



Senior Community Cottages

1901 Merlin Street Bay City, TX 77414

monartheast@myyahoo.com

832-392-7342

Statement of Rental Policy

- Availability:** Availability of specific apartment or apartment type.
- Income:** Guaranteed monthly net income (pay stubs). Social Security Benefits. Retirement Benefits. Income must be at Least 2 times the rental amount.
- Credit Check:** Complete check of credit and criminal history will be completed. The credit bureau must have more R-1 credit ratings than slow pay or collections. No judgments or liens are acceptable. An Application Fee must be paid before any verification begins. Applicant's last residence must have a prompt payment record and sufficient notice to vacate given. Applicants must have lived at present or immediate past address for no less than 6 months. No felony convictions.
- Employment:** Present or immediate past job verification for no less than 6 months or retired.
- Application:** No falsification or omission of information on rental application is acceptable and will be considered grounds for termination of Apartment Lease Contract, if subsequently determined.
- Occupancy:** No more than four (4) persons in a two (2) bedroom apartment. All occupants must meet the age requirement of at least 62 years of age. Married spouses under 62 permitted with supporting documentation. Each resident assumes responsibility and liability for the entire rental payment. All must execute the Apartment Lease Contract.
- Vehicles:** No more than two (2) vehicles per apartment unit. All motor vehicles must be operational with current license/ inspection sticker. Auto mechanical work is not permitted on the property.
- Payment:** RENT is due and payable on the first (1) day of each month. All amounts due must be made in the form of a check or money order. CASH is never accepted as a form of payment.





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Equal Housing: **NON-DISCRIMINATION** on the basis of race, color, sex, handicap, familiar status or national origin is the comprehensive policy of the Owner and Owner's Agent.

Water Furniture: Water Furniture is accepted on first floor only, with proof of insurance, deposits, and prior written management approval.

Pets: Pets are permitted and must meet all community requirements and a pet fee must be paid in full for each pet. No more than one (1) pet is allowed in each apartment. The pet fee is not a deposit and is non-refundable.

Miscellaneous: Boats and trailers are not permitted on the property. Recreational vehicles or commercial type vehicles are not permitted to park on the property.

I have read and understand the rental policies of this community.

