

IN THE SUPREME COURT OF THE STATE OF NEVADA

RALPH EDMOND GOAD,

Appellant,

vs.

THE STATE OF NEVADA,

Respondent.

Electronically Filed
May 08 2020 10:27 a.m.
No. 79977 Elizabeth A. Brown
Clerk of Supreme Court

**Appeal from a Judgment of Conviction in Case CR19-0999
The Second Judicial District Court of the State of Nevada
Honorable David Hardy, District Judge**

JOINT APPENDIX VOLUME EIGHT

JOHN L. ARRASCADA
Washoe County Public Defender

CHRISTOPHER J. HICKS
Washoe County District Attorney

KATHRYN REYNOLDS
Deputy Public Defender
350 South Center Street,
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Attorneys for Appellant

Attorneys for Respondent

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Case No. CR19-0999
STATE VS. RALPH EDMOND GOAD

Exhibit 15
Admitted August 8, 2019.

JACQUELINE BRYANT, CLERK

By:

Click

Deputy Clerk



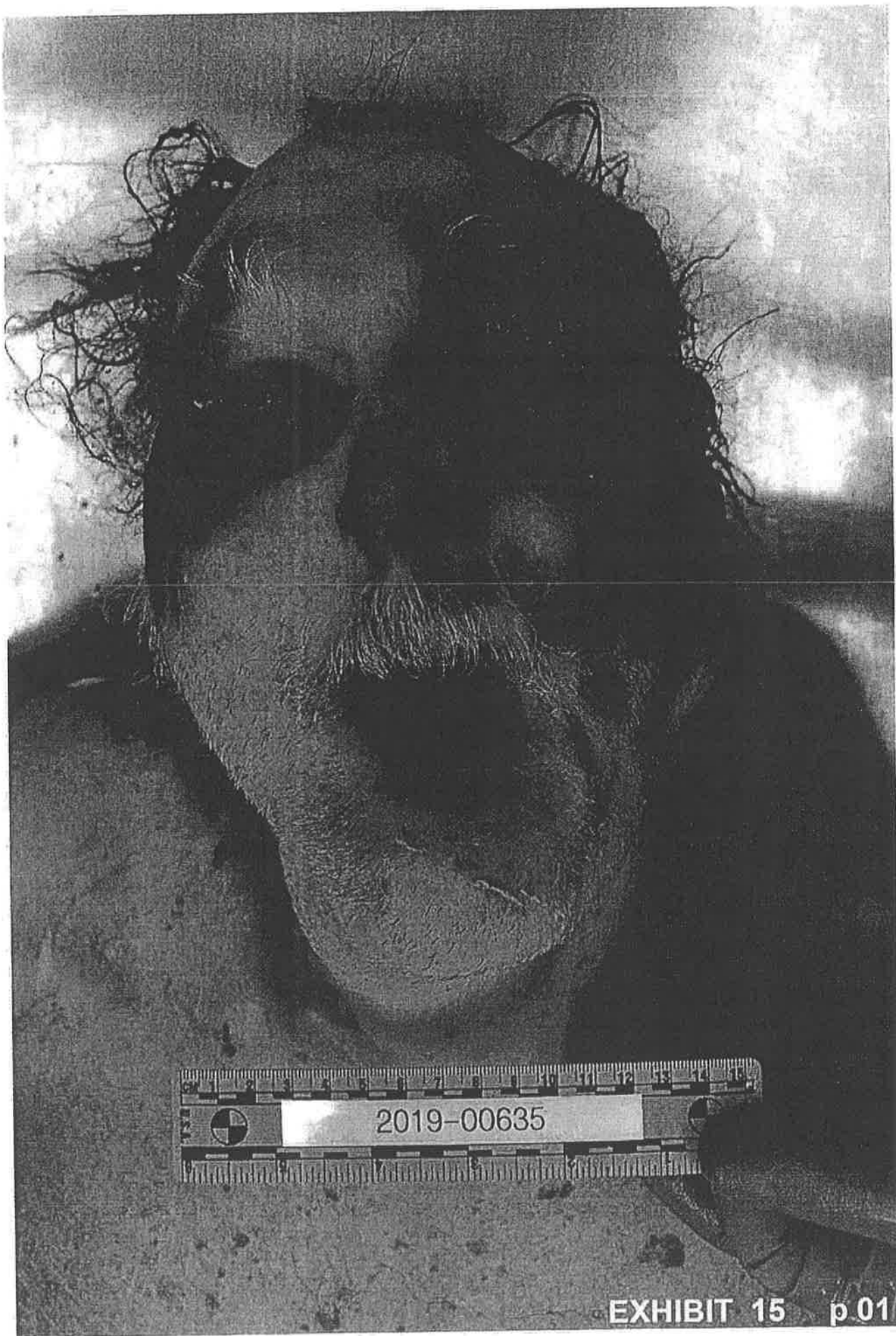
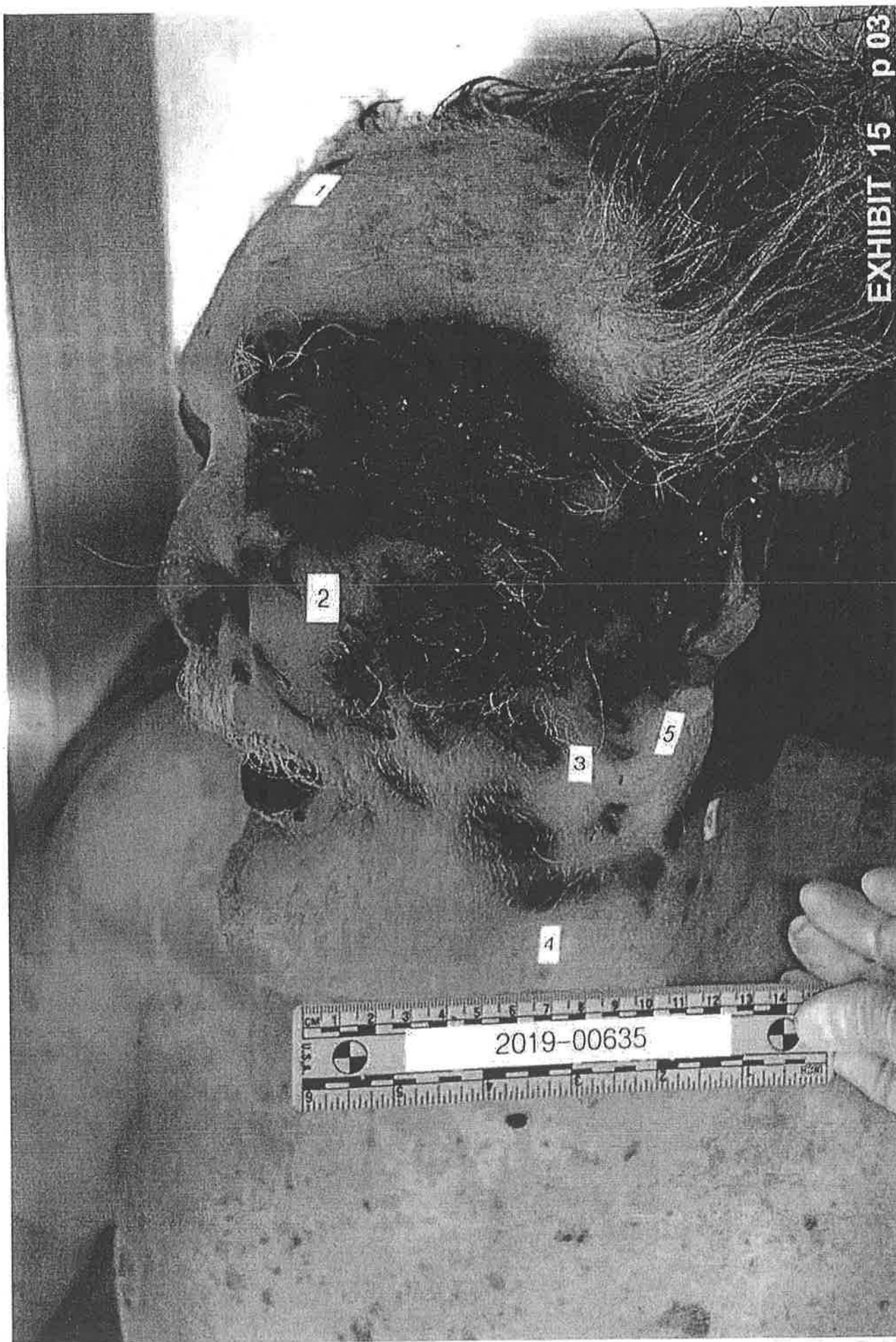
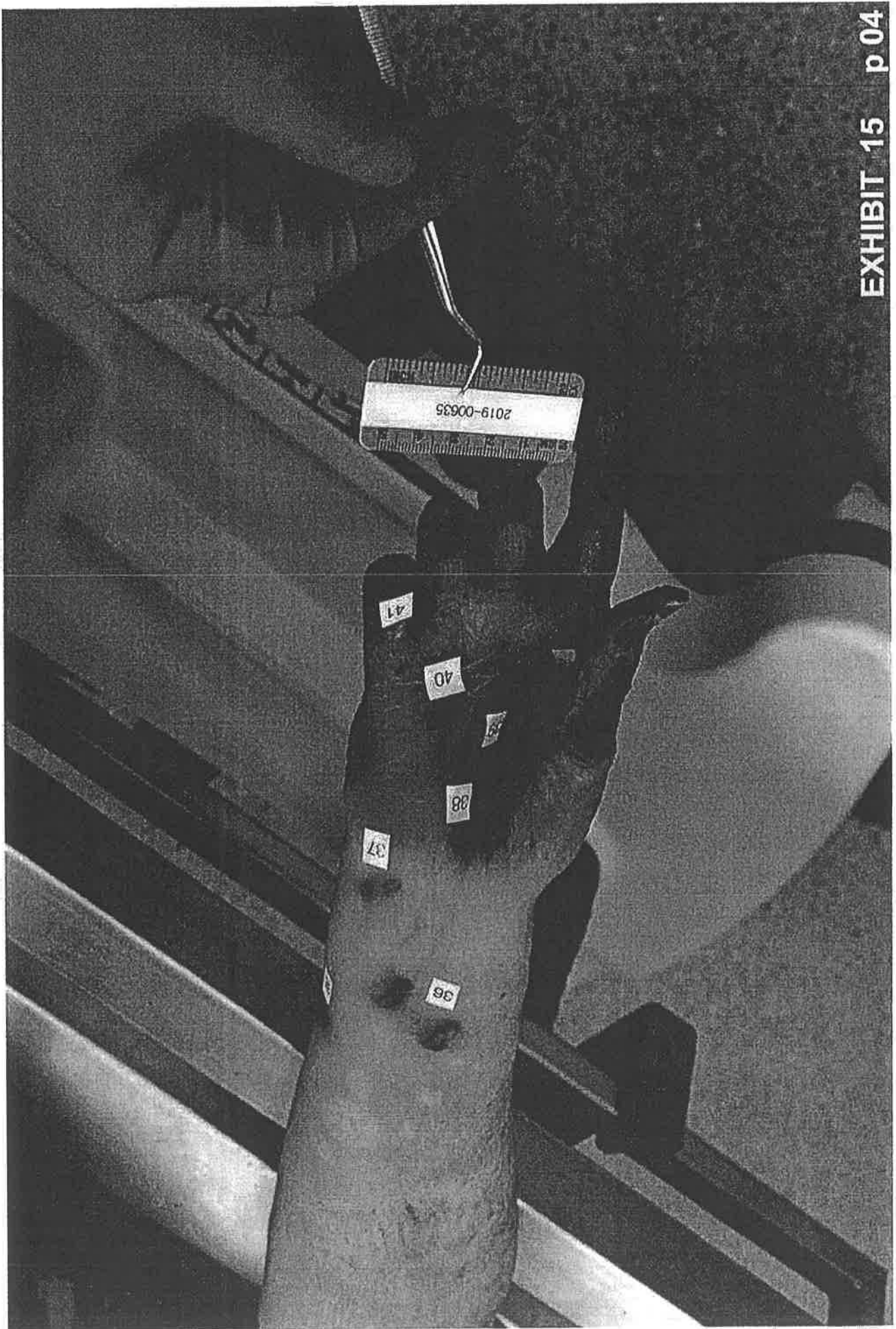




EXHIBIT 15 P 02





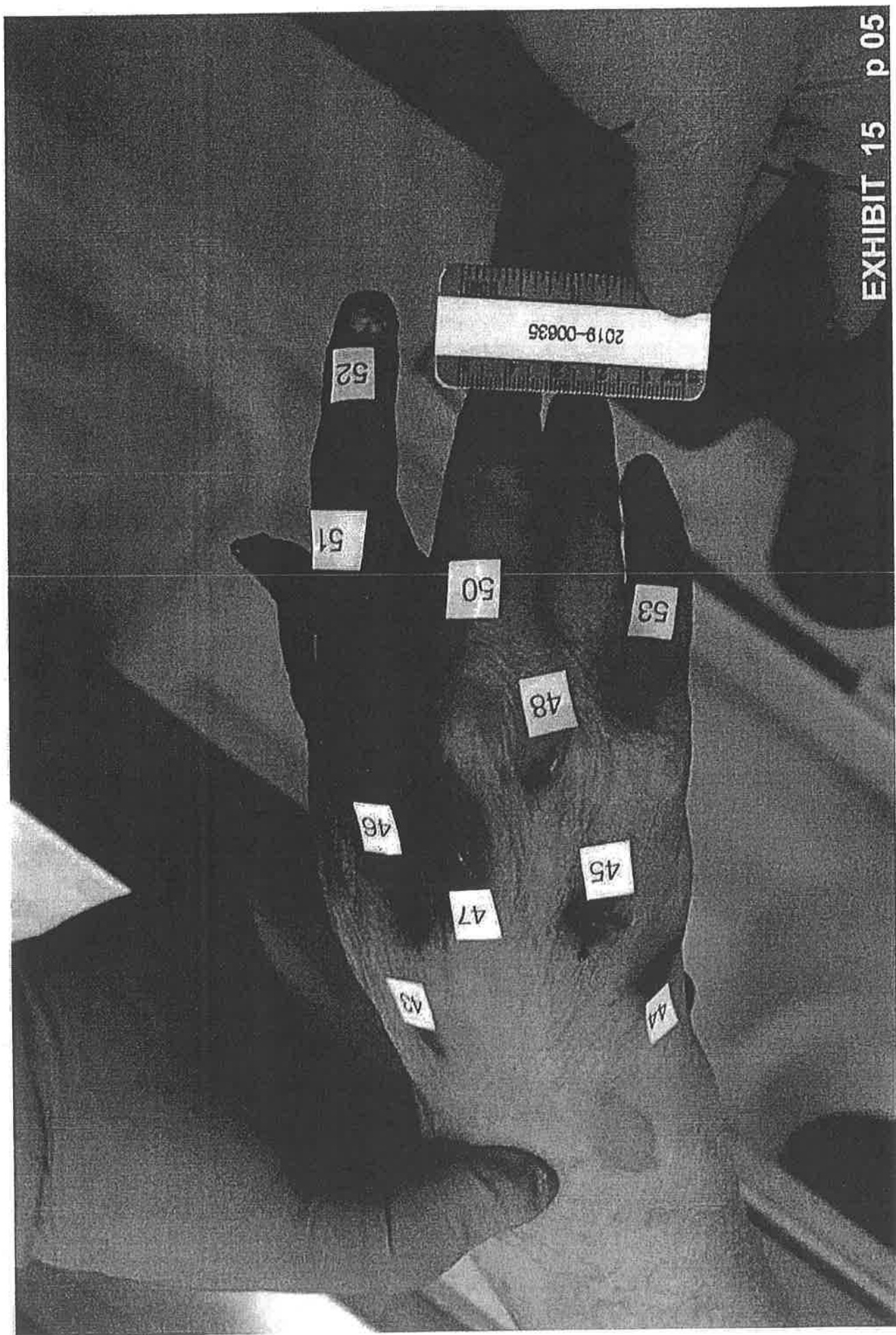


EXHIBIT 15 p 05



EXHIBIT 15 p 06

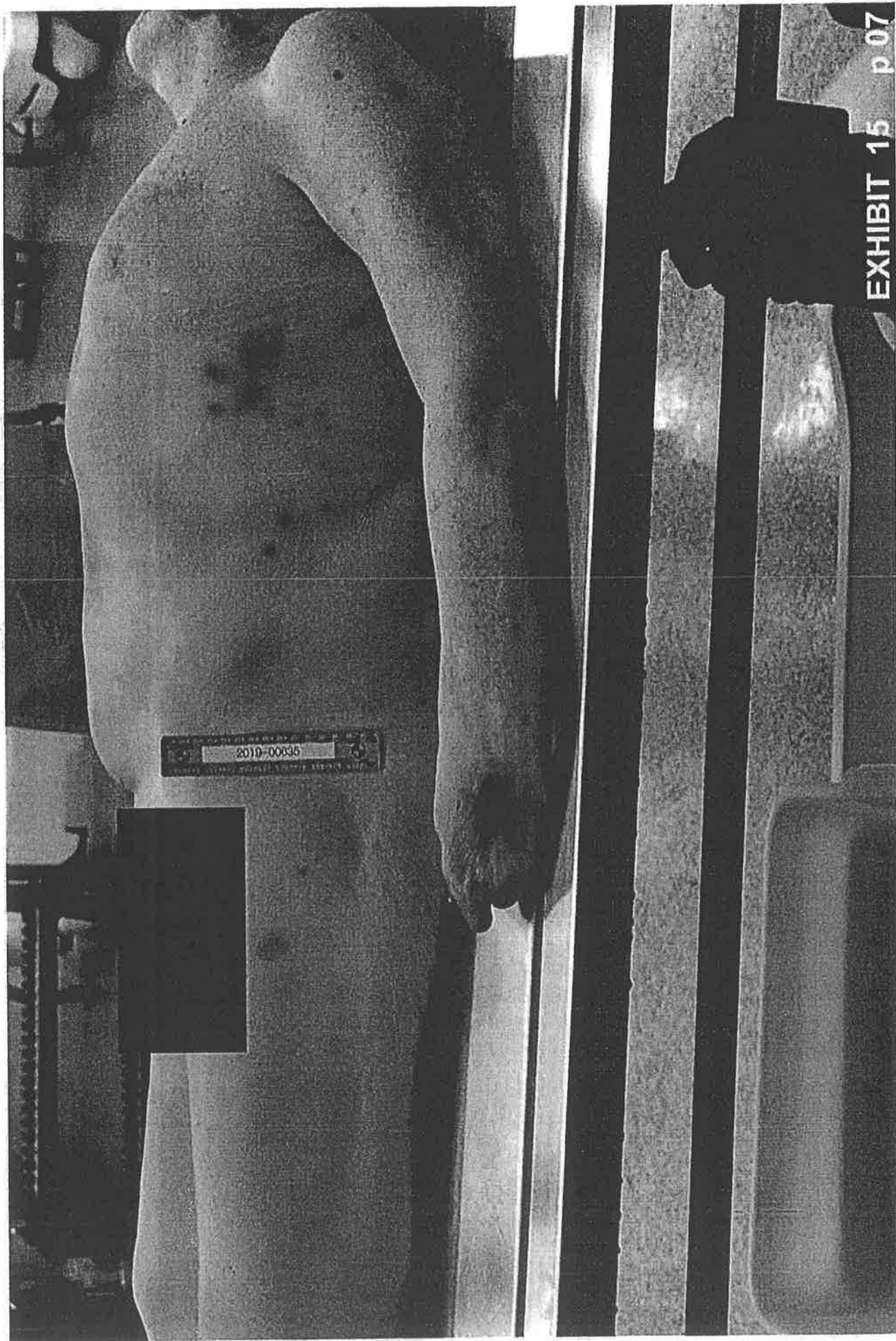


EXHIBIT 15 p 07

1. The first part of the document is a list of the names of the persons who have been appointed to the various offices of the corporation. The names are listed in alphabetical order, and each name is followed by the office to which he or she has been appointed. The names are: John A. Smith, President; James B. Jones, Vice President; William C. Brown, Secretary; and Robert D. White, Treasurer.

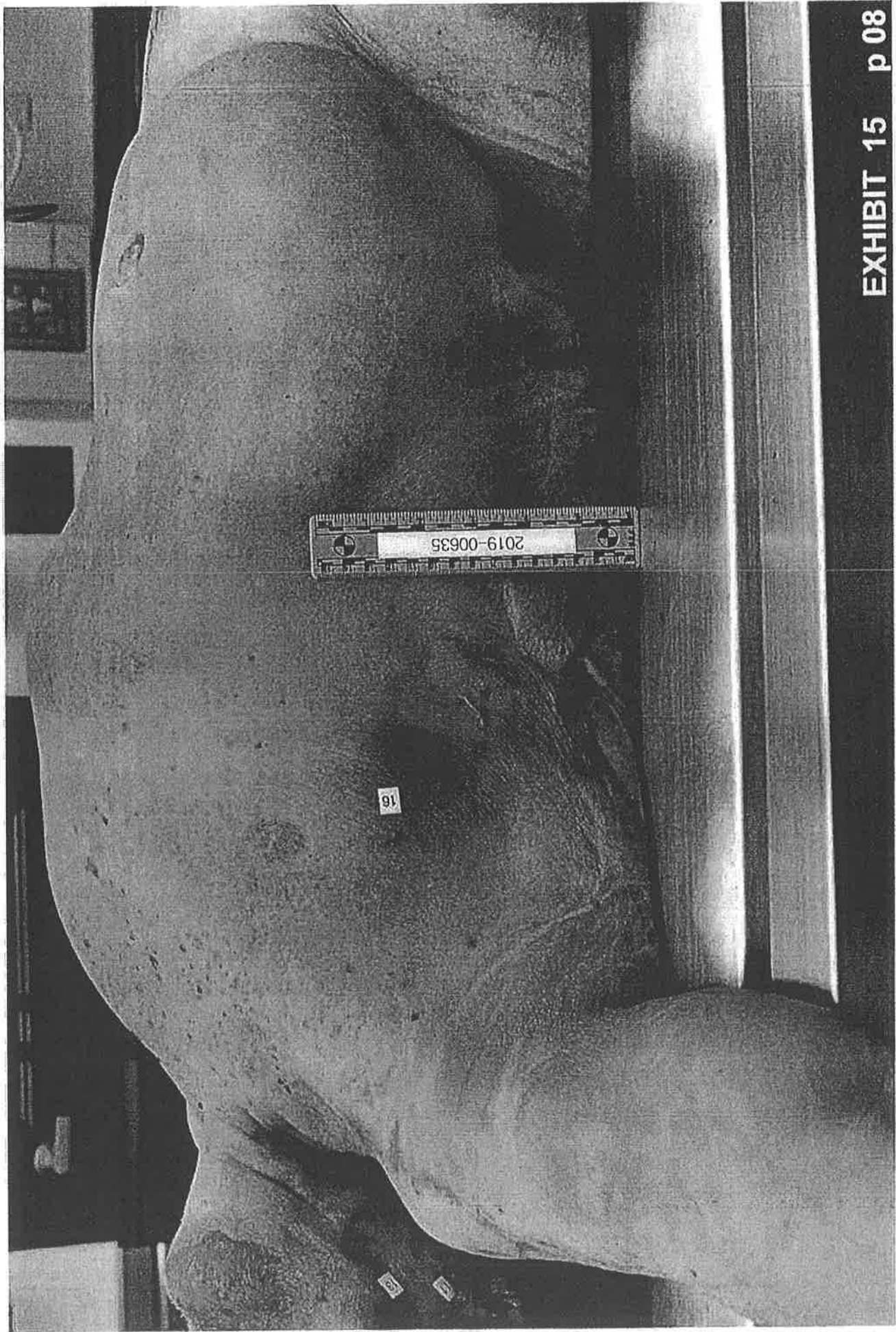
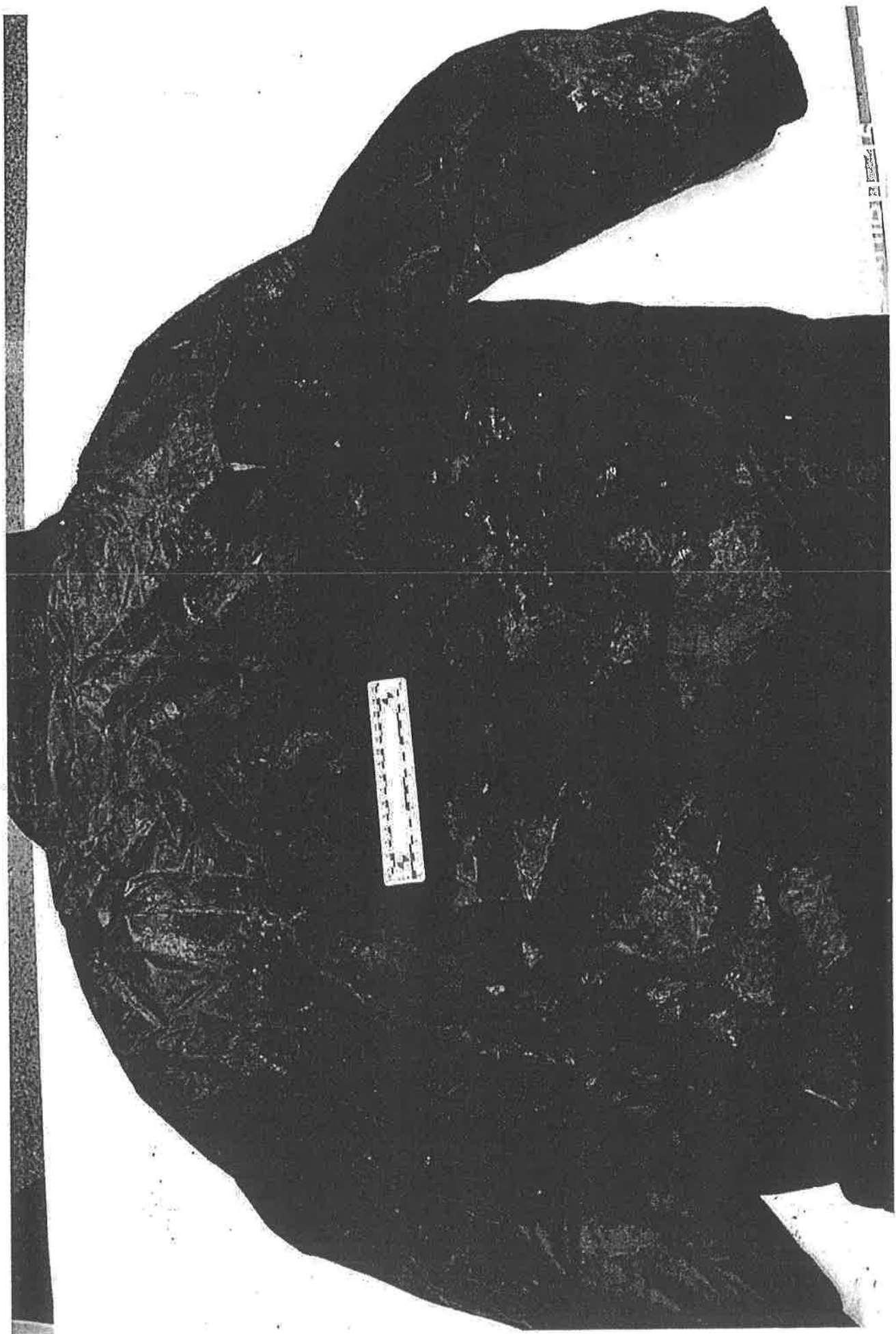


