



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

www.tdhca.state.tx.us

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November 03, 2017

Peter Stoughton
TCR Bissonnet LP
777 S. Figueroa Street 16th Floor
Los Angeles, CA 90017

RE: Collingham Park
10800 Kipp Way Dr
Houston, TX 77099

CMTS: 85 LIHTC: 00037T, BOND: MF037

Dear Peter Stoughton:

On December 15, 2017 at approximately 08:00 am, monitor(s) will be visiting the above referenced development to conduct an onsite monitoring review. **Please note that the Department representative(s) may be visiting other developments in the area which may require the date and/or time of the onsite to change. Please ask your staff to plan for any adjustments requested by the Department.**

The following items must be submitted to the attention of Carolyn Metzger no later than November 17, 2017. Please upload all requested items to the Electronic Document Attachment system through the development's Compliance Monitoring and Tracking System ("CMTS") account. In addition, please electronically complete required reports in CMTS indicated below. If any requested item is not submitted, please submit a written explanation. **Failure to submit the requested information by the deadline will result in noncompliance under the finding, "Failure to provide pre-onsite documentation as required."**

1. Completed electronically through the CMTS:
 - a. Entrance Interview Questionnaire
 - b. Unit Status Report (USR) reporting occupancy as of November 15, 2017
 - c. Review and update, if needed, contact information for the owner, the Management Company and onsite manager
2. Utility Allowance documentation for current and two (2) years prior
3. Affirmative Marketing Plan, Affirmative Marketing Tool (or other method used to identify "least likely to apply") and all current marketing documentation evidencing compliance with special outreach efforts.
4. Written Policies and Procedures as required in 10TAC§10.610
5. HTC and Exchange developments –
 - a. Copies of all Form(s) 8609 with Part II completed for **each** building including all applicable attachments as submitted to the IRS. (Including 8609s for acquisition, if applicable) If 8609's have



not been issued by the Department, submit copies of the Certificate(s) of Occupancy ("COs") including any Temporary COs issued for each building

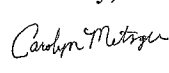
- b. Invoices, contracts, vendor price sheet or other documentation supporting application fees
6. Supportive Services:
- a. HTC developments - documentation evidencing compliance with all supportive service requirements (e.g. calendars, sign-in-sheets, provider contracts, notices, etc...)
 - b. Bond developments- documentation evidencing compliance with expenditure requirements (e.g. invoices provider contracts, ledgers, expense reports, etc...)
7. If required, a written narrative explaining material participation of Non-Profit, HUB and/or CHDO and any additional evidence that the required entity has met specific LURA requirements.

For instructions on how to use the attachment system, please see Attaching Documents to CMTS found on the Department's website. To access on the home page, select the Support and Services tab and then select Compliance. From the submenu, select Online Reporting.

On the day of the monitoring visit, Department staff will need access to original resident files. If original resident files are not maintained at the development, please let the Department know immediately so that arrangements can be made.

Unfortunately, the Department is not able to reschedule or postpone monitoring visits. If you have any questions about the visit or any of the information that needs to be submitted, please contact Carolyn Metzger at 512-475-3802 or via email at carolyn.metzger@tdhca.state.tx.us.

Sincerely,

 Carolyn Metzger
2017.11.03
09:52:59 -05'00'

Carolyn Metzger
Compliance Monitor

cc: Melanie Fruge, Property Manager
Orion Real Estate Services, Inc., Management Company

Joanette McCray, Onsite Manager
Collingham Park



Utility Allowance
2017



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

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February 3, 2017

Writer's direct phone # (512) 475-4603
Email: cody.campbell@tdhca.state.tx.us

Melissa Neelley
TCR Bissonnet LP
HOUSTON, TX
mneelley@tcr.com

RE: Collingham Park

CMTS ID: 85

Dear Melissa Neelley:

The request to implement an updated utility allowance for Collingham Park was received on 1/27/2017 for calendar year 2017. This satisfies the owner's requirement to notify the Department.

Please be advised, the Department has not reviewed the allowance; the Owner is responsible for ensuring compliance. Monitoring for rents and utility allowances will be included in the property's next regularly scheduled onsite review. If there is noncompliance, corrective action will be required. Please see 10TAC§10.614 for guidance.

The date the Department received this correspondence begins the ninety (90) day notification period. If a resident of the development contacts the Department with relevant information during the notification period, the Department will contact the owner and request additional documentation. Otherwise, the updated utility allowance must be implemented for rent due 90 days after the beginning of the notification period.

Please maintain this correspondence for the property's records. If you have questions please contact Cody Campbell at (512) 475-4603 or via email: cody.campbell@tdhca.state.tx.us.

Sincerely,

CCP
Digitally signed by Cody Campbell
DN: cn=Cody Campbell,
email=cody.campbell@tdhca.state.tx.us,
o=Texas Department of Housing and Community Affairs,
ou=TDHCA, c=US

Cody Campbell
Compliance Administrator

*end 90
4-26-17
Start
4-27-17*



NOTICE TO RESIDENTS OF ANNUAL REVIEW OF UTILITY ALLOWANCE

Date of Posting: 01/27/17

Please be aware that effective on May 1, 2017, the management and ownership of Collingham Park will implement the following revised Utility Allowances. These allowances were calculated using the same methodology that was used to calculate the allowance last year.

Unit Type	Current Utility Allowance	Updated Utility Allowance
1 Bedroom	\$ 57	\$ 53
2 Bedroom	\$ 70	\$ 63
3 Bedroom	\$ 81	\$ 72
	\$	\$

During a period of 90 days from the date of service of this notice, residents of Collingham Park may submit written comments on these proposed changes to the management office at 2051 Greenhouse Rd. Ste 300 Houston TX 77084.

All comments received will be transmitted to the Texas Department of Housing and Community Affairs (TDHCA). If you wish, you may also send a copy of your comments directly to TDHCA at the following address:

Texas Department of Housing and Community Affairs
P.O. Box 13941
Austin, Texas 78711-3941
Attn: Cody Campbell

Please provide the following reference on all correspondence: Collingham Park, CMTS ID: 85

TDHCA will review the comments. When approved, this change will be effective for rents due May 1, 2017.

For further information on Utility Allowances, visit the Texas Department of Housing and Community Affairs website at www.tdhca.state.tx.us. To access, select the "Support and Services" tab; then select "Compliance". A side menu will appear, select "Utility Allowances".

Joanette McCray
Property Manager
Collingham Park

Revised January 9, 2015

Allowances for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 04/30/2018)

See Public Reporting Statement and Instructions on back

Locality Harris County Housing Authority	Unit Type Apartments with 5 or more units	Date (mm/dd/yyyy) 4/1/2017
--	--	--------------------------------------

Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	3	4	4	5	6	6
	b. Bottle Gas						
	c. Oil / Electric	6	7	9	10	12	13
	d. Coal / Other						
Cooking	a. Natural Gas	2	2	3	4	4	5
	b. Bottle Gas						
	c. Oil / Electric	5	5	7	8	9	11
	d. Coal / Other						
Other Electric *		32	34	40	46	51	57
Air Conditioning		8	9	15	20	26	31
Water Heating	a. Natural Gas	5	6	8	10	11	12
	b. Bottle Gas						
	c. Oil / Electric	9	11	16	20	23	25
	d. Coal / Other						
Water		19	20	29	32	32	32
Sewer		22	24	33	33	33	33
Trash Collection							
Range/Microwave		12	12	12	12	12	12
Refrigerator		13	13	13	13	13	13
Other -- specify **		16	16	16	16	16	16

Actual Family Allowances To be used by the family to compute allowance.

