zip):

From: _____ To: Present Reason for Moving: _____

Landlord Name:

Landlord Address (include City, State, Zip):

Landlord Phone: _____ Do you: Own Rent Live with others Amount of Rent: _____

Previous Address (include City, State, Zip):

From: _____ To: _____ Reason for Moving: _____

Landlord Name:

Landlord Address (include City, State, Zip):

Landlord phone: _____ Did you: Own Rent Live with others Amount of Rent: _____

You **must** report **ALL** states you have resided in since the age of 18. It is not necessary to repeat the addresses listed above. All applicants over 18 are required to report this information. Attach extra sheet if necessary.

Household Member	State	Household Member	State

HOUSEHOLD INFORMATION

- Has any household member ever been evicted for drug related activity? Yes: No:
If YES, please explain with notes on the back of this page (where, when, why?).
- Has any household member, ever been convicted of a felony **and/or** sexual offense? Yes: No:
If YES, please explain with notes on the back of this page (provide State and County).
- Is any household member subject to a lifetime state sex offender registration program in any state? Yes: No:
If YES, please explain with notes on the back of this page (provide State and County).
- Have you or any member of your household ever committed fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? Yes: No:
- Do you have any **ANIMALS**? Yes: No:
If YES, what type of animal(s)? _____ Weight? _____ How many? _____
If YES, Is this Animal an Assistance Animal? or Pet?
- Do you receive child support? Yes: No:
- Have you ever been awarded court ordered child support? Yes: No:
- Is anyone (including minors) in the household **currently** a **STUDENT**? Yes: No:
- Has anyone in the household been a student for 5 months or more within the past year? Yes: No:

If YES, to either question number 8 or 9, please complete the below table:

Student Household Member	Full Time	Part Time	Student Household Member	Full Time	Part Time

HOUSEHOLD INCOME

List all money earned or received by everyone living in your household. Attach additional sheet if necessary.

Household Member: _____

- Employment \$ _____/month Employer: _____
Date of Hire: _____ Phone: _____
- SSI/SSDI/Social Security Benefits \$ _____/month **SUBMIT CURRENT AWARDS LETTER**
- Employer Disability Payments \$ _____/month Source: _____
- Child Support \$ _____/month Source: _____
- Retirement Benefits \$ _____/month Source: _____
- Veteran's Benefits \$ _____/month Source: _____
- Worker's Compensation \$ _____/month Source: _____
- W2/TANF \$ _____/month Source: _____
- Contributions \$ _____/month Source: _____
- Gig Work (Uber, Lyft, Shipt, Pet Sitting, etc.) \$ _____/month Source: _____
- Other: _____ \$ _____/month Source: _____

Do you anticipate any changes to income in the next 12 months? Yes: No:

Household Member: _____

- Employment \$ _____/month Employer: _____
Date of Hire: _____ Phone: _____
- SSI/SSDI/Social Security Benefits \$ _____/month **SUBMIT CURRENT AWARDS LETTER**
- Employer Disability Payments \$ _____/month Source: _____
- Child Support \$ _____/month Source: _____
- Retirement Benefits \$ _____/month Source: _____
- Veteran's Benefits \$ _____/month Source: _____
- Worker's Compensation \$ _____/month Source: _____
- W2/TANF \$ _____/month Source: _____
- Contributions \$ _____/month Source: _____
- Gig Work (Uber, Lyft, Shipt, Pet Sitting, etc.) \$ _____/month Source: _____
- Other: _____ \$ _____/month Source: _____

Do you anticipate any changes to income in the next 12 months? Yes: No:

ASSETS

In the past 2 years, has anyone in the household sold/given away assets (ex. cash, real estate) for less than fair market value? No: Yes: **If yes**, list asset disposed: _____

Date of Disposal: _____ Fair Market Value: _____ Amount Received: _____

ASSETS

List all assets all family members (checking, savings, credit unions, money market funds, certificates of deposit, stocks, bonds, real estate, cash value of life insurance, direct pay cards, Cash App, cash on hand, etc.) Attach additional sheet if necessary. **You must include any assets you have sold or disposed of within the last 2 years.**

Household Member	Name of Financial Institution	Type of Asset	Value of Asset

DISABILITY

It is not necessary to give us details about your disability unless you are requesting an accommodation.