EXHIBIT 15 p 08





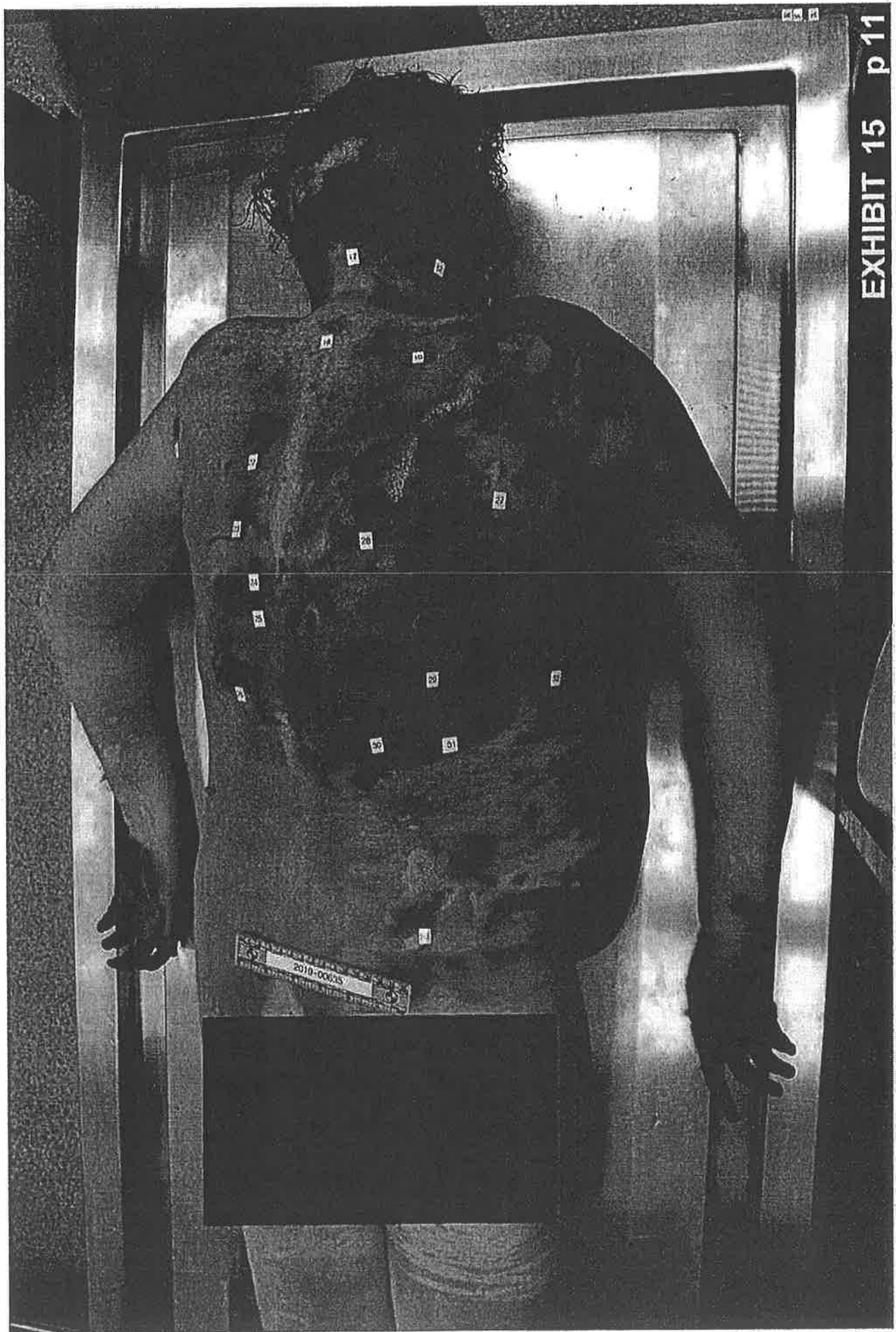
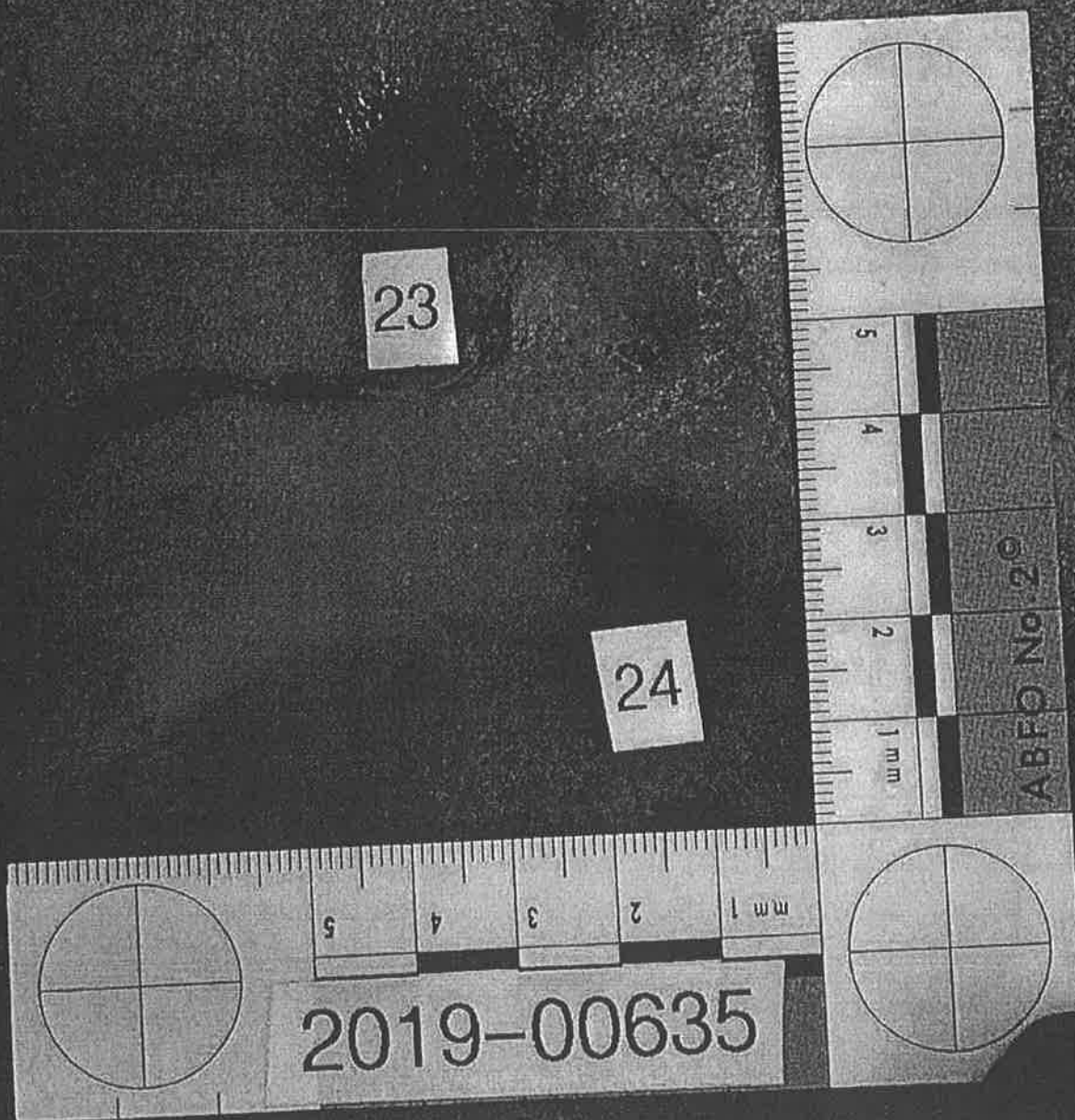


EXHIBIT 15 p 11

22

23

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2019-00635

Case No. CR19-0999
STATE VS. RALPH EDMOND GOAD

Exhibit 19A
Admitted August 7, 2019.

JACQUELINE BRYANT, CLERK

By: _____

Adick

Deputy Clerk



Transactions By Client

Account: Checking

Client Type: All

Acct Mgr: All

Support Type: All

Date Range: 7/1/2015 thru 6/25/2019

Client Name: Ralph E Goad

Acct Mgr: Colly Garde

SSN: *

Account: Checking

Date	Withdraw	Deposit	Category	Pay To	Balance
08/03/2015		\$827.00	SSA		\$827.00
08/03/2015	\$411.00		Client Fees	Payee Counseling Service	\$786.00
08/03/2015	\$475.00		Rent	Park Manor Apartment	\$311.00
08/03/2015	\$194.00		Personal Needs	Ralph Goad	\$117.00
09/03/2015		\$827.00	SSA		\$944.00
09/03/2015	\$41.00		Client Fees	Payee Counseling Service	\$903.00
09/03/2015	\$475.00		Rent	Park Manor Apartment	\$428.00
09/10/2015	\$194.00		Personal Needs	Ralph E Goad	\$234.00
09/10/2015	\$194.00		Personal Needs	Ralph E Goad	\$40.00
10/02/2015		\$827.00	SSA		\$867.00
10/02/2015	\$194.00		Personal Needs	Ralph Goad	\$673.00
10/02/2015	\$41.00		Client Fees	Payee Counseling Service	\$632.00
10/02/2015	\$475.00		Rent	Park Manor Apartment	\$157.00
10/13/2015	\$125.00		Personal Needs	Ralph E Goad	\$32.00
11/03/2015		\$827.00	SSA		\$859.00
11/03/2015	\$411.00		Client Fees	Payee Counseling Service	\$818.00
11/03/2015	\$194.00		Personal Needs	Ralph Goad	\$624.00
11/03/2015	\$475.00		Rent	Park Manor Apartment	\$149.00
11/20/2015	\$125.00		Personal Needs	Ralph E Goad	\$24.00
12/03/2015		\$827.00	SSA		\$851.00
12/03/2015	\$194.00		Personal Needs	Ralph Goad	\$657.00
12/03/2015	\$41.00		Client Fees	Payee Counseling Service	\$616.00
12/03/2015	\$475.00		Rent	Park Manor Apartment	\$141.00
12/09/2015	\$125.00		Personal Needs	Ralph E Goad	\$16.00
12/31/2015		\$827.00	SSD		\$843.00
12/31/2015	\$41.00		Client Fees	Payee Counseling Service	\$802.00
12/31/2015	\$194.00		Personal Needs	Ralph E Goad	\$608.00
12/31/2015	\$475.00		Rent	Park Manor Apartment	\$133.00
01/09/2016	\$125.00		Personal Needs	Ralph E Goad	\$8.00
02/03/2016		\$827.00	SSA		\$835.00
02/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$794.00
02/03/2016	\$194.00		Personal Needs	Ralph E Goad	\$600.00
02/03/2016	\$475.00		Rent	Park Manor Apartment	\$125.00
02/13/2016	\$100.00		Personal Needs	Ralph E Goad	\$25.00
03/03/2016		\$827.00	SSA		\$852.00
03/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$811.00
03/03/2016	\$194.00		Personal Needs	Ralph Goad	\$617.00
03/03/2016	\$475.00		Rent	Park Manor Apartment	\$142.00
03/18/2016	\$125.00		Personal Needs	Ralph E Goad	\$17.00

Transactions By Client

Account: Checking

Client Type: All

Acct Mgr: All

Support Type: All

Date Range: 7/1/2015 thru 6/25/2019

Client Name: Ralph E Goad

Acct Mgr: Colly Garde

SSN: 1

Account: Checking

Date	Withdraw	Deposit	Category	Pay To	Balance
04/01/2016		\$827.00	SSA		\$844.00
04/01/2016	\$194.00		Personal Needs	Ralph Goad	\$650.00
04/01/2016	\$41.00		Client Fees	Payee Counseling Service	\$609.00
04/01/2016	\$475.00		Rent	Park Manor Apartment	\$134.00
04/12/2016	\$110.00		Personal Needs	Ralph E Goad	\$24.00
05/03/2016		\$827.00	SSA		\$851.00
05/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$810.00
05/03/2016	\$194.00		Personal Needs	Ralph Goad	\$616.00
05/03/2016	\$475.00		Rent	Park Manor Apartment	\$141.00
05/12/2016	\$110.00		Personal Needs	Ralph E Goad	\$31.00
06/03/2016		\$827.00	SSA		\$858.00
06/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$817.00
06/03/2016	\$194.00		Personal Needs	Ralph Goad	\$623.00
06/03/2016	\$475.00		Rent	Park Manor Apartment	\$148.00
06/10/2016	\$110.00		Personal Needs	Ralph E Goad	\$38.00
07/01/2016		\$827.00	SSA		\$865.00
07/01/2016	\$41.00		Client Fees	Payee Counseling Service	\$824.00
07/01/2016	\$194.00		Personal Needs	Ralph Goad	\$630.00
07/01/2016	\$475.00		Rent	Park Manor Apartment	\$155.00
07/08/2016		\$104.90	Vendor Refund		\$259.90
07/13/2016	\$110.00		Personal Needs	Ralph E Goad	\$149.90
08/03/2016		\$932.00	SSA		\$1,081.90
08/03/2016	\$194.00		Personal Needs	Ralph Goad	\$887.90
08/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$846.90
08/03/2016	\$475.00		Rent	Park Manor Apartment	\$371.90
08/11/2016	\$130.00		Personal Needs	Ralph E Goad	\$241.90
09/02/2016		\$932.00	SSA		\$1,173.90
09/02/2016	\$41.00		Client Fees	Payee Counseling Service	\$1,132.90
09/02/2016	\$194.00		Personal Needs	Ralph Goad	\$938.90
09/02/2016	\$475.00		Rent	Park Manor Apartment	\$463.90
09/13/2016	\$140.00		Personal Needs	Ralph E Goad	\$323.90
10/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$282.90
10/04/2016		\$932.00	SSA		\$1,214.90
10/04/2016	\$475.00		Rent	Park Manor Apartment	\$739.90
10/05/2016	\$195.00		Personal Needs	Ralph E Goad	\$544.90
10/12/2016	\$140.00		Personal Needs	Ralph E Goad	\$404.90
11/03/2016		\$932.00	SSA		\$1,336.90
11/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$1,295.90
11/03/2016	\$475.00		Rent	Park Manor Apartment	\$820.90

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Payee Counseling Service Inc.

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Transactions By Client

Account: Checking

Client Type: All

Acct Mgr: All

Support Type: All

Date Range: 7/1/2015 thru 6/25/2019

Client Name: Ralph E Goad

Acct Mgr: Colly Garde

SSN:

Account: Checking

Date	Withdraw	Deposit	Category	Pay To	Balance
11/04/2016	\$200.00		Personal Needs	Ralph E Goad	\$620.90
11/14/2016	\$140.00		Personal Needs	Ralph E Goad	\$480.90
12/02/2016		\$932.00	SSA		\$1,412.90
12/02/2016	\$41.00		Client Fees	Payee Counseling Service	\$1,371.90
12/02/2016	\$475.00		Rent	Park Manor Apartment	\$896.90
12/03/2016	\$195.00		Personal Needs	Ralph E Goad	\$701.90
12/12/2016	\$130.00		Personal Needs	Ralph E Goad	\$571.90
12/12/2016	\$85.00		Rent	Park Manor Apartment	\$486.90
01/03/2017		\$935.00	SSD		\$1,421.90
01/03/2017	\$480.00		Rent	Park Manor Apartment	\$941.90
01/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$900.90
01/05/2017	\$200.00		Personal Needs	Ralph E Goad	\$700.90
01/12/2017	\$150.00		Personal Needs	Ralph E Goad	\$550.90
02/02/2017	\$200.00		Personal Needs	Ralph E Goad	\$350.90
02/03/2017		\$935.00	SSA		\$1,285.90
02/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$1,244.90
02/03/2017	\$480.00		Rent	Park Manor Apartment	\$764.90
02/14/2017	\$150.00		Personal Needs	Ralph E Goad	\$614.90
03/03/2017		\$935.00	SSA		\$1,549.90
03/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$1,508.90
03/03/2017	\$480.00		Rent	Park Manor Apartment	\$1,028.90
03/06/2017	\$200.00		Personal Needs	Ralph E Goad	\$828.90
03/15/2017	\$150.00		Personal Needs	Ralph E Goad	\$678.90
04/03/2017		\$935.00	SSA		\$1,613.90
04/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$1,572.90
04/03/2017	\$480.00		Rent	Park Manor Apartment	\$1,092.90
04/04/2017	\$200.00		Personal Needs	Ralph E Goad	\$892.90
04/10/2017	\$150.00		Personal Needs	Ralph E Goad	\$742.90
05/03/2017		\$922.70	SSA		\$1,665.60
05/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$1,624.60
05/03/2017	\$200.00		Personal Needs	Ralph E Goad	\$1,424.60
05/03/2017	\$480.00		Rent	Park Manor Apartment	\$944.60
05/09/2017	\$150.00		Personal Needs	Ralph E Goad	\$794.60
06/02/2017		\$922.70	SSA		\$1,717.30
06/02/2017	\$41.00		Client Fees	Payee Counseling Service	\$1,676.30
06/02/2017	\$200.00		Personal Needs	Ralph E Goad	\$1,476.30
06/02/2017	\$480.00		Rent	Park Manor Apartment	\$996.30
06/12/2017	\$150.00		Personal Needs	Ralph E Goad	\$846.30
07/03/2017		\$922.70	SSA		\$1,769.00

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Payee Counseling Service Inc.

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Transactions By Client

Account: Checking

Client Type: All

Acct Mgr: All

Support Type: All

Date Range: 7/1/2015 thru 6/25/2019

Client Name: Ralph E Goad

Acct Mgr: Colly Garde

SSN:

Account: Checking

Date	Withdraw	Deposit	Category	Pay To	Balance
07/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$1,728.00
07/03/2017	\$200.00		Personal Needs	Ralph Goad	\$1,528.00
07/03/2017	\$480.00		Rent	Park Manor Apartment	\$1,048.00
07/11/2017	\$150.00		Personal Needs	Ralph E Goad	\$898.00
08/03/2017		\$520.70	SSA		\$1,418.70
08/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$1,377.70
08/03/2017	\$480.00		Rent	Park Manor Apartment	\$897.70
08/03/2017	\$150.00		Personal Needs	Ralph E Goad	\$747.70
08/10/2017	\$150.00		Personal Needs	Ralph E Goad	\$597.70
09/01/2017		\$788.70	SSD		\$1,386.40
09/01/2017	\$480.00		Rent	Park Manor Apartment	\$906.40
09/01/2017	\$41.00		Client Fees	Payee Counseling Service	\$865.40
09/04/2017	\$200.00		Personal Needs	Ralph E Goad	\$665.40
09/12/2017	\$150.00		Personal Needs	Ralph E Goad	\$515.40
10/03/2017		\$788.70	SSA		\$1,304.10
10/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$1,263.10
10/03/2017	\$200.00		Personal Needs	Ralph E Goad	\$1,063.10
10/03/2017	\$480.00		Rent	Park Manor Apartment	\$583.10
10/10/2017	\$150.00		Personal Needs	Ralph E Goad	\$433.10
11/03/2017		\$788.70	SSA		\$1,221.80
11/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$1,180.80
11/03/2017	\$480.00		Rent	Park Manor Apartment	\$700.80
11/03/2017	\$200.00		Personal Needs	Ralph E Goad	\$500.80
11/08/2017	\$150.00		Personal Needs	Ralph E Goad	\$350.80
11/29/2017	\$350.80		Transfer	Nevada State Bank	\$0.00

Totals: \$24,083.80 \$24,083.80 Transactions for Period: 142 \$0.00

Payment Category	Total	Deposit Category	Total
Client Fees	\$1,148.00	SSA	\$21,428.20
Personal Needs	\$9,145.00	SSD	\$2,550.70
Rent	\$13,440.00	Vendor Refund	\$104.90
Transfer	\$350.80	Deposit Total	\$24,083.80
Payment Total	\$24,083.80		

Transactions By Client

Account: Checking #2

Client Type: All

Acct Mgr: All

Support Type: All

Date Range: 7/1/2015 thru 6/25/2019

Client Name: Ralph E Goad

Acct Mgr: Colly Garde

SSN:

Account: Checking #2

Date	Withdraw	Deposit	Category	Pay To	Balance
11/29/2017		\$350.80	Transfer		\$350.80
12/01/2017		\$788.70	SSA		\$1,139.50
12/01/2017	\$41.00		Client Fees	Payee Counseling Service	\$1,098.50
12/01/2017	\$480.00		Rent	Park Manor Apartment	\$618.50
12/04/2017	\$200.00		Personal Needs	Ralph E Goad	\$418.50
12/11/2017	\$150.00		Personal Needs	Ralph E Goad	\$268.50
01/03/2018		\$780.90	SSA		\$1,049.40
01/03/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,007.40
01/03/2018	\$480.00		Rent	Park Manor Apartment	\$527.40
01/10/2018	\$150.00		Personal Needs	Ralph E Goad	\$377.40
02/02/2018		\$780.90	SSA		\$1,158.30
02/02/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,116.30
02/02/2018	\$480.00		Rent	Park Manor Apartment	\$636.30
02/02/2018	\$200.00		Personal Needs	Ralph E Goad	\$436.30
02/12/2018	\$150.00		Personal Needs	Ralph E Goad	\$286.30
03/02/2018		\$780.90	SSA		\$1,067.20
03/02/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,025.20
03/02/2018	\$200.00		Personal Needs	Ralph E Goad	\$825.20
03/02/2018	\$480.00		Rent	Park Manor Apartment	\$345.20
03/12/2018	\$150.00		Personal Needs	Ralph E Goad	\$195.20
04/03/2018		\$780.90	SSA		\$976.10
04/03/2018	\$42.00		Client Fees	Payee Counseling Service	\$934.10
04/03/2018	\$480.00		Rent	Park Manor Apartment	\$454.10
04/11/2018	\$150.00		Personal Needs	Ralph E Goad	\$304.10
04/25/2018	\$100.00		Personal Needs	Ralph E Goad	\$204.10
05/03/2018		\$780.90	SSA		\$985.00
05/03/2018	\$42.00		Client Fees	Payee Counseling Service	\$943.00
05/03/2018	\$480.00		Rent	Park Manor Apartment	\$463.00
05/03/2018	\$200.00		Personal Needs	Ralph E Goad	\$263.00
05/08/2018	\$110.00		Rent	Park Manor Apartment	\$153.00
05/09/2018	\$50.00		Personal Needs	Ralph E Goad	\$103.00
06/01/2018		\$780.90	SSA		\$883.90
06/01/2018	\$42.00		Client Fees	Payee Counseling Service	\$841.90
06/01/2018	\$200.00		Personal Needs	Ralph Goad	\$641.90
06/01/2018	\$485.00		Rent	Park Manor Apartment	\$156.90
06/11/2018	\$75.00		Personal Needs	Ralph E Goad	\$81.90
07/03/2018		\$780.90	SSA		\$862.80
07/03/2018	\$200.00		Personal Needs	Ralph Goad	\$662.80
07/03/2018	\$42.00		Client Fees	Payee Counseling Service	\$620.80

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Payee Counseling Service Inc.

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Transactions By Client

Account: Checking #2

Client Type: All

Acct Mgr: All

Support Type: All

Date Range: 7/1/2015 thru 6/25/2019

Client Name: Ralph E Goad

Acct Mgr: Colly Garde

SSN: 7

Account: Checking #2

Date	Withdraw	Deposit	Category	Pay To	Balance
07/03/2018	\$485.00		Rent	Park Manor Apartment	\$135.80
07/12/2018	\$70.00		Personal Needs	Ralph E Goad	\$65.80
08/03/2018		\$780.90	SSA		\$846.70
08/03/2018	\$200.00		Personal Needs	Ralph Goad	\$646.70
08/03/2018	\$42.00		Client Fees	Payee Counseling Service	\$604.70
08/03/2018	\$485.00		Rent	Park Manor Apartment	\$119.70
08/13/2018	\$75.00		Personal Needs	Ralph E Goad	\$44.70
08/31/2018		\$780.90	SSA		\$825.60
08/31/2018	\$200.00		Personal Needs	Ralph Goad	\$625.60
08/31/2018	\$42.00		Client Fees	Payee Counseling Service	\$583.60
08/31/2018	\$485.00		Rent	Park Manor Apartment	\$98.60
09/14/2018	\$70.00		Personal Needs	Ralph E Goad	\$28.60
10/03/2018		\$780.90	SSA		\$809.50
10/03/2018	\$200.00		Personal Needs	Ralph Goad	\$609.50
10/03/2018	\$42.00		Client Fees	Payee Counseling Service	\$567.50
10/03/2018	\$485.00		Rent	Park Manor Apartment	\$82.50
10/10/2018	\$82.50		Personal Needs	Ralph E Goad	\$0.00
11/02/2018		\$780.90	SSA		\$780.90
11/02/2018	\$42.00		Client Fees	Payee Counseling Service	\$738.90
11/02/2018	\$485.00		Rent	Park Manor Apartment	\$253.90
11/05/2018	\$253.90		FINAL PAYMENT	Ralph E Goad	\$0.00

Totals: \$9,729.40 \$9,729.40 Transactions for Period: 60 \$0.00

Payment Category	Total	Deposit Category	Total
Client Fees	\$503.00	SSA	\$9,378.60
FINAL PAYMENT	\$253.90	Transfer	\$350.80
Personal Needs	\$3,072.50		
Rent	\$5,900.00	Deposit Total	\$9,729.40
Payment Total	\$9,729.40		

Case No. CR19-0999
STATE VS. RALPH EDMOND GOAD

Exhibit 20A
Admitted August 8, 2019.

JACQUELINE BRYANT, CLERK

By: Adick
Deputy Clerk



Debit Card Network
2640 Cordova Lane, Suite 105
Rancho Cordova, CA 95670

*LIFE FREEDOM CARD PAGE
Account Statement
JANUARY 2019

Tel: (866) 783-3248

Account Number xxxxxxxxxxx03906

Theodore Gibson
33 S Park St
Apt 205
Reno, NV 89502

****RECOMMENDED WAYS TO AVOID TRANSACTION FEES:**

- Request cash back at merchants that have agreed to provide cash back with a
- Check your balance
 - By Phone: (866) 783-3248; or at <http://www.lifefreedomcard.com/>
- Use MoneyPass Surcharge-free ATMs

BEGINNING BALANCE	\$42.78
TOTAL CREDITS	\$500.00
TOTAL DEBITS	\$508.48
ENDING BALANCE	\$34.30

Total DCN Transaction fees paid in the period:	\$1.00
Fees in previous period:	\$0.00
2019 Year to Date:	\$1.00

DEPOSIT DETAILS			Credit Amount
Date	Description		
1/03	DEPOSIT NFS		\$250.00
	471945413	190103	
	TRACE#-		
1/17	DEPOSIT NFS		\$250.00
	471945413	190117	
	TRACE#-		

DEBIT TRANSACTION DETAILS					Debit Amount
Date	Card No.	Description			
1/04	702308	WAL-MART #2106	RENO	NV	\$253.74
1/18	702308	WM SUPERCENTER	RENO	DENIED	\$0.00
1/18	702308	DECLINED POS FEE		DENIED	\$0.50
1/18	702308	Wal-Mart Super	RENO	DENIED	\$0.00
1/18	702308	DECLINED POS FEE		DENIED	\$0.50
1/18	702308	WM SUPERCENTER	RENO	NV	\$253.74

BALANCE HISTORY					
Date	Balance	Date	Balance	Date	Balance

Debit Card Network
2640 Cordova Lane, Suite 105
Rancho Cordova, CA 95670

Tel: (866) 783-3248

*LIFE FREEDOM CARD PAGE
Account Statement
JANUARY 2019

Account Number xxxxxxxxxxxx03906

Theodore Gibson
33 S Park St
Apt 205
Reno, NV 89502

BALANCE HISTORY

Date	Balance	Date	Balance	Date	Balance
1/02	\$42.78	1/03	\$292.78	1/04	\$39.04
1/17	\$289.04	1/18	\$34.30		

Debit Card Network
2640 Cordova Lane, Suite 105
Rancho Cordova, CA 95670

Tel: (866) 498-0010

*LIFE FREEDOM CARD PAGE
Account Statement
JANUARY 2019

Account Number xxxxxxxxxxxx03906

Theodore Gibson
33 S Park St
Apt 205
Reno, NV 89502

In Case of Errors or Questions About Your Electronic Transfers Telephone us at (866) 783.3248. Write us at Debit Card Network, LLC, at 2640 Cordova Lane, Ste.105, Rancho Cordova, California 95670 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we provided the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number (if any);
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need the information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will provisionally credit your Card Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete the investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not provisionally credit your Card Account.

For errors involving new accounts, point of sale, or foreign initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to provisionally credit your Card Account for the amount you think is in error.

We will tell you the results within 3 business days after completing the investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documentation that were used in the investigation. If you need more information about the error resolution procedures, call us at the telephone number shown above.

The family of Life Freedom Prepaid Mastercards are issued by Sunrise Banks N.A. Member FDIC pursuant to a license from Mastercard International Incorporated. Mastercard is a registered trade mark of Mastercard International Incorporated. Use of this card constitutes acceptance of the terms and conditions stated in the Cardholder Agreement. This card is administered by Debit Card Network LLC.

*Life Freedom Card: includes the Life Freedom Aspire, Thrive, and Strive Card.