Complete below for the actual unit rented.

Name of Family

lele 87 104

Address of Unit

All Electric

Number of Bedrooms

*includes electric base fee, lights & Appliances

**gas base fee

Utility or Service	per month cost
Heating	\$
Cooking	
Other Electric *	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other **	
Total	\$

Allowance for Tenant-Furnished Utilities and Other Services

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

OMB Approval N. 2577-0169

										Effective Date	
LOCALITY: HOUSTON, TX METROPOLITAN AREA		UNIT TYPE: APARTMENTS (5 OR MORE UNITS PER BUILDING)								12/1/2016	
Utility or Service		Monthly Dollar Allowances									
		0BR	1BR	2BR	3BR	4BR	5BR	6BR	7BR	8BR	
Heating	a. Natural Gas	\$3	\$4	\$4	\$5	\$5	\$6	\$6	\$7	\$7	
	b. Bottle Gas										
	c. Electric	\$6	\$7	\$8	\$10	\$11	\$13	\$14	\$14	\$15	
	d. Coal/Other										
Cooking	a. Natural Gas	\$2	\$2	\$3	\$4	\$4	\$5	\$5	\$6	\$6	
	b. Bottle Gas										
	c. Electric	\$5	\$5	\$7	\$8	\$9	\$11	\$12	\$12	\$13	
	d. Coal/Other										
Other Electric - Lighting - Base		\$16	\$18	\$24	\$30	\$35	\$41	\$45	\$48	\$50	
Air Conditioning		\$8	\$10	\$15	\$21	\$27	\$32	\$35	\$37	\$39	
Water Heating	a. Natural Gas	\$5	\$6	\$8	\$9	\$11	\$12	\$13	\$14	\$15	
	b. Bottle Gas										
	c. Electric	\$9	\$11	\$16	\$20	\$23	\$25	\$27	\$29	\$30	
	d. Coal/Other										
Water		\$20	\$20	\$27	\$33	\$39	\$45	\$49	\$53	\$57	
Sewer		\$30	\$31	\$40	\$49	\$58	\$67	\$72	\$78	\$84	
Trash Collection											
Range/Microwave (If tenant supplies)		\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	
Refrigerator (If tenant supplies)		\$13	\$13	\$13	\$13	\$13	\$13	\$13	\$13	\$13	
Other - Monthly Electric Fee		\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	
Other - Monthly Gas Fee		\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	
Actual Family Allowances To be used by the family to compute allowance. Complete Below for the actual unit rented.							Utility or Service		Per Month Cost		
Name of Family							Heating				
							Cooking				
							Other Electric				
							Air Conditioning				
							Water Heating				
							Water				
							Sewer				
							Trash Collection				
							Range/Microwave				
							Refrigerator				
Address of Unit							Other (Elec Fee)				
							Other (Gas Fee)				
Smaller of bedroom or voucher							Total		\$0		

Utility Allowance
2016



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

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J.B. Goodwin

May 3, 2016

Writer's direct phone # (512) 475-3821
Email: billy.bryant@tdhca.state.tx.us

Melissa Neelley
TCR Bissonnet LP
Houston, TX
mneelley@tcresidential.com

RE: Collingham Park

CMTS ID: 85

Dear Melissa Neelley:

The request to implement an updated utility allowance for Collingham Park was received on 1/28/2016 for calendar year 2016. This satisfies the owner's requirement to notify the Department.

Please be advised, the Department has not reviewed the allowance; the Owner is responsible for ensuring compliance. Monitoring for rents and utility allowances will be included in the property's next regularly scheduled onsite review. If there is noncompliance, corrective action will be required. Please see 10TAC§10.614 for guidance.

The date the Department received this correspondence begins the ninety (90) day notification period. If a resident of the development contacts the Department with relevant information during the notification period, the Department will contact the owner and request additional documentation. Otherwise, the updated utility allowance must be implemented for rent due 90 days after the beginning of the notification period.

Please maintain this correspondence for the property's records. If you have questions please contact Billy Bryant at (512) 475-3821 or via email: billy.bryant@tdhca.state.tx.us.

Sincerely,

2016.05.03
07:44:24 -05'00'

Billy Bryant
Compliance Monitor

*April 26th
end 90
Start April 27th*



NOTICE TO RESIDENTS OF ANNUAL REVIEW OF UTILITY ALLOWANCE

Date of Posting: 1/28/2016

Please be aware that effective on April 27th, 2016, the management and ownership of Collingham Park will implement the following revised Utility Allowances. These allowances were calculated using the same methodology that was used to calculate the allowance last year.

Unit Type	Current Utility Allowance	Updated Utility Allowance
1 Bedroom	\$ 58	\$ 57
2 Bedroom	\$ 67	\$ 70
3 Bedroom	\$ 77	\$ 81
	\$	\$

During a period of 90 days from the date of service of this notice, residents of Collingham Park may submit written comments on these proposed changes to the management office at 2051 Greenhouse Rd. Ste 300 Houston, Texas 77084.

All comments received will be transmitted to the Texas Department of Housing and Community Affairs (TDHCA). If you wish, you may also send a copy of your comments directly to TDHCA at the following address:

Texas Department of Housing and Community Affairs
P.O. Box 13941
Austin, Texas 78711-3941
Attn: Jacqueline Kawas

Please provide the following reference on all correspondence: Collingham Park, CMTS ID: 85

TDHCA will review the comments. When approved, this change will be effective for rents due May 1st, 2016.

For further information on Utility Allowances, visit the Texas Department of Housing and Community Affairs website at www.tdhca.state.tx.us. To access, select the "Support and Services" tab; then select "Compliance". A side menu will appear, select "Utility Allowances".

Patricia Alvarado
Property Manager
Collingham Park

Revised January 9, 2015

Allowances for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 04/30/2018)

See Public Reporting Statement and Instructions on back

Locality Harris County Housing Authority	Unit Type Apartment with 5 or more units	Date (mm/dd/yyyy) 4/1/2016
--	---	--------------------------------------

Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	1	2	2	3	4	4
	b. Bottle Gas						
	c. Oil / Electric	4	5	9	9	10	11
	d. Coal / Other						
Cooking	a. Natural Gas	3	4	5	5	6	6
	b. Bottle Gas						
	c. Oil / Electric	4	4	5	6	6	7
	d. Coal / Other						
Other Electric		14	12	13	14	16	17
Air Conditioning		13	16	19	21	25	28
Water Heating	a. Natural Gas	4	6	6	9	11	12
	b. Bottle Gas						
	c. Oil / Electric	11	14	15	20	24	26
	d. Coal / Other						
Water		23	40	57	69	93	117
Sewer							
Trash Collection							
Range/Microwave		8	7	7	7	8	8
Refrigerator		3	3	3	3	3	3
Other -- specify							

Actual Family Allowances To be used by the family to compute allowance. Complete below for the actual unit rented.		Utility or Service	per month cost
Name of Family Address of Unit <i>All electric</i>		Heating	\$
		Cooking	
		Other Electric	
		Air Conditioning	
		Water Heating	
		Water	
		Sewer	
		Trash Collection	
		Range/Microwave	
		Refrigerator	
Number of Bedrooms		Other	
		Total	\$

51 61 70

Allowance for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval N. 2577-0169

Effective Date

LOCALITY: HOUSTON, TX METROPOLITAN AREA	UNIT TYPE: APARTMENTS (5 OR MORE UNITS PER BUILDING)	12/1/2015
--	---	-----------