- A. Do you claim a Disability? Yes: No:
- B. Do you need accommodation to help you completed the application process? Yes: No:
- C. Do you need an accommodation in housing features due to your disability? Yes: No:

If "yes" to b or c, what accommodation do you request? *(If necessary, attach additional sheets to explain.)*

EMERGENCY CONTACT

Name:	Relationship to you:	Phone:
Email:	Mailing Address:	

I authorize the Landlord to contact my Emergency Contact to assist in resolving any issues that may arise in connection with my application or tenancy. **Applicant's Initials:** _____

RACE/ETHNICITY

Financing programs required demographic information on an Applicant. This information is optional and will not be used to evaluate your application or to discriminate against you in any way.

Household Member #1: _____
Race: White Black Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander Other
ETHNICITY: Hispanic Non-Hispanic

Household Member #2: _____
Race: White Black Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander Other
ETHNICITY: Hispanic Non-Hispanic

Household Member #3: _____
Race: White Black Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander Other
ETHNICITY: Hispanic Non-Hispanic

Household Member #4: _____
Race: White Black Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander Other
ETHNICITY: Hispanic Non-Hispanic

Household Member #5: _____
Race: White Black Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander Other
ETHNICITY: Hispanic Non-Hispanic

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

_____ (initial) I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.

_____ (initial) I have read and understand the Application Processing, Tenant Selection, Waiting List Procedures, and Unit Assignment Policies. I understand that my application may be passed over in order to maintain the income limit set aside requirements, if my combined gross household income exceeds the extremely low-income limits.

_____ (initial) I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

_____ (initial) I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the household members, must be reported to Management in writing immediately.

_____ (initial) If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

_____ (initial) If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including but not limited to, rules regarding pets, rent, damages, and security deposits.

_____ (initial) I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

_____ (initial) I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.

_____ (initial) I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to \$10,000 fine upon conviction.

ALL adult members of the household must sign below:

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

SELF CERTIFICATION OF HOMELESSNESS and/or DISABLING CONDITION

Swan Lake Village has committed to provide no less than 50 percent (42 apartments) of the total units in the project are set aside for Persons with a Disabling Condition. In addition, 20 percent (17 apartments) of the total units in the project to Homeless individuals or families. Priority placement, i.e., preference, will be given to those individuals who meet the definitions of "Persons with a Disabling Condition," and/or "Homeless" as defined on page 2 of this application.

Based on the definitions of "Homeless" and "Persons with a Disabling Condition," please answer the questions below:

1. **Are you homeless?** NO: _____; ***please proceed to question number 2.***
YES: _____; **please check the statement that explains your current housing situation:**

- _____ Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
- _____ Living on the street (i.e., a car, park, abandoned building, bus station, airport, or camp ground) or another place not meant for human habitation.
- _____ Living in a publically or privately operated shelter, transitional housing, or a hotel/motel providing temporary accommodations for homeless people.
- _____ Exiting an institution (hospital, jail, substance abuse or mental health treatment facility, etc.) where I have been for less than 90 days and prior to admission had been living in an emergency shelter or place not mean for human habitation.
- _____ Am the victim of domestic violence and am fleeing from abuse, have no appropriate housing options available and lack the financial resource and support networks needed to obtain housing.

2. **Do you have a disabling condition that is expected to be of long, continuing duration and prevents you from being able to obtain and maintain housing?** NO: _____ YES: _____

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident signature

Date

SWORN DECLARATION OF STUDENT STATUS

Date: _____

Applicant/Resident Name: _____

Development Name: Swan Lake Village Apartments

Unit Number/Identification: _____

This rental community has received funding from a program that does not generally allow occupancy by households comprised entirely of full-time students.

A "Student" is an individual who is a full-time student at an education organization that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on, for at least five calendar months during a calendar year.

The following information is requested as part of the household qualification process. Please mark the applicable item(s).

- A. I am not a student and do not anticipate enrolling as a student in the upcoming year.
- B. I anticipate enrolling as a student in the upcoming year.
- C. I am a part-time student and expect to remain part-time in the upcoming year.
- D. I am a full-time student.
- E. I am a full-time student and offer the following explanation for eligibility consideration:
 - 1. I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act.
 - 2. I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar Federal, State or local laws.
 - 3. I am a single parent with dependent children, and none of the household members are dependents or another party other than a parent of the children.
 - 4. I am married and file a joint federal tax return with my spouse.
 - 5. I am a former foster child in transition to independence.

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I will provide proof of credit hours or other documentation that may be required for each school term during my occupancy of a unit at this rental community.

Applicant/Resident Signature

Date

Owner Representative Signature

Date