**Fees, terms and conditions apply, see Cardholder Agreement.

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Client Statement

Client: Theodore T Gibson

Date Range: 10/1/2018 thru 6/27/2019

Account: All

Acct Mgr: Amanda Arrascada

Mail To:

Theodore T Gibson
33 S. Park St. Apt. 205
Reno, NV 89502

Date	Withdraw	Deposit	Category	Pay To	Balance
11/06/2018		\$2,012.00	Former Payee		\$2,012.00
11/14/2018		\$607.00	SSA		\$2,619.00
11/14/2018	\$41.00		Client Fees	Nevada Fiduciary Solutions	\$2,578.00
11/14/2018	\$7.00		Debit Card Set-up Fee	Nevada Fiduciary Solutions	\$2,571.00
11/14/2018	\$3.00		Debit Card Monthly Fee	Nevada Fiduciary Solutions	\$2,568.00
11/14/2018	\$485.00		Rent	Park Manor Apartment	\$2,083.00
11/14/2018	\$70.00		Personal Needs	Theodore T Gibson	\$2,013.00
11/30/2018		\$495.00	VA		\$2,508.00
12/06/2018	\$250.00		Personal Needs	Theodore T Gibson	\$2,258.00
12/12/2018		\$607.00	SSA		\$2,865.00
12/12/2018	\$41.00		Client Fees	Nevada Fiduciary Solutions	\$2,824.00
12/12/2018	\$3.00		Debit Card Monthly Fee	Nevada Fiduciary Solutions	\$2,821.00
12/12/2018	\$490.00		Rent	Park Manor Apartment	\$2,331.00
12/17/2018	\$250.00		Personal Needs	Theodore T Gibson	\$2,081.00
12/31/2018		\$509.00	VA		\$2,590.00
01/03/2019	\$250.00		Personal Needs	Theodore T Gibson	\$2,340.00
01/09/2019		\$624.00	SSA		\$2,964.00
01/09/2019	\$63.36		Client Fees	Nevada Fiduciary Solutions	\$2,900.64
01/09/2019	\$3.00		Debit Card Monthly Fee	Nevada Fiduciary Solutions	\$2,897.64
01/09/2019	\$490.00		Rent	Park Manor Apartment	\$2,407.64
01/17/2019	\$250.00		Personal Needs	Theodore T Gibson	\$2,157.64
02/01/2019		\$509.00	VA		\$2,666.64
02/03/2019	\$250.00		Personal Needs	Theodore T Gibson	\$2,416.64
02/13/2019		\$624.00	SSA		\$3,040.64
02/13/2019	\$490.00		Rent	Park Manor Apartment	\$2,550.64
02/13/2019	\$63.36		Client Fees	Nevada Fiduciary Solutions	\$2,487.28
02/13/2019	\$3.00		Debit Card Monthly Fee	Nevada Fiduciary Solutions	\$2,484.28
02/20/2019		\$284.30	DCN Return		\$2,768.58
03/01/2019		\$509.00	VA		\$3,277.58
03/13/2019		\$624.00	SSA		\$3,901.58
04/01/2019		\$509.00	VA		\$4,410.58

Client Statement

Client: Theodore T Gibson

Date Range: 10/1/2018 thru 6/27/2019

Account: All

Acct Mgr: Amanda Arrascada

Date	Withdraw	Deposit	Category	Pay To	Balance
04/10/2019		\$624.00	SSA		\$5,034.58
05/01/2019		\$509.00	VA		\$5,543.58
05/08/2019		\$624.00	SSA		\$6,167.58
05/31/2019		\$509.00	VA		\$6,676.58
06/12/2019		\$624.00	SSA		\$7,300.58

Totals:	\$3,502.72	\$10,803.30	Transactions for Period: 36	\$7,300.58
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Payment Category	Total	Deposit Category	Total
Client Fees	\$208.72	DCN Return	\$284.30
Debit Card Monthly Fee	\$12.00	Former Payee	\$2,012.00
Debit Card Set-up Fee	\$7.00	SSA	\$4,958.00
Personal Needs	\$1,320.00	VA	\$3,549.00
Rent	\$1,955.00		
Payment Total	\$3,502.72	Deposit Total	\$10,803.30

Case No. CR19-0999
STATE VS. RALPH EDMOND GOAD

Exhibit 21A
Admitted August 7, 2019.

JACQUELINE BRYANT, CLERK

By: adlick Deputy Clerk



Transactions By Client

Account: Checking

Client Type: All

Acct Mgr: All

Support Type: All

Date Range: 2/1/2010 thru 6/25/2019

Client Name: Theodore T Gibson

Acct Mgr: Colly Garde

SSN:

Account: Checking

Date	Withdraw	Deposit	Category	Pay To	Balance
03/03/2015	\$41.00		Client Fees	Payee Counseling Service	\$2,996.00
03/03/2015	\$475.00		Rent	Park Manor Apartment	\$2,521.00
03/11/2015		\$593.00	SSA		\$3,114.00
04/03/2015	\$41.00		Client Fees	Payee Counseling Service	\$3,073.00
04/03/2015	\$475.00		Rent	Park Manor Apartment	\$2,598.00
04/08/2015		\$593.00	SSA		\$3,191.00
05/01/2015	\$41.00		Client Fees	Payee Counseling Service	\$3,150.00
05/01/2015	\$475.00		Rent	Park Manor Apartment	\$2,675.00
05/13/2015		\$593.00	SSA		\$3,268.00
06/03/2015	\$41.00		Client Fees	Payee Counseling Service	\$3,227.00
06/03/2015	\$475.00		Rent	Park Manor Apartment	\$2,752.00
06/10/2015		\$593.00	SSA		\$3,345.00
07/02/2015	\$41.00		Client Fees	Payee Counseling Service	\$3,304.00
07/02/2015	\$475.00		Rent	Park Manor Apartment	\$2,829.00
07/08/2015		\$593.00	SSA		\$3,422.00
07/21/2015	\$100.00		Personal Needs	Theodore T Gibson	\$3,322.00
07/27/2015	\$2,200.00		Personal Needs	Theodore T Gibson	\$1,122.00
08/03/2015	\$41.00		Client Fees	Payee Counseling Service	\$1,081.00
08/03/2015	\$475.00		Rent	Park Manor Apartment	\$606.00
08/12/2015		\$593.00	SSA		\$1,199.00
09/03/2015	\$41.00		Client Fees	Payee Counseling Service	\$1,158.00
09/03/2015	\$475.00		Rent	Park Manor Apartment	\$683.00
09/09/2015		\$593.00	SSA		\$1,276.00
10/02/2015	\$41.00		Client Fees	Payee Counseling Service	\$1,235.00
10/02/2015	\$475.00		Rent	Park Manor Apartment	\$760.00
10/14/2015		\$593.00	SSA		\$1,353.00
11/03/2015	\$41.00		Client Fees	Payee Counseling Service	\$1,312.00
11/03/2015	\$475.00		Rent	Park Manor Apartment	\$837.00
11/10/2015		\$593.00	SSA		\$1,430.00
12/03/2015	\$41.00		Client Fees	Payee Counseling Service	\$1,389.00
12/03/2015	\$475.00		Rent	Park Manor Apartment	\$914.00
12/09/2015		\$593.00	SSA		\$1,507.00
12/31/2015	\$41.00		Client Fees	Payee Counseling Service	\$1,466.00
12/31/2015	\$475.00		Rent	Park Manor Apartment	\$991.00
01/13/2016		\$593.00	SSA		\$1,584.00
02/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$1,543.00
02/03/2016	\$480.00		Rent	Park Manor Apartment	\$1,063.00
02/10/2016		\$593.00	SSA		\$1,656.00
03/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$1,615.00

Transactions By Client

Account: Checking

Client Type: All

Acct Mgr: All

Support Type: All

Date Range: 2/1/2010 thru 6/25/2019

Client Name: Theodore T Gibson

Acct Mgr: Colly Garde

SSN: 1

Account: Checking

Date	Withdraw	Deposit	Category	Pay To	Balance
03/03/2016	\$480.00		Rent	Park Manor Apartment	\$1,135.00
03/09/2016		\$593.00	SSA		\$1,728.00
04/01/2016	\$41.00		Client Fees	Payee Counseling Service	\$1,687.00
04/01/2016	\$480.00		Rent	Park Manor Apartment	\$1,207.00
04/13/2016		\$593.00	SSA		\$1,800.00
05/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$1,759.00
05/03/2016	\$480.00		Rent	Park Manor Apartment	\$1,279.00
05/11/2016		\$593.00	SSA		\$1,872.00
06/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$1,831.00
06/03/2016	\$480.00		Rent	Park Manor Apartment	\$1,351.00
06/08/2016		\$593.00	SSA		\$1,944.00
07/01/2016	\$41.00		Client Fees	Payee Counseling Service	\$1,903.00
07/01/2016	\$480.00		Rent	Park Manor Apartment	\$1,423.00
07/13/2016		\$593.00	SSA		\$2,016.00
08/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$1,975.00
08/03/2016	\$480.00		Rent	Park Manor Apartment	\$1,495.00
08/10/2016		\$593.00	SSA		\$2,088.00
09/02/2016	\$41.00		Client Fees	Payee Counseling Service	\$2,047.00
09/02/2016	\$480.00		Rent	Park Manor Apartment	\$1,567.00
09/14/2016		\$593.00	SSA		\$2,160.00
10/03/2016	\$480.00		Rent	Park Manor Apartment	\$1,680.00
10/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$1,639.00
10/12/2016		\$593.00	SSA		\$2,232.00
11/03/2016	\$41.00		Client Fees	Payee Counseling Service	\$2,191.00
11/03/2016	\$480.00		Rent	Park Manor Apartment	\$1,711.00
11/09/2016		\$593.00	SSA		\$2,304.00
12/02/2016	\$41.00		Client Fees	Payee Counseling Service	\$2,263.00
12/02/2016	\$480.00		Rent	Park Manor Apartment	\$1,783.00
12/14/2016		\$593.00	SSA		\$2,376.00
01/03/2017	\$480.00		Rent	Park Manor Apartment	\$1,896.00
01/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$1,855.00
01/11/2017		\$595.00	SSA		\$2,450.00
02/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$2,409.00
02/03/2017	\$480.00		Rent	Park Manor Apartment	\$1,929.00
02/06/2017	\$200.00		Personal Needs	Theodore T Gibson	\$1,729.00
02/08/2017		\$595.00	SSA		\$2,324.00
03/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$2,283.00
03/03/2017	\$480.00		Rent	Park Manor Apartment	\$1,803.00
03/08/2017		\$595.00	SSA		\$2,398.00

Printed 6/25/2019 4:19:23 PM

Payee Counseling Service Inc.

Page 5 of 6

Transactions By Client

Account: Checking

Client Type: All

Acct Mgr: All

Support Type: All

Date Range: 2/1/2010 thru 6/25/2019

Client Name: Theodore T Gibson

Acct Mgr: Colly Garde

SSN:

Account: Checking

Date	Withdraw	Deposit	Category	Pay To	Balance
04/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$2,357.00
04/03/2017	\$480.00		Rent	Park Manor Apartment	\$1,877.00
04/12/2017		\$595.00	SSA		\$2,472.00
05/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$2,431.00
05/03/2017	\$480.00		Rent	Park Manor Apartment	\$1,951.00
05/10/2017		\$595.00	SSA		\$2,546.00
06/02/2017	\$41.00		Client Fees	Payee Counseling Service	\$2,505.00
06/02/2017	\$480.00		Rent	Park Manor Apartment	\$2,025.00
06/14/2017		\$595.00	SSA		\$2,620.00
07/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$2,579.00
07/03/2017	\$480.00		Rent	Park Manor Apartment	\$2,099.00
07/12/2017		\$595.00	SSA		\$2,694.00
07/21/2017	\$200.00		Personal Needs	Theodore T Gibson	\$2,494.00
08/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$2,453.00
08/03/2017	\$480.00		Rent	Park Manor Apartment	\$1,973.00
08/09/2017		\$595.00	SSA		\$2,568.00
08/21/2017	\$1,200.00		Personal Needs	Theodore T Gibson	\$1,368.00
09/01/2017	\$480.00		Rent	Park Manor Apartment	\$888.00
09/01/2017	\$41.00		Client Fees	Payee Counseling Service	\$847.00
09/13/2017		\$595.00	SSA		\$1,442.00
10/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$1,401.00
10/03/2017	\$480.00		Rent	Park Manor Apartment	\$921.00
10/11/2017		\$595.00	SSA		\$1,516.00
10/26/2017	\$600.00		Personal Needs	Theodore T Gibson	\$916.00
11/03/2017	\$41.00		Client Fees	Payee Counseling Service	\$875.00
11/03/2017	\$485.00		Rent	Park Manor Apartment	\$390.00
11/08/2017		\$595.00	SSA		\$985.00
11/29/2017	\$985.00		Transfer	Nevada State Bank	\$0.00
Totals:	\$42,164.00	\$42,164.00	Transactions for Period: 223		\$0.00

Payment Category	Total
Cable	\$0.00
Client Fees	\$2,839.00
Personal Needs	\$4,500.00
Rent	\$33,840.00
Transfer	\$985.00
Payment Total	\$42,164.00

Deposit Category	Total
Archive Balance Forward	\$711.00
SSA	\$40,878.00
SSD	\$575.00
Deposit Total	\$42,164.00

Transactions By Client

Account: Checking #2

Client Type: All

Acct Mgr: All

Support Type: All

Date Range: 2/1/2010 thru 6/25/2019

Client Name: Theodore T Gibson

Acct Mgr: Colly Garde

SSN: 

Account: Checking #2

Date	Withdraw	Deposit	Category	Pay To	Balance
11/29/2017		\$985.00	Transfer		\$985.00
12/01/2017	\$41.00		Client Fees	Payee Counseling Service	\$944.00
12/01/2017	\$485.00		Rent	Park Manor Apartment	\$459.00
12/13/2017		\$595.00	SSA		\$1,054.00
01/03/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,012.00
01/03/2018	\$485.00		Rent	Park Manor Apartment	\$527.00
01/10/2018		\$607.00	SSA		\$1,134.00
02/02/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,092.00
02/02/2018	\$485.00		Rent	Park Manor Apartment	\$607.00
02/14/2018		\$607.00	SSA		\$1,214.00
03/02/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,172.00
03/02/2018	\$485.00		Rent	Park Manor Apartment	\$687.00
03/14/2018		\$607.00	SSA		\$1,294.00
04/03/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,252.00
04/03/2018	\$485.00		Rent	Park Manor Apartment	\$767.00
04/11/2018		\$607.00	SSA		\$1,374.00
05/03/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,332.00
05/03/2018	\$485.00		Rent	Park Manor Apartment	\$847.00
05/09/2018		\$807.00	SSA		\$1,654.00
06/01/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,612.00
06/01/2018	\$485.00		Rent	Park Manor Apartment	\$1,127.00
06/13/2018		\$607.00	SSA		\$1,734.00
07/03/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,692.00
07/03/2018	\$485.00		Rent	Park Manor Apartment	\$1,207.00
07/11/2018		\$607.00	SSA		\$1,814.00
08/03/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,772.00
08/03/2018	\$485.00		Rent	Park Manor Apartment	\$1,287.00
08/08/2018		\$607.00	SSA		\$1,894.00
08/31/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,852.00
08/31/2018	\$485.00		Rent	Park Manor Apartment	\$1,367.00
09/12/2018		\$607.00	SSA		\$1,974.00
10/03/2018	\$42.00		Client Fees	Payee Counseling Service	\$1,932.00
10/03/2018	\$485.00		Rent	Park Manor Apartment	\$1,447.00
10/10/2018		\$607.00	SSA		\$2,054.00
11/02/2018	\$42.00		Client Fees	Payee Counseling Service	\$2,012.00
11/02/2018	\$2,012.00		FINAL PAYMENT	Nevada Fiduciary Solutions, LLC	\$0.00

Case No. CR19-0999
STATE VS. RALPH EDMOND GOAD

Exhibit 22
Admitted August 6, 2019.

JACQUELINE BRYANT, CLERK

By: _____

[Signature]

Deputy Clerk



Case # REV2019-000111 - Park Manor vs. Ralph Goad (Has

Envelope Information

Envelope Id
3741600

Submitted Date
1/23/2019 12:31 PM PST

Submitted User Name
jgraham@nnch.org

Case Information

Location
Reno Civil

Category
Civil

Case Type
Eviction

Case Initiation Date
1/23/2019

Case #
REV2019-000111

Assigned to Judge
Hascheff, Pierre

Filings

Filing Type
EFile

Filing Code
Affidavit of Landlord Filed - AFLF

Filing Description
PM 213

Client Reference Number
PM 213

Filing on Behalf of
Park Manor

Filing Status
Accepted

Accepted Date
1/23/2019 2:58 PM PST

Lead Document

File Name
PM 213.pdf

Description
Affidavit of Landlord
Filed - AFLF

Security

Download
Original File
Court Copy

Filing Type
EFile

Filing Code
Eviction Order Requested - EOR

Filing Description

PM 213

Client Reference Number

PM 213

Filing on Behalf of

Park Manor

Filing Status

Accepted

Accepted Date

1/23/2019 2:58 PM PST

Lead Document

File Name	Description	Security	Download
PM 213.pdf	Eviction Order Requested - EOR		Original File Court Copy

Fees**Affidavit of Landlord Filed - AFLF****Description**

Filing Fee

Amount

\$60.00

Filing Total: \$60.00**Eviction Order Requested - EOR****Description**

Filing Fee

Amount

\$25.00

Filing Total: \$25.00

Total Filing Fee

\$85.00

Payment Service Fee

\$0.25

E-File Fee

\$2.50

Envelope Total: \$87.75**Party Responsible
for Fees**

Park Manor

**Transaction
Amount**

\$87.75

Payment Account

NNCH Oper.

Transaction Id

4602113

Order Id

003741600-0

**Transaction
Response**

Payment Complete

Washoe County Sheriff's Office

Civil Division

775-328-3310

Payment Receipt

Payment Made By:

Northern Nevada Community Housing

Payment Date:

1/23/2019

Payment Amount:

\$73.00

Payment Type:

check

Case Number:

REV2019000110 (\$23) DM 131

REV2019000111 (\$23) DM 213

REV2019000112 (\$27) HM 201

Check Number:

1271

Received By:

4201

IN THE JUSTICE COURT RENO TOWNSHIP,
IN AND FOR THE COUNTY OF WASHOE, STATE OF NEVADA

Owner's Name: Park Manor, LLC
Business Name: Park Manor
Agent's Name: Josephine Graham
Address: PO Box 201001
City, State, Zip: Reno, NV 89515
Phone: 775.337.9155 x107
E-Mail: jgraham@nmch.org
Landlord.

vs.

Case No.: REV2019-000111

Dept. No.: _____

Tenant's Name: Ralph Good
Address: 33 S. Park St. #213
City, State, Zip: Reno, NV 89502
Phone: _____
E-Mail: _____
Tenant.

LANDLORD AFFIDAVIT FOR
SUMMARY EVICTION FOR
NONPAYMENT OF RENT

Landlord or Landlord's authorized agent states as follows pursuant to NRS 40.253:

1. I am the (check one box) ☐ owner or ☒ owner's agent of the rental premises located at
(insert rental's address) 33 S. Park Street #213 Reno, Nevada.

2. The tenancy started on (insert date) 10/19/2010.

3. The amount of Tenant's rent is (insert amount) \$ 490.00 per (check
one) ☒ month, ☐ week, ☐ other (specify) _____.

4. Tenant paid the following deposits in advance (insert amounts): (1) rent deposit of
\$ _____; (2) security deposit of \$ 300.00; (3) cleaning deposit of
\$ _____; and/or (4) other deposit \$ _____ (specify) _____.

5. Tenant's rent became delinquent on (insert date) 1/11/19, and Tenant has
remained in possession without paying rent since 23 days (insert length of time Tenant did not pay
rent).

6. I verified Tenant continued in possession of the rental premises following the expiration
of the Five-Day Notice to Pay Rent or Quit on (insert date you checked rental premises) 1/23/19
at (insert time you checked rental premises) 9:00 ☒ a.m. ☐ p.m.

7. Tenant has not complied with the obligations of tenants set forth in Chapter 118A of the NRS by defaulting on the rent.

8. Tenant owes the following amounts:

\$ 490.00 in rent (from 1/1/2019 to 1/31/2019);

\$ 50.00 in late fees;

\$ _____ in dishonored check fees;

\$ _____ in unpaid security deposit;

\$ 5.00 in other costs/fees (you must describe in detail each

cost/fee and reference the Lease provisions (section and line) authorizing their recovery)

\$5.00 Rent Short Payment in Previous Month.

\$ 545.00 TOTAL rent/charges are now due and delinquent.

9. Tenant was served with a written notice to pay rent or quit on (insert date notice served) 1/14/19 in compliance with NRS 40.280. A copy of that notice must be attached with the Certificate of Mailing to this Affidavit.

10. Tenant (check one box) ☐ did not sign a written rental agreement, or ☒ did sign a written rental agreement. A copy of that agreement must be attached to this Affidavit.

THEREFORE, Landlord asks the Court to enter an Order for Summary Eviction of Tenant.

Pursuant to NRS 53.045, I declare under penalty of perjury that this Declaration is executed in the County of Washoe and under the laws of the State of Nevada, and that the foregoing is true and correct.

1/23/19
(Date)

Jocelyn Graham
(Type or print name)

Jocelyn Gull
(Signature)

IN THE JUSTICE COURT RENO TOWNSHIP,
IN AND FOR THE COUNTY OF WASHOE, STATE OF NEVADA

Owner's Name: Parik Manor, LLC
Business Name: Parik Manor
Agent's Name: Jocelyn Graham
Address: PO Box 201004
City, State, Zip: Reno, NV 89515
Phone: 775.337.9155x107
E-Mail: jgraham@nncb.org
Landlord,

vs.

Tenant's Name: Ralph Good
Address: 335. Park St. #213
City, State, Zip: Reno, NV 89502
Phone: _____
E-Mail: _____
Tenant.

Case No.: _____
Dept. No.: _____

LANDLORD AFFIDAVIT FOR
SUMMARY EVICTION FOR
NONPAYMENT OF RENT

Landlord or Landlord's authorized agent states as follows pursuant to NRS 40.253:

1. I am the (check one box) ☐ owner or ☒ owner's agent of the rental premises located at
(insert rental's address) 33 S. Park Street #213, Reno, Nevada.

2. The tenancy started on (insert date) 10/19/2010

3. The amount of Tenant's rent is (insert amount) \$ 490.00 per (check one) ☒ month, ☐ week, ☐ other (specify) _____.

4. Tenant paid the following deposits in advance (insert amounts): (1) rent deposit of \$ _____; (2) security deposit of \$ 300.00; (3) cleaning deposit of \$ _____; and/or (4) other deposit \$ _____ (specify) _____.

5. Tenant's rent became delinquent on (insert date) 1/11/19, and Tenant has remained in possession without paying rent since 23 days (insert length of time Tenant did not pay rent).

6. I verified Tenant continued in possession of the rental premises following the expiration of the Five-Day Notice to Pay Rent or Quit on (insert date you checked rental premises) 1/23/19 at (insert time you checked rental premises) 9:00 ☒ a.m. ☐ p.m.

1 7. Tenant has not complied with the obligations of tenants set forth in Chapter 118A of the
2 NRS by defaulting on the rent.

3 8. Tenant owes the following amounts:

4 \$ 490.00 in rent (from 1/1/2019 to 1/31/2019);

5 \$ 50.00 in late fees;

6 \$ _____ in dishonored check fees;

7 \$ _____ in unpaid security deposit;

8 \$ 5.00 in other costs/fees (you must describe in detail each

9 cost/fee and reference the Lease provisions (section and line) authorizing their recovery)

10 \$5.00 Rent Short Payment in Previous Month.

11 _____;
12 _____;
13 \$ 545.00 TOTAL rent/charges are now due and delinquent.

14 9. Tenant was served with a written notice to pay rent or quit on (insert date notice served)
15 1/11/19 in compliance with NRS 40.280. A copy of that notice must
16 be attached with the Certificate of Mailing to this Affidavit.

17 10. Tenant (check one box) ☐ did not sign a written rental agreement, or ☒ did sign a
18 written rental agreement. A copy of that agreement must be attached to this Affidavit.

19 THEREFORE, Landlord asks the Court to enter an Order for Summary Eviction of Tenant.

20 Pursuant to NRS 53.045, I declare under penalty of perjury that this Declaration is executed in
21 the County of Washoe and under the laws of the State of Nevada, and that the foregoing is true and
22 correct.

23 1/23/19
24 (Date)

Jocelyn Graham
(Type or print name)

Jocelyn Gull
(Signature)

FIVE-DAY NOTICE TO PAY RENT OR QUIT

TO:

Ralph Good
Tenant(s) Name(s)

33 S. Park Street # 213
Address

Reno, NV 89502

City, State Zip Code

Phone No.

E-mail Address

FROM:

Park Manor

Landlord's Name/Business Name

PO Box 20604

Address

Reno, NV 89515

City, State Zip Code

775.337.9155 x103

Phone No.

parkmanor@nnch.org

E-mail Address

Date of Service:

1.11.19

Manner of Service:

- ☐ Personal
☐ Substituted/Mailing
☒ Posting/Mailing

PLEASE TAKE NOTICE that you are in default in payment of rent for the above described premises in the sum of \$

545.00 for the period 1.1.19 to 1.31.19. Rental payment(s)
became delinquent on 1.10.19.

Your failure to pay rent, leave the premises, or contest this Notice within five (5) judicial days¹ (Judicial days do not include the date of service, weekends, or certain legal holidays) may result in the landlord applying to the Justice of the Peace of Reno Township for an Eviction Order.

If the Justice of the Peace determines that you are guilty of an unlawful detainer, the Justice of the Peace may thereupon issue a summary order to remove you from, or provide for your non-admittance to, the above described premises that directs the Constable or Sheriff of this County to remove you within twenty-four (24) hours after receipt of the Order.

The tenant is hereby advised of his right to contest this Notice by filing with the Justice of the Peace of Reno Township an Affidavit stating that he is not in default in the payment of rent.

The Affidavit must be filed with Reno Justice Court located at 1 So. Sierra St., Reno, NV 89501 no later than noon on the fifth full judicial day following the date of service. The Affidavit may be accessed on the Reno Justice Courts website: <https://www.washoecounty.us/rjc/forms.php>.

Pursuant to NRS 118A.390, you may seek relief if a landlord unlawfully removes you from the premises, or excludes you by blocking or attempting to block your entry upon the premises, or willfully interrupts or causes or permits the interruption of an essential service required by the rental agreement or Chapter 118A of the Nevada Revised Statutes.

¹ If mailing of service is used, Landlord must file with the court a "certificate of mailing" issued by the United States Post Office pursuant to NRS 40.280(3) (JCRCP 6(a)).

JUSTICE COURT, RENO TOWNSHIP Washoe, Nevada	
Owner's Name: <u>Park Manor, LLC</u> Business Name: <u>Park Manor</u> Agent's Name: <u>Joelyn Graham</u> Address: <u>PO Box 20004</u> City, State, Zip: <u>Reno, NV 89515</u> Phone: <u>775.337.9155 x107</u> E-Mail: <u>jgraham@nmch.org</u> Landlord,	Check One: ☒ Nonpayment of Rent Notice ☐ No Cause Notice ☐ Nuisance/Waste Notice ☐ Unlawful Detainer Notice ☐ Unlawful Entry Notice ☐ Breach of Contract MUST ATTACH A COPY OF THE NOTICE
vs. Tenant's Name: <u>Rajon Good</u> Address: <u>33 S. Park St. #213</u> City, State, Zip: <u>Reno, NV 89502</u> Phone: _____ E-Mail: _____ Tenant.	

On (insert date of service) 1/11/19, I served this notice in the following manner (check only one):

☐ By delivering a copy to the tenant(s) personally, in the presence of a witness (server, witness, and tenant must all sign landlord's copy of notice below);

-OR-

☐ I attempted personal service in the presence of a witness who signed below but the tenant(s) was absent from tenant's place of residence or business or found the tenant but tenant would not sign so I left a copy with (insert name) _____, a person of suitable age and discretion AND mailed a copy to tenant(s) place of ☐ residence or ☐ business.

-OR-

☒ I attempted personal and substituted service above in presence of a witness who signed below but because I could not find the tenant at tenant's place of residence or business and could not find a person of suitable age or discretion, I posted a copy in a conspicuous place on the property at Front door (e.g. front door, etc.) AND mailed a copy to the tenant(s) place of ☒ residence or ☐ business.