Utility or Service	Monthly Dollar Allowances									
	0BR	1BR	2BR	3BR	4BR	5BR	6BR	7BR	8BR	
Heating	a. Natural Gas	\$4	\$4	\$5	\$5	\$6	\$7	\$7	\$8	\$9
	b. Bottle Gas									
	c. Electric	\$7	\$8	\$10	\$11	\$13	\$15	\$16	\$17	\$18
	d. Coal/Other									
Cooking	a. Natural Gas	\$2	\$2	\$3	\$4	\$5	\$5	\$6	\$7	\$7
	b. Bottle Gas									
	c. Electric	\$5	\$6	\$8	\$9	\$11	\$12	\$13	\$14	\$15
	d. Coal/Other									
Other Electric - Lighting - Base	\$18	\$21	\$28	\$35	\$41	\$48	\$52	\$56	\$59	
Air Conditioning	\$10	\$11	\$18	\$24	\$31	\$37	\$40	\$43	\$46	
Water Heating	a. Natural Gas	\$5	\$7	\$9	\$11	\$13	\$15	\$16	\$17	\$18
	b. Bottle Gas									
	c. Electric	\$11	\$13	\$18	\$23	\$26	\$29	\$31	\$33	\$35
	d. Coal/Other									
Water	\$20	\$20	\$26	\$32	\$38	\$44	\$48	\$52	\$56	
Sewer	\$30	\$31	\$40	\$48	\$57	\$66	\$71	\$77	\$83	
Trash Collection										
Range/Microwave (If tenant supplies)	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	
Refrigerator (If tenant supplies)	\$13	\$13	\$13	\$13	\$13	\$13	\$13	\$13	\$13	
Other - Monthly Electric Fee	\$19	\$19	\$19	\$19	\$19	\$19	\$19	\$19	\$19	
Other - Monthly Gas Fee	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	

Actual Family Allowances To be used by the family to compute allowance. Complete Below for the actual unit rented.		Utility or Service	Per Month Cost
Name of Family	<p style="text-align: center;">\$ 78 \$ 101 \$ 121</p>	Heating	
		Cooking	
		Other Electric	
		Air Conditioning	
		Water Heating	
		Water	
		Sewer	
		Trash Collection	
		Range/Microwave	
		Refrigerator	
Smaller of bedroom or voucher	<p style="text-align: center;">All electric</p>	Other (Elec Fee)	
		Other (Gas Fee)	
		Total	\$0

N. Forest Trails → Gardenview

78	101	121
-13	18	23
<u>65</u>		

Utility Allowance
2015



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

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Greg Abbott
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Tom H. Gann
J.B. Goodwin

April 23, 2015

Writer's direct phone # (512) 475-3969
Email: jacqueline.kawas@tdhca.state.tx.us

Melissa Neelley
TCR Bissonnet LP
Houston, tx
mneelley@tcresidential.com

RE: Collingham Park

CMTS ID: 85

Dear Melissa Neelley:


The request to implement an updated utility allowance for Collingham Park was received on 2/12/2015 for calendar year 2015. This satisfies the owner's requirement to notify the Department.

Please be advised, the Department has not reviewed the allowance; the Owner is responsible for ensuring compliance. Monitoring for rents and utility allowances will be included in the property's next regularly scheduled onsite review. If there is noncompliance, corrective action will be required. Please see 10TAC§10.614 for guidance.

The date the Department received this correspondence begins the ninety (90) day notification period. If a resident of the development contacts the Department with relevant information during the notification period, the Department will contact the owner and request additional documentation. Otherwise, the updated utility allowance must be implemented for rent due 90 days after the beginning of the notification period.

Please maintain this correspondence for the property's records. If you have questions please contact Jacqueline Kawas at (512) 475-3969 or via email: jacqueline.kawas@tdhca.state.tx.us.

Sincerely,

 Date:
2015.04.23
16:41:43 -05'00'

Jacqueline Kawas
Compliance Monitor



SECTION II PROPERTY SPECIFIC ALLOWANCES / UTILITY PROVIDER LETTER

The following chart provides a breakdown of the utility allowances for Collingham Park, based on the enclosed utility company estimate letter **:

Electric Numbers per Reliant Energy Letter dated 01/22/15

Collingham Park

ELECTRIC Only - Utility Allowances			
	1 BR	2 BR	3 BR
Heating, Electric	\$ 3	\$ 5	\$ 5
Cooking, Electric	\$ 4	\$ 4	\$ 5
Other Electric	\$ 15	\$ 17	\$ 20
Air Conditioning	\$ 13	\$ 15	\$ 17
Water Heating, Electric	\$ 9	\$ 12	\$ 16
Customer Charge, incl. TDSP, Electric	\$ 14	\$ 14	\$ 14
TOTAL	\$ 58	\$ 67	\$ 77

NOTES:

1. Water, Sewer and Trash are property paid and therefore not included in the resident paid allowances above.
2. This is a request for the annual review of the methodology currently in use at the property, the utility company estimate letter. The 2014 estimate letter was issued by Direct Energy on 01/09/14.

** Utility company estimate letter is included on the following page:

- Reliant Energy

Allowances for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 09/30/2017)

See Public Reporting Statement and Instructions on back

Locality Harris County Housing Authority	Unit Type Apartments with 5 or more units	Date (mm/dd/yyyy) 4/1/2015
--	--	--------------------------------------

Utility or Service	Monthly Dollar Allowances						
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	a. Natural Gas	1	2	2	3	4	4
	b. Bottle Gas						
	c. Oil / Electric	4	5	9	9	10	11
	d. Coal / Other						
Cooking	a. Natural Gas	3	4	5	5	6	6
	b. Bottle Gas						
	c. Oil / Electric	4	4	5	6	6	7
	d. Coal / Other						
Other Electric	14	12	13	14	16	17	
Air Conditioning	13	16	19	21	25	28	
Water Heating	a. Natural Gas	4	6	6	9	11	12
	b. Bottle Gas						
	c. Oil / Electric	11	14	15	20	24	26
	d. Coal / Other						
Water	23	40	57	69	93	117	
Sewer							
Trash Collection							
Range/Microwave	8	7	7	7	8	8	
Refrigerator	3	3	3	3	3	3	
Other -- specify							

Actual Family Allowances To be used by the family to compute allowance.
Complete below for the actual unit rented.

Name of Family: All electric 51 41 70

Address of Unit: _____

Number of Bedrooms: _____

Utility or Service	per month cost
Heating	\$
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	\$

Allowance for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval N. 2577-0109

		Effective Date								
LOCALITY: HOUSTON, TX METROPOLITAN AREA		UNIT TYPE: APARTMENTS (5 OR MORE UNITS PER BUILDING)								
		12/1/2014								
Utility or Service		Monthly Dollar Allowances								
		0BR	1BR	2BR	3BR	4BR	5BR	6BR	7BR	8BR
Heating	a. Natural Gas	\$4	\$5	\$6	\$7	\$7	\$8	\$9	\$10	\$12
	b. Bottle Gas									
	c. Electric	\$8	\$9	\$10	\$13	\$15	\$17	\$20	\$23	\$27
	d. Coal/Other									
Cooking	a. Natural Gas	\$3	\$3	\$4	\$5	\$6	\$7	\$8	\$9	\$10
	b. Bottle Gas									
	c. Electric	\$6	\$7	\$9	\$11	\$13	\$14	\$16	\$18	\$21
	d. Coal/Other									
Other Electric Lighting Base		\$21	\$25	\$32	\$40	\$48	\$56	\$64	\$74	\$85
Air Conditioning		\$11	\$13	\$21	\$28	\$36	\$44	\$51	\$59	\$68
Water Heating	a. Natural Gas	\$7	\$8	\$11	\$13	\$16	\$18	\$21	\$24	\$28
	b. Bottle Gas									
	c. Electric	\$12	\$15	\$21	\$26	\$31	\$38	\$38	\$44	\$51
	d. Coal/Other									
Water		\$19	\$19	\$25	\$31	\$36	\$42	\$48	\$55	\$63
Sewer		\$29	\$30	\$38	\$46	\$55	\$63	\$72	\$83	\$95
Trash Collection										
Range/Microwave (if tenant supplies)		\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12
Refrigerator (if tenant supplies)		\$13	\$13	\$13	\$13	\$13	\$13	\$13	\$13	\$13
Other - Monthly Electric Fee		\$19	\$19	\$19	\$19	\$19	\$19	\$19	\$19	\$19
Other - Monthly Gas Fee		\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16	\$16
Actual Family Allowances To be used by the family to compute allowance. Complete below for the actual unit rented.										
Name of Family										
Address of Unit										
Number of Bedrooms										
		Please Enter Bedroom Size Above								
		Total								
		\$0								

