



**This is a Rental Application for:**  
**Carrington Manor Apartments**

**This property is for:**

- ☐ **Family** (All ages, can be a 1-person household or more) ☐ **Elderly/Senior** (All household members must be 62 & older)  
☐ **Elderly/RD** (Head of Household (HOH) or Co-Head of Household (CoHOH) is 62 & older or disabled at any age)  
☒ **Elderly/HFOP** (HOH or CoHOH is 55 & older, none under 18) ☐ **Elderly/62+HOH** (HOH or CoHOH is 62, others any age)

**Amenities include:**

**1 & 2 Bedroom Units/Washer & Dryer Hook-Ups/Fitness Center/Elevator**

Smoke-Free Housing Community

Reasonable Accommodations

Accessible Units

Housing Choice Vouchers Accepted when no other Rental Assistance is Available

Income Restrictions May Apply



*"This institution is an equal opportunity provider."*

TTY #711



**COMPLETING THE RENTAL APPLICATION**

Dear Applicant,

All members of the household, including minors, must be listed on the application.

Please provide the following:

- ☐ Application- every question must be answered or indicated N/A (not applicable) and submitted with a \$ **50.00** application fee in check or money order. No cash accepted. Applications submitted without the application fee will be returned.
- ☐ Social Security card for each household member- \*please provide copies
- ☐ Birth Certificate for each household member- \*please provide copies
- \*State ID

Returning your application in person is preferred as it can be reviewed with you to ensure that it is complete. However, you may also return your application using one of the following methods:

- Our office drop box at: **Carrington Manor Apartments**  
(property name)
- USPS mail to: **711 Bladen St.** **Beaufort, SC 29902**  
(street address) (city, state, zip code)
- Email to: **carringtonmanor@cahecmanagement.com** Note: If you choose to email or fax, please retain the original for a possible future move-in, depending on eligibility & unit availability.
- Fax to: **(854) 800-3334**

Upon receipt of the application and the above items, we will process and evaluate your application through our Resident Selection Plan criteria which is designed to be a fair and reasonable way to provide equality to all applicants. Part of this process includes verifying your income and assets in compliance with federal and state program regulations governing this property. This specific information is found in our Resident Selection Plan which will be provided to you if requested. If you have any further questions or comments, please feel free to contact us.

Thank you for your consideration of our community,

**Jessica O'Neal**

Manager, **Carrington Manor Apartments**

Phone #: **(854) 800-3334 or (912)-237-3325**

Office Hours: **Monday-Friday 9:00 - 4:00**

For Office Use Only		
Date & Time Received:		Received By (Management Signature):
Unit:	Move-In Date:	

## Application for Rental Housing

Property Contact Information			
Property Name: Carrington Manor Apartments			
Street Address: 2247 Boundary Street			
City: Beaufort	State: SC	Zip: 29902	
Phone: 854-800-3334	Phone (TTY): 711	Fax: 854-800-3334	
Email: Carringtonmanor@cahecmangement.com		Website: cahecmangement.com	
Office Hours: Monday - Friday 8:00am - 4:30pm			

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, handicap, or any other class protected by state law.



## APPLICATION SUMMARY

Preferred Unit Size:

Would anyone in this household benefit from a special needs unit or a unit accommodation due to a mobility, vision, or hearing impairment? ☐ Yes\* ☐ No

*\*If Yes, please complete a **Special Unit Questionnaire**.*

**HOUSEHOLD COMPOSITION** - Complete one *Member Information Document* form for each member listed below.

In the space below, list all people who will live in the unit.

	Member Name	Relationship to Head of Household (Ex. Head of Household, Co-Head, Spouse, Dependent, Other Adult, Live-In Aide, etc.)	Phone Number (Recommended)
1			
2			
3			
4			
5			
6			
7			
8			

**ANTICIPATED ADDITIONS TO THE HOUSEHOLD** - Complete one *Anticipated Household Addition* form for each.

Certain anticipated members can have an effect on the size of the unit and/or the income limits used to determine the household's program eligibility. List all applicable members who are expected to move in over the next 12 months.