1/11/19
(Date)

Kirsten Menshew
(Type or print witness' name)

[Signature]
(Witness' signature)

(Date)

(Type or print tenant's name)

(Tenant's signature)

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

1/11/19
(Date)

Joelyn Graham
(Type or print servers' name)

[Signature]
(Servers' signature)

If any of the below applies you MUST check one of the following boxes and sign the unsworn declaration per NRS § 53.045 (block on the right):

☐ I am a licensed process server or an employee of a licensed process server; my license or registration number is (insert license or registration number): _____

☐ I am a sheriff or constable; my badge number is _____

☒ I am not a licensed process server²

"I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct."

Signature: Joelyn Graham
Print name: Joelyn Graham

¹ When notice is also mailed you cannot include nonjudicial days in the computation and you must add an additional three (3) (calendar) days for mailing. (JCRCP 6(a)). Judicial days do not include the date of service, weekends and certain holidays.

² If mailing of service is used and you are not a process server or sheriff you must file with the court a "certificate of mailing" issued by the United States Post Office per NRS 40.280(3).

Name and Address of Sender

Check type of mail or service

- | | |
|--|---|
| ☐ Adult Signature Required | ☐ Priority Mail Express |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail |
| ☐ Certified Mail | ☐ Return Receipt for Merchandise |
| ☐ Certified Mail Restricted Delivery | ☐ Signature Confirmation |
| ☐ Collect on Delivery (COD) | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Priority Mail | |
- (Always Street City, State, & ZIP Code™)*

USPS Tracking/Article Number

N.N. Community Housing
PO Box 20604
Reno, NV 89515

Ralph Good
33 S. Park St. #213
Reno, NV 89502

2.

Craig Macaquinist
235 Park St. #131
Reno, NV 89502

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Handi for 3 people
500 Back of 117
Exp. Enc. 1/1 5950

4.

Julia Ruiz
430 Wagon Dr. #702
Carson City, NV 89403

5

Robert Garrett
430 Laurel Dr.
#206
Corcoran City, WV 26033

6

7.

Total Number of Pieces Received at Post Office	Total Number of Pieces Received by School
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5	5
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Contributor, Per. (Name of receiving employee)

Complete in ink

PS Form 3877, January 2017 (Page 1 of 2)

For more information on USPS privacy policies, visit usps.com/privacy.

Firm Mailing Book For Accountable Mail



U.S. POSTAGE PAID

RENO, NV
89502
JAN 11, 19
AMOUNT
\$2.00
R2304W118645-04

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Handling Charge - Registered and over \$50,000 in value

5. Adult Signature Required

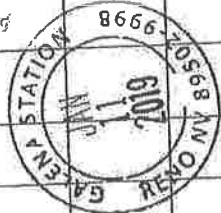
Restricted Delivery

Return Receipt

Signature Confirmation

Signature Confirmation Restricted Delivery

Special Handling



PARK MANOR APARTMENTS

33 Park Street ♦ Reno, Nevada 89502 ♦ Phone: (775) 337-9222 ♦ Fax: (775) 337-9229



LEASE AGREEMENT

THIS LEASE AGREEMENT (the "Lease") is executed by and between PARK MANOR APARTMENTS (hereinafter the "Landlord") and Ralph E Goad (hereinafter "Resident/s") who agree jointly and severally to rent Apartment forth herein. Occupancy is limited to the Residents named herein.

TERM: This Lease creates a 12 month tenancy, commencing 10/19/10 and terminating 10/31/11. The address is 33 Park Street, Reno, NV 89502; Apartment # 213.

RENT: The periodic monthly rental (the "Rent") for the Premises is \$ 475.00 per month. Resident agrees to pay Landlord, in advance, without deduction or offset, at Rental Office of the property at Park Manor Apartments, 33 Park Street, Reno, NV 89502. Payments made in check or money order to Park Manor Apartments.

	PAYABLE PRIOR TO OCCUPANCY	RECEIVED
Total Rent for the period from <u>10/19/10</u> to <u>10/31/10</u>	\$ <u>205.00</u>	\$ <u>205.00</u>
Security Deposit	\$ <u>300.00</u>	\$ <u>300.00</u>
Other	\$ _____	\$ _____
TOTAL	\$ <u>505.00</u>	\$ <u>505.00</u>

DISCLOSURE: (Northern Nevada Community Housing Resource Board, P.O. Box 189, Reno NV 89501) authorized to manage the Premises and Property, receive rents, execute leases, enforces leases, and receives legal notice on behalf of the owner of the Property.

Resident acknowledges that Park Manor Apartments at 33 Park Street, Reno, NV 89502, is operated to rules and regulations of the Federal Low Income Housing Tax Credit program (the " program"), The Program provides for a specific maximum monthly rent which may be charges for the Premises, which amount is subject to annual adjustment based upon median incomes as determined by HUD. The Progr also requires that the Property be leased to "Qualified Households" as defined be Section 42 of the IRS. this property, Qualified Households must meet certain income limitation.

Resident agrees that 90 days prior to the Expiration, Resident will submit to Landlord all documentation required by Landlord necessary to insure that Resident remains a Qualified Household. In the event that Resident fails to deliver such information or Landlord determines (whether in connection with a renewal otherwise) that Resident is no longer a Qualified Household under the Program Resident agrees to vacate the Premises upon the earlier of the Expiration or upon 30 day's written notice from Landlord of no qualifying status.

It is specifically agreed that each obligation of the Lease, Application and Certification is material and the violation of any obligation or misrepresentation of any information shall constitute a breach of the Lease. Resident is fully aware that this Lease may not be canceled or otherwise terminated prior to its Expiration without the written consent of Landlord. Abandonment of the Premises or Termination of the Lease for breach will not release Resident from the obligation to pay future Rent payments as provided for herein.

If the unit leased under this agreement is a unit specifically designed for persons with handicaps or disabilities, Tenants acknowledge that priority for such units is given to those needing special design features; that they are permitted to occupy the unit until Owner issues a notice that a priority applicant is on the waiting list that they must move to another suitably sized vacant unit in the project, that they, upon receiving this notice, agree to move at their own expense within thirty (30) calendar days to the suitably sized vacant unit within the project, if one is available, and that they understand their rental rate may change, when appropriate, to the rental rate for the unit they move to and this lease will be modified accordingly.

~~It is a misdemeanor to commit or maintain a public nuisance or to allow any building or boat to be used for a public nuisance. Any person who willfully refuses to remove such a nuisance when there is a legal duty to do so, is guilty of a misdemeanor. Summary NRS 202.470.~~

A public nuisance may be reported to the local sheriff's department. A violation of building, health or safety codes or regulations may be reported to the responsible government entity in your local area such as the code enforcement division of the county/city government or the local health or building departments.

Rent shall be payable as follows:

Total Rent for the period from 10/19/10 to 10/31/10 \$ 205.00
The sum of \$ 475.00 on the first day of each calendar month commencing 11/1/10.

PRORATIONS: All pro-rations made during the term of this tenancy shall be made on the basis of a thirty (30) day month.

LATE CHARGES: The Rent is due and payable in advance no later than 5:00 p.m. on the first day of each month. Subsequent to a grace period, any Rent received after the fifth (5) day of each month will be considered delinquent and will be subjected to a late charge as hereinafter defined. Rent may be paid at the Rental Office by personal check, cashier's check or money order. Second Party checks will not be accepted. Payments should be made with one check or money order per apartment payable to **Park Manor Apartments at 33 Park St., Reno, NV 89502.**

\$25.00 late charge when rent is delinquent, and
\$25.00 for each check returned by the bank for any reason.

AGENT: The name and address of the person authorized to act for and on behalf of MANAGEMENT for the purpose of service of process and receiving notices and demands is as follows: Matthew Fleming, 33 Park Street, Reno, NV 89502.

OWNER: The name and address of the principal or corporate owner(s) of the leased premises is: Kuenzl Partners, P.O. Box 189, Reno NV 89504.

The acceptance by Landlord of any late payments shall not change the due date or amount of any required payment in the future nor shall relieve Resident from any obligation to pay the balance of the Rent and any applicable late fees or charges. Landlord and Resident agree that the charge is presumed to be the damages sustained because of Resident's late payment of Rent.

SECURITY Deposit: Resident has paid Landlord, upon execution of this Lease, a security deposit of \$300.00. Said deposit shall be held by the Landlord as security for the faithful performance by Resident all the terms of this agreement. Landlord may at anytime use any part/portion or all of said deposit to remedy Resident's repair damages caused by painting and carpet cleaning. Resident agrees that soilage not ordinary wear and agrees to restore the premises to original condition at commencement of tenancy evidenced by the Move-In Inspection Check List signed by the Resident prior to occupancy. As applicable any deposit or refund check will be made payable jointly in the name of each Resident who has executed this Lease unless Landlord received written instruction to the contrary, executed by all such Residents.

USE OF PREMISES:

~~A. The premises are rented for residential use only and shall be occupied by not more than the following listed occupants: Ralph E. Goad~~

~~B. Resident shall not disturb, annoy, endanger or inconvenience other residents or neighbors, nor use premises for any immoral or unlawful purpose, nor violate any law or ordinance, nor commit waste or nuisance upon or about the premises.~~

ALTERATIONS OF PREMISES: Resident may not alter the premises in any manner without Landlord's prior written consent. Alterations include, but are not limited to, painting, wallpaper, changing of locks, modification of electrical appliances.

MAINTENANCE OF PREMISES: Resident has examined the premises and is satisfied with its physical condition, order and repair. Upon termination or expiration of the Lease, Resident agrees to surrender the Premises to Landlord in the same condition, reasonable wear. Resident shall maintain the Premises in neat, clean and undamaged condition and, in particular, shall comply with all applicable provisions of building codes regarding public health and safety. Resident agrees to (a) dispose of all ashes, rubbish, garbage and waste in a clean and safe manner; (b) use all plumbing, electrical, sanitary, heating, ventilating, air conditioning facilities and appliances in a safe and reasonable manner, and (c) generally conduct themselves and invited guest in a manner so as not to disturb other tenants, deface, damage, or otherwise harm any part of the premises. Resident shall be responsible for all glass on the premises. Landlord shall at all times comply with the requirements of all applicable building codes and shall make all repairs necessary to keep the premises and property in a fit and habitable condition.

UTILITIES: Landlord agrees to pay for the sewer, water, garbage, electricity, local telephone services, and extended basic cable.

ACCESS: As required by statute, Resident shall not unreasonably withhold consent for Landlord to enter the premises in order to inspect the premises, make necessary repairs or services, deliver legal notices, and verify occupancy. Landlord may also allow a licensed exterminator to enter the premises for the purpose of pest control. Except in the case of emergency or if it is impractical to do so, Landlord shall give resident advance notice of at least twenty-four (24) hours of Landlord's intent to enter the premises. Housekeeping services will be provided according to the posted schedule.

PARKING: Landlord reserves the right to assign specific parking spaces at the property; Landlord may also designate specific areas for prospective residents or handicapped parking. Boats, trailers, and oversized vehicles are not permitted on the property at any time. Prohibited vehicles, inoperative vehicle, unlicensed vehicles, uninsured vehicles, vehicles parked in a space assigned to another, and vehicles

C:\Documents and Settings\Melany\Desktop\Park Manor\Lease\Lease-PM 01-08.doc

parked in a tow-away zone or otherwise impeding traffic will be towed away without notice at the vehicle owner's expense. Motorcycles are not permitted on the sidewalks, in landscaped areas, or any building at any time. Additional regulations regarding parking are contained in the Rules and Regulations.

DEFAULTS AND REMEDIES: The failure of the Resident to make any rent payment or other payment required where such failure shall continue for a period of five (5) days after written notice thereof, shall constitute default under this Lease. Additionally, the failure by Resident to observe or perform any of all covenants, conditions or provisions of the Lease shall also constitute an event of default where such failure shall continue for a period of five (5) days after written notice thereof from Landlord to Resident provided, however, that if the nature of Resident's default is such that more than five (5) days are reasonably required for its cure, then Resident shall not be deemed to be in default if Resident commences such cure within said 5-day period and thereafter diligently prosecutes such cure to completion.

Remedies in Default: In the event of any such default or breach by Resident, Landlord may, at any time thereafter, with or without notice or demand and without limiting Landlord in the exercise of any right of remedy which Landlord may have by reason of such default or breach, exercise any one or more of the following remedies: (a) Terminate Resident's right to possession of the Premises by any lawful means, in which case this Lease shall terminate, and Resident shall immediately surrender possession of the Premises to Landlord. In such event, Landlord shall be entitled to recover from Resident all damages incurred by Landlord by reason of Tenant's default including, but not limited to, the cost of recovering possession of the Premises, the expense of re-renting, including necessary renovation and alteration of the Premises, and reasonable attorney's fees. (b) Pursue any other remedy now or hereafter available to Landlord under the laws or judicial decisions of the State of Nevada.

Default by Landlord: Landlord shall not be in default unless Landlord fails to perform obligations required of Landlord within a reasonable time, but in no event later than thirty (30) days after written notice by Resident to Landlord, specifying the default of Landlord; provided, however, that if the nature of Landlord's obligation is such that more than thirty (30) days are required for performance, the Landlord shall not be in default if Landlord commences performance within such thirty (30) day period and thereafter diligently prosecutes the same to completion.

WAIVER OF LIABILITY: Landlord shall not be liable for damages by reason of any injury to any person including Resident and their family, or to any property belonging to any person, including Resident and their family (except as caused by Landlord's negligence), which injuries or damages may in any way be connected with said premises or the land surrounding said premises, the acts or neglects of co-resident or other occupants of said premises or of any owners or occupants of adjacent and contiguous property, and Resident hereby agrees to indemnify and hold harmless Landlord from any liability, loss or obligation resulting from any such injuries or damages. Landlord recommends that Resident secure renter's insurance to protect against liability, property damage and casualty losses.

ASSIGNMENT: Resident shall not sublet, transfer, or assign this Lease. Only persons listed herein and temporary guest registered with the management office and residing for less than three (3) days may occupy the premises. Landlord may permit changes or one Resident with the full release of such Resident only upon application by a replacement Resident, verification of credit, income, program eligibility and written modification of the Lease.

EXPIRATION: At Expiration, this Lease shall automatically create a month-to-month tenancy. Resident has delivered a 30-day notice to Landlord of Resident's intent to vacate the premises by the expiration. Failure by Resident to provide such notice to intent to vacate shall be deemed an election to continue the Lease on a month-to-month basis.

Resident acknowledges that renewal rates and month-to-month tenancy rates may result in an increase in the Rent. Landlord will provide Resident with notice of any such increase at least 45 days prior to the Expiration.

MONTH-TO-MONTH TENANCY: Should this Lease create a month tenancy, the expiration shall be extended on a month-to-month basis.

HOLDOVERS: under Nevada law, this Rental Agreement and any changes agreed to in writing will remain in effect on a monthly basis after the initial term. A 30-day written notice to vacate must be issued by the RESIDENT prior to vacating, anytime during or after the initial term of this agreement. If improper notice or no notice to vacate is given by the RESIDENT, resident is liable for prorated rent until lawful termination and MANAGEMENT may deduct this from the Security Deposit on hand or collect any monies due by other lawful means.

ADDENDUMS TO LEASE: This lease cannot be altered, amended or changed in any manner whatsoever unless in writing and properly signed by Landlord and Resident.

WAIVER OF BREACH: The waiver by Landlord of any breach shall not be construed to be a continuing waiver of any subsequent breach.

RULES & REGULATIONS: Resident agrees to comply with all occupancy Rules and Regulations governing the property whether now in effect or hereinafter promulgated and delivered to Resident. Resident acknowledges receipt of program eligibility and recertification requirements in effect as of the date hereof.

THIS LEASE CONSTITUTES A LEGALLY BINDING CONTRACT ENFORCEABLE BY LAW. EXECUTION BY THE PARTIES ACKNOWLEDGES FULL ACCEPTANCE OF ALL THE TERMS AND CONDITIONS CONTAINED HEREIN.

Dated this 19 day of October, 2010.

Ralph Good
Resident

10-19-10
Date

Co-Resident

Date

me
Park Manor Apartments

10-19-10
Date



P O Box 20604 Reno, NV 89515
Phone 775 337 9155 Fax 775 337 9156
www.nnch.org

October 30, 2018

Ralph Goad
33 S. Park Street #213
Reno NV 89502

VIA DOOR POST
VIA USPS MAIL

Dear Resident,

This letter serves to inform you your rent will be increased
from \$ 485.00 to \$ 490.00 per
month effective January 1, 2019.

Regards,

Jocelyn Graham
Deputy Executive Director / CFO
NNCH

CC: Tenant File

Northern Nevada

COMMUNITY
Housing



P.O. Box 20604 Reno, NV 89515
Phone 775.337.9155 Fax 775.337.9166
www.nnch.org

October 26, 2017

Ralph Goad
33 S. Park Street #213
Reno, NV 89502

VIA DOOR POST
VIA USPS MAIL

Dear Resident,

This letter serves to inform you your rent will be increased from
\$480.00 to **\$485.00 per month effective January 1, 2018.**

Regards,

Jocelyn Graham
Finance & Compliance Director
NNCH

CC: Tenant File



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

December 1, 2015

Ralph Goad
33 S. Park Street #213
Reno, NV 89502

Dear Ralph,

This letter serves to inform you your rent will be increased from
\$475.00 to **\$480.00 per month effective February 1, 2016.**

Sincerely,

A handwritten signature in cursive script that reads "Jocelyn Graham".

Jocelyn Graham
Finance & Compliance Director
NNCHRB

CC: Tenant File

PARK MANOR APARTMENTS

33 Park Street ♦ Reno, Nevada 89502 ♦ Phone: (775) 337-9222 ♦ Fax: (775) 337-9229



LEASE AGREEMENT

THIS LEASE AGREEMENT (the "Lease") is executed by and between PARK MANOR APARTMENTS (hereinafter the "Landlord") and Ralph E Goad (hereinafter "Resident/s") who agree jointly and severally to rent Apartment forth herein. Occupancy is limited to the Residents named herein.

TERM: This Lease creates a 12 month tenancy, commencing 10/19/10 and terminating 10/31/11. The address is 33 Park Street, Reno, NV 89502; Apartment # 213.

RENT: The periodic monthly rental (the "Rent") for the Premises is \$ 475.00 per month. Resident agrees to pay Landlord, in advance, without deduction or offset, at Rental Office of the property at Park Manor Apartments, 33 Park Street, Reno, NV 89502. Payments made in check or money order to Park Manor Apartments.

	PAYABLE PRIOR TO OCCUPANCY	RECEIVED
Total Rent for the period from <u>10/19/10</u> to <u>10/31/10</u>	\$ <u>205.00</u>	\$ <u>205.00</u>
Security Deposit	\$ <u>300.00</u>	\$ <u>300.00</u>
Other	\$ _____	\$ _____
TOTAL	\$ <u>505.00</u>	\$ <u>505.00</u>

DISCLOSURE: (Northern Nevada Community Housing Resource Board, P.O. Box 189, Reno NV 89501) authorized to manage the Premises and Property, receive rents, execute leases, enforces leases, and receives legal notice on behalf of the owner of the Property.

Resident acknowledges that Park Manor Apartments at 33 Park Street, Reno, NV 89502, is operated to rules and regulations of the Federal Low Income Housing Tax Credit program (the " program"), The Program provides for a specific maximum monthly rent which may be charges for the Premises, which amount is subject to annual adjustment based upon median incomes as determined by HUD. The Progr also requires that the Property be leased to "Qualified Households" as defined be Section 42 of the IRS. this property, Qualified Households must meet certain income limitation.

Resident agrees that 90 days prior to the Expiration, Resident will submit to Landlord all documentation required by Landlord necessary to insure that Resident remains a Qualified Household. In the event that Resident fails to deliver such information or Landlord determines (whether in connection with a renewal otherwise) that Resident is no longer a Qualified Household under the Program Resident agrees to vacate the Premises upon the earlier of the Expiration or upon 30 day's written notice from Landlord of no qualifying status.

It is specifically agreed that each obligation of the Lease, Application and Certification is material and the violation of any obligation or misrepresentation of any information shall constitute a breach of the Lease. Resident is fully aware that this Lease may not be canceled or otherwise terminated prior to its Expiration without the written consent of Landlord. Abandonment of the Premises or Termination of the Lease for breach will not release Resident from the obligation to pay future Rent payments as provided for herein.

If the unit leased under this agreement is a unit specifically designed for persons with handicaps or disabilities, Tenants acknowledge that priority for such units is given to those needing special design features; that they are permitted to occupy the unit until Owner issues a notice that a priority applicant is on the waiting list that they must move to another suitably sized vacant unit in the project, that they, upon receiving this notice, agree to move at their own expense within thirty (30) calendar days to the suitably sized vacant unit within the project, if one is available, and that they understand their rental rate may change, when appropriate, to the rental rate for the unit they move to and this lease will be modified accordingly.

It is a misdemeanor to commit or maintain a public nuisance or to allow any building or boat to be used for a public nuisance. Any person who willfully refuses to remove such a nuisance when there is a legal duty to do so, is guilty of a misdemeanor. Summary NRS 202.470.

A public nuisance may be reported to the local sheriff's department. A violation of building, health or safety codes or regulations may be reported to the responsible government entity in your local area such as the code enforcement division of the county/city government or the local health or building departments.

Rent shall be payable as follows:

Total Rent for the period from 10/19/10 to 10/31/10 \$ 205.00
The sum of \$ 475.00 on the first day of each calendar month commencing 11/1/10.

PRORATIONS: All pro-rations made during the term of this tenancy shall be made on the basis of a thirty (30) day month.

LATE CHARGES: The Rent is due and payable in advance no later than 5:00 p.m. on the first day of each month. Subsequent to a grace period, any Rent received after the fifth (5) day of each month will be considered delinquent and will be subjected to a late charge as hereinafter defined. Rent may be paid at the Rental Office by personal check, cashier's check or money order. Second Party checks will not be accepted. Payments should be made with one check or money order per apartment payable to **Park Manor Apartments at 33 Park St., Reno, NV 89502.**

\$25.00 late charge when rent is delinquent, and
\$25.00 for each check returned by the bank for any reason.

AGENT: The name and address of the person authorized to act for and on behalf of MANAGEMENT for the purpose of service of process and receiving notices and demands is as follows: Matthew Fleming, 33 Park Street, Reno, NV 89502.

OWNER: The name and address of the principal or corporate owner(s) of the leased premises is: Kuenzi Partners, P.O. Box 189, Reno NV 89504.

The acceptance by Landlord of any late payments shall not change the due date or amount of any required payment in the future nor shall relieve Resident from any obligation to pay the balance of the Rent and any applicable late fees or charges. Landlord and Resident agree that the charge is presumed to be the damages sustained because of Resident's late payment of Rent.

SECURITY Deposit: Resident has paid Landlord, upon execution of this Lease, a security deposit of \$300.00. Said deposit shall be held by the Landlord as security for the faithful performance by Resident all the terms of this agreement. Landlord may at anytime use any part/portion or all of said deposit to remedy Resident's repair damages caused by painting and carpet cleaning. Resident agrees that soilage not ordinary wear and agrees to restore the premises to original condition at commencement of tenancy evidenced by the Move-In Inspection Check List signed by the Resident prior to occupancy. As applicable any deposit or refund check will be made payable jointly in the name of each Resident who has executed this Lease unless Landlord received written instruction to the contrary, executed by all such Residents.

USE OF PREMISES:

A. The premises are rented for residential use only and shall be occupied by not more than the following listed occupants: Ralph E. Goad

B. Resident shall not disturb, annoy, endanger or inconvenience other residents or neighbors, nor use premises for any immoral or unlawful purpose, nor violate any law or ordinance, nor commit waste or nuisance upon or about the premises.

ALTERATIONS OF PREMISES: Resident may not alter the premises in any manner without Landlord's prior written consent. Alterations include, but are not limited to, painting, wallpaper, changing of locks, modification of electrical appliances.

MAINTENANCE OF PREMISES: Resident has examined the premises and is satisfied with its physical condition, order and repair. Upon termination or expiration of the Lease, Resident agrees to surrender the Premises to Landlord in the same condition, reasonable wear. Resident shall maintain the Premises in neat, clean and undamaged condition and, in particular, shall comply with all applicable provisions of building codes regarding public health and safety. Resident agrees to (a) dispose of all ashes, rubbish, garbage and waste in a clean and safe manner; (b) use all plumbing, electrical, sanitary, heating, ventilating, air conditioning facilities and appliances in a safe and reasonable manner, and (c) generally conduct themselves and invited guest in a manner so as not to disturb other tenants, deface, damage, or otherwise harm any part of the premises. Resident shall be responsible for all glass on the premises. Landlord shall at all times comply with the requirements of all applicable building codes and shall make all repairs necessary to keep the premises and property in a fit and habitable condition.

UTILITIES: Landlord agrees to pay for the sewer, water, garbage, electricity, local telephone services, and extended basic cable.

ACCESS: As required by statute, Resident shall not unreasonably withhold consent for Landlord to enter the premises in order to inspect the premises, make necessary repairs or services, deliver legal notices, and verify occupancy. Landlord may also allow a licensed exterminator to enter the premises for the purpose of pest control. Except in the case of emergency or if it is impractical to do so, Landlord shall give resident advance notice of at least twenty-four (24) hours of Landlord's intent to enter the premises. Housekeeping services will be provided according to the posted schedule.

PARKING: Landlord reserves the right to assign specific parking spaces at the property; Landlord may also designate specific areas for prospective residents or handicapped parking. Boats, trailers, and oversized vehicles are not permitted on the property at any time. Prohibited vehicles, inoperative vehicle, unlicensed vehicles, uninsured vehicles, vehicles parked in a space assigned to another, and vehicles

parked in a tow-away zone or otherwise impeding traffic will be towed away without notice at the vehicle owner's expense. Motorcycles are not permitted on the sidewalks, in landscaped areas, or any building at any time. Additional regulations regarding parking are contained in the Rules and Regulations.

DEFAULTS AND REMEDIES: The failure of the Resident to make any rent payment or other payment required where such failure shall continue for a period of five (5) days after written notice thereof, shall constitute default under this Lease. Additionally, the failure by Resident to observe or perform any of all covenants, conditions or provisions of the Lease shall also constitute an event of default where such failure shall continue for a period of five (5) days after written notice thereof from Landlord to Resident provided, however, that if the nature of Resident's default is such that more than five (5) days are reasonably required for its cure, then Resident shall not be deemed to be in default if Resident commences such cure within said 5-day period and thereafter diligently prosecutes such cure to completion.

Remedies in Default: In the event of any such default or breach by Resident, Landlord may, at any time thereafter, with or without notice or demand and without limiting Landlord in the exercise of any right or remedy which Landlord may have by reason of such default or breach, exercise any one or more of the following remedies: (a) Terminate Resident's right to possession of the Premises by any lawful means, in which case this Lease shall terminate, and Resident shall immediately surrender possession of the Premises to Landlord. In such event, Landlord shall be entitled to recover from Resident all damages incurred by Landlord by reason of Tenant's default including, but not limited to, the cost of recovering possession of the Premises, the expense of rerenting, including necessary renovation and alteration of the Premises, and reasonable attorney's fees. (b) Pursue any other remedy now or hereafter available to Landlord under the laws or judicial decisions of the State of Nevada.

Default by Landlord: Landlord shall not be in default unless Landlord fails to perform obligations required of Landlord within a reasonable time, but in no event later than thirty (30) days after written notice by Resident to Landlord, specifying the default of Landlord; provided, however, that if the nature of Landlord's obligation is such that more than thirty (30) days are required for performance, the Landlord shall not be in default if Landlord commences performance within such thirty (30) day period and thereafter diligently prosecutes the same to completion.

WAIVER OF LIABILITY: Landlord shall not be liable for damages by reason of any injury to any person including Resident and their family, or to any property belonging to any person, including Resident and their family (except as caused by Landlord's negligence), which injuries or damages may in any way be connected with said premises or the land surrounding said premises, the acts or neglects of co-resident or other occupants of said premises or of any owners or occupants of adjacent and contiguous property and Resident hereby agrees to indemnify and hold harmless Landlord from any liability, loss or obligation resulting from any such injuries or damages. Landlord recommends that Resident secure renter's insurance to protect against liability, property damage and casualty losses.

ASSIGNMENT: Resident shall not sublet, transfer, or assign this Lease. Only persons listed herein and temporary guest registered with the management office and residing for less than three (3) days may occupy the premises. Landlord may permit changes of one Resident with the full release of such Resident only upon application by a replacement Resident, verification of credit, income, program eligibility and written modification of the Lease.