Affirmative Marketing Plan
&
Marketing Documentation

Note to all applicants/respondents: This form was developed with Nuance, the official HUD software for the creation of HUD forms. HUD has made available instructions for downloading a free installation of a Nuance reader that allows the user to fill-in and save this form in Nuance. Please see <http://portal.hud.gov/hudportal/documents/huddoc?id=nuancerreaderinstall.pdf> for the instructions. Using Nuance software is the only means of completing this form.

Affirmative Fair Housing Marketing Plan (AFHMP) - Multifamily Housing

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity

OMB Approval No. 2529-0013
(exp.12/31/2016)

<p>1a. Project Name & Address (including City, County, State & Zip Code)</p> <p>Collingham Apartments 10800 Kipp Way Houston, Texas 77099 Harris County</p>	<p>1b. Project Contract Number</p> <p>00037T</p>	<p>1c. No. of Units</p> <p>250</p>
<p>1d. Census Tract</p> <p>48201453300</p>		
<p>1e. Housing/Expanded Housing Market Area</p> <p>Housing Market Area: Harris County Expanded Housing Market Area: Houston-The Woodlands-Sugar Land, Texas</p>		
<p>1f. Managing Agent Name, Address (including City, County, State & Zip Code), Telephone Number & Email Address</p> <p>Allied-Orion Group Attn: Melanie Fruge mfruge@allied-orion.com 713-644-5844 2051 Greenhouse Rd Ste 300 Houston, Texas 77084</p>		
<p>1g. Application/Owner/Developer Name, Address (including City, County, State & Zip Code), Telephone Number & Email Address</p> <p>TCR Bissonnet, 10333 Richmond Ave. Suite 400, Houston, Texas 77042. Harris County (713)781-5775 Scott Davis www.tcreidential.com</p>		
<p>1h. Entity Responsible for Marketing (check all that apply)</p> <p><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Other (specify) _____</p> <p>Position, Name (if known), Address (including City, County, State & Zip Code), Telephone Number & Email Address</p> <p>Property Manager, 10800 Kipp Way, Houston Texas 77042. Harris County (713)474-5500, collingham@allied-orion.com</p>		
<p>1i. To whom should approval and other correspondence concerning this AFHMP be sent? Indicate Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address.</p> <p>TCR Bissonnet, 10333 Richmond Ave. Suite 400, Houston, Texas 77042. Harris County (713)781-5775 Scott Davis www.tcreidential.com</p>		
<p>2a. Affirmative Fair Housing Marketing Plan</p> <p>Plan Type <input type="text" value="Updated Plan"/> Date of the First Approved AFHMP: <input type="text" value="11/01/01"/></p> <p>Reason(s) for current update: <input type="text" value="marketing efforts changed"/></p>		
<p>2b. HUD-Approved Occupancy of the Project (check all that apply)</p> <p><input type="checkbox"/> Elderly <input checked="" type="checkbox"/> Family <input type="checkbox"/> Mixed (Elderly/Disabled) <input type="checkbox"/> Disabled</p>		
<p>2c. Date of Initial Occupancy</p> <p><input type="text" value="11/01/2001"/></p>	<p>2d. Advertising Start Date</p> <p>Advertising must begin <i>at least</i> 90 days prior to initial or renewed occupancy for new construction and substantial rehabilitation projects.</p> <p>Date advertising began or will begin <input type="text"/></p> <p>For existing projects, select below the reason advertising will be used:</p> <p>To fill existing unit vacancies <input type="checkbox"/></p> <p>To place applicants on a waiting list <input checked="" type="checkbox"/> (which currently has <input type="text" value="0"/> individuals)</p> <p>To reopen a closed waiting list <input type="checkbox"/> (which currently has <input type="text"/> individuals)</p>	

3a. Demographics of Project and Housing Market Area
Complete and submit Worksheet 1.

3b. Targeted Marketing Activity

Based on your completed Worksheet 1, indicate which demographic group(s) in the housing market area is/are *least* likely to apply for the housing without special outreach efforts. (check all that apply)

- White American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander Hispanic or Latino Persons with Disabilities
 Families with Children Other ethnic group, religion, etc. (specify)

4a. Residency Preference

Is the owner requesting a residency preference? If yes, complete questions 1 through 5.
If no, proceed to Block 4b.

(1) Type

(2) Is the residency preference area:

The same as the AFHMP housing/expanded housing market area as identified in Block 1e?

The same as the residency preference area of the local PHA in whose jurisdiction the project is located?

(3) What is the geographic area for the residency preference?

(4) What is the reason for having a residency preference?

(5) How do you plan to periodically evaluate your residency preference to ensure that it is in accordance with the non-discrimination and equal opportunity requirements in 24 CFR 5.105(a)?

Complete and submit Worksheet 2 when requesting a residency preference (see also 24 CFR 5.655(c)(1)) for residency preference requirements. The requirements in 24 CFR 5.655(c)(1) will be used by HUD as guidelines for evaluating residency preferences consistent with the applicable HUD program requirements. See also HUD Occupancy Handbook (4350.3) Chapter 4, Section 4.6 for additional guidance on preferences.

4b. Proposed Marketing Activities: Community Contacts

Complete and submit Worksheet 3 to describe your use of community contacts to market the project to those least likely to apply.

4c. Proposed Marketing Activities: Methods of Advertising

Complete and submit Worksheet 4 to describe your proposed methods of advertising that will be used to market to those least likely to apply. Attach copies of advertisements, radio and television scripts, Internet advertisements, websites, and brochures, etc.

5a. Fair Housing Poster

The Fair Housing Poster must be prominently displayed in all offices in which sale or rental activity takes place (24 CFR 200.620(e)). Check below all locations where the Poster will be displayed.

Rental Office Real Estate Office Model Unit Other (specify)

5b. Affirmative Fair Housing Marketing Plan

The AFHMP must be available for public inspection at the sales or rental office (24 CFR 200.625). Check below all locations where the AFHMP will be made available.

Rental Office Real Estate Office Model Unit Other (specify)

5c. Project Site Sign

Project Site Signs, if any, must display in a conspicuous position the HUD approved Equal Housing Opportunity logo, slogan, or statement (24 CFR 200.620(f)). Check below all locations where the Project Site Sign will be displayed. Please submit photos of Project signs.

Rental Office Real Estate Office Model Unit Entrance to Project Other (specify)

The size of the Project Site Sign will be x

The Equal Housing Opportunity logo or slogan or statement will be x

6. Evaluation of Marketing Activities

Explain the evaluation process you will use to determine whether your marketing activities have been successful in attracting individuals least likely to apply, how often you will make this determination, and how you will make decisions about future marketing based on the evaluation process.