Member Name	Member Type
	Unborn Child Pending Adoption Obtaining Custody Pending Foster
	Unborn Child Pending Adoption Obtaining Custody Pending Foster
	Unborn Child Pending Adoption Obtaining Custody Pending Foster
	Unborn Child Pending Adoption Obtaining Custody Pending Foster

1. Do you anticipate any other change in household composition over the next 12 months?  
(e.g. adding a new member or removing a current member) ☐ Yes ☐ No

*If Yes, please explain:*

## HOUSEHOLD QUESTIONS

1. Is any household member temporarily absent, but under normal conditions would live in the unit? ☐ Yes ☐ No

*If Yes, please explain:*

2. Does/Will this household receive rent assistance? (ex. Housing Choice Voucher, Rural Development RA, etc.) ☐ Yes ☐ No

*If Yes, please indicate the source:*

3. Has any household member received a federal tax refund refundable tax credit in the last 12 months? ☐ Yes ☐ No

*If Yes, provide the total value of tax refunds/credits received by members of this household:*

\$ \_\_\_\_\_



## APPLICATION SUMMARY

### PENALTIES FOR MISUSING THIS FORM:

*Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).*

### REQUIRED SIGNATURES

All adult household members must view all documents in the Application Package to confirm accuracy and sign below.

#### Application Package Documents:

- Application Summary (One Per Household)
- Member Information Document (One Per Member)
- M-19A Income and Asset Questionnaire (One Per Household)

Under penalty of perjury, I/we certify that all information presented in the application documents above is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my/our application, or if move-in has already occurred, termination of my/our lease.

1.	Member Signature	Printed Name	Date Signed
2.	Member Signature	Printed Name	Date Signed
3.	Member Signature	Printed Name	Date Signed
4.	Member Signature	Printed Name	Date Signed
5.	Member Signature	Printed Name	Date Signed
6.	Member Signature	Printed Name	Date Signed
7.	Member Signature	Printed Name	Date Signed
8.	Member Signature	Printed Name	Date Signed



Preferred Language (optional):

## MEMBER INFORMATION DOCUMENT

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. (Ex. Driver's License, Government Issued ID, etc.).

Full Legal Name: \_\_\_\_\_  
First Name Middle Name Last Name

### Optional Information:

Driver's License # / State ID #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Female ☐ Male ☐ Decline to Disclose  
☐ Check box if member is an emancipated minor.

Social Security Number (SSN): \_\_\_\_\_ (If you do not have a SSN please enter 999-99-9999)

**Complete Part A and Part B (as applicable), then sign and date the form.**

**Part A:** This section is optional to household members who are **foster children, foster adults, or live-in aides**.

1. Student Status: ☐ Full-Time Student ☐ Part-Time Student ☐ Not a Student

2. Marital Status (optional): \_\_\_\_\_

**Part B:** Complete this section if the member is **under 18 years old and not emancipated**:

1. Will this member live in the unit at least 50% of the time? ☐ Yes ☐ No

2. Name of the parent/guardian who will sign paperwork on this member's behalf: \_\_\_\_\_

## MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature

Printed Name

Date

☐ Check here if an adult signed for a child.



Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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# INCOME & ASSET QUESTIONNAIRE

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## For Office Use Only:

Certification Effective Date:

This document reflects the sources of income & assets received by:

### ☐ Individual Member:

If selected, each adult (excluding Live-In Aides and Fosters) must complete a separate Income & Asset Questionnaire, even if the adult has zero income.

OR

### ☐ All Members

If selected, one Income & Asset Questionnaire must be completed to reflect all income and asset sources within the household.

## INCOME CHECKLIST

Identify all current and anticipated sources of income below. Include income received by minors in your care, excluding foster children. Any information provided is subject to verification.