Resident Signature _____ Date _____

Print _____

Resident Signature _____ Date _____

Print _____

Resident Signature _____ Date _____

Print _____

Resident Signature _____ Date _____

Print _____

Owner's Agent _____ Date _____



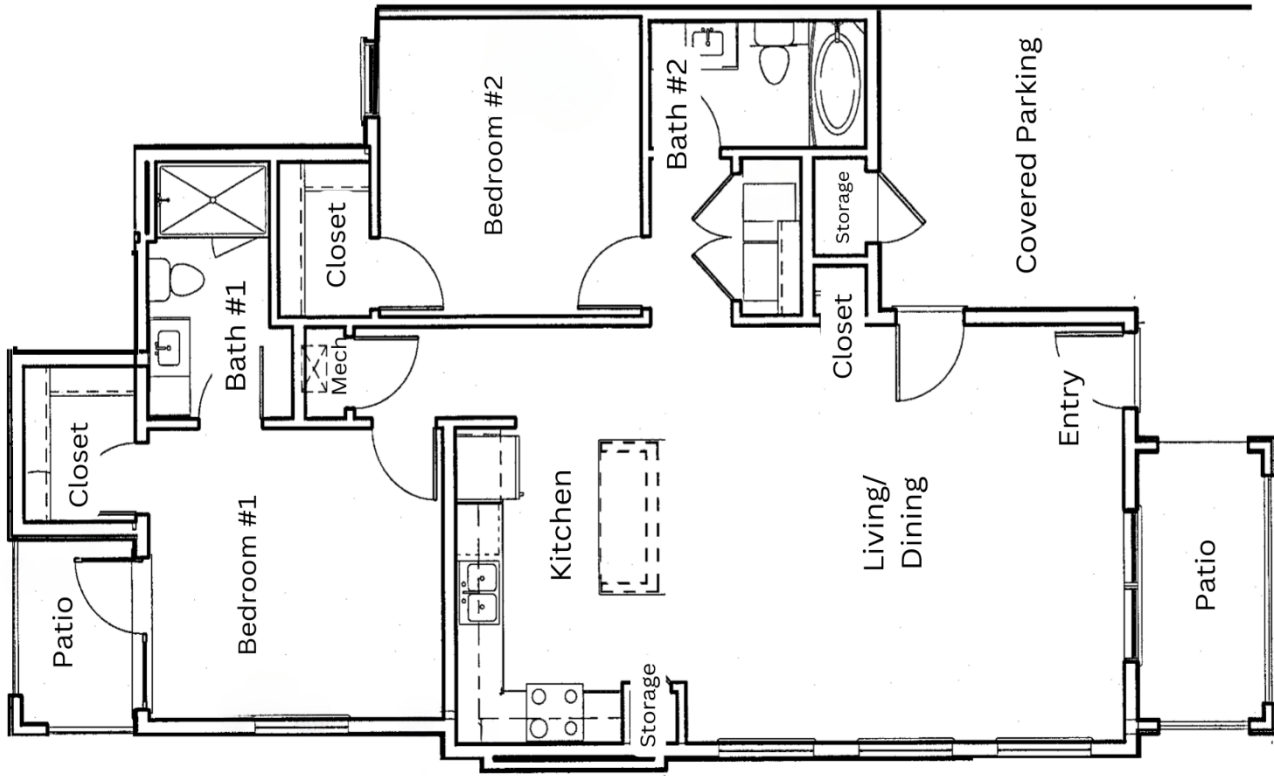


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Two Bedroom/ Two Bath Unit – 1133 sq. ft.

Maximum Occupancy – 4 Security Deposit \$500.00

Non- Refundable Application Fee \$45.00 each

Pet Fee (Non-Refundable) \$500.00 1 Pet/Unit

Affordable Income Limits (Annual Median Income)

	1 Person	2 Person	3 Person	4 Person
60% AMI	\$35,150	\$40,150	\$45,200	\$50,200
80% AMI	\$46,900	\$53,600	\$60,300	\$66,950

Combined annual income for the Household must be under the above income limits to receive the rental amounts at the affordable rates. Subject to availability.

If Household income exceeds Affordable Income Limits, Market Rates will apply.



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Affordable Rate:

60% AMI 12-month lease- \$1070.00

80% AMI 12-month lease- \$1,365.00

Market Rate:

12-month lease- \$1,475.00

Amenities:

Attached Carport	WiFi Service Provided
Washer/Dryer	Fully Equipped Kitchen
Walk-in Closet	Large Kitchen Center Island
Additional Storage	Refrigerator with Ice Maker
Vinyl Plank Flooring	Built-in Microwave
Ceiling Fans	Water/Garbage Service
Convenient Shopping	Window Coverings

Acceptable Employment Documentation:

- Pay stubs (minimum of 2 current consecutive)
- Copies of electronic paycheck (minimum of 2 current consecutive)
- Employment letter notarized- must include date of hire, salary & position
- Social Security awards letter
- Retirement letter
- Tax Return (most recent)

Questions? Contact Denise, Community Manager 832.392.7342

Rental Application for Residents and Occupants

Each co-resident and each occupant over 18 must submit a separate Application.