The property will establish a system for documenting outreach activities and for maintaining records, which provides racial, ethnic and gender data on all applicants for the proposed housing. It should include all documentation pertaining to:

- a. The special outreach activities undertaken to attract least likely to apply and the general public to the housing; and
- b. The training given to the staff on federal, state and local civil rights laws; and
- c. The selection of the community contacts who assisted in implementing the AFHM program.

The following materials should be kept in the AFHM file for future monitoring:

- a. Copies of advertisements, brochures, leaflets, and letters to community contacts; and
- b. Photographs of project signs; and copies of instructions and materials used to train staff will be kept in the AFHM file for future monitoring.

The AFHM plan shall remain in effect for two (2) years following the date of signature of this form. An annual review will be completed. The following steps will be taken to evaluate affirmative marketing success:

- a. Use tool found on TDHCA website to evaluate tenant pool vs. MSA.
- b. Review of affirmative marketing correspondence to determine if acceptable rapport was created.

If unsuccessful at leasing to those least likely to apply, the following steps will be taken:

- a. Seek additional contacts in least likely to apply pool and make contact with personal visits, flyers, brochures.

7a. Marketing Staff

What staff positions are/will be responsible for affirmative marketing?

Regional Supervisor, Property Manager, Assistant Manager and Leasing Consultant

7b. Staff Training and Assessment: AFHMP

(1) Has staff been trained on the AFHMP? Yes

(2) Has staff been instructed in writing and orally on non-discrimination and fair housing policies as required by 24 CFR 200.620(c)? Yes

(3) If yes, who provides instruction on the AFHMP and Fair Housing Act, and how frequently?

Human Resources director introduces Fair Housing Act during new hire orientation. First fair housing course is required to be completed within one week of hire and annually thereafter. The Regional Vice President and Regional Supervisor trains on the AFHMP at time of hire, and reviews quarterly with those responsible for affirmative marketing.

(4) Do you periodically assess staff skills on the use of the AFHMP and the application of the Fair Housing Act? Yes

(5) If yes, how and how often?

Third party anonymous shop reports and online quiz training-Quarterly

7c. Tenant Selection Training/Staff

(1) Has staff been trained on tenant selection in accordance with the project's occupancy policy, including any residency preferences?

Yes

(2) What staff positions are/will be responsible for tenant selection?

Regional Supervisor, Property Manager, Assistant Manager and Leasing Consultant

7d. Staff Instruction/Training:

Describe AFHM/Fair Housing Act staff training, already provided or to be provided, to whom it was/will be provided, content of training, and the dates of past and anticipated training. Please include copies of any AFHM/Fair Housing staff training materials.

AFHM Training: The regional supervisor reviews the AFHM plan with employees on an annual basis and with new employees within the first week of hire. During this training, the current plan, current and previous marketing efforts are reviewed and explained.

Fair Housing Training: All employees must attend Fair Housing Training as part of the new employee orientation and review the attached Notice to All Employees regarding the company policy on fair housing. (see attached)

Grace Hill 3 hour training on Fair Housing I within 1 week of hire, and annually thereafter (see attached)

Grace Hill 2 hour training on Fair Housing II within 5 months of hire, and annually thereafter (see attached)

8. Additional Considerations Is there anything else you would like to tell us about your AFHMP to help ensure that your program is marketed to those least likely to apply for housing in your project? Please attach additional sheets, as needed.

1. Prospective tenants who hold Section 8 vouchers or certificates are welcome to apply and will be provided the same consideration for occupancy as any other prospective tenant. Any minimum income requirements for Section 8 voucher and certificate holders will only be applied to the portion of rent the tenant would pay. If Section 8 pays 100% of rent for the unit, the housing sponsor may establish other reasonable minimum income requirements to ensure the tenant has the financial resources to meet daily living expenses. Minimum income requirements for Section 8 voucher or certificate holders will not exceed 2.5 times the portion of rent the tenant pays; and all other screening criteria, including employment policies or procedures and other leasing criteria, such as rental history, credit history, criminal history, etc. must be applied to the prospective tenants uniformly and in a manner consistent with the Texas and Federal Fair Housing requirements and with Department requirements.

2. Marketing materials will be translated when leasing to least likely to apply groups that traditionally have limited english proficiency barriers.

9. Review and Update

By signing this form, the applicant/respondent agrees to implement its AFHMP, and to review and update its AFHMP in accordance with the instructions to item 9 of this form in order to ensure continued compliance with HUD's Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M). I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (See 18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

Signature of person submitting this Plan & Date of Submission (mm/dd/yyyy)

[Handwritten Signature] *04/22/2015*

Name (type or print)

Alisa Lucas

Title & Name of Company

SR Regional Supervisor

For HUD-Office of Housing Use Only

Reviewing Official:

For HUD-Office of Fair Housing and Equal Opportunity Use Only

Approval

Disapproval

Signature & Date (mm/dd/yyyy)

Signature & Date (mm/dd/yyyy)

Name (type or print)

Name (type or print)

Title

Title

Public reporting burden for this collection of information is estimated to average six (6) hours per initial response, and four (4) hours for updated plans, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget (OMB) control number.

Purpose of Form: All applicants for participation in FHA subsidized and unsubsidized multifamily housing programs with five or more units (see 24 CFR 200.615) must complete this Affirmative Fair Housing Marketing Plan (AFHMP) form as specified in 24 CFR 200.625, and in accordance with the requirements in 24 CFR 200.620. The purpose of this AFHMP is to help applicants offer equal housing opportunities regardless of race, color, national origin, religion, sex, familial status, or disability. The AFHMP helps owners/agents (respondents) effectively market the availability of housing opportunities to individuals of both minority and non-minority groups that are least likely to apply for occupancy. Affirmative fair housing marketing and planning should be part of all new construction, substantial rehabilitation, and existing project marketing and advertising activities.

An AFHM program, as specified in this Plan, shall be in effect for each multifamily project throughout the life of the mortgage (24 CFR 200.620(a)). The AFHMP, once approved by HUD, must be made available for public inspection at the sales or rental offices of the respondent (24 CFR 200.625) and may not be revised without HUD approval. This form contains no questions of a confidential nature.

Applicability: The form and worksheets must be completed and submitted by all FHA subsidized and unsubsidized multifamily housing program applicants.

INSTRUCTIONS:

Send completed form and worksheets to your local HUD Office, Attention: Director, Office of Housing

Part 1: Applicant/Respondent and Project Identification. Blocks 1a, 1b, 1c, 1g, 1h, and 1i are self-explanatory.

Block 1d- Respondents may obtain the Census tract number from the U.S. Census Bureau (<http://factfinder2.census.gov/main.html>) when completing Worksheet One.

Block 1e- Respondents should identify both the housing market area and the expanded housing market area for their multifamily housing projects. Use abbreviations if necessary. A **housing market area** is the area from which a multifamily housing project owner/agent may reasonably expect to draw a substantial number of its tenants. This could be a county or Metropolitan Division. The U.S. Census Bureau provides a range of levels to draw from.

An **expanded housing market area** is a larger geographic area, such as a Metropolitan Division or a Metropolitan Statistical Area, which may provide additional demographic diversity in terms of race, color, national origin, religion, sex, familial status, or disability.

Block 1f- The applicant should complete this block only if a Managing Agent (the agent cannot be the applicant) is implementing the AFHMP.

Part 2: Type of AFHMP

Block 2a- Respondents should indicate the status of the AFHMP, i.e., initial or updated, as well as the date of the first approved AFHMP. Respondents should also provide the reason (s) for the current update, whether the update is based on the five-year review or due to significant changes in project or local demographics (See instructions for Part 9).