EXPIRATION: At Expiration, this Lease shall automatically create a month-to-month tenancy. Resident has delivered a 30-day notice to Landlord of Resident's intent to vacate the premises by the expiration. Failure by Resident to provide such notice to intent to vacate shall be deemed an election to continue the Lease on a month-to-month basis.

Resident acknowledges that renewal rates and month-to-month tenancy rates may result in an increase in the Rent. Landlord will provide Resident with notice of any such increase at least 45 days prior to the Expiration.

MONTH-TO-MONTH TENANCY: Should this Lease create a month tenancy, the expiration shall be extended on a month-to-month basis.

HOLDOVERS: under Nevada law, this Rental Agreement and any changes agreed to in writing will remain in effect on a monthly basis after the initial term. A 30-day written notice to vacate must be issued by the RESIDENT prior to vacating, anytime during or after the initial term of this agreement. If improper notice or no notice to vacate is given by the RESIDENT, resident is liable for prorated rent until lawful termination and MANAGEMENT may deduct this from the Security Deposit on hand or collect any monies due by other lawful means.

ADDENDUMS TO LEASE: This lease cannot be altered, amended or changed in any manner whatsoever unless in writing and properly signed by Landlord and Resident.

WAIVER OF BREACH: The waiver by Landlord of any breach shall not be construed to be a continuing waiver of any subsequent breach.

RULES & REGULATIONS: Resident agrees to comply with all occupancy Rules and Regulations governing the property whether now in effect or hereinafter promulgated and delivered to Resident. Resident acknowledges receipt of program eligibility and recertification requirements in effect as of the date hereof.

THIS LEASE CONSTITUTES A LEGALLY BINDING CONTRACT ENFORCEABLE BY LAW. EXECUTION BY THE PARTIES ACKNOWLEDGES FULL ACCEPTANCE OF ALL THE TERMS AND CONDITIONS CONTAINED HEREIN.

Dated this 19 day of October, 2010.

Ralph Goad
Resident

10-19-10
Date

Co-Resident

Date

me
Park Manor Apartments

10-19-10
Date

PARK MANOR APARTMENTS

33 Park Street * Reno, Nevada 89502 * Phone: 775-337-9222 * Fax: 775-337-9229



RULES AND REGULATIONS

Unit # 213

Amended 6/21/10

THE RULES AND POLICIES SET FORTH IN THIS LEASE ADDENDUM ARE FOR THE BENEFIT OF ALL RESIDENTS. FAILURE TO COMPLY WITH THE TERMS AND CONDITIONS OF THIS LEASE ADDENDUM SHALL BE CONSIDERED A VIOLATION OF THE LEASE.

As these rules and regulations are part of your Lease Agreement, they also require you to be responsible for some basic obligations. Management reserves the rights to amend these rules from time to time when such amendments are necessary to better provide for the residents and owners of this property. You will receive 30 day written notice of any amendments to these rules. (118A.330)

Office hours are Mondays 10:00 AM to 5:00 PM and Tuesdays through Fridays from 8:00 AM to 5:00 PM. For an emergency after hours, please call the emergency number listed below.

Emergency Number: 775-247-4576.

By **1. RENT: RENT IS DUE AND PAYABLE ON THE FIRST DAY OF EACH MONTH.** Payment may be in the form of check, money order or cashiers check. **No cash!** Rent should be placed in the lock box at the management office. A Late Fee of **\$25.00** will be assessed for rent not paid before 5:00 PM on the fifth calendar day of each month. If the fifth day is on Saturday, Sunday or a holiday, when the office is closed, your payment will be due by 5:00 PM on the following business day.

A \$25.00 Service Fee will be charged for the first check that is returned by the bank for non-sufficient funds and you will be required to pay all future rent with **money orders** or cashiers checks.

By **2. INSPECTIONS/ANNUAL CERTIFICATIONS:** You must allow management to inspect your unit upon receipt of a written 24 hour notice. You **are residing in a restricted income** program property; you **MUST** REPORT any changes in your household size (increase or decrease). Any change in any household member's student status must be reported. Income verifications for the entire household will be collected and presented one time per year. **ALL employment earnings, welfare, social security, lottery winnings, lump sum payments, etc. must be provided.**

By **3. ADDITIONAL HOUSEHOLD MEMBERS:** Subletting or adding a roommate to your unit is not allowed. Only the individuals that have been approved and actually are listed on the lease can live in the unit.

By **4. VACATING YOUR UNIT:** Resident must give the management office **thirty (30) days written notice** before moving from the unit. Without a thirty day written notice to vacate, the total amount of the security deposit may be forfeit.

By **5. COMPLAINTS:** All complaints shall be made **in writing** and turned in to the leasing consultant or by U.S. Mail to PO Box 189 Reno, NV 89504.

Page 6. **RENTER'S INSURANCE:** Tenant is recommended to provide renter's insurance for any personal items that belong to them. The owner is not responsible for theft.

Page 7. **DELIVERY:-** The owner assumes NO responsibility for accepting deliveries of packages, mail, etc. on behalf of any Resident.

Page 8. **BUSINESSES:** A Resident may not operate a business in his or her unit or on the premises.

Page 9. **PETS / STRAY ANIMALS:** Absolutely no pets are allowed on the property at any time. Feeding stray animals or wildlife, including birds, creates a nuisance and a health and safety hazard and is not permitted on or near the premises.

10. **PEST CONTROL:** As your landlord, we must act vigilantly and proactively to prevent pest infestations and if discovered, we must take remedial action immediately. Tenants are responsible for keeping their unit free of all pests (ants, roaches, fleas, ticks, bed bugs, spiders etc.) Any pests not reported in writing within the first 5 days of the lease, will be assumed to have entered the property after the start of the lease. The following is a list of appropriate actions that will take place should an infestation occur:

1. The tenant must report the infestation to Management.
2. Management will inspect the unit for infestation.
3. Management will provide preparation Instructions for pest control treatment. **Pest Control Technician will not treat the unit if preparation has not been completed in full.**
4. It is very important that all instructions are followed as it will determine the success of getting rid of the infestation.
5. Once treatment is completed, management and technician will determine the cause if the infestation; if the infestation is tenant caused, management will issue a bill to the tenant.

Tenants are required to cooperate completely with this policy. Uncooperative tenants will receive a notice of eviction.

Page 11. **NOISE:** Residents, family members and guests shall keep the volume of musical instruments, radios, televisions, record players, etc. at a level that will not disturb neighbors. Playing sound producing devices at volumes that disturb other Residents is a lease violation and grounds for eviction.

Page 12. **ACTION OF FAMILY MEMBERS AND GUESTS:** Guests are defined as individuals staying in the dwelling three (3) days or less per month. Any individual staying more than three (3) days per month is deemed an additional occupant. Unauthorized additional occupancy may result in eviction. Residents are responsible for:

- the conduct and actions of their family members and guests. Guests who create disturbances and nuisances or damage the property will be asked to leave the property. Residents agree to reimburse the owner for any damage caused by their family members or guests.
- ensuring family members and guests adhere to all rules and regulations.
- any behavior that is loud or otherwise disrupts the right to quiet enjoyment of other residents by family members or guests or ensuring family members and guests do not loiter or run in common, landscaped or parking areas.

Page 13. **ABUSIVE LANGUAGE:** Abusive or foul language interferes with other Residents' right to the quiet enjoyment of the premises. Such language is not allowed in common areas or in other areas where people congregate.



Background Screening Report

LPS

P.O. BOX 2578

ELK GROVE, CA 95759

PHONE: (800) 525-1988

FAX: (800) 834-5454

FILE NUMBER 12711
 REPORT TO PARK MANOR APTS (CK8015)
 33 S. PARK ST.
 RENO, NV 89502
 Phone: 775-337-9222
 Fax: 775-337-9229

REPORT DATE 09-21-2010
 ORDER DATE 09-21-2010 PARK MANOR APTS
 TYPE Full Service Report

Application Information

APPLICANT	GOAD, RALPH	SSN	XXX-XX-7053	DOB	08-22-XXXX
ADDRESS(ES)	1740 STEVART ST #7	CITY / STATE / ZIP	RENO, NV 89502		

Eviction History

RESULTS	No Reportable Records Found	SEARCH DATE	09-21-2010 2:07 PM MDT
NAME SEARCHED	GOAD, RALPH	SEARCH SCOPE	
JURISDICTION	NEVADA		

CAUTION: Based On The Information Provided, LPS Inc. Searched Our Database For The Above Mentioned Jurisdictions(s) For Evictions And Found No Individual By This Identification. This Means That No One By This Identification Is Within Our Database As Evicted In For These State(s). Therefore It Cannot Be Confirmed That The Applicant Has Not Ever Been Evicted. Further Investigation Into Additional Jurisdictions, Or Utilization Of Additional Identifying Information, May Be Warranted. Please Call For Assistance!

Criminal History

RESULTS	No Reportable Records Found	SEARCH DATE	09-21-2010 2:07 PM MDT
NAME SEARCHED	GOAD, RALPH	SEARCH SCOPE	
DOB SEARCHED	08-22-XXXX		
JURISDICTION	NEVADA		

JURISDICTION(S) SEARCHED
 The search you have selected is a search of our criminal database(s) and may not represent 100% coverage of all criminal records in all jurisdictions and/or sources. Coverage details available upon request.

CAUTION: Based on the information provided LPS Inc. searched for public records in the sources referenced herein for criminal history information as permitted by federal and state law. 'No Reportable Records Found' means that our researchers could not locate a record that matched at least two personal identifiers (i.e., Name, SSN, Date of Birth, Address) for the subject in that jurisdiction. Further investigation into additional jurisdictions, or utilization of additional identifying information, may be warranted. Please call for assistance.

Residence Verification

RESPONSE RECEIVED	No	SEARCH DATE	09-21-2010 2:21 PM MDT
NAME	RALPH GOAD		
LANDLORD	NOT PROVIDED		
ADDRESS	1740 STEVART ST #7		
CITY/STATE/ZIP	RENO, NV 89502		
PHONE	NOT PROVIDED		
FAX			

NO CURRENT LANDLORD CONTACT INFORMATION PROVIDED & NO LISTING FOUND FOR APT AT THIS ADDRESS.
 PLEASE PROVIDE FURTHER INFORMATION TO VERIFY.

<https://lpsdata.instascreen.net/editor/printReport.taz?file=12711>

9/21/2010

Employment Verification

RESPONSE
RECEIVED
NAME

No
GOAD, RALPH

SEARCH DATE **09-21-2010 2:21 PM MDT**

EMPLOYER
SUPERVISOR

DISABLED
N/A

ADDRESS

PHONE

N/A

FAX

E-MAIL

SUBJECT-PROVIDED INFORMATION

POSITION

HIRE DATE

TERMINATION DATE

WAGE/SALARY

TYPE/STATUS

PLEASE ASK FOR PROOF OF INCOME.

Credit			
Personal Information Comparison			
	NAME	SOC SEC	DOB
APPLICANT	GOAD, RALPH	XXX-XX-7053	08/22/XXXX
TU	GOAD, RALPH	XXX-XX-7053	08-22-XXXX
Address Comparison			
	ADDRESS		REPORTED
APPLICANT	TU 160 SINCLAIR ST 331, RENO, NV 89501		02-08-2008
Employment Comparison			
	COMPANY	POSITION	REPORTED
	NO EMPLOYERS DEVELOPED		
Repoaltory Remarks			
TU	High Risk Fraud Alert; Available and Clear (H01)		

- FICO Risk Score, Classic 2004

- File not scored because subject does not have sufficient credit (CODE 3)

Credit Summary			
TOTAL TRADELINES	8	30 DAYS LATE	0
CURRENTLY SATISFACTORY	0	60 DAYS LATE	0
CURRENTLY DELINQUENT	0	90 DAYS LATE	0
PREVIOUSLY DELINQUENT	0	NEWEST TRADE	10-19-2009
COLLECTION/CHR OFFS	8/0	OLDEST TRADE	02-01-2008
PUBLIC RECORDS	0	INQUIRIES	1

Financial Summary					
	#	PAYMENT	TTL BALANCE	PAST DUE	UTILIZATION
MORTGAGE	0	\$0	\$0	\$0	0%
INSTALLMENT	0	\$0	\$0	\$0	0%
OPEN	8	\$0	\$5655	\$5655	100%
REVOLVING	0	\$0	\$0	\$0	0%
OTHER	0	\$0	\$0	\$0	0%
	8	\$0	\$5655	\$5655	100%

Warning: Use careful judgment the past due column of this financial summary may possibly combine amounts of an original creditor with amounts from a collection agency collecting for the original creditor. A single debt could be included as a trade amount and with the collection agency. In a few cases, this single debt can appear as a judgment in the public records section, as well.

Variations									
Public Records									
NO PUBLIC RECORDS DEVELOPED									
Credit Bureau Report									
Credit History									

CREDITOR	OPENING DATE MONTHS REVIEWED	REPORTED DATE DLA	HIGH CREDIT	BALANCE	PAST DUE AMOUNT	HISTORICAL TIMES PAST DUE 30 60 90+	TYPE TERMS	PRESENT STATUS	E C O A
CRD PRT ASSO	10-19-2009	01-16-2010		\$116	\$116	\$116	OPEN 1 \$0	Collection	B
Remarks: Original Creditor: 11 CHARTER COMMUNICATIONS; KOB: Collection Services; Placed for collection									
NTL BUS FCTR	06-16-2008	10-02-2008		\$444	\$458	\$458	OPEN 1 \$0	Collection	B
Remarks: Original Creditor: MEDICAL; KOB: Collection Services; Placed for collection									
NTL BUS FCTR	06-16-2008			\$444	\$458	\$458	OPEN	Collection	B

<https://lpsdata.instascreen.net/editor/printReport.taz?file=12711>

9/21/2010

CREDITOR	OPENING DATE MONTHS REVIEWED	REPORTED DATE DLA	HIGH CREDIT	BALANCE	PAST DUE AMOUNT	HISTORICAL TIMES PAST DUE 30 60 90+	TYPE TERMS	PRESENT STATUS	E C O A
		10-02-2008					1 \$0		
		Remarks: Original Creditor: MEDICAL; KOB: Collection Services; Placed for collection							
NTL BUS FCTR	05-13-2008		\$963	\$963	\$963	-- -- --	OPEN	Collection	B
		09-03-2008					1 \$0		
		Remarks: Original Creditor: MEDICAL; KOB: Collection Services; Placed for collection							
NTL BUS FCTR	05-13-2008		\$1635	\$1635	\$1635	-- -- --	OPEN	Collection	B
		09-03-2008					1 \$0		
		Remarks: Original Creditor: MEDICAL; KOB: Collection Services; Placed for collection							
NTL BUS FCTR	05-13-2008		\$1635	\$1635	\$1635	-- -- --	OPEN	Collection	B
		09-03-2008					1 \$0		
		Remarks: Original Creditor: MEDICAL; KOB: Collection Services; Placed for collection							
CMRE FINANCE	02-01-2008		\$195	\$195	\$195	-- -- --	OPEN	Collection	B
		06-29-2008					1 \$0		
		Remarks: Original Creditor: MEDICAL; KOB: Collection Services; Placed for collection							
CMRE FINANCE	02-01-2008		\$195	\$195	\$195	-- -- --	OPEN	Collection	B
		06-29-2008					1 \$0		
		Remarks: Original Creditor: MEDICAL; KOB: Collection Services; Placed for collection							

ECOA KEY: B = BORROWER; C = CO-BORROWER; S = SHARED; J = JOINT; U = UNDESIGNATED; A = AUTHORIZED USER

Prior Inquiries						ECOA
CREDITOR	INQUIRY TYPE	DATE	SRC	KIND OF BUSINESS		
LANDLORD PRO	ALL	09-21-2010	TU	Miscellaneous		

Source Information

Creditors				PHONE
CREDITOR	SUB CODE	ADDRESS		
		NO CREDITORS DEVELOPED		

Submission Results

APPLICANT	BUREAU	DATE	RESULT
APPLICANT	TRANSUNION	09-21-2010 03:07:08 PM	RECORD FOUND

Repository Referral

Trans Union
P.O. Box 1000
Chester, PA 19022
800-888-4213

Comments

*** End of Credit Report ***

Disclaimer

Disclaimer: While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording or retrieval of the record. This information is furnished for your exclusive use and accepted by you without any liability on the part of LPS Inc. Furthermore, you agree to indemnify LPS Inc, its sources, agents and employees of any liability for the use of this information. Client agrees and certifies that the ordering and use of this report is in strict compliance with the Fair Credit Reporting Act, Public Law 91-508 and any other applicable state or federal laws.

*** End Of Report ***



Move in Receipt List

By signing this form, which is a part of your Move in - Move Out procedure, you are acknowledging receipt of the listed items, which you agree are a part of your regular rental agreement responsibilities.

1. Door key(s) 1
2. Mail Box Key(s) 1
3. Television Remote Control 1
4. Telephone, dial 9 for outside line 1

In addition, you have your personal (four digit) building access code with your fingerprint.

0 2 1 3

DO NOT PROP DOOR OPEN, ALARM WILL SOUND. When moving in, let manager know and alarm will be temporarily disconnected.

You wish to have:

Your name Ralph Goad, and your apartment number 213
listed on the front door access panel.

(Initial) RG

I do not want my name listed on the front door access panel.

(Initial) _____

Park Manor also offers housekeeping service. Would you like this service?
_____ Yes by No

Ralph Goad

Tenant signature

10-19-10

Date

Co-Tenant

Date

mi

Park Manor Apartments

10-19-10

Date



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

Move in Receipt List

Park Manor Apartments

Apartment Building

213

Unit #

Adult Resident Name(s)

Ralph Goad

By signing this form you are acknowledging receipt of the listed item, which you agree are a part of your regular rental agreement responsibilities.

1. Proximity Card(s) 1 Card Number(s) 0010564784
Number Given

Note: No more than 2 proximity cards per unit will be assigned, unless requested by the tenant for additional cards at \$25.00 per card.

Ralph Goad
Tenant signature

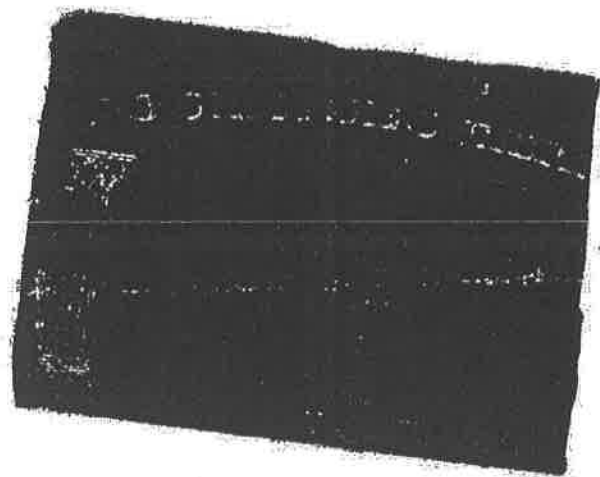
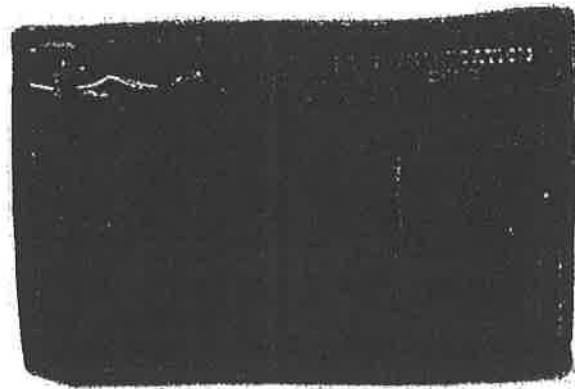
11/1/12
Date

Tenant signature

Date

[Signature]
Leasing Consultant

11/1/12
Date





22

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Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

Park Manor

Family Composition Update

List all members in household including minors:

Last Name, First Name	Relationship to Head of Household	Birth Date	Social Security Number	Disabled ?	Student Status		
					Full time	Part Time	N/A
GOAD, RALPH	Head	8-22-46		YES			✓

1. Do you anticipate any changes in the size of your household **within the next 12 months**? ☐ Yes ☒ No
2. Does any member in your household have a disability and require a live-in care attendant? ☐ Yes ☒ No
3. Is any member of your household separated, but not divorced? ☐ Yes ☒ No
4. Does your household receive, or is applying to receive, Section 8 rental or voucher assistance? ☐ Yes ☒ No

DECEASED

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Park Manor to make such investigations into my history as they may deem appropriate.

Ralph Goad
Resident

10-17-13
Date

6. **WAITING LIST**

Applicants will be admitted, placed on a waiting list, or rejected. If there are no vacancies, potentially eligible and acceptable applicants will be notified on their number on the waiting list.

Applicants on the waiting list are required to contact the Management Office every month, or whenever they have a change of address or phone number, in order to remain active on the waiting list.

7. **REJECTION OF APPLICATIONS**

Applicants may be rejected for any of the following:

- a. Do not meet maximum or minimum income standards.
- b. Negative rental, or habits history.
- c. Failure to complete the application process, or third party verifications not returned.
- d. Providing false information and or failure to provide the required information necessary to complete the application process.
- e. Outstanding utility bills
- f. Eviction within the last three years.
- g. Sex offender convictions.
- h. Felony Convictions within the last three years.
 - Drug and alcohol convictions must document rehabilitation program graduation.

8. **OCCUPANCY**

Park Manor Apartments Occupancy Standard: Maximum of 2 persons per unit.

Ralph Goad
Signature of Applicant

9-15-10
Date

For Statistical Use Only

Because this building has been designated for people with low incomes and has received Federal funds, the U.S. Office of Management and Budget requires the owners to collect the following data:

Please Check One Box in Race

Race Categories X one Box		
1-14	American Indian/ Alaskan Native	
2-13	Asian	
3-12	Black or African American	
4-15	Native Hawaiian / Other Pacific Islander	
5-11	White	✓X
6-16	American Indian/Alaskan Native and White	
7-17	Asian and White	
8-18	Black or African American and White	
9-19	American Indian or Alaskan Native and Black or African American	
10-20	Other - Multi Race	

Please Check One Box in Ethnicity

Ethnicity X one Box		
1	Hispanic	
2	None/Non-Hispanic	✓
3	African American	
4	Asian/Pacific Islander	
5	Native American	
6	Jewish	
7	Middle Eastern/Arab	
8	Haitian-American	
9	Mexican-American	
10	Cuban-American	
11	Puerto Rican	
12	Chinese-American	
13	Korean-American	
14	other	



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

PARK MANOR APARTMENTS File Approval Request

Apartment Number: 213

40% X___ 30% _

Head of Household Name: Goad Ralph

Certification Effective Date: 10-19-16

MANAGEMENT HAS COMPLETED THE REQUIRED PROCEDURES TO VERIFY ELIGIBILITY OF THE ABOVE HOUSEHOLD IN COMPLIANCE WITH SECTION 42 OF THE 1986 TAX REFORM ACT. FURTHERMORE, IT IS MANAGEMENT'S BELIEF THAT THE INFORMATION USED IN VERIFYING ELIGIBILITY IS TRUE AND CORRECT AND TO THE BEST OF THEIR KNOWLEDGE, BELIEVE THE ABOVE HOUSEHOLD IS QUALIFIED FOR SECTION 42 TAX CREDIT ELIGIBILITY.

Victoria Jones
Property Manager's Preliminary OK

8-17-16
Date

Jacqui Granger
Supervisor's Validation

8-18-16
Date

COL ✓

LOW INCOME HOUSING
ALTERNATE CE

Property Name: Park Manor

Certification Effective Date: 10/19/16 Move-in Date: 10

Household Income at move-in: \$8088

Gross Household Income: \$9924

Max Income Limit: \$20000

Income Limit x 140%: \$28000

List all occupants of the unit and indicate if full-time student(s)

Household members name

Ralph Goad

Are any of the above Adult occupants original members of the household?

Answer only if all members are full-time students:

(Definition of student: Anyone who has been or will be a full-time student during 5 months of the year this Certification is complete)

If yes, are the students married and filing a joint tax return (verification required)?

If yes, does the household receive Temporary Assistance to Needy Families?

If yes, is the household comprised of a single parent & child(ren) (verification required)?

If yes, are the students enrolled in a job training program under the Wagner-Peyser Act (verification required)?

If yes, has any household member previously been part of a foster care placement?

Resident's Statement: I understand that the above information I certify that the statements made in this certification are true and I am aware that false statements may be cause for termination of my certification. I will immediately inform the project manager of any changes to my household and inform the project manager if all members of my household become full-time students.

Signature of all adult household members:

Ralph Goad

Project Sponsor's Statement: Based on the representations herein and the provisions of Section 42 of the Internal Revenue Code, as amended, I certify that the information provided is true and correct.

Management Representative: Victoria J. J. J.

**LOW INCOME HOUSING TAX CREDIT PROGRAM
ALTERNATE CERTIFICATION**

Property Name: Park Manor Unit #: 213 Bedroom size: 0
 Certification Effective Date: 10/19/16 Move-in Date: 10-19-10 % of Set Aside: % Tenant Paid Rent: \$475
 Household Income at move-in: \$8088 Utility Allowance: \$0
 Gross Household Income: \$9924 Rental Subsidy: \$0
 Max Income Limit: \$20000 Total Gross Rent: \$475
 Income Limit x 140%: \$28000 Max Allowable Rent Limit: \$500
 List all occupants of the unit and indicate if full-time student(s)

Household members name	Birth Date	Full-time Student?
Ralph Goad	8/22/46	Yes ☐ No ☒
		Yes ☐ No ☒
		Yes ☐ No ☒
		Yes ☐ No ☒
		Yes ☐ No ☒
		Yes ☐ No ☒
		Yes ☐ No ☒
		Yes ☐ No ☒

Are any of the above Adult occupants original members of the household? Yes ☒ No ☐

Answer only if all members are full-time students:

(Definition of student: Anyone who has been or will be a full-time student at an educational institution with regular facilities and students during 5 months of the year this Certification is completed.)

If yes, are the students married and filing a joint tax return (*verification required*)? Yes ☐ No ☒

If yes, does the household receive Temporary Assistance to Needy Families (TANF) (*verification required*)? Yes ☐ No ☒

If yes, is the household comprised of a single parent & child(ren) none of whom are dependents of a third party (*verification required*)? Yes ☐ No ☒

If yes, are the students enrolled in a job training program under the Job Training Partnership Act (*verification required*)? Yes ☐ No ☒

If yes, has any household member previously been part of a foster care program (*verification required*)? Yes ☐ No ☒

Resident's Statement: I understand that the above information has been collected to determine my eligibility for residency. I certify that the statements made in this certification are true and complete to the best of my knowledge and belief and are aware that false statements may be cause for termination of my lease and may be punishable under Federal Law. I agree to immediately inform the project manager of any changes to my household's family composition. I also agree to immediately inform the project manager if all members of my household become full-time students.

Signature of all adult household members:

Ralph Goad Date: 8-17-16
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____

Project Sponsor's Statement: Based on the representations herein, the household defined in this certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in this development.

Management Representative: Victor J. J. J. Date: 8-17-16



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9555 fax (775) 337-9566
email info@nnchrb.org

PARK MANOR APARTMENTS
33 S. Park Street * Reno, Nevada 89502
775-337-9155 Ext. 103 * Fax: 775-337-9229

DATE 8-16-16

Ralph Good
33 Park St # 213

Dear Ralph,

Funding regulations require that once each year Property Management re-examine your income, assets and family composition. The following information documents must be turned in to the manager's office no later than: date: 8-23-16

Thank You,

Leasing Consultant
cc: tenant file

Failure to comply with this request may result in your household being no longer eligible for this affordable apartment unit.



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchr.org

Park Manor

Family Composition Update

This information will be used in the annual re-certification process

List all members in household including minors:

Last Name - First Name	Relationship to Head of Household	Birth Date	Last 4 Digits of Social Security Number	Disabled? Y or N	Current Student or Resident in the Next 12 months?	
					Yes	No
	Head					✓
GOAD RALPH		8-22-46		YES		

Telephone number where you can be reached: _____

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Park Manor to make such investigations into my history as they may deem appropriate.

Ralph Goad
Resident

8-16-16
Date



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Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

SUPPLEMENTAL RENTAL APPLICATION

Applicant Name: Ruth Road

Date: 8-26-16

NOTE: Applicants must complete this section in order to determine qualifications for residency within the Federal Low Income Housing Tax Credit Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such information may result in non-qualification for residency for any rental unit in the LIHTC Program.