ABOUT YOU

Full name (exactly as it appears on driver license or govt. ID card) _____

Former name (if applicable) _____

Gender _____ Birthdate _____ Social Security # _____

Driver license # _____ State _____

Government ID # _____ State (if applicable) _____

Home phone _____ Cell phone _____

Work phone _____ Email address _____

Marital status single married

U.S. citizen? yes no

Do you or does any occupant smoke? yes no

I am applying for the apartment located at _____

Is there another co-applicant? yes no

Co-applicant name _____ Email _____

Co-applicant name _____ Email _____

Co-applicant name _____ Email _____

Co-applicant name _____ Email _____

OTHER OCCUPANTS

Full name _____ Relationship _____

Birthdate _____ Social Security # _____

Driver license # _____ State _____

Government ID # _____ State (if applicable) _____

Full name _____ Relationship _____

Birthdate _____ Social Security # _____

Driver license # _____ State _____

Government ID # _____ State (if applicable) _____

Full name _____ Relationship _____

Birthdate _____ Social Security # _____

Driver license # _____ State _____

Government ID # _____ State (if applicable) _____

Full name _____ Relationship _____

Birthdate _____ Social Security # _____

Driver license # _____ State _____

Government ID # _____ State (if applicable) _____

WHERE YOU LIVE

Current home address (where you live now) _____

City _____ State _____ Zip _____

Do you rent or own? Beginning date of residency: _____ Monthly payment \$ _____

Apartment name _____

Name of owner or manager _____

Phone _____ Reason for leaving _____

Previous home address (most recent) _____

City _____ State _____ Zip _____

Do you rent or own? Dates: From _____ To _____ Monthly payment \$ _____

Apartment name _____

Name of owner or manager _____

Phone _____ Reason for leaving _____

YOUR WORK

Current employer _____

Address _____

City _____ State _____ Zip _____

Work phone _____ Beginning date of employment _____

YOUR WORK, continued

Gross monthly income \$ _____ Position _____
 Supervisor _____ Phone _____
 Previous employer (most recent) _____
 Address _____
 City _____ State _____ Zip _____
 Work phone _____ Dates: From _____ To _____
 Gross monthly income \$ _____ Position _____
 Supervisor _____ Phone _____

ADDITIONAL INCOME

(Income must be verified to be considered.)

Type _____ Source _____ Gross monthly amount \$ _____
 Type _____ Source _____ Gross monthly amount \$ _____

CREDIT HISTORY

If applicable, please explain any past credit problem: _____

RENTAL AND CRIMINAL HISTORY

Check only if applicable.

Have you or any occupant listed in this Application ever:

- been evicted or asked to move out?
- moved out of a dwelling before the end of the lease term without the owner's consent?
- declared bankruptcy?
- been sued for rent?
- been sued for property damage?
- been convicted or received probation (other than deferred adjudication) for a felony, sex crime, or any crime against persons or property?

Please indicate below the year, location, and type of each felony, sex crime, or any crime against persons or property for which you were convicted or received probation. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above. _____

HOW DID YOU FIND US?

- Online search (website address) _____
- Referral from a person or locator? Name _____
- Social media (please be specific) _____
- Other _____

EMERGENCY CONTACT

Emergency contact person over 18 who will not be living with you:

Name _____ Relationship _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ Email Address _____

If you die or are seriously ill, missing, or incarcerated according to an affidavit of (check one or more) the above person, your spouse, or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.

YOUR VEHICLES

(If applicable)

List all vehicles owned or operated by you or any occupants (including cars, trucks, motorcycles, trailers, etc.)

Make _____ Model _____ Color _____
 Year _____ License # _____ State _____
 Make _____ Model _____ Color _____
 Year _____ License # _____ State _____
 Make _____ Model _____ Color _____
 Year _____ License # _____ State _____
 Make _____ Model _____ Color _____
 Year _____ License # _____ State _____

signed by all parties; OR, it will be refunded under paragraph 7 if the applicant is not approved; OR it will be retained by us as liquidated damages if you fail to sign or withdraw under paragraphs 4 and 5 of the Application Agreement.

3. **Fees due.** Your Application will not be processed until we receive your completed Application (and the completed Application of all co-applicants, if applicable) and the following fees:
- A. Application fee (non-refundable): **\$45.00**
 - B. Application deposit (may or may not be refundable) \$ _____
4. **Completed Application.** Your Application will not be considered "complete" and will not be processed until we receive the following documentation and fees:
- A. Your completed Application;
 - B. Completed Applications for each co-applicant (if applicable);
 - C. Application fees for all applicants;
 - D. Application deposit

Authorization and Acknowledgment

I authorize Monarch at Bay Prairie East

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after residency on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this Application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Application. Authority to obtain work history information expires 365 days from the date of this Application. You agree the information provided may be used for business purposes.

Payment Authorization

I authorize Monarch at Bay Prairie East

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-sufficient funds and dishonored payments. If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- 1. Applicant shall pay a charge of \$ _____ for each returned payment; and
- 2. We reserve the right to refer the matter for criminal prosecution.