### 1. Employment Wages/Salaries

☐ Yes ☐ No

Including, but not limited to, regular, overtime, shift differential, tips, bonuses, commissions, and seasonal employment.

### 2. Military Pay

☐ Yes ☐ No

Including, but not limited to, basic pay, active duty pay, drill pay, IDP, HDIP, Basic Allowance for Housing.

### 3. Self-Employment

☐ Yes ☐ No

Including, but not limited to, digital income sources such as app-based driving services, e-commerce sales, day trading, and video-based platforms.

### 4. Payments from Retirement Accounts

☐ Yes ☐ No

Include amounts received from periodic payments and/or Required Minimum Distributions (RMD).

### 5. Public Assistance

☐ Yes ☐ No

Including, but not limited to, TANF, GA, AFDC, Cash Assistance, and other state-specific benefits. Do not count food stamps or medical assistance.

### 6. Social Security Income

☐ Yes ☐ No

Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI).

### 7. Payments from Annuities or Life Insurance Policies

☐ Yes ☐ No

### 8. Supplemental Security Income (SSI) or State Supplemental Payments (SSP)

☐ Yes ☐ No

### 9. Disability Benefits

☐ Yes ☐ No

### 10. Veterans Benefits

☐ Yes ☐ No

### 11. Recurring Monetary Contributions

☐ Yes ☐ No

Including, but not limited to, recurring assistance with paying rent, bills, or regular monetary gifts from individuals not living in the unit. Do not include non-monetary/in-kind donations and gifts received for holidays, birthdays, or other significant life events or milestones.

### 12. Student Financial Assistance

☐ Yes ☐ No

Including a grant or scholarship received from the Federal government; a State, Tribe, or local government; a private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3); a business entity; or an institution of higher education.

### 13. Payments from Pensions

☐ Yes ☐ No

### 14. Unemployment Benefits

☐ Yes ☐ No

### 15. Payments from Indian Trusts

☐ Yes ☐ No

### 16. Death Benefits

☐ Yes ☐ No

### 17. Alimony / Spousal Support

a. Have you been issued a court order or do you anticipate obtaining one in the next 12 months?

☐ Yes ☐ No

b. Are you currently receiving payments? (Court ordered or voluntary)

☐ Yes ☐ No

### 18. Child Support

a. Have you been issued a court order or do you anticipate obtaining one in the next 12 months?

☐ Yes ☐ No

b. Are you currently receiving payments? (Court ordered or voluntary)

☐ Yes ☐ No

### 19. Adoption Assistance Payments

☐ Yes ☐ No

### 20. Other Income:

☐ Yes ☐ No

If Yes, list source(s):



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# INCOME SOURCES

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Please provide additional information for each source of income received, including at least one method of contact.

Member Name	Income Type	Income Source	Total Annual Income (Gross Amount)	CONTACT INFORMATION (Optional)	
				Mailing Address	Phone/Fax Number
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
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			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:



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# ASSET CHECKLIST

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Identify assets you own below, but exclude retirement plans (*recognized as such by the IRS*) and Family Self-Sufficiency (FSS) Escrow Accounts. Include assets owned by minors in your care, excluding foster children.  
Any information provided is subject to verification.