Block 2b- Respondents should identify all groups HUD has approved for occupancy in the subject project, in accordance with the contract, grant, etc.

Block 2c- Respondents should specify the date the project was/will be first occupied.

Block 2d- For new construction and substantial rehabilitation projects, advertising must begin at least 90 days prior to initial occupancy. In the case of existing projects, respondents should indicate whether the advertising will be used to fill existing vacancies, to place individuals on the project's waiting list, or to re-open a closed waiting list. Please indicate how many people are on the waiting list when advertising begins.

Part 3 Demographics and Marketing Area.

"Least likely to apply" means that there is an identifiable presence of a specific demographic group in the housing market area, but members of that group are not likely to apply for the housing without targeted outreach, including marketing materials in other languages for limited English proficient individuals, and alternative formats for persons with disabilities. Reasons for not applying may include, but are not limited to, insufficient information about housing opportunities, language barriers, or transportation impediments.

Block 3a - Using Worksheet 1, the respondent should indicate the demographic composition of the project's residents, current project applicant data, census tract, housing market area, and expanded housing market area. The applicable housing market area and expanded housing market area should be indicated in Block 1a. Compare groups within rows/across columns on Worksheet 1 to identify any under-represented group(s) relative to the surrounding housing market area and expanded housing market area, i.e., those group(s) "least likely to apply" for the housing without targeted outreach and marketing. If there is a particular group or subgroup with members of a protected class that has an identifiable presence in the housing market area, but is not included in Worksheet 1, please specify under "Other."

Respondents should use the most current demographic data from the U.S. Census or another official source such as a local government planning office. Please indicate the source of your data in Part 8 of this form.

Block 3b - Using the information from the completed Worksheet 1, respondents should identify the demographic group(s) least likely to apply for the housing without special outreach efforts by checking all that apply.

Part 4 - Marketing Program and Residency Preference (if any).

Block 4a - A residency preference is a preference for admission of persons who reside or work in a specified geographic area (see 24 CFR 5.655(c)(1)(ii)). Respondents should indicate whether a residency preference is being utilized, and if so, respondents should specify if it is new, revised, or continuing. If a respondent wishes to utilize a residency preference, it must state the preference area (and provide a map delineating the precise area) and state the reason for having such a preference. The respondent must ensure that the preference is in accordance with the non-discrimination and equal opportunity requirements in 24 CFR 5.105(a) (see 24 CFR 5.655(c)(1)).

Respondents should use Worksheet 2 to show how the percentage of the eligible population living or working in the residency preference area compares to that of residents of the project, project applicant data, census tract, housing market area, and expanded housing market area. The percentages would be the same as shown on completed Worksheet 1.

Block 4b - Using Worksheet 3, respondents should describe their use of community contacts to help market the project to those least likely to apply. This table should include the name of a contact person, his/her address, telephone number, previous experience working with the target population(s), the approximate date contact was/will be initiated, and the specific role the community contact will play in assisting with affirmative fair housing marketing or outreach.

Block 4c - Using Worksheet 4, respondents should describe their proposed method(s) of advertising to market to those least likely to apply. This table should identify each media option, the reason for choosing this media, and the language of the advertisement. Alternative format(s) that will be used to reach persons with disabilities, and logo(s) that will appear on the various materials (as well as their size) should be described. **Please attach a copy of the advertising or marketing material.**

Part 5 - Availability of the Fair Housing Poster, AFHMP, and Project Site Sign.

Block 5a - The Fair Housing Poster must be prominently displayed in all offices in which sale or rental activity takes place (24 CFR 200.620(e)). Respondents should indicate all locations where the Fair Housing Poster will be displayed.

Block 5b - The AFHMP must be available for public inspection at the sales or rental office (24 CFR 200.625). Check all of the locations where the AFHMP will be available.

Block 5c - The Project Site Sign must display in a conspicuous position the HUD-approved Equal Housing Opportunity logo, slogan, or statement (24 CFR 200.620(f)). Respondents should indicate where the Project Site Sign will be displayed, as well as the size of the Sign and the size of the logo, slogan, or statement. **Please submit photographs of project site signs.**

Part 6 - Evaluation of Marketing Activities.

Respondents should explain the evaluation process to be used to determine if they have been successful in attracting those individuals identified as least likely to apply. Respondents should also explain how they will make decisions about future marketing activities based on the evaluations.

Part 7- Marketing Staff and Training.

Block 7a - Respondents should identify staff positions that are/will be responsible for affirmative marketing.

Block 7b - Respondents should indicate whether staff has been trained on the AFHMP and Fair Housing Act.

Please indicate who provides the training and how frequently. In addition, respondents should specify whether they periodically assess staff members' skills in using the AFHMP and in applying the Fair Housing Act. They should state how often they assess employee skills and how they conduct the assessment.

Block 7c - Respondents should indicate whether staff has been trained on tenant selection in accordance with the project's occupancy policy, including residency preferences (if any). Respondents should also identify those staff positions that are/will be responsible for tenant selection.

Block 7d - Respondents should include copies of any written materials related to staff training, and identify the dates of past and anticipated training.

Part 8 - Additional Considerations.

Respondents should describe their efforts not previously mentioned that were/are planned to attract those individuals least likely to apply for the subject housing.

Part 9 - Review and Update.

By signing the respondent assumes responsibility for implementing the AFHMP. Respondents must review their AFHMP every five years or when the local Community Development jurisdiction's Consolidated Plan is updated, or when there are significant changes in the demographics of the project or the local housing market area. When reviewing the plan, the respondent should consider the current demographics of the housing market area to determine if there have been demographic changes in the population in terms of race, color, national origin, religion, sex, familial status, or disability. The respondent will then determine if the population least likely to apply for the housing is still the population identified in the AFHMP, whether the advertising and publicity cited in the current AFHMP are still appropriate, or whether advertising sources should be modified or expanded. Even if the demographics of the housing market area have not changed, the respondent should determine if the outreach currently being performed is reaching those it is intended to reach as measured by project occupancy and applicant data. If not, the AFHMP should be updated. The revised AFHMP must be submitted to HUD for approval. HUD may review whether the affirmative marketing is actually being performed in accordance with the AFHMP. If based on their review, respondents determine the AFHMP does not need to be revised, they should maintain a file documenting what was reviewed, what was found as a result of the review, and why no changes were required. HUD may review this documentation.

Notification of Intent to Begin Marketing.

No later than 90 days prior to the initiation of rental marketing activities, the respondent must submit notification of intent to begin marketing. The notification is required by the AFHMP Compliance Regulations (24 CFR 108.15). The Notification is submitted to the Office of Housing in the HUD Office servicing the locality in which the proposed housing will be located. Upon receipt of the Notification of Intent to Begin Marketing from the applicant, the monitoring office will review any previously approved plan and may schedule a pre-occupancy conference. Such conference will be held prior to initiation of sales/rental marketing activities. At this conference, the previously approved AFHMP will be reviewed with the applicant to determine if the plan, and/or its proposed implementation, requires modification prior to initiation of marketing in order to achieve the objectives of the AFHM regulation and the plan.

OMB approval of the AFHMP includes approval of this notification procedure as part of the AFHMP. The burden hours for such notification are included in the total designated for this AFHMP form.

Worksheet 1: Determining Demographic Groups Least Likely to Apply for Housing Opportunities
 (See AFHMP, Block 3b)

In the respective columns below, indicate the percentage of demographic groups among the project's residents, current project applicant data, census tract, housing market area, and expanded housing market area (See instructions to Block 1e). If you are a new construction or substantial rehabilitation project and do not have residents or project applicant data, only report information for census tract, housing market area, and expanded market area. The purpose of this information is to identify any under-representation of certain demographic groups in terms of race, color, national origin, religion, sex, familial status, or disability. If there is significant under-representation of any demographic group among project residents or current applicants in relation to the housing/expanded housing market area, then targeted outreach and marketing should be directed towards these individuals least likely to apply. Please indicate under-represented groups in Block 3b of the AFHMP. Please attach maps showing both the housing market area and the expanded housing market area.