INCOME

Income includes GROSS amount of wages, salaries, overtime pay, commissions, fees, tips, bonuses, meal allowances, uniform allowances, social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment compensation, disability compensation, worker's compensation, severance pay, welfare assistance (TANF), alimony and child support, recurring monetary gifts or contributions regularly received, net income from a business, and other compensation for all adults in the household.

INCOME DOES NOT INCLUDE

Student financial assistance, personal loans, meals on wheels, special pay to household member serving in the Armed Forces exposed to hostile fire, value of allotment provided under the Food Stamp Act of 1977, payments received under Domestic Volunteer Service Act of 1973, payments received under Title V of the Older Americans Act, earned income tax credit, and income from the employment of children under the age of 18 years.

Are you entitled to, or do you anticipate receiving income from any of the following sources during the next 12 months? If you answer with a YES to any of the following, please explain.

Are you entitled to or do you expect the following?	Amount/ Year	Name of Source
Employment Yes () No (X)		
Second Employer Yes () No (X)		
Unemployment Yes () No (X)		
Child Support Yes () No (X)		
Alimony Yes () No (X)		
Social Security Yes (X) No ()		
Supplemental Security Income (SSI) Yes () No (X)		
TANF (Not Food Stamps) Yes () No (X)		
Recurring Gifts Yes () No (X)		
Other Yes () No (X)		



P.O. Box 20604

Reno, NV 89515

tel (775) 337-9155 fax (775) 337-9166

email info@nnchrb.org

ASSETS

Assets include cash (whatever held), trust corpus, equity in real estate or capital investment, notes receivable, mortgages, stocks, bonds, money market accounts, IRA's, retirement & pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc.)

ASSETS DO NOT INCLUDE

Do not include necessary personal property such as clothing, furniture, daily use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, and assets of a business.

If you answer YES to any of the following items please fill in blanks to the right. Include assets of minors.

Do you have?		Bank Name	Account No.	Balance	Interest Rate
Checking	Yes() No(☒)				
Savings	Yes() No(☒)				
Certificate of Deposit	Yes() No(☒)				
Money Market	Yes() No(☒)				
Trust	Yes() No(☒)				
Stocks/Bond	Yes() No(☒)				
Mutual Fund	Yes() No(☒)				
IRA/Keogh	Yes() No(☒)				
Retirement Accounts	Yes() No(☒)				
Rental Property	Yes() No(☒)				
Other	Yes() No(☒)				

Are TOTAL household assets over \$5,000? (include the assets of all occupants? ()Y()N

Have you sold, given as gift or disposed of any real property or other assets in the past 2 years? () Yes () No List any assets currently being sold: _____

Warning: Section 1001 of the Title 18, US Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, device or material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Park Manor, NNCHRB to make such investigations into my history as they may deem appropriate, including but not limited to, verification of employment & salary, assets, rental history and consumer credit reports.

Ralph Good
Applicant / Tenant Signature

8-16-16
Date





P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

Park Manor Apartments

Authorization for the Release of Information

I CONSENT TO ALLOW NORTHERN NEVADA COMMUNITY HOUSING RESOURCE BOARD TO REQUEST AND OBTAIN INCOME INFORMATION FROM THE SOURCES LISTED ON THE ACOMPANYING FORM. THE PURPOSE OF THIS INFORMATION IS TO VERIFY MY ELIGIBILITY FOR AFFORDABLE HOUSING. I UNDERSTAND THAT INCOME INFORMATION UNDER THIS CONSENT FORM CANNOT BE USED TO DENY RENTAL WITHOUT FIRST INDEPENDENTLY VERIFYING WHAT THE AMOUNT WAS, WHETHER I ACTUALLY HAD ACCESS TO THE FUNDS AND WHEN THE FUNDS WILL BE RECEIVED. IN ADDITION I MUST BE GIVEN OPPORTUNITY TO CONTEST THOSE DETERMINATIONS. I AUTHORIZE LANDLORD PROTECTION SERVICE TO OBTAIN CREDIT REPORTS, BANK INFORMATION, EMPLOYMENT INFORMATION, AND/OR CHARACTER REPORTS AS NECESSARY.

THIS CONSENT FORM EXPIRES 15 MONTHS AFTER SIGNED.

RALPH GOAL
Printed Name

Last Four Digits of Social Security Number

Ralph Goal
Signature

8-16-16
Date



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

Park Manor Apartments

Tenant Emergency Information (Optional)

Date: _____

Apt # _____

Name: _____

Date of Birth: _____

Social Security # _____

List the names and dosage of regular medications:

Important health issues or information:

Name of Primary/Preferred Hospital: _____

Name of Primary Doctor: _____

Insurance Information (Name, Policy #):

Emergency Contacts (Name & Phone Number):

1. _____

2. _____

3. _____

Any additional information, comments, or suggestions for paramedics:



2016

~~2015~~



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

PARK MANOR APARTMENTS File Approval Request

Apartment Number: #213

40% X 30%

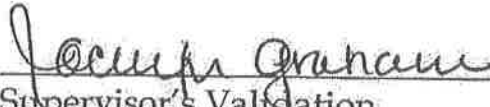
Head of Household Name: Goad, Ralph

Certification Effective Date: 10/19/15

MANAGEMENT HAS COMPLETED THE REQUIRED PROCEDURES TO VERIFY ELIGIBILITY OF THE ABOVE HOUSEHOLD IN COMPLIANCE WITH SECTION 42 OF THE 1986 TAX REFORM ACT. FURTHERMORE, IT IS MANAGEMENT'S BELIEF THAT THE INFORMATION USED IN VERIFYING ELIGIBILITY IS TRUE AND CORRECT AND TO THE BEST OF THEIR KNOWLEDGE, BELIEVE THE ABOVE HOUSEHOLD IS QUALIFIED FOR SECTION 42 TAX CREDIT ELIGIBILITY.


Property Manager's Preliminary OK

10/13/15
Date


Supervisor's Validation

10/13/15
Date

TENANT INCOME CERTIFICATION

☐ Initial Certification
 ☒ Recertification
 ☐ Other

Effective Date: 10/19/15

Move-in Date: 10/19/10

(MM/DD/YYYY)

PART I - DEVELOPMENT DATA

 Property Name: Park Manor Apartments
 Address: 33 S. Park Street Reno, NV 89502

 County: Washoe
 Unit #: 213

 BIN#: NV-98-80001
 # Bedrooms: 0

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Last 4 digits of Social Security or Alien Reg. #
1	Goad	Ralph, E.	HEAD	8/22/1946	N	7053
2						
3						
4						
5						
6						
7						

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1		\$9,924.00		
TOTALS	\$	\$9,924.00	\$	\$

Add totals from (A) through (D), above

TOTAL INCOME (E): \$9,924.00

PART IV. INCOME FROM ASSETS

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$	\$0.00
Enter Column (H) Total		Passbook Rate		
If over \$5000 \$		X 0.06%	(J) Imputed Income	\$0.00
Enter the greater of the total of column I, or J: imputed income			TOTAL INCOME FROM ASSETS (K)	\$0.00

(L) Total Annual Household Income from all Sources [Add (E) + (K)] \$9,924.00

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. 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 the lease agreement.

 Signature: Ralph Goad

 10/19/15
 (Date)

Signature

(Date)

Signature

(Date)

Signature

(Date)

PART V. DETERMINATION OF INCOME ELIGIBILITY**RECERTIFICATION ONLY:**TOTAL ANNUAL HOUSEHOLD INCOME
FROM ALL SOURCES:
From item (L) on page 1

\$9,924.00

Household Meets
Income Restriction at:☐ 60% ☐ 50%
☒ 40% ☐ 30%
☐ _____ %

\$28,000.00

Household Income exceeds 140%
at recertification:
☐ Yes ☒ No

Current Income Limit per Family Size: \$20,000.00

Household Income at Move-in: \$8,088.00

Household Size at Move-in: 1

PART VI. RENT

Tenant Paid Rent \$475.00

Utility Allowance \$0.00

Rent Assistance: \$0.00

Other non-optional charges: \$0.00

GROSS RENT FOR UNIT:
(Tenant paid rent plus Utility Allowance &
other non-optional charges)

\$475.00

Unit Meets Rent Restriction at:

☐ 60% ☐ 50% ☒ 40% ☐ 30% ☐ _____ %

Maximum Rent Limit for this unit: \$500.00

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

☐ yes ☒ noIf yes, Enter student explanation*
(also attach documentation)Enter
1-5

*Student Explanation:

- 1 TANF assistance
- 2 Job Training Program
- 3 Single parent/dependent child
- 4 Married/Joint return
- 5 Previously part of a Foster Care Program

PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. Tax Credit ☒

See Part V above.

b. HOME ☐

Income Status

☐ ≤ 50% AMGI
☐ ≤ 60% AMGI
☐ ≤ 80% AMGI
☐ OI**c. Tax Exempt ☐

Income Status

☐ 50% AMGI
☐ 60% AMGI
☐ 80% AMGI
☐ OI**d. AHDP ☐

Income Status

☐ 50% AMGI
☐ 80% AMGI
☐ OI**e. ☐
(Name of Program)

Income Status

☐ _____
☐ _____
☐ OI**

**

Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

10/19/15

Exhibit NV-1a

TIC Addendum

(Attach to TIC)

Project Name: Park Manor Unit #: 213 Move-in date: 10/19/10

Initial Certification ☐ Recertification ☒ Transfer? No ☐ Yes ☐ From Unit #

1. **STUDENTS:** Are all members of the household Students? Yes ☐ No ☒

If yes, the Student Certification form (Exhibit NV-1c) must be completed.

2. **CHILD SUPPORT/ALIMONY:** Does any household member anticipate or receive child support and/or alimony? Yes ☐ No ☒

If yes, the Affidavit of Alimony/Child support (Exhibit NV-2f) must be completed with supporting verification attached. See chapter 7(E)(5) of the NHD Compliance Manual.

3. **ASSETS:** Are total household assets \$5,000 or more? Yes ☐ No ☒

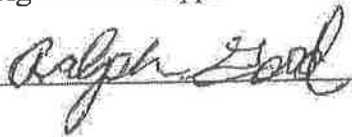
If yes, all assets must be third party verified.

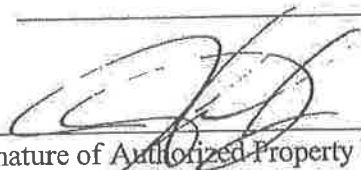
I certify that the information provided above is true to the best of knowledge and belief; and that by providing false information I forfeit the lease and my eligibility to reside at this housing facility.

Note: All adult household members must sign and date.

Dated this 19 day of 10, 2015 Effective as of the 19 day of 10, 2015

Signatures of Applicant/Resident:




Signature of Authorized Property Representative


Date

CALCULATION WORKSHEET

Apartment Community: Park Manor Apartments				Apt. No.: 213		Effective Date: 10/19/15	
Family Memb. 1	Last Name Goad	First Name Ralph	Family Memb. 2	Last Name	First Name		
Family Mem. 3	Last Name	First Name	Family Memb. 4	Last Name	First Name		

Family Memb. #	Source	Basic Rate \$	Average Hours	Average Annual			Total
				Wk	Mo	Yr	
1	SSD	827		x	12		\$9,924.00
				x			
				x			
				x			
				x			
				x			
				x			
				x			
				x			
				x			
Total Verified Income							\$9,924.00

Family Memb. #	Source/Type	Cash Value	Interest Rate	Income
			x %	
			x %	
			x %	
			x %	
			x %	
			x %	
			x %	
			x %	
			x %	
			x %	
If total assets exceed \$5000, complete calculation below			Total Income from Assets	\$0.00
\$ <u> X </u> % = _____ Total Assets Hud/USDA approved passbook rate				

TOTAL VERIFIED INCOME	\$9,924.00
INCOME FROM ASSETS	\$0.00
TOTAL HOUSEHOLD INCOME	\$9,924.00

COMMENTS

YTD CALCULATION #1

YTD CALCULATION #2

YTD CALCULATION #3

YTD CALCULATION #4

Prepared By: Joseph Sylvester	Date: 10/13/15
Approved By:	Date:

Social Security Administration

Retirement, Survivors, and Disability Insurance

Important Information

Southeastern PSC
 Birmingham Social Security Center
 1200 Rev. Abraham Woods, Jr. Blvd.
 Birmingham, Alabama 35285-0001
 Date: July 28, 2015
 Claim Number: 226-68-2092 D1



0000254 CTPMK3 1A 0.440



RALPH EDMOND GOAD
 33 S PARK STREET
 APT 213
 RENO NV 89502-0823



We have chosen PAYEE COUNSELING SERVICES INC to be your representative payee. Your payee will receive your checks each month and will use this money for your needs.

Information About Your Checks

We are sending your regular monthly check of \$827.00 to PAYEE COUNSELING SERVICES INC around August 3, 2015.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-888-808-5481. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
 1170 HARVARD WAY
 RENO, NV 89502

SEE NEXT PAGE

827.00x

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9,924.*

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5000254 0101NLT400024 CTPAFPMK3NLT4R15072 FIA

EXHIBIT NV-2d

UNEMPLOYED/NON-EMPLOYED APPLICANT AFFIDAVIT

Resident Name: Ralph Good Unit #: 213

Project Name: Park Manor

Move-In Date: 10/19/10

I reside and/or have applied to rent an apartment at _____

1. For unemployed applicants/residents receiving unemployment benefits, use the income disclosed below on the Tenant Income Certification.

☐ I am not presently employed. However, I am currently receiving unemployment benefits (verification attached) in the amount of \$ _____ per week. **Unemployment benefits must be annualized and included in anticipated gross annual income.**

2. For non-employed applicants/residents, please check the box below and select appropriate reason for non-employment.

☒ I am not presently employed and do not anticipate becoming employed within the next twelve months. Must state reason for non-employment:

- ☐ Retired
☒ Disable/handicapped
☐ Student
☐ Full-time parent
☐ Other _____

I understand that this certification is made as part of the qualification procedure to determine eligibility for residency at these apartments and that providing false information or any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above representations are true to the best of knowledge and belief.

Ralph Good
Signature of Applicant/Resident

10/19/15
Date

[Signature]
Signature of Authorized Property Representative

10/19/15
Date

Park Manor

Family Composition Update

This information will be used in the annual re-certification process

List all members in household including minors:

Last Name, First Name	Relationship to Head of household	Birth Date	Last Full State of Social Security Number	Disabled? YES/NO	Current Status of Student at time of application	
					Yes	No
Goad, Ralph	Head	8-22-46		YES		✓

Telephone Number where you can be reached: # 213

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Park Manor to make such investigations into my history as they may deem appropriate.

Ralph Goad
 Resident

10-6-15
 Date

-- SUPPLEMENTAL RENTAL APPLICATION

Applicant Name: RAEPA GOAD Date: 10-6-15

NOTE: Applicants must complete this section in order to determine qualifications for residency within the Federal Low Income Housing Tax Credit Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such information may result in non-qualification for residency for any rental unit in the LIHTC Program.

INCOME

Income includes GROSS amount of wages, salaries, overtime pay, commissions, fees, tips, bonuses, meal allowances, uniform allowances, social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment compensation, disability compensation, worker's compensation, severance pay, welfare assistance (TANF), alimony and child support, recurring monetary gifts or contributions regularly received, net income from a business, and other compensation for all adults in the household.

INCOME DOES NOT INCLUDE

Student financial assistance, personal loans, meals on wheels, special pay to household member serving in the Armed Forces exposed to hostile fire, value of allotment provided under the Food Stamp Act of 1977, payments received under Domestic Volunteer Service Act of 1973, payments received under Title V of the Older Americans Act, earned income tax credit, and income from the employment of children under the age of 18 years.

Are you entitled to, or do you anticipate receiving income from any of the following sources during the next 12 months? If you answer with a YES to any of the following, please explain.

Are you entitled to or do you expect the following?		Amount/ Year	Name of Source
Employment	Yes () No (X)		
Second Employer	Yes () No (X)		
Unemployment	Yes () No (X)		
Child Support	Yes () No (X)		
Alimony	Yes () No (X)		
Social Security	Yes (X) No ()	?	SOCIAL SECURITY
Supplemental Security Income (SSI)	Yes () No (X)		
TANF (Not Food Stamps)	Yes () No (X)		
Recurring Gifts	Yes () No (X)		
Other	Yes () No (X)		

ASSETS

Assets include cash (whatever held), trust corpus, equity in real estate or capital investment, notes receivable, mortgages, stocks, bonds, money market accounts, IRA's, retirement & pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc.)

ASSETS DO NOT INCLUDE

Do not include necessary personal property such as clothing, furniture, daily use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, and assets of a business.

If you answer YES to any of the following items please fill in blanks to the right. Include assets of minors.

Do you have?		Bank Name	Account No.	Balance	Interest Rate
Checking	Yes () No (☒)				
Savings	Yes () No (☒)				
Certificate of Deposit	Yes () No (☒)				
Money Market	Yes () No (☒)				
Trust	Yes () No (☒)				
Stocks/Bond	Yes () No (☒)				
Mutual Fund	Yes () No (☒)				
IRA/Keogh	Yes () No (☒)				
Retirement Accounts	Yes () No (☒)				
Rental Property	Yes () No (☒)				
Other	Yes () No (☒)				

Are TOTAL household assets over \$5,000? (include the assets of all occupants? () Yes (☒) No

Have you sold, given as gift or disposed of any real property or other assets in the past 2 years? () Yes (☒) No List any assets currently being sold: _____

Warning: Section 1001 of the Title 18, US Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, device or material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Park Manor, NNCHRB to make such investigations into my history as they may deem appropriate, including but not limited to, verification of employment & salary, assets, rental history and consumer credit reports.

Ralph Good
Applicant/Tenant Signature

10-6-15
Date



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchr.org

Park Manor Apartments

Authorization for the Release of Information

I CONSENT TO ALLOW NORTHERN NEVADA COMMUNITY HOUSING RESOURCE BOARD TO REQUEST AND OBTAIN INCOME INFORMATION FROM THE SOURCES LISTED ON THE ACOMPANYING FORM. THE PURPOSE OF THIS INFORMATION IS TO VERIFY MY ELIGIBILITY FOR AFFORDABLE HOUSING. I UNDERSTAND THAT INCOME INFORMATION UNDER THIS CONSENT FORM CANNOT BE USED TO DENY RENTAL WITHOUT FIRST INDEPENDENTLY VERIFYING WHAT THE AMOUNT WAS, WHETHER I ACTUALLY HAD ACCESS TO THE FUNDS AND WHEN THE FUNDS WILL BE RECEIVED. IN ADDITION I MUST BE GIVEN OPPORTUNITY TO CONTEST THOSE DETERMINATIONS. I AUTHORIZE LANDLORD PROTECTION SERVICE TO OBTAIN CREDIT REPORTS, BANK INFORMATION, EMPLOYMENT INFORMATION, AND/OR CHARACTER REPORTS AS NECESSARY.

THIS CONSENT FORM EXPIRES 15 MONTHS AFTER SIGNED.

RALPH GOAD
Printed Name

Last Four Digits of Social Security Number

Ralph Goad
Signature

10-6-15
Date



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

Park Manor Apartments

Tenant Emergency Information (Optional)

Date: 10-6-15

Apt # 213

Name: RALPH GOAD

Date of Birth: 8-22-46

Social Security # _____

List the names and dosage of regular medications:

ATIVAN 1mg

BLAVIL 100 mg

Important health issues or information:

Name of Primary/Preferred Hospital: _____

Name of Primary Doctor: _____

Insurance Information (Name, Policy #):

MEDICARE

Emergency Contacts (Name & Phone Number):

1. _____

2. _____

3. _____

Any additional information, comments, or suggestions for paramedics:

2014



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

PARK MANOR APARTMENTS Managers Certification

Apartment Number: # 213 _____

40% X 30% ____

Household Name(s): Goad, Ralph

Move-In Date: 10/19/10

Original Certification Date: 10/19/10

Annual Recertification Effective Date: 10/19/14

Annual Household Income: \$ 10,992.00

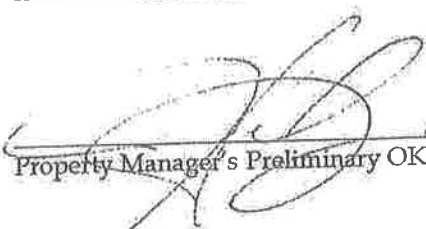
MAXIMUM ALLOWABLE INCOME FOR HOUSEHOLD SIZE 5/1/2014

% -Area Median Income	1 PERSON	2 PEOPLE
30%	\$15,000	\$17,160
40%	\$20,000	\$22,880

RENTAL RATE

Apartment Size & AMI	Rent
Studio @40% AMI	\$ 475
Studio @ 30% AMI	\$ 360

MANAGEMENT HAS COMPLETED THE REQUIRED PROCEDURES TO VERIFY ELIGIBILITY OF THE ABOVE HOUSEHOLD IN COMPLIANCE WITH SECTION 42 OF THE 1986 TAX REFORM ACT. FURTHERMORE, IT IS MANAGEMENT'S BELIEF THAT THE INFORMATION USED IN VERIFYING ELIGIBILITY IS TRUE AND CORRECT AND TO THE BEST OF THEIR KNOWLEDGE, BELIEVE THE ABOVE HOUSEHOLD IS QUALIFIED FOR SECTION 42 TAX CREDIT ELIGIBILITY.


Property Manager's Preliminary OK

10-16-14
Date

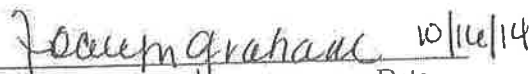

Final Validation Date

EXHIBIT NV-1c

LOW INCOME HOUSING TAX CREDIT PROGRAM ALTERNATE CERTIFICATION

Property Name: Park Manor Unit #: 213 Bedroom size: 0
 Certification Effective Date: 10/19/14 Move-in Date: 10/19/10 % of Set Aside: 40% Tenant Paid Rent: \$475
 Household Income at move-in: \$8088 Utility Allowance: \$0
 Gross Household Income: \$10992 Rental Subsidy: \$0
 Max Income Limit: \$20000 Total Gross Rent: \$475
 Income Limit x 140%: \$28000 Max Allowable Rent Limit: \$500
 List all occupants of the unit and indicate if full-time student(s)

Household members name	Birth Date	Full-time Student?
Giad, Ralph	8/22/46	Yes ☐ No ☒
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐

Are any of the above Adult occupants original members of the household? Yes ☒ No ☐

Answer only if all members are full-time students:

(Definition of student: Anyone who has been or will be a full-time student at an educational institution with regular facilities and students during 5 months of the year this Certification is completed.)

If yes, are the students married and filing a joint tax return (verification required)? Yes ☐ No ☐

If yes, does the household receive Temporary Assistance to Needy Families (TANF) (verification required)? Yes ☐ No ☐

If yes, is the household comprised of a single parent & child(ren) none of whom are dependents of a third party (verification required)? Yes ☐ No ☐

If yes, are the students enrolled in a job training program under the Job Training Partnership Act (verification required)? Yes ☐ No ☐

If yes, has any household member previously been part of a foster care program (verification required)? Yes ☐ No ☐

Resident's Statement: I understand that the above information has been collected to determine my eligibility for residency. I certify that the statements made in this certification are true and complete to the best of my knowledge and belief and are aware that false statements may be cause for termination of my lease and may be punishable under Federal Law. I agree to immediately inform the project manager of any changes to my household's family composition. I also agree to immediately inform the project manager if all members of my household become full-time students.

Signature of all adult household members:

Date: _____
 Date: _____
 Date: _____
 Date: _____

Project Sponsor's Statement: Based on the representations herein, the household defined in this certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in this development.

Management Representative: _____

Date: 10-16-14



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

Park Manor

Family Composition Update

This information will be used in the annual re-certification process

List all members in household including minors:

Last Name, First Name	Relationship to Head of Household	Birth Date	Social Security Number	Disabled? YES or NO	Student or Student of the Year YES or NO	
					YES	NO
GOAD, RALPH	Head	8-22-46		YES		☒

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Park Manor to make such investigations into my history as they may deem appropriate.

Ralph Goad
Resident

10-16-14
Date



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

SUPPLEMENTAL RENTAL APPLICATION

Applicant Name: RALPH GOAD Date: 10-16-14

NOTE: Applicants must complete this section in order to determine qualifications for residency within the Federal Low Income Housing Tax Credit Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such information may result in non-qualification for residency for any rental unit in the LIHTC Program.

INCOME

Income includes GROSS amount of wages, salaries, overtime pay, commissions, fees, tips, bonuses, meal allowances, uniform allowances, social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment compensation, disability compensation, worker's compensation, severance pay, welfare assistance (TANF), alimony and child support, recurring monetary gifts or contributions regularly received, net income from a business, and other compensation for all adults in the household.

INCOME DOES NOT INCLUDE

Student financial assistance, personal loans, meals on wheels, special pay to household member serving in the Armed Forces exposed to hostile fire, value of allotment provided under the Food Stamp Act of 1977, payments received under Domestic Volunteer Service Act of 1973, payments received under Title V of the Older Americans Act, earned income tax credit, and income from the employment of children under the age of 18 years.

Are you entitled to, or do you anticipate receiving income from any of the following sources during the next 12 months? If you answer with a YES to any of the following, please explain.

Are you entitled to or do you expect the following?		Amount/ Year	Name of Source
Employment	Yes () No (☒)		
Second Employer	Yes () No (☒)		
Unemployment	Yes () No (☒)		
Child Support	Yes () No (☒)		
Alimony	Yes () No (☒)		
Social Security	Yes (☒) No ()	916 MONTH	DISABILITY
Supplemental Security Income (SSI)	Yes () No (☒)		
TANF (Not Food Stamps)	Yes () No (☒)		
Recurring Gifts	Yes () No (☒)		
Other	Yes () No (☒)		



P.O. Box 20604
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tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

ASSETS

Assets include cash (whatever held), trust corpus, equity in real estate or capital investment, notes receivable, mortgages, stocks, bonds, money market accounts, IRA's, retirement & pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc.)

ASSETS DO NOT INCLUDE

Do not include necessary personal property such as clothing, furniture, daily use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, and assets of a business.

If you answer YES to any of the following items please fill in blanks to the right. Include assets of minors.

Do you have?		Bank Name	Account No.	Balance	Interest Rate
Checking	Yes () No (X)				
Savings	Yes () No (X)				
Certificate of Deposit	Yes () No (X)				
Money Market	Yes () No (X)				
Trust	Yes () No (X)				
Stocks/Bond	Yes () No (X)				
Mutual Fund	Yes () No (X)				
IRA/Keogh	Yes () No (X)				
Retirement Accounts	Yes () No (X)				
Rental Property	Yes () No (X)				
Other	Yes () No (X)				

Are TOTAL household assets over \$5,000? (include the assets of all occupants? () Yes (X) No

Have you sold, given as gift or disposed of any real property or other assets in the past 2 years? () Yes (X) No List any assets currently being sold: _____

Warning: Section 1001 of the Title 18, US Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, device or material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Park Manor, NNCHRB to make such investigations into my history as they may deem appropriate, including but not limited to, verification of employment & salary, assets, rental history and consumer credit reports.

Ralph Good
Applicant / Tenant Signature

10-16-14
Date



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

Park Manor Apartments

Authorization for the Release of Information

I CONSENT TO ALLOW NORTHERN NEVADA COMMUNITY HOUSING RESOURCE BOARD TO REQUEST AND OBTAIN INCOME INFORMATION FROM THE SOURCES LISTED ON THE ACOMPANYING FORM. THE PURPOSE OF THIS INFORMATION IS TO VERIFY MY ELIGIBILITY FOR AFFORDABLE HOUSING. I UNDERSTAND THAT INCOME INFORMATION UNDER THIS CONSENT FORM CANNOT BE USED TO DENY RENTAL WITHOUT FIRST INDEPENDENTLY VERIFYING WHAT THE AMOUNT WAS, WHETHER I ACTUALLY HAD ACCESS TO THE FUNDS AND WHEN THE FUNDS WILL BE RECEIVED. IN ADDITION I MUST BE GIVEN OPPORTUNITY TO CONTEST THOSE DETERMINATIONS. I AUTHORIZE LANDLORD PROTECTION SERVICE TO OBTAIN CREDIT REPORTS, BANK INFORMATION, EMPLOYMENT INFORMATION, AND/OR CHARACTER REPORTS AS NECESSARY.

THIS CONSENT FORM EXPIRES 15 MONTHS AFTER SIGNED.