<b>1. Checking Accounts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2. Savings Accounts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do not include qualified Education Savings Accounts or ABLE Accounts.</i>
<b>3. Prepaid Card Accounts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, prepaid cards, reloadable cards, and cash cards used to receive government benefits or other income. (e.g. Direct Express, Reliacard, Netspend)</i>	<b>4. Payment Exchange Accounts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, funds held in online payment accounts such as Venmo, CashApp, AppleCash, Google Pay, Samsung Pay, PayPal, etc.</i>
<b>5. Certificate of Deposit (CD) Accounts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>6. Stocks</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do not include stock invested in retirement accounts.</i>
<b>7. Bonds</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do not include bonds invested in retirement accounts or "baby bond" accounts created, authorized, or funded by Federal, State, or local government.</i>	<b>8. Trust Funds</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do not include irrevocable trusts or revocable trusts that are controlled by someone who does not/will not live in the unit.</i>
<b>9. Money Market Accounts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>10. Brokerage Accounts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11. Real Estate / Real Property</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>12. Capital Investments</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13. Crowdfunding Accounts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, GoFundMe, Kickstarter, Indiegogo, Fundly, etc.</i>	<b>14. Cryptocurrency</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, Bitcoin (BTC), Ethereum (ETH), Tether (USDT), Ripple (XRP), etc.</i>
<b>15. Receipt of Lump Sum Payments</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, one-time payments received from inheritance, lottery winnings, capital gains, etc.</i>	<b>16. Personal Property Held as an Investment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Include any non-necessary personal items held as an investment. Do not include necessary personal items.</i>
<b>17. Cash</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Include any cash that is held as savings. To avoid duplicating reported assets, do not include cash that has already been invested in any of the accounts reported on this form.</i>	<b>18. Other Asset(s):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list source(s):
<b>19. Life Insurance Policies</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do not include term life insurance policies.</i>	

## Assets Disposed Of For Less Than Fair Market Value

20. I/We hereby certify that I/we ☐ HAVE ☐ HAVE NOT sold or given away assets for less than their fair market value within the last 2 years. (Excluding items lost in bankruptcy, divorce, or foreclosure)

**If Applicable:** Identify all assets sold or disposed of for less than fair market value in the last 2 years.

Member Name	Asset Description	Market Value	Date Disposed	Amount Received



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# ASSET SOURCES

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Please provide additional information for each asset owned. If an asset is owned by more than one person, the record should reflect only amounts owned by and accessible to the member.

Member Name	Asset Type	Asset Source	Cash Value*	Annual Income from Asset	Jointly Owned? (If Yes, indicate your % of ownership)	If Asset has Joint Ownership
						Will the other owner(s) of the asset reside in the household?
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Cash value is the market value of the asset less reasonable expenses that would be incurred in selling or converting the asset to cash.

## Adult Household Members - Review the information provided and initial below

I/We hereby certify the information provided is accurate and complete to the best of my/our knowledge.

Member Initials:								
	#1	#2	#3	#4	#5	#6	#7	#8



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## Housing History Disclosure

Property Name: Carrington Manor Apartments Unit Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Please provide the last 24 months of housing history. All adult household members must complete this form.

☐ Check this box if you had no established housing during this timeframe and provide a brief explanation below.

Explanation: \_\_\_\_\_

### Current Address

Street Address:		Apt #:
City:	State:	Zip Code:
Move-In Date (Month/Year):		Reason for leaving:
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____		Monthly Rent (if applicable): \$ _____
Landlord Name:		Landlord Phone:

### Previous Addresses

1.	Street Address:	Apt #:
	City:	State:
		Zip Code:
Reason for leaving:		
Move-In Date (Month/Year):		Move-Out Date (Month/Year):
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____		Monthly Rent (if applicable): \$ _____
Landlord Name:		Landlord Phone:
2.	Street Address:	Apt #:
	City:	State:
		Zip Code:
Reason for leaving:		
Move-In Date (Month/Year):		Move-Out Date (Month/Year):
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____		Monthly Rent (if applicable): \$ _____
Landlord Name:		Landlord Phone:
3.	Street Address:	Apt #:
	City:	State:
		Zip Code:
Reason for leaving:		
Move-In Date (Month/Year):		Move-Out Date (Month/Year):
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____		Monthly Rent (if applicable): \$ _____
Landlord Name:		Landlord Phone:

### Signature Required:

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of admission or termination of a lease agreement.

Applicant Signature

Printed Name

Date Signed



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# Household Demographic Reporting Form

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Property Name: Carrington Manor Apartments

The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign and date the second page of this form as proof that the option to disclose this information was made available.