Demographic Characteristics	Project's Residents	Project's Applicant Data	Census Tract	Housing Market Area	Expanded Housing Market Area
% White	4.64%		60.12%		
% Black or African American					
% Hispanic or Latino					
% Asian	1.72%		6.57%		
% American Indian or Alaskan Native					
% Native Hawaiian or Pacific Islander					
% Persons with Disabilities	3.97%		9.32%		
% Families with Children under the age of 18					
Other (specify)					

Worksheet 2: Establishing a Residency Preference Area (See AFHMP, Block 4a)

Complete this Worksheet if you wish to continue, revise, or add a residency preference, which is a preference for admission of persons who reside or work in a specified geographic area (see 24 CFR 5.655(c)(1)(ii)). If a residency preference is utilized, the preference must be in accordance with the non-discrimination and equal opportunity requirements contained in 24 CFR 5.105(a). This Worksheet will help show how the percentage of the population in the residency preference area compares to the demographics of the project's residents, applicant data, census tract, housing market area, and expanded housing market area. Please attach a map clearly delineating the residency preference geographical area.

Demographic Characteristics	Project's Residents (as determined in Worksheet 1)	Project's Applicant Data (as determined in Worksheet 1)	Census Tract (as determined in Worksheet 1)	Housing Market Area (as determined in Worksheet 1)	Expanded Housing Market Area (as determined in Worksheet 1)	Residency Preference Area (if applicable)
% White						
% Black or African American						
% Hispanic or Latino						
% Asian						
% American Indian or Alaskan Native						
% Native Hawaiian or Pacific Islander						
% Persons with Disabilities						
% Families with Children under the age of 18						
Other (specify)						

Worksheet 3: Proposed Marketing Activities –Community Contacts (See AFHMP, Block 4b)

For each targeted marketing population designated as least likely to apply in Block 3b, identify at least one community contact organization you will use to facilitate outreach to the particular population group. This could be a social service agency, religious body, advocacy group, community center, etc. State the names of contact persons, their addresses, their telephone numbers, their previous experience working with the target population, the approximate date contact was/will be initiated, and the specific role they will play in assisting with the affirmative fair housing marketing. Please attach additional pages if necessary.

Targeted Population(s)	Community Contact(s), including required information noted above.
Persons with Disabilities	Houston Center for Independent Living (713)974-3018 or email Troy Myree at hcil@neosoft.com. 6201 Bonhomme Road, Suite 150, Houston TX 77036. Association for Dev Disabled 5804 Canal Street Houston, TX 77008 Contact was initiated and will continue on regular basis.
Persons with Disabilities	SEARCH Homeless Services 713-276-3018 - Roxanne Tonn 2505 Fannin, Houston, Texas 77002 The ARC of Greater Houston 713-957-1600 - Judy Kantorczyk PO Box 924168, Houston TX. 77292 Contact was initiated and will continue on regular basis.
White	Houston Metropolitan Chamber of Commerce 713-666-1521 12 Greenway Plaza Suite 1000 Houston, TX 77046 Alief YMCA 281-495-9100 7850 Howell Sugar Land Rd Houston, TX 77083 Contact was initiated and will continue on regular basis.
Asian	Asian Chamber of Commerce-Christina Kim 713-782-7222 6833 West Sam Houston Parkway South Suite 206 Houston, Texas 77072 When information is sent to Ms. Kim, she will copy and distribute to the President and the Board of Directors, who will pass along to chamber members and the community.
Asian	Asian American Family Services- Senior Program-Kim Szeto (713) 600-9400 or email hcilkszeto@aafstexas.org, 9440 Bellaire Blvd. Suite 228, Houston, TX 77036. Contact was initiated upon opening and will continue on a regular basis. When information is sent to Ms. Szeto (CEO of AAFS), she will review and distribute to the Senior Program Members.

Worksheet 4: Proposed Marketing Activities -- Methods of Advertising (See AFHMP, Block 4c)

Complete the following table by identifying your targeted marketing population(s), as indicated in Block 3b, as well as the methods of advertising that will be used to market to that population. For each targeted population, state the means of advertising that you will use as applicable to that group and the reason for choosing this media. In each block, in addition to specifying the media that will be used (e.g., name of newspaper, television station, website, location of bulletin board, etc.) state any language(s) in which the material will be provided, identify any alternative format(s) to be used (e.g. Braille, large print, etc.), and specify the logo(s) (as well as size) that will appear on the various materials. Attach additional pages, if necessary, for further explanation. Please attach a copy of the advertising or marketing material.

Targeted Population(s) → Methods of Advertising ↓	Targeted Population:	Targeted Population:	Targeted Population:
Newspaper(s)			
Radio Station(s)			
TV Station(s)			
Electronic Media			
Bulletin Boards			
Brochures, Notices, Flyers	White	Asian	Persons with disabilities
Flyers			
Other (specify)			

Affirmative Marketing Tool

04/22/2015

Property: Collingham Park

CMTS # 85
 Total Units 250
 Vacant Units 2
 Date Updated 04/10/2015
 Census Tract 48201453300
 County HARRIS
 MSA Houston-The Woodlands-Sugar Land, TX

As a reminder, persons with disabilities will always appear in your results and must always be included in your affirmative marketing. Results will not display for any populations representing less than 1% of the total population of the County or MSA. These populations will not be required in your affirmative marketing.

Tenant Pool vs. MSA			
Least Likely to Apply	% Development	% MSA	Tract for Outreach Consideration
Persons with Disabilities	3.97	9.32	48339690402
White	4.64	60.12	48157673101
Asian	1.72	6.57	48039660602

Map Census Tracts

The report above shows the groups to whom you must affirmatively market based on a comparison of your tenant data pool or census tract to the applicable County or MSA area as identified in the Rule. You must select these groups on the HUD 935.2A form as groups least likely to apply.

The census tracts provided for outreach consideration represent nearby neighborhoods identified in the U.S. Census as having the greatest number of the groups who are least likely to apply at your development based on its location or the demographic make up of its tenant pool. The identified neighborhoods may represent a first step for planning meaningful outreach and marketing for your development.

Collingham Park

Apartment Homes

August 23, 2017

Harris County Housing Authority
Attn: Director
8933 Interchange Drive
Houston, TX 77054
(713) 578-2100

I would like to take this opportunity to introduce a professionally managed community. Our trained staff can assist leasing to person(s) that have limited English proficiency barriers. We offer affordable attractive housing for low and moderate income families.

Our spacious floor plans include one, two and three bedrooms.

We accept section 8 vouchers. Those prospective applicants who hold section 8 vouchers will be provided the same consideration for occupancy as any other applicant(s). Please find attached a copy of our floor plans and rental rates so that you can see for yourself the exciting amenities our community has to offer. Please contact us at the number below for availability.

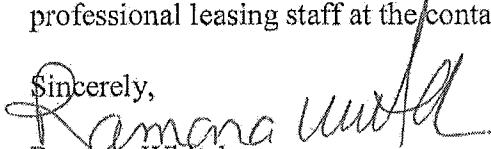
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Sincerely,


Ramona Whitaker
Property Manager



Collingham Park

Apartment Homes

August 23, 2017

Houston Center for Independent Living
Attn: Director
6201 Bonhomme Road, Suite 150 South
Houston, TX 77036

I would like to take this opportunity to introduce a professionally managed community. Our trained staff can assist leasing to person(s) that have limited English proficiency barriers. We offer affordable attractive housing for low and moderate income families.