RALPH GOAD
Printed Name

Social Security Number

Ralph Goad
Signature

10-16-14
Date



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

Park Manor Apartments

Tenant Emergency Information (Optional)

Date: 10-16-14
Apt # 213
Name: RALPH GOAD
Date of Birth: 8-22-46
Social Security # _____

List the names and dosage of regular medications:

ELAVIL 100 MG
ATAVAN 3 MG

Important health issues or information:

Name of Primary/Preferred Hospital: _____

Name of Primary Doctor: _____

Insurance Information (Name, Policy #):

MEDICARE

Emergency Contacts (Name & Phone Number):

1. ✓
2. _____
3. _____

Any additional information, comments, or suggestions for paramedics:

Recertification 2014



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchr.org

PARK MANOR APARTMENTS Managers Certification

Apartment Number: # 213 _____

40% X 30% ____

Household Name(s): Goad, Ralph

Move-In Date: 10/19/10

Original Certification Date: 10/19/10

Annual Recertification Effective Date: 10/19/13

Annual Household Income: 10,656

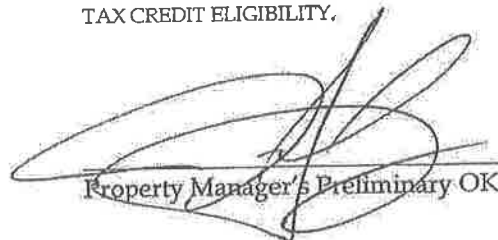
MAXIMUM ALLOWABLE INCOME FOR HOUSEHOLD SIZE TAX CREDIT AFFORDABILITY GUIDELINES 12/04/2012- HOME 03/15/2013

% -Area Median Income	1 PERSON	2 PEOPLE
30%	\$14,250	\$16,300
40%	\$19,040	\$21,760

RENTAL RATE

Apartment Size & AMI	Rent 2013
Studio @40% AMI	\$ 475
Studio @ 30% AMI	\$ 360

MANAGEMENT HAS COMPLETED THE REQUIRED PROCEDURES TO VERIFY ELIGIBILITY OF THE ABOVE HOUSEHOLD IN COMPLIANCE WITH SECTION 42 OF THE 1986 TAX REFORM ACT. FURTHERMORE, IT IS MANAGEMENT'S BELIEF THAT THE INFORMATION USED IN VERIFYING ELIGIBILITY IS TRUE AND CORRECT AND TO THE BEST OF THEIR KNOWLEDGE, BELIEVE THE ABOVE HOUSEHOLD IS QUALIFIED FOR SECTION 42 TAX CREDIT ELIGIBILITY.


Property Manager's Preliminary OK

9/11/13
Date


Final Validation Date

EXHIBIT NV-1c
LOW INCOME HOUSING TAX CREDIT PROGRAM
ALTERNATE CERTIFICATION

Property Name: Park Manor Unit #: 213 Bedroom size: 0
Certification Effective Date: 10/19/13 Move-in Date: 10/19/10 % of Set Aside: 40% Tenant Paid Rent: \$475
Household Income at move-in: \$8088 Utility Allowance: \$0
Gross Household Income: \$10656 Rental Subsidy: \$0
Max Income Limit: \$19040 Total Gross Rent \$475
Income Limit x 140%: \$26656 Max Allowable Rent Limit: \$500

List all occupants of the unit and indicate if full-time student(s)

Household members name	Birth Date	Full-time Student?
Goad, Ralph	8/22/46	Yes ☐ No ☒
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐

Are any of the above Adult occupants original members of the household? Yes ☒ No ☐

Answer only if all members are full-time students:

(Definition of student: Anyone who has been or will be a full-time student at an educational institution with regular facilities and students during 5 months of the year this Certification is completed.)

If yes, are the students married and filing a joint tax return (*verification required*)? Yes ☐ No ☐

If yes, does the household receive Temporary Assistance to Needy Families (TANF) (*verification required*)? Yes ☐ No ☐

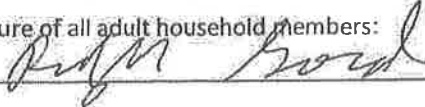
If yes, is the household comprised of a single parent & child(ren) none of whom are dependents of a third party (*verification required*)? Yes ☐ No ☐

If yes, are the students enrolled in a job training program under the Job Training Partnership Act (*verification required*)? Yes ☐ No ☐

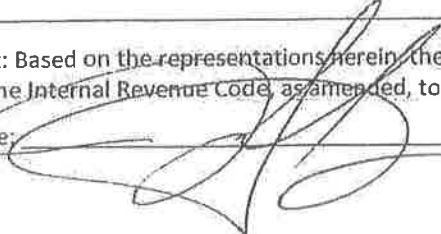
If yes, has any household member previously been part of a foster care program (*verification required*)? Yes ☐ No ☐

Resident's Statement: I understand that the above information has been collected to determine my eligibility for residency. I certify that the statements made in this certification are true and complete to the best of my knowledge and belief and are aware that false statements may be cause for termination of my lease and may be punishable under Federal Law. I agree to immediately inform the project manager of any changes to my household's family composition. I also agree to immediately inform the project manager if all members of my household become full-time students.

Signature of all adult household members:

 Date: 9-11-13

Project Sponsor's Statement: Based on the representations herein the household defined in this certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in this development.

Management Representative:  Date: 9/11/13



Park Manor



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

Family Composition Update

This information will be used in the annual re-certification process

List all members in household including minors:

Name, (last name first)	Relationship to Head of Household	Date of Birth	Social Security Number	Student? yes / no	Disabled? yes / no
GOAD, RALPH	Head	8-22- 46		NO	YES

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Park Manor to make such investigations into my history as they may deem appropriate.

Ralph Goad
Resident

9-7-13
Date

Resident

Date



P.O. Box 20604
Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

SUPPLEMENTAL RENTAL APPLICATION

Applicant Name: Ralph Goal

Date: 9-7-13

NOTE: Applicants must complete this section in order to determine qualifications for residency within the Federal Low Income Housing Tax Credit Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such information may result in non-qualification for residency for any rental unit in the LIHTC Program.

INCOME

Income includes GROSS amount of wages, salaries, overtime pay, commissions, fees, tips, bonuses, meal allowances, uniform allowances, social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment compensation, disability compensation, worker's compensation, severance pay, welfare assistance (TANF), alimony and child support, recurring monetary gifts or contributions regularly received, net income from a business, and other compensation for all adults in the household.

INCOME DOES NOT INCLUDE

Student financial assistance, personal loans, meals on wheels, special pay to household member serving in the Armed Forces exposed to hostile fire, value of allotment provided under the Food Stamp Act of 1977, payments received under Domestic Volunteer Service Act of 1973, payments received under Title V of the Older Americans Act, earned income tax credit, and income from the employment of children under the age of 18 years.

Are you entitled to, or do you anticipate receiving income from any of the following sources during the next 12 months? If you answer with a YES to any of the following, please explain.

Are you entitled to or do you expect the following?	Amount/ Year	Name of Source
Employment	Yes () No ☒	
Second Employer	Yes () No ☒	
Child Support	Yes () No ☒	
Alimony	Yes () No ☒	
TANF	Yes () No ☒	
Social Security	Yes ☒ No ☒	2 m.00
Supplemental Security Income (SSI)	Yes () No ()	1
Unemployment	Yes () No ☒	
Recurring monetary contributions/ gifts	Yes () No ☒	
Other	Yes () No ☒	

DISABILITY 19656.00



P.O. Box 20604

Reno, NV 89515

tel (775) 337-9155 fax (775) 337-9166

email info@nnchrb.org

ASSETS

Assets include cash (whatever held), trust corpus, equity in real estate or capital investment, notes receivable, mortgages, stocks, bonds, money market accounts, IRA's, retirement & pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc.)

ASSETS DO NOT INCLUDE

Do not include necessary personal property such as clothing, furniture, daily use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, and assets of a business.

If you answer YES to any of the following items please fill in blanks to the right. Include assets of minors.

Do you have?	Bank Name	Account No.	Balance	Interest Rate
Checking Yes() No(☒)				
Savings Yes() No(☒)				
Certificate of Deposit Yes() No(☒)				
Money Market Yes() No(☒)				
Trust Yes() No(☒)				
Stocks/Bond Yes() No(☒)				
Mutual Fund Yes() No(☒)				
IRA/Keogh Yes() No(☒)				
Retirement Accounts Yes() No(☒)				
Rental Property Yes() No(☒)				
Other Yes() No(☒)				

Are TOTAL household assets over \$5,000? (Include the assets of all occupants?) Yes(☒) No

Have you sold, given as gift or disposed of any real property or other assets in the past 2 years? () Yes (☒) No List any assets currently being sold: _____

Warning: Section 1001 of the Title 18, US Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, device or material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Cottonwood Village, NNCHRB to make such investigations into my history as they may deem appropriate, including but not limited to, verification of employment & salary, assets, rental history and consumer credit reports.

Ralph Good
Applicant / Tenant Signature

9-7-13
Date



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Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

Park Manor Apartments

Tenant Emergency Information (updated)

Date: 9-7-13

Name: RALPH GOAD

Date of Birth: 8-22-46

Apt # 213

Social Security # _____

List the names and dosage of regular medications:

LORAZAPAM
ELUVEL

Important health issues or information:

Name of Primary/Preferred Hospital: _____

Name of Primary Doctor: _____

Insurance Information (Name, Policy #): _____

Emergency Contacts (Name & Phone Number(s)):

1. _____

2. _____

3. _____

Any additional information, comments, or suggestions to paramedics:

Recertification 2013



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tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

PARK MANOR APARTMENTS Managers Certification

Apartment Number: 213 _____ 40% X 30% ____

Household Name(s): Goad, Ralph

Move-In Date: 10/19/10

Original Certification Date: 10/19/10

Annual Recertification Effective Date: 10/19/12

Annual Household Income: \$ 10,656.00

CIRCLE MAXIMUM ALLOWABLE INCOME FOR HOUSEHOLD SIZE MAXIMUM INCOME

TAX CREDIT AFFORDABILITY GUIDELINES February 9, 2012

% -Area Median Income	1 PERSON	2 PEOPLE
30%	\$15,000	\$17,150
40%	\$20,000	\$22,880

RENTAL RATE

Apartment Size & AMI	Rent 2012
Studio @40% AMI	\$ 475
Studio @ 30% AMI	\$ 360

MANAGEMENT HAS COMPLETED THE REQUIRED PROCEDURES TO VERIFY ELIGIBILITY OF THE ABOVE HOUSEHOLD IN COMPLIANCE WITH SECTION 42 OF THE 1986 TAX REFORM ACT. FURTHERMORE, IT IS MANAGEMENT'S BELIEF THAT THE INFORMATION USED IN VERIFYING ELIGIBILITY IS TRUE AND CORRECT AND TO THE BEST OF THEIR KNOWLEDGE, BELIEVE THE ABOVE HOUSEHOLD IS QUALIFIED FOR SECTION 42 TAX CREDIT ELIGIBILITY.

 10/12/12
Property Manager's Preliminary OK Date

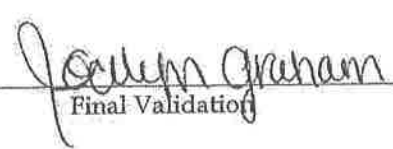
 10/12/12
Final Validation Date

EXHIBIT NV-1c
LOW INCOME HOUSING TAX CREDIT PROGRAM
ALTERNATE CERTIFICATION

Property Name: Park Manor Unit #: 213 Bedroom size: 0
Certification Effective Date: 10/19/12 Move-in Date: 10/19/10 % of Set Aside: 40% Tenant Paid Rent: \$475
Household Income at move-in: \$8088 Utility Allowance: \$0
Gross Household Income: \$10656 Rental Subsidy: \$0
Max Income Limit: \$20000 Total Gross Rent: \$475
Income Limit x 140%: \$28000 Max Allowable Rent Limit: \$500
List all occupants of the unit and indicate if full-time student(s)

Household members name	Birth Date	Full-time Student?
Goad, Ralph	8/22/46	Yes ☐ No ☒
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐

Are any of the above Adult occupants original members of the household? Yes ☒ No ☐

Answer only if all members are full-time students:

(Definition of student: Anyone who has been or will be a full-time student at an educational institution with regular facilities and students during 5 months of the year this Certification is completed.)

If yes, are the students married and filing a joint tax return (verification required)? Yes ☐ No ☐

If yes, does the household receive Temporary Assistance to Needy Families (TANF) (verification required)? Yes ☐ No ☐

If yes, is the household comprised of a single parent & child(ren) none of whom are dependents of a third party (verification required)? Yes ☐ No ☐

If yes, are the students enrolled in a job training program under the Job Training Partnership Act (verification required)? Yes ☐ No ☐

If yes, has any household member previously been part of a foster care program (verification required)? Yes ☐ No ☐

Resident's Statement: I understand that the above information has been collected to determine my eligibility for residency. I certify that the statements made in this certification are true and complete to the best of my knowledge and belief and are aware that false statements may be cause for termination of my lease and may be punishable under Federal Law. I agree to immediately inform the project manager of any changes to my household's family composition. I also agree to immediately inform the project manager if all members of my household become full-time students.

Signature of all adult household members:

Ralph Goad Date: _____
Date: 10/12/12
Date: _____
Date: _____

Project Sponsor's Statement: Based on the representations herein, the household defined in this certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in this development.

Management Representative: _____

Date: 10/12/12

EXHIBIT NV-2d

UNEMPLOYED/NON-EMPLOYED APPLICANT AFFIDAVIT

Resident Name: Ralph Goad Unit #: 213

Project Name: Park Manor

Move-In Date: _____

I reside and/or have applied to rent an apartment at 33 S. Park St.
Reno, NV 89502

1. For unemployed applicants/residents receiving unemployment benefits, use the income disclosed below on the Tenant Income Certification.

☐ I am not presently employed. However, I am currently receiving unemployment benefits (verification attached) in the amount of \$_____, per week. **Unemployment benefits must be annualized and included in anticipated gross annual income.**

2. For non-employed applicants/residents, please check the box below and select appropriate reason for non-employment.

☒ I am not presently employed and do not anticipate becoming employed within the next twelve months. Must state reason for non-employment:

- ☐ Retired
☐ Disable/handicapped
☐ Student
☐ Full-time parent
☒ Other SSD

I understand that this certification is made as part of the qualification procedure to determine eligibility for residency at these apartments and that providing false information or any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above representations are true to the best of knowledge and belief.

Ralph Goad
Signature of Applicant/Resident

9-26-12
Date

[Signature]
Signature of Authorized Property Representative

9/26/12
Date



Park Manor



P.O. Box 20604
Reno, NV 89515
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email info@nnchrb.org

Family Composition Update

This information will be used in the annual re-certification process

List all members in household including minors:

Name, (last name first)	Relationship to Head of Household	Date of Birth	Social Security Number	Student? yes / no	Disabled? yes / no
GOAD, RALPH	Head	8-22-46		NO	YES

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Park Manor to make such investigations into my history as they may deem appropriate.

Ralph Goad
Resident

9-25-12
Date

Resident

Date



SUPPLEMENTAL RENTAL APPLICATION

Applicant Name: Ralph Good Date: 9-25-12

NOTE: Applicants must complete this section in order to determine qualifications for residency within the Federal Low Income Housing Tax Credit Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such information may result in non-qualification for residency for any rental unit in the LIHTC Program.

INCOME

Income includes GROSS amount of wages, salaries, overtime pay, commissions, fees, tips, bonuses, meal allowances, uniform allowances, social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment compensation, disability compensation, worker's compensation, severance pay, welfare assistance (TANF), alimony and child support, recurring monetary gifts or contributions regularly received, net income from a business, and other compensation for all adults in the household.

INCOME DOES NOT INCLUDE

Student financial assistance, personal loans, meals on wheels, special pay to household member serving in the Armed Forces exposed to hostile fire, value of allotment provided under the Food Stamp Act of 1977, payments received under Domestic Volunteer Service Act of 1973, payments received under Title V of the Older Americans Act, earned income tax credit, and income from the employment of children under the age of 18 years.

Are you entitled to, or do you anticipate receiving income from any of the following sources during the next 12 months? If you answer with a YES to any of the following, please explain.

Are you entitled to or do you expect the following?	Amount/ Year	Name of Source
Employment	Yes () No (X)	
Second Employer	Yes () No (X)	
Child Support	Yes () No (X)	
Alimony	Yes () No (X)	
TANF	Yes () No (X)	
Social Security	Yes (X) No ()	
Supplemental Security Income (SSI)	Yes () No (X)	
Unemployment	Yes () No (X)	
Recurring monetary contributions/ gifts	Yes () No (X)	
Other <u>SSD</u>	Yes (X) No ()	<u>888 mo. SOCIAL SECURITY</u>



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Reno, NV 89515
tel (775) 337-9155 fax (775) 337-9166
email info@nnchrb.org

ASSETS

Assets include cash (whatever held), trust corpus, equity in real estate or capital investment, notes receivable, mortgages, stocks, bonds, money market accounts, IRA's, retirement & pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc.)

ASSETS DO NOT INCLUDE

Do not include necessary personal property such as clothing, furniture, daily use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, and assets of a business.

If you answer YES to any of the following items please fill in blanks to the right. Include assets of minors.

Do you have?		Bank Name	Account No.	Balance	Interest Rate
Checking	Yes() No(☒)				
Savings	Yes() No(☒)				
Certificate of Deposit	Yes() No(☒)				
Money Market	Yes() No(☒)				
Trust	Yes() No(☒)				
Stocks/Bond	Yes() No(☒)				
Mutual Fund	Yes() No(☒)				
IRA/Keogh	Yes() No(☒)				
Retirement Accounts	Yes() No(☒)				
Rental Property	Yes() No(☒)				
Other	Yes() No(☒)				

Are TOTAL household assets over \$5,000? (Include the assets of all occupants? () Yes (☒) No

Have you sold, given as gift or disposed of any real property or other assets in the past 2 years? () Yes (☒) No List any assets currently being sold: _____

Warning: Section 1001 of the Title 18, US Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, device or material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Cottonwood Village, NNCHRB to make such investigations into my history as they may deem appropriate, including but not limited to, verification of employment & salary, assets, rental history and consumer credit reports.

Ralph Goad
Applicant / Tenant Signature

9-25-12
Date

Recertification 2012

PARK MANOR APARTMENTS
Managers Certification

Apartment Number: 213

40% X 30%

Household Name(s): Goad, Ralph

Move-In Date: 10/19/10

Original Certification Date: 10/19/10

Annual Recertification Effective Date: 10/19/11

Annual Household Income: \$8,088.00

CIRCLE MAXIMUM ALLOWABLE INCOME FOR HOUSEHOLD SIZE
MAXIMUM INCOME

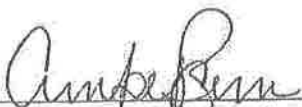
TAX CREDIT AFFORDABILITY GUIDELINES June 2011

% -Area Median Income	1 PERSON	2 PEOPLE
30%	\$14,850	\$16,950
40%	\$19,960	\$22,800

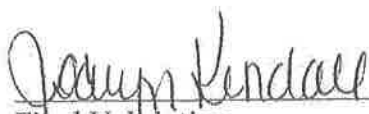
RENTAL RATE

Apartment Size & AMI	Rent 2011
Studio @40% AMI	\$ 475
Studio @ 30 % AMI	\$ 360

MANAGEMENT HAS COMPLETED THE REQUIRED PROCEDURES TO VERIFY ELIGIBILITY OF THE ABOVE HOUSEHOLD IN COMPLIANCE WITH SECTION 42 OF THE 1986 TAX REFORM ACT. FURTHERMORE, IT IS MANAGEMENT'S BELIEF THAT THE INFORMATION USED IN VERIFYING ELIGIBILITY IS TRUE AND CORRECT AND TO THE BEST OF THEIR KNOWLEDGE, BELIEVE THE ABOVE HOUSEHOLD IS QUALIFIED FOR SECTION 42 TAX CREDIT ELIGIBILITY.


Property Manager's Preliminary OK

9.29.11
Date


Final Validation

10-7-11
Date

HUD LIHTC Tenant Data Collection Form

OMB Approval No. 2528-0165 (Exp. 05/31/2013)

HUD LIHTC Tenant Data Collection Form		Effective Date: <u>2011-10-19</u>
☐ Initial Certification	☒ Recertification	Move in Date: <u>2010-10-19</u> (YYYY-MM-DD)
		☐ Other: _____

PART I. DEVELOPMENT DATA			
Property Name: <u>Park Manor Apartments</u>	County: <u>Washoe</u>	BIN#: <u>NV-98-80001</u>	
Address: <u>33 S. Park Street Reno NV 89502</u>	Unit Number: <u>213</u>	Bedrooms: <u>0</u>	

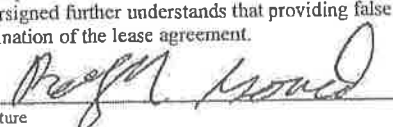
PART II. HOUSEHOLD COMPOSITION										
☐ Vacant Unit										
HH Mbr#	Last Name	First Name	Middle Initial	Relationship to Head of Household	Race	Ethnicity	Disabled?	Date of Birth (YYYY-MM-DD)	F/T Student (Y or N)	Last 4 Digits of Social Security No.
1	Goad	Ralph	E	H	1	2	1	1946-08-22	N	7053
2										
3										
4										
5										
6										
7										

PART III. GROSS ANNUAL INCOMES (USE ANNUAL AMOUNTS)				
HH Mbr#	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1		8088		
TOTALS		8088		
Add totals from (A) through (D), above:			TOTAL INCOME (E)	8088

PART IV. INCOME FROM ASSETS				
HH Mbr#	(F) Type of Asset	(G) C/I	(H) Case Value of Assets	(I) Annual Income from Assets
TOTALS				
Enter Column (H) total If over \$5000 _____				= (J) Imputed Income
Enter the greater of the total of column I, or J: Imputed Income: _____				
(L) TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES [Add (E) + (K)]				8088

Effective Date of Income Certification: 2011-10-19

Household Size at Certification: 1

HOUSEHOLD CERTIFICATION AND SIGNATURES			
The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student. Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. 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 the lease agreement.			
 _____ Signature	<u>10-7-11</u> _____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

HUD LIHTC Tenant Data Collection Form

OMB Approval No. 2528-0165 (Exp. 05/31/2013)

PART V. DETERMINATION OF INCOME ELIGIBILITY

RECERTIFICATION ONLY:

TOTAL ANNUAL HOUSEHOLD INCOME
FROM ALL SOURCES:
From item (L)

8088

Household Meets
Income Restriction
at:

☐ 60% ☐ 50%
☒ 40% ☐ 30%
☐ _____ %

Current Income Limit x 140%

27944

Household Income exceeds 140% at
recertification:

☐ Yes ☒ No

Current Income Limit per Family Size: 19960

Household Income at Move-in: 8088

Household Size at Move-in: 1

PART VI. RENT

Tenant Paid Rent 475

Utility Allowance 0

Rent Assistance: 0

Other non-optional charges: 0

GROSS RENT FOR UNIT: (Tenant paid
rent plus Utility Allowance &
other non-optional charges)

475

Unit Meets Rent Restriction at:

☐ 60% ☐ 50%
☒ 40% ☐ 30%
☐ _____ %

Maximum Rent Limit for this unit: 499

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

☐ Yes ☒ No

If yes, Enter student explanation*

*Student Explanation:

- 1 TANF assistance
- 2 Job Training Program
- 3 Single parent/dependent child
- 4 Married/joint return
- 5 Previous Foster Care

PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. Tax Credit ☒

b. HOME ☐

c. Tax Exempt ☐

d. AHDP ☐

e. _____
(Name of Program)

See Part V above.

Income Status

☐ ≤ 50% AMGI
☐ ≤ 60% AMGI
☐ ≤ 80% AMGI
☐ OI**

Income Status

☐ 50% AMGI
☐ 60% AMGI
☐ 80% AMGI
☐ OI**

Income Status

☐ ≤ 50% AMGI
☐ ≤ 80% AMGI
☐ OI**

Income Status

☐ _____
☐ _____
☐ _____

** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

Signature of Owner/Representative

Amber...

(Date)

10-7-11

Exhibit NV-1a

TIC Addendum (Attach to TIC)

Project Name: Park Manor Unit #: 213 Move-in date: 10/19/10

Initial Certification ☐ Recertification ☒ Transfer? No ☒ Yes ☐ From Unit #

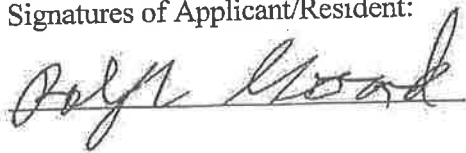
1. **STUDENTS:** Are all members of the household Students? Yes ☐ No ☒
If yes, the Student Certification form (Exhibit NV-1c) must be completed.
2. **CHILD SUPPORT/ALIMONY:** Does any household member anticipate or receive child support and/or alimony? Yes ☐ No ☒
If yes, the Affidavit of Alimony/Child support (Exhibit NV-2f) must be completed with supporting verification attached. See chapter 7(E)(5) of the NHD Compliance Manual.
3. **ASSETS:** Are total household assets \$5,000 or more? Yes ☐ No ☒
If yes, all assets must be third party verified.

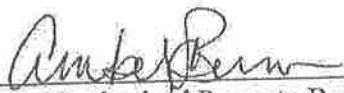
I certify that the information provided above is true to the best of knowledge and belief; and that by providing false information I forfeit the lease and my eligibility to reside at this housing facility.

Note: All adult household members must sign and date.

Dated this 19 day of October, 2011 Effective as of the 19 day of October, 2011

Signatures of Applicant/Resident:





Signature of Authorized Property Representative

10-7-11

Date

CALCULATION WORKSHEET

Apartment Community: Park Manor Apartments				Apt. No.: 213		Effective Date: 10/19/11	
Family Memb. 1	Last Name Goad	First Name Ralph	Family Memb. 2	Last Name		First Name	
Family Mem. 3	Last Name	First Name	Family Memb. 4	Last Name		First Name	
				Average Annual			
Family Memb. #	Source	Basic Rate \$	Average Hours	Wk	Mo	Yr	Total
1	SSI	674	x		12		\$8,088.00
			x				
			x				
			x				
			x				
			x				
			x				
			x				
			x				
			x				
			x				
						Total Verified Income	\$8,088.00
Family Memb. #	Source/Type	Cash Value	Interest Rate	Income			
			x %				
			x %				
			x %				
			x %				
			x %				
			x %				
			x %				
			x %				
			x %				
			x %				
If total assets exceed \$5000, complete calculation below				Total Income from Assets		\$0.00	
\$ _____		X % = _____					
Total Assets		Hud/USDA approved passbook rate					
TOTAL VERIFIED INCOME						\$8,088.00	
INCOME FROM ASSETS						\$0.00	
TOTAL HOUSEHOLD INCOME						\$8,088.00	
COMMENTS							
YTD CALCULATION #1							
YTD CALCULATION #2							
YTD CALCULATION #3							
YTD CALCULATION #4							
Prepared By: Amber Bass						Date: 9/29/11	
Approved By: <i>Ju</i>						Date: 9/30/11	

*** REC 2010266 133255 H7E211E0 C8H6 CIPQYAB FQAB (F-C8H) ***

SOCIAL SECURITY ADMINISTRATION

Date: September 23, 2010
Claim Number: 569-68-7053A
569-68-7053DI

NNAMHS
FOR RALPH EDMOND GOAD
480 GALLETTI WAY
SPARKS NV 89431-5564

RECEIVED
9-23-10

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2009, the current
Supplemental Security Income payment is.....\$ 674.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Date of Birth Information

The date of birth shown on our records is August 22, 1946.

There was no cost of living adjustment in Social Security benefits in December 2009. The benefit amount shown is current as of the date on this letter.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

674.00

12.00

\$ 686.00

[Social Security Online](#)

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[PSAs for Radio](#)

[PSAs for Television](#)

[Congressional Testimonies](#)

[SSA Reports](#)

[SSA Research](#)



Press Releases

Under the Law No Social Security COLA for 2011

(Aqui en Español)

Friday, October 15, 2010
For Immediate Release

Mark Lassiter, Press Officer

410-965-8904

press.office@ssa.gov

SOCIAL SECURITY

News Release

Under the Law No Social Security COLA for 2011

(Printer friendly version)

Monthly Social Security and Supplemental Security Income (SSI) benefits for more than 58 million Americans will not automatically increase in 2011, the Social Security Administration announced today.

The Social Security Act provides for an automatic increase in Social Security and SSI benefits if there is an increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) from the third quarter of the last year a cost-of-living adjustment (COLA) was determined to the third quarter of the current year. As determined by the Bureau of Labor Statistics, there is no increase in the CPI-W from the third quarter of 2008, the last year a COLA was determined, to the third quarter of 2010, therefore, under existing law, there can be no COLA in 2011.