## Household Members (Please write the first and last names of all household members)

1:	2:	3:	4:
5:	6:	7:	8:

Member:	1	2	3	4	5	6	7	8
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian (Select all applicable subcategories below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander (Select all applicable subcategories below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guamanian or Chamorro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Samoan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decline to Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Household Demographic Reporting Form

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Member:	1	2	3	4	5	6	7	8
<b>Hispanic or Latino</b> (Select all applicable subcategories below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mexican, Mexican American, or Chicano/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuban	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Hispanic, Latino/a, or Spanish Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Not Hispanic or Latino</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Decline to Report</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Member:	1	2	3	4	5	6	7	8
<p>The Fair Housing Act defines disability as:</p> <ul style="list-style-type: none"> <li>A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.</li> </ul>								
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decline to Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED SIGNATURES - All adult household members sign and date below.	
Member Signature _____	Date Signed _____
Member Signature _____	Date Signed _____
Member Signature _____	Date Signed _____
Member Signature _____	Date Signed _____
Member Signature _____	Date Signed _____
Member Signature _____	Date Signed _____
Member Signature _____	Date Signed _____
Member Signature _____	Date Signed _____



Modified 10/8/2024  
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**Student Certification**  
(For use with the LIHTC Program)

Property Name: Carrington Manor Apartments Unit Number: \_\_\_\_\_

This information on this form is used to help determine the household's eligibility for certain housing programs. A household member is considered a student if they attend an educational institution such as elementary, junior and senior high, college, university, technical, trade, and mechanical schools.

**Part A - Check only one statement below.**

- ☐ 1. Household contains **at least one occupant who is not a student and has not been/will not be a student** for five months or more during the current and/or upcoming calendar year (*months need not be consecutive*).
- ☐ 2. Household contains all students, but is qualified because **at least one occupant is a part-time student** who is not/will not be a full-time student for five months or more during the current and/or upcoming calendar year.

Names of Part-Time Students: \_\_\_\_\_

- ☐ 3. Household consists of **all members who have been/will be full-time students** for five months or more during the current and/or upcoming calendar year (*months need not be consecutive*).

**Part B - Complete this section only if you checked box #3 in Part A.**

1. Does the household include students who are married and entitled to file a joint tax return? ☐ Yes ☐ No
2. Does the household include at least one single parent and their child(ren)? If yes, ☐ Yes ☐ No
- a. Is this parent a dependent of another individual? ☐ Yes ☐ No
- b. Are these child(ren) dependents of an individual other than a parent? ☐ Yes ☐ No
3. Does the household include at least one student receiving assistance under Title IV of the Social Security Act? (*This includes Temporary Assistance to Needy Families (TANF), otherwise known as Aid to Families with Dependent Children (AFDC).*) ☐ Yes ☐ No
4. Does the household include at least one student participating in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws (*i.e. Job Corp, AmeriCorp, etc.*)? ☐ Yes ☐ No
5. Does the household include at least one student who was under the care and placement responsibility of a state agency administering foster care under Part B or Part E of Title IV of the Social Security Act (*i.e. adults who were in the foster care system during childhood*)? ☐ Yes ☐ No

**REQUIRED SIGNATURES - All adult members must sign below.**

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of admission or termination of a lease agreement.

Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____



Modified 10/9/2024  
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Owner approved rents (excludes UA)		
	1BR	2BR
20	\$338	\$399
50	\$959	\$1143
60	\$1165	\$1391
70	\$1289	\$1422

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
20%	\$15,440	\$17,640	\$19,840	\$22,040	\$23,800	\$25,580	\$27,340	\$29,080
50%	\$38,600	\$44,100	\$49,600	\$55,100	\$59,500	\$63,950	\$68,350	\$72,700
60%	\$46,320	\$52,920	\$59,520	\$66,120	\$71,400	\$76,740	\$82,020	\$87,240
70%	\$54,040	\$61,740	\$69,440	\$77,140	\$83,300	\$89,530	\$95,690	\$101,780