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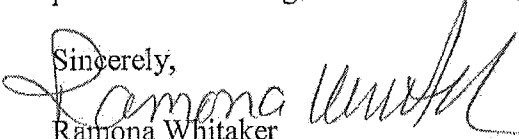
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Sincerely,


Ramona Whitaker
Property Manager

10800 Kipp Way • Houston, TX 77099 • Phone (713-) 474-5500 • Fax (713) 474-5510

Email: collingham@allied-orion.com • Web: www.collinghampark.com

Collingham Park Apartments – Numero de la oficina (713) 474-5500 • Numero de fax (713) 474-5510



Collingham Park

Apartment Homes

August 23, 2017

SEARCH Homeless Services
Attn: Director
2505 Fannin St
Houston, TX 77002

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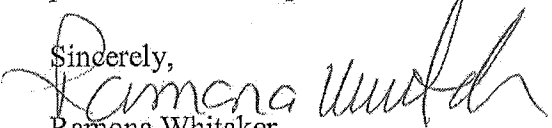
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Collingham Park

Apartment Homes

August 23, 2017

The ARC of Greater Houston
Attn: Director
P.O. Box 924168
Houston, TX 77292

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Collingham Park Apartments – Numero de la oficina (713) 474-5500 • Numero de fax (713) 474-5510



Collingham Park

Apartment Homes

August 23, 2017

Association for The Developmentally Disabled
Attn: Director
5804 Canal Street
Houston, TX 77008

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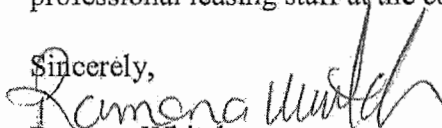
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Collingham Park

Apartment Homes

August 23, 2017

Houston Metropolitan Chamber of Commerce
12 Greenway Plaza Suite 1000
Houston, TX 77046

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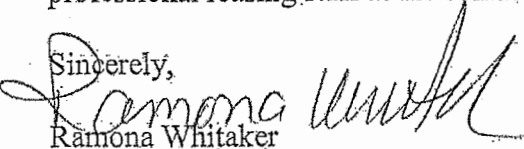
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Collingham Park Apartments – Número de la oficina (713) 474-5500 • Número de fax (713) 474-5510



Collingham Park

Apartment Homes

August 23, 2017

Alief Family YMCA
7850 Howell Sugar Land Rd
Houston, TX 77083

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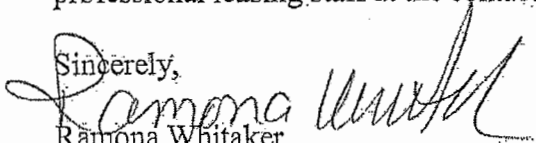
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Collingham Park

Apartment Homes

August 23, 2017

Asian Chamber of Commerce
Attn: Christina Kim-713-782-7222
6833 West Sam Houston Parkway South Suite 206
Houston, TX 77002

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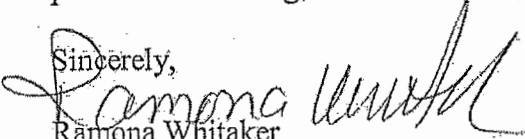
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Collingham Park

Apartment Homes

August 23, 2017

Asian American Family Services
Attn: Director
9440 Bellaire Blvd, Suite 228
Houston, TX 77036

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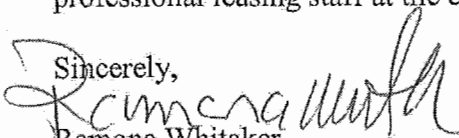
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Written Policy

ORION REAL ESTATE SERVICES

CRITERIA FOR RENTAL – Collingham Park

Equal Housing – This community does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin and will comply with state and federal fair housing and antidiscrimination laws, including but not limited to consideration of reasonable accommodations requested to complete the application process and the Federal Fair Credit Reporting Act.

The Development will comply with state and federal fair housing and antidiscrimination laws; including, but not limited to, consideration of reasonable accommodations requested to complete the application process. Chapter 1, Subchapter B of this title provides more detail about reasonable accommodations.

Screening criteria will be applied in a manner consistent with all applicable laws, including the Texas and Federal Fair Housing Acts, the Federal Fair Credit Reporting Act, program guidelines, and the Department's rules.

Identification - Each US Citizen who applies for an apartment must have a Social Security Number and a government issued picture identification card. Non-U.S. Citizens must provide a government issued photo ID and an identification number.

Occupancy Standard – A maximum of two persons per bedroom are allowed. Persons under six (6) years of age are not considered in this calculation.

Age – Lease holder(s) must be 18 years or older, unless head of household. All occupants 18 years or older are required to complete an application, even if living with parent or guardian.

Income - Gross monthly income of household must be 2 1/2 times monthly resident paid portion of rental amount. All sources of earned and unearned income must be verified in writing. Maximum household income guidelines are as follows:

MAXIMUM ANNUAL INCOME FOR RENT RESTRICTED APARTMENT HOMES ONLY

	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
60%	\$30,060	\$34,320	\$38,640	\$42,900	\$46,380	\$49,800	\$53,220	\$56,640

MAXIMUM RENTAL AMOUNT FOR RENT RESTRICTED APARTMENT HOMES ONLY

	1 Bedroom	2 Bedroom	3 Bedroom
60%	\$804	\$966	\$1,116

Employment - Applicant must 1) be employed with current employer for at least six months; 2) have current job and at least six months employment with previous employer; or 3) receiving retirement benefits, government benefits, or any other verifiable and consistent income.

Rental History - Previous rental history will be reviewed and no unsatisfactory rental history will be accepted. Unsatisfactory rental history is determined by: Failure to pay rent timely and/or evictions filed within the last 5 years, insufficient move-out notice, repeated disturbances and/or excessive damages not related to circumstances protected under the Violence Against Women Act, and/or prior management references describing repeated violations of the lease. Any debt owed to an apartment community must be paid in full.

Credit – Unsatisfactory credit references including any open bankruptcies, or no credit history may result in the requirement of an additional deposit or denial. Unsatisfactory credit shall be determined as a Safe Rent Score from Core Logic, Inc below 500. The Safe Rent score is a statistical score based on a calculation of an applicant's credit history, payment history, rent to income ratio, debt to income ratio, and rental history from the rental history database information available at the time the application is processed. The Safe Rent score allows us to gather a comprehensive perspective of the applicant's risk level.

Criminal Background - No applicant, resident or occupant may have convicted of the following criminal activity: Fraud or Fraud Related Crimes, Sexual Offenses including Registered Sex Offenders, Crimes of violence and threats of violence including homicide crimes, Crimes involving the manufacture, sale and/or distributions of drugs, Currently engaged in illegal use of a drug or pattern of illegal use of a drug that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; Abuse or pattern of abuse of alcohol that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; Theft Crimes involving force or violence, Kidnapping, Unlawful Restraint, Smuggling, and Trafficking of Persons, Arson, Burglary and Criminal Trespass, Public Indecency and Organized Crime Activity. This includes persons who have not yet satisfied the probationary period of a deferred adjudication.



Each person denied occupancy based on information obtained in the criminal background check, shall be allowed to appeal the denial and submit information that shows mitigating circumstances such as the facts and circumstances of the criminal conduct, the age of the applicant at the time of the crime, severity and recentness of the criminal conduct and rehabilitation efforts.

Animals – A maximum