Other changes that would normally take effect based on changes in the national average wage index also will not take effect in January 2011. Since there is no COLA, the statute also prohibits a change in the maximum amount of earnings subject to the Social Security tax as well as the retirement earnings test exempt amounts. These amounts will remain unchanged in 2011. The [attached fact sheet](#) provides more information on 2011 Social Security and SSI changes.

Information about Medicare changes for 2011, when available, will be found at www.Medicare.gov. The Department of Health and Human Services has not yet announced if there will be any Medicare premium changes for 2011. Should there be an increase in the Medicare Part B premium, the law contains a "hold harmless" provision that protects more than 70 percent of Social Security beneficiaries from paying a higher Part B premium, in order to avoid reducing their net Social Security benefit. Those not protected include higher income beneficiaries subject to an income-adjusted Part B premium and beneficiaries newly entitled to Part B in 2011. In addition, almost 20 percent of beneficiaries have their Medicare Part B premiums paid by state medical assistance programs and thus will see no change in their Social Security benefit. The state will be required to pay any Medicare Part B premium increase.



EQUAL HOUSING
OPPORTUNITY

Park Manor



Family Composition Update

This information will be used in the annual re-certification process

List all members in household including minors:

Name, (last name first)	Relationship to Head of Household	Date of Birth	Social Security Number	Student? yes / no	Disabled ? yes / no
GOAD, RALPH	Head	8-22-46		NO	YES

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Park Manor to make such investigations into my history as they may deem appropriate.

Ralph Goad
Resident

9-29-11
Date

Resident

Date



SUPPLEMENTAL RENTAL APPLICATION

Applicant Name: _____

Date: _____

NOTE: Applicants must complete this section in order to determine qualifications for residency within the Federal Low Income Housing Tax Credit Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such information may result in non-qualification for residency for any rental unit in the LIHTC Program.

INCOME

Income includes GROSS amount of wages, salaries, overtime pay, commissions, fees, tips, bonuses, meal allowances, uniform allowances, social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment compensation, disability compensation, worker's compensation, severance pay, welfare assistance (TANF), alimony and child support, recurring monetary gifts or contributions regularly received, net income from a business, and other compensation for all adults in the household.

INCOME DOES NOT INCLUDE

Student financial assistance, personal loans, meals on wheels, special pay to household member serving in the Armed Forces exposed to hostile fire, value of allotment provided under the Food Stamp Act of 1977, payments received under Domestic Volunteer Service Act of 1973, payments received under Title V of the Older Americans Act, earned income tax credit, and income from the employment of children under the age of 18 years.

Are you entitled to, or do you anticipate receiving income from any of the following sources during the next 12 months? If you answer with a YES to any of the following, please explain.

Are you entitled to or do you expect the following?		Amount/ Year	Name of Source
Employment	Yes () No (X)		
Second Employer	Yes () No (X)		
Child Support	Yes () No (X)		
Alimony	Yes () No (X)		
TANF	Yes () No (X)		
Social Security	Yes () No (X)		
Supplemental Security Income (SSI)	Yes (X) No ()	710 MONTH	
Unemployment	Yes () No (X)		
Recurring monetary contributions/ gifts	Yes () No (X)		
Other	Yes () No (X)		

ASSETS

Assets include cash (whatever held), trust corpus, equity in real estate or capital investment, notes receivable, mortgages, stocks, bonds, money market accounts, IRA's, retirement & pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc.)

ASSETS DO NOT INCLUDE

Do not include necessary personal property such as clothing, furniture, daily use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, and assets of a business.

If you answer YES to any of the following items please fill in blanks to the right. Include assets of minors.

Do you have?		Bank Name	Account No.	Balance	Interest Rate
Checking	Yes() No(☒)				
Savings	Yes() No(☒)				
Certificate of Deposit	Yes() No(☒)				
Money Market	Yes() No(☒)				
Trust	Yes() No(☒)				
Stocks/Bond	Yes() No(☒)				
Mutual Fund	Yes() No(☒)				
IRA/Keogh	Yes() No(☒)				
Retirement Accounts	Yes() No(☒)				
Rental Property	Yes() No(☒)				
Other	Yes() No(☒)				

Are TOTAL household assets over \$5,000? (Include the assets of all occupants?) () Yes (☒) No

Have you sold, given as gift or disposed of any real property or other assets in the past 2 years? () Yes (☒) No List any assets currently being sold: _____

Warning: Section 1001 of the Title 18, US Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, device or material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Cottonwood Village, NNCHRB to make such investigations into my history as they may deem appropriate, including but not limited to, verification of employment & salary, assets, rental history and consumer credit reports.

Ralph Goak
Applicant / Tenant Signature

9-29-11
Date

2011

PARK MANOR APARTMENTS
Managers Certification

Apartment Number: **213** 40% X 30%

Household Name(s): **Ralph E, Goad**

Move-In Date: **10/19/2010**

Original Certification Date: **10/19/2010**

Annual Recertification Effective Date: **10/19/2010**

Annual Household Income: **8,088.00**

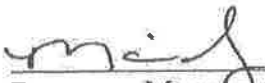
CIRCLE MAXIMUM ALLOWABLE INCOME FOR HOUSEHOLD SIZE
MAXIMUM INCOME
TAX CREDIT AFFORDABILITY GUIDELINES May 2010

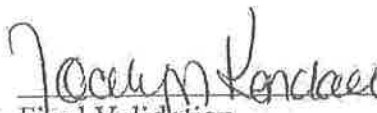
% -Area Median Income	1 PERSON	2 PEOPLE
30%	\$14,790	\$17,100
		

RENTAL RATE

Apartment Size & AMI	Rent 2010
	
Studio @ 30% AMI	\$ 360

MANAGEMENT HAS COMPLETED THE REQUIRED PROCEDURES TO VERIFY ELIGIBILITY OF THE ABOVE HOUSEHOLD IN COMPLIANCE WITH SECTION 42 OF THE 1986 TAX REFORM ACT. FURTHERMORE, IT IS MANAGEMENT'S BELIEF THAT THE INFORMATION USED IN VERIFYING ELIGIBILITY IS TRUE AND CORRECT AND TO THE BEST OF THEIR KNOWLEDGE, BELIEVE THE ABOVE HOUSEHOLD IS QUALIFIED FOR SECTION 42 TAX CREDIT ELIGIBILITY.

 10-19-10
Property Manager's Preliminary OK Date

 10-19-10
Final Validation Date

HUD LIHTC Tenant Data Collection Form

Approval No. 2528-0165 (Exp. 05/31/2013)

HUD LIHTC Tenant Data Collection Form		Effective Date: <u>2010-10-19</u>
☒ Initial Certification	☐ Recertification	Move in Date: <u>2010-10-19</u> (YYYY-MM-DD)
		☐ Other: _____

PART I. DEVELOPMENT DATA			
Property Name: <u>Park Manor Apartments</u>	County: <u>Washoe</u>	BIN#: <u>NV-98-80001</u>	
Address: <u>33 South Park Street Reno NV 89502</u>	Unit Number: <u>213</u>	Bedrooms: <u>0</u>	

PART II. HOUSEHOLD COMPOSITION										
☐ Vacant Unit										
HH Mbr#	Last Name	First Name	Middle Initial	Relationship to Head of Household	Race	Ethnicity	Disabled?	Date of Birth (YYYY-MM-DD)	F/T Student (Y or N)	Last 4 Digits of Social Security No.
1	Goad	Ralph	E	Head	1	2	1	1946-08-22	N	7053
2										
3										
4										
5										
6										
7										

PART III. GROSS ANNUAL INCOMES (USE ANNUAL AMOUNTS)				
HH Mbr#	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1	0	8088		
TOTALS	0	8088	0	
Add totals from (A) through (D), above:				TOTAL INCOME (E)
				0

PART IV. INCOME FROM ASSETS				
HH Mbr#	(F) Type of Asset	(G) C/I	(H) Case Value of Assets	(I) Annual Income from Assets
TOTALS				
Enter Column (H) total If over \$5000 _____				Passbook Rate X 2.00% _____
				= (J) Imputed Income _____
Enter the greater of the total of column I, or J: Imputed Income:				TOTAL INCOME FROM ASSETS (K)
				0
(L) TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES [Add (E) + (K)]				8088

Effective Date of Income Certification: 10/19/10
Household Size at Certification: 1

HOUSEHOLD CERTIFICATION AND SIGNATURES			
The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student. Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. 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 the lease agreement.			
Signature _____	(Date) <u>10-19-10</u>	Signature _____	(Date) _____

HUD LIHTC Tenant Data Collection Form

HUD Approval No. 2528-0165 (Exp. 05/31/2013)

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME
FROM ALL SOURCES:
From item (L)

8088

Household Meets
Income Restriction
at:

☐ 60% ☐ 50%
☒ 40% ☐ 30%
☐ _____ %

RECERTIFICATION ONLY:

Current Income Limit x 140%

Household Income exceeds 140% at
recertification:

☐ Yes ☐ No

Current Income Limit per Family Size: 19960

Household Income at Move-in: 8088

Household Size at Move-in: 1

PART VI. RENT

Tenant Paid Rent

475⁰⁰

Utility Allowance

0

Rent Assistance:

0

Other non-optional charges:

GROSS RENT FOR UNIT: (Tenant paid
rent plus Utility Allowance &
other non-optional charges)

475

Unit Meets Rent Restriction at:

☐ 60% ☐ 50%
☒ 40% ☐ 30%
☐ _____ %

Maximum Rent Limit for this unit:

499

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

☐ Yes ☒ No

If yes, Enter student explanation*

*Student Explanation:

- 1 TANF assistance
- 2 Job Training Program
- 3 Single parent/dependent child
- 4 Married/joint return
- 5 Previous Foster Care

PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. Tax Credit ☒

b. HOME ☐

c. Tax Exempt ☐

d. AHDP ☐

e. _____
(Name of Program)

See Part V above.

Income Status

☐ ≤ 50% AMGI
☐ ≤ 60% AMGI
☐ ≤ 80% AMGI
☐ OI**

Income Status

☐ 50% AMGI
☐ 60% AMGI
☐ 80% AMGI
☐ OI**

Income Status

☐ ≤ 50% AMGI
☐ ≤ 80% AMGI
☐ OI**

Income Status

☐ _____
☐ _____
☐ _____

** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.


Signature of Owner/Representative

10-19-10
(Date)

Exhibit NV-1a

TIC Addendum

(Attach to TIC)

Project Name: Park Manor Unit #: 213 Move-in date: 10/19/10

Initial Certification ☒ Recertification ☐ Transfer? No ☒ Yes ☐ From Unit #

1. **STUDENTS:** Are all members of the household Students? Yes ☐ No ☒

If yes, the Student Certification form (Exhibit NV-1c) must be completed.

2. **CHILD SUPPORT/ALIMONY:** Does any household member anticipate or receive child support and/or alimony? Yes ☐ No ☒

If yes, the Affidavit of Alimony/Child support (Exhibit NV-2f) must be completed with supporting verification attached. See chapter 7(E)(5) of the NHD Compliance Manual.

3. **ASSETS:** Are total household assets \$5,000 or more? Yes ☐ No ☒

If yes, all assets must be third party verified.

I certify that the information provided above is true to the best of knowledge and belief; and that by providing false information I forfeit the lease and my eligibility to reside at this housing facility.

Note: All adult household members must sign and date.

Dated this 19 day of October, 2010 Effective as of the 19 day of October, 2010

Signatures of Applicant/Resident:

Ralph Knox

10-19-10

mi
Signature of Authorized Property Representative

10-19-10
Date

CALCULATION WORKSHEET

Apartment Community: Park Manor				Apt. No.: 213		Effective Date: 10/19/10	
Family Memb. 1	Last Name: Goad	First Name: Ralph E	Family Memb. 2	Last Name	First Name		
Family Mem. 3	Last Name	First Name	Family Memb. 4	Last Name	First Name		

Family Memb. #	Source	Basic Rate \$	Average Hours	Average Annual			
				Wk	Mo	Yr	Total
1	SSI	674		x	12		\$8,088.00
				x			\$
				x			\$
				x			\$
				x			\$
				x			\$
				x			\$
				x			\$
				x			\$
				x			\$
Total Verified Income							\$8,088.00

Family Memb. #	Source/Type	Cash Value	Interest Rate	Income
			x %	\$
			x %	\$
			x %	\$
			x %	\$
			x %	\$
			x %	\$
			x %	\$
			x %	\$
			x %	\$
			x %	\$
If total assets exceed \$5000, complete calculation below			Total Income from Assets	\$
\$ <u> </u> X <u> </u> % = <u> </u> Total Assets Hud/USDA approved passbook rate				

TOTAL VERIFIED INCOME	\$8,088.00
INCOME FROM ASSETS	\$0.00
TOTAL HOUSEHOLD INCOME	\$8,088.00

COMMENTS

YTD CALCULATION #1

YTD CALCULATION #2

YTD CALCULATION #3

YTD CALCUALTION #4

Prepared By: Angela Gonzalez	Date: 10/19/10
Approved By:	Date: 10/19/10

SOCIAL SECURITY ADMINISTRATION

Date: September 23, 2010
Claim Number: 569-68-7053A
569-68-7053DI

NNAMHS
FOR RALPH EDMOND GOAD
480 GALLETTI WAY
SPARKS NV 89431-5564

RECEIVED
4-23-10

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2009, the current
Supplemental Security Income payment is.....\$ 674.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Date of Birth Information

The date of birth shown on our records is August 22, 1946.

There was no cost of living adjustment in Social Security benefits in December 2009. The benefit amount shown is current as of the date on this letter.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

674.00

12.00

8,088.00

EXHIBIT NV-2d

UNEMPLOYED/NON-EMPLOYED APPLICANT AFFIDAVIT

Resident Name: Ralph E. Good Unit #: 7
Social Security: _____
Project Name: STEWART APTS.
I reside and/or have applied to rent an apartment at PARK MANOR

1. For unemployed applicants/residents receiving unemployment benefits who also anticipate becoming employed, use the greater of the two incomes disclosed below on the Tenant Income Certification.

a. ☐ I am not presently employed. However, I am currently receiving unemployment benefits (verification attached) in the amount of \$ 0 per week. Unemployment benefits must be annualized and included in anticipated gross annual income.

b. ☐ I am not presently employed. However, I do anticipate becoming employed within the next twelve months. Based on my past experience, skills, and income history as reflected on my income tax return (copy required) for the most recent tax year and with adjustments to reflect circumstances anticipated within the next twelve months, I expect to earn \$ 0 per year when I become employed. Anticipated amount must be included in gross annual income.

2. For non-employed applicants/residents, please check the box below and select appropriate reason for non-employment.

a. ☒ I am not presently employed and do not anticipate becoming employed within the next twelve months. Must state reason for non-employment: (retired, disable/handicapped, student, full-time parent, other 0)

I understand that this certification is made as part of the qualification procedure to determine eligibility for residency at these apartments and that providing false information or any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above representations are true to the best of knowledge and belief.

Ralph E. Good
Signature of Applicant/Resident

9-15-10
Date

m. s.
Signature of Authorized Property Representative

9.16.10
Date

JIM GIBBONS
Governor

STATE OF NEVADA

MICHAEL WILLDEN
Director



**DEPARTMENT OF HUMAN RESOURCES
DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
480 Galletti Way
Sparks, Nevada 89431-5574
(775) 688-2001 • FAX (775) 688-2192**

September 15, 2010

To: Park Manor Apartments
From: Paula Proulx, SC
RE: Ralph Goad

To: Angela

I am writing you a letter in regards to Mr. Ralph Goad. NNAMH is presently his Rep Payee. NNAMHS will be forwarding a deposit check and his rent checks. He is allotted personal money, food money and a bus pass. I understand the rent is \$475 and Mr. Goad has the income to support this amount of rent.

Mr. Goad keeps his apartment very neat and tidy.

If you have any questions regarding Mr. Goad, please feel free to contact me at 688-2134.

Sincerely,

A handwritten signature in cursive script, appearing to read "Paula Proulx".

Paula Proulx, SC
Northern Nevada Adult Mental Health
(775) 688-2134



SUPPLEMENTAL RENTAL APPLICATION

Applicant Name: Ralph Good

Date: 9-15-10

NOTE: Applicants must complete this section in order to determine qualifications for residency within the Federal Low Income Housing Tax Credit Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such information may result in non-qualification for residency for any rental unit in the LIHTC Program.

INCOME

Income includes GROSS amount of wages, salaries, overtime pay, commissions, fees, tips, bonuses, meal allowances, uniform allowances, social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment compensation, disability compensation, worker's compensation, severance pay, welfare assistance (TANF), alimony and child support, recurring monetary gifts or contributions regularly received, net income from a business, and other compensation for all adults in the household.

INCOME DOES NOT INCLUDE

Student financial assistance, personal loans, meals on wheels, special pay to household member serving in the Armed Forces exposed to hostile fire, value of allotment provided under the Food Stamp Act of 1977, payments received under Domestic Volunteer Service Act of 1973, payments received under Title V of the Older Americans Act, earned income tax credit, and income from the employment of children under the age of 18 years.

Are you entitled to, or do you anticipate receiving income from any of the following sources during the next 12 months? If you answer with a YES to any of the following, please explain.

Are you entitled to or do you expect the following?	Amount/ Year	Name of Source
Employment Yes () No (☒)		
Second Employer Yes () No (☒)		
Child Support Yes () No (☒)		
Alimony Yes () No (☒)		
TANF Yes () No (☒)		
Social Security Yes () No (☒)		
Supplemental Security Income (SSI) Yes (☒) No ()		
Unemployment Yes () No (☒)		
Recurring monetary contributions/ gifts Yes () No (☒)		
Other Yes () No (☒)		

ASSETS

Assets include cash (whatever held), trust corpus, equity in real estate or capital investment, notes receivable, mortgages, stocks, bonds, money market accounts, IRA's, retirement & pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc.)

ASSETS DO NOT INCLUDE

Do not include necessary personal property such as clothing, furniture, daily use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, and assets of a business.

If you answer YES to any of the following items please fill in blanks to the right. Include assets of minors.

Do you have?	Bank Name	Account No.	Balance	Interest Rate
Checking Yes() No(☒)				
Savings Yes() No(☒)				
Certificate of Deposit Yes() No(☒)				
Money Market Yes() No(☒)				
Trust Yes() No(☒)				
Stocks/Bond Yes() No(☒)				
Mutual Fund Yes() No(☒)				
IRA/Keogh Yes() No(☒)				
Retirement Accounts Yes() No(☒)				
Rental Property Yes() No(☒)				
Other Yes() No(☒)				

Are TOTAL household assets over \$5,000? (Include the assets of all occupants?) () Yes (☒) No

Have you sold, given as gift or disposed of any real property or other assets in the past 2 years? () Yes (☒) No List any assets currently being sold: _____

Warning: Section 1001 of the Title 18, US Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, device or material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

I certify that the information above is true and correct to the best of my knowledge and belief. I authorize Cottonwood Village, NNCHRB to make such investigations into my history as they may deem appropriate, including but not limited to, verification of employment & salary, assets, rental history and consumer credit reports.

Ralph E. Isak
Applicant / Tenant Signature

9-15-10
Date

PARK MANOR APARTMENTS

33 Park Street * Reno, Nevada 89502 * Phone: (775) 337-9222 * Fax: (775) 337-9229

LPS - K8015



RENTAL APPLICATION

NOTE: All Co-Applicants must complete a separate application. PLEASE PRINT, USE INK. DO NOT USE CORRECTION FLUID, AND FILL IN EVERY SINGLE SPACE. (Draw a line through any question that does not apply to your situation, do not write N/A on any line)

Ralph E. Load 22-46 Student Y N
APPLICANT FULL LEGAL NAME SOCIAL SECURITY NUMBER DATE OF BIRTH

NA Student Y N
CO-APPLICANT SOCIAL SECURITY NUMBER DATE OF BIRTH

Telephone Number where you can be reached: 348-1736

If Student, -What school are you attending? NA

How many credits are you taking?

Is the household comprised of a single parent and child? Yes No
Do applicant and co-applicant file a joint tax return? Yes No

ADDRESS/RESIDENCE/RENTAL HISTORY: LIST ALL ADDRESSES FOR THE PAST 3 YEARS. (If additional space is necessary use reverse side)

CURRENT ADDRESS:

1740 #7 STEVART ST RENO NV Dates: 2010
Street Address Apt. # City State Zip Phone#
Rent: \$ 675 Landlord Phone: ?

Reason for moving

PREVIOUS ADDRESS:

 Dates:
Street Address Apt. # City State Zip

 Rent: \$ Landlord Phone:

Reason for moving

PREVIOUS ADDRESS:

 Dates:
Street Address Apt. # City State Zip

 Rent: \$ Landlord Phone:

Reason for moving

EMPLOYMENT: Average Hours you will work per week during the next 12 months: 0
Seasonal? Yes ☒ NO

Check all applicable: Full Time Part Time Retired Self-employed Not Employed* ☒ Unemployed*

EMPLOYER

NA - Disabled
Employer Name Address City State Zip Phone Number

Supervisor's Name Start Date Salary per hour Position

- Not Employed = retired, receiving disability benefits, etc. with no expectation of returning to work within one year
- Unemployed = have worked and expect to work again within one year

(a) If not employed or unemployed what day do you expect to start or return to work? SSI

(b) Do you earn overtime, bonuses, commissions or other compensation?
Yes
☒ No If Yes, how much \$_____ per _____ week _____ month

(c) Do you receive tip income? Yes ☒ No If yes, how much \$_____ per _____ week _____ month

SECOND EMPLOYER

NA
Employer Name Address City State Zip Phone Number

Supervisor's Name Start Date Salary per hour _____ Position

DRIVERS LICENSE: # NA STATE: _____ EXPIRES: _____
VEHICLES:

Auto #1: Make _____ Model _____ Year _____ Color _____ License _____

Auto #2: Make _____ Model _____ Year _____ Color _____ License _____

Applicant's Name

Have you ever had a Court Action filed against you for:
Felony? YES NO Eviction? YES NO

Do you have physical or mental conditions which require special housing considerations? Describe: NO

I am applying to lease a unit at Park Manor Apartments. I warrant that all statements contained in this application are true. I have been advised and understand that Park Manor Apartments has certain Income Restrictions and that residency is subject to qualification. I agree that in addition to signing a Lease Agreement, I will sign resident certifications attesting to the truth of information I have given on this application, under penalty of perjury.

By completing and signing this application, I authorize Park Manor Apartments / NNCHRB Management Company to such investigations into my history as they may deem appropriate. I understand that such investigations typically include, but are not limited to, verification of employment and salary, assets, rental history and consumer credit reports. In compliance with the fair credit reporting act, we are informing you that information as to your character, general reputation and mode of living will be verified. The facts set forth in the application are true and complete. I, as the prospective tenant agree that a complete investigation of all on this application will not constitute invasion of privacy. I authorize Park Manor Apartments to obtain credit reports, bank information, and/or character reports as necessary. I understand that any misrepresentations will be sufficient cause for dismissal or voiding this application.

Ralph E. Good 9-15-10
Applicant's Signature Date

NA _____
Co-Aplicant's Signature Date

m. g. 9-16-10
Manager's Signature Date

NORTHERN NEVADA COMMUNITY HOUSING RESOURCE BOARD
P.O. BOX 189
RENO, NV 89504

SECURITY DEPOSIT ACCOUNTING

POSTED
10-8-07
(82)

Forwarding Address

Tenant: Ralph Good
Address: 33 Park St. #226
City, state, zip: Reno, NV 89502

Apt. #: 226
HOME ☐ LIHTF ☐ Homeless ☐
Move In: 10/24/03
Move Out: 9/19/07
Rent: \$ 448 per M

REASON FOR MOVE-OUT: Skipped

Security Deposit \$ 200.00
Other Deposits \$
Prepaid Rent \$
Total Deposit \$ 200.00

Deductions

Damage to Furniture \$ 109.00
Damage to Apartment \$ 125.00
Unpaid Rent \$ 196.00
Extra Cleaning \$ 125.00
Miscellaneous \$ 50.00
\$ 45.00
\$
Total Deductions \$ 605.00

New Mattress
50% Paint
Trash Pick & Mount time
Carpet Clean

NET REFUND TO TENANT \$ 0

Debt owed by tenant \$ 450.00 If there is debt owed, you may consider this a notice preliminary to beginning a collection action. If necessary please remit within 10 (ten) days.

SIGNATURE: Jocelyn Kendall

PROPERTY: Park Manor

DATE: 10-8-07

Northern Nevada Community Housing Resource Board
P.O. Box 189, Reno, Nevada 89504



Park Manor Apartments

Authorization for the Release of Information

I CONSENT TO ALLOW NORTHERN NEVADA COMMUNITY HOUSING RESOURCE BOARD TO REQUEST AND OBTAIN INCOME INFORMATION FROM THE SOURCES LISTED ON THE ACOMPANYING FORM. THE PURPOSE OF THIS INFORMATION IS TO VERIFY MY ELIGIBILITY FOR AFFORDABLE HOUSING. I UNDERSTAND THAT INCOME INFORMATION UNDER THIS CONSENT FORM CANNOT BE USED TO DENY RENTAL WITHOUT FIRST INDEPENDENTLY VERIFYING WHAT THE AMOUNT WAS, WHETHER I ACTUALLY HAD ACCESS TO THE FUNDS AND WHEN THE FUNDS WILL BE RECEIVED. IN ADDITION I MUST BE GIVEN OPPORTUNITY TO CONTEST THOSE DETERMINATIONS. I AUTHORIZE LANDLORD PROTECTION SERVICE TO OBTAIN CREDIT REPORTS, BANK INFORMATION, EMPLOYMENT INFORMATION, AND/OR CHARACTER REPORTS AS NECESSARY.

THIS CONSENT FORM EXPIRES 15 MONTHS AFTER SIGNED.

Ralph E. Goad
Printed Name

Social Security Number

RALPH E. GOAD
Signature

9-15-10
Date

Park Manor Apartments

Tenant Emergency Information (updated)

Date: 9-15-10

Name: RALPH E. GOMP

Date of Birth: 8-22-46

Apt # 7

Social Security # _____

List the names and dosage of regular medications:

ZYDEXIA - 20 MGS DAY
SELECA - 10 MGS DAY

Important health issues or information:

Name of Primary/Preferred Hospital: _____

Name of Primary Doctor: _____

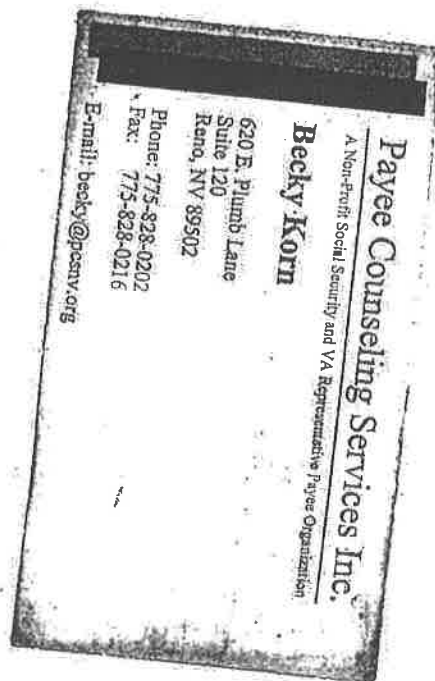
Insurance Information (Name, Policy #):

MEDICAID

Emergency Contacts (Name & Phone Number(s)):

1. PAULA PRUE GIBETTI MENTAL
2. HEALTH HOSPITAL
3. _____

Any additional information, comments, or suggestions to paramedics:



213

will cut check
out for \$85.00
12-12-16

Park Manor

From: Jocelyn Graham <jgraham@nnchrb.org>
Sent: Tuesday, December 6, 2016 10:15 AM
To: Park Manor Leasing
Subject: 213 Goad

Hi-

Can you make a call to Payee Counseling (828-0202) for Ralph Goad. They are paying \$475 for rent. He went to \$480 2/1/16. They pay a month in advance so his account looks ok...but eventually it will add up and he will owe. If they want to make up the difference to keep him squared away...they would need to send a check for \$85.

Thanks,

Jocelyn Graham
Finance & Compliance Director

Becky corn

PO Box 20604 / Reno, NV 89515
Ph: (775) 337-9155 Ext. 107 / Fax: (775) 337-9166
jgraham@nnchrb.org