Acknowledgment

You declare that all your statements in this Application are true and complete. **Applicant's submission of this Application, including payment of any fees and deposits, is being done only after applicant has fully investigated, to its satisfaction, those facts which applicant deems material and necessary to the decision to apply for a rental unit.** You authorize us to verify your information through any means, including consumer-reporting agencies and other rental-housing owners. **You acknowledge that you had an opportunity to review our rental-selection criteria, which include reasons your Application may be denied, such as criminal history, credit history, current income and rental history. You understand that if you do not meet our rental-selection criteria or if you fail to answer any question or give false information, we may reject the Application, retain all application fees as liquidated damages for our time and expense, and terminate your right of occupancy.** Giving false information is a serious criminal offense. In lawsuits relating to the Application or Lease, the prevailing party may recover from the non-prevailing party all attorney's fees and litigation costs. We may at any time furnish information to consumer-reporting agencies and other rental-housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease, the rules, and financial obligations. Fax or electronic signatures are legally binding. You acknowledge that our privacy policy is available to you.

Right to review the Lease. Before you submit an Application or pay any fees or deposits, you have the right to review the Application and Lease, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed Application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease if agreed to in writing by all parties. You are entitled to a copy of the Lease after it is fully signed.

Images on our website may represent a sample of a unit and may not reflect specific details of any unit. For information not found on our website regarding availability, unit characteristics or other questions, please call or visit our office.

This Application and the Lease are binding documents when signed. Before submitting an Application or signing a Lease, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease if agreed to in writing by all parties.

Applicant's signature

Date

FOR OFFICE USE ONLY	
1. Apt. name or dwelling address (street, city): _____	Unit # or type: _____
2. Person accepting application: _____	Phone: _____
3. Person processing application: _____	Phone: _____
4. Date that the applicant or co-applicant was notified <input type="checkbox"/> by telephone, <input type="checkbox"/> by letter, <input type="checkbox"/> by email, or <input type="checkbox"/> in person of <input type="checkbox"/> acceptance or <input type="checkbox"/> nonacceptance: _____ <small>(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)</small>	
5. Name of person or persons notified (if there are more than one applicant, at least one of them must be notified): _____	
6. Name of owner's representative who notified the applicant: _____	
Additional comments: _____ _____ _____	



Supplemental Rental Application for Units Under Government Regulated Affordable Housing Programs

Date when filled out: _____

1. **Supplemental Information.** The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.
2. **Employment Update.** Present employer: _____
Address: _____ City, State, ZIP: _____
Work Phone: _____ Position: _____

3. **Household Composition.** List all persons, including yourself, who will be living in your household.

Number of Persons	Full Name	Relationship	Age	Student Status
1 (Head of Household)				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A

Does anyone live with you now who is not listed above? Yes No. Does anyone plan to live with you in the future who is not listed above? Yes No. If you answered "Yes" to any question, please explain: _____

Are you a veteran? Yes No **Important Information for Former Military Services Members.** Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Air Force, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>.

Are any of the household members listed above: Foster children? Yes No Live-in attendants? Yes No

Were any of the names listed above students in the year this application was completed? Yes No. Do any of them plan to be students in the year this application is completed? Yes No. If you answered "Yes" to either question, please explain: _____

4. **Income.** List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18 who are dependents of another household member).

Gross Monthly Income Source: <small>Indicate whether anyone in your household receives income from the following</small>		Applicant	Co-Applicant	Other Household Members	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Commissions and Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Interest and/or Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Net Income from Business <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Social Security, Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Pensions, Retirement Funds, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Support from Parents or Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Workers' Compensation, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Sources of Child Support:					
• Court-ordered (regardless if paid) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
• Voluntary payments <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
• Anticipated payments <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Student Financial Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$	\$	\$	\$
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)		\$	\$	\$	\$
TOTAL \$					

5. **Assets.** List all assets of all adults and persons in your household, including those under the age of 18.

Listing of All Assets	Cash Value	Annual Interest, Dividends or Rent from Assets	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
IRA/Keough Account <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Retirement Fund (401(k), 457, 403(b), etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Pension Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Whole Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Cash Value				
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$		

6. **Rental Assistance.** Do you receive any type of federal, state, or local government rental assistance? Yes No. If yes, please explain: _____

7. **Asset Verification.** Have you disposed of any assets for less than fair market value in the last two years preceding the date of this application? Yes No.

8. **Certification.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept.

9. **Recertification.** If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the TAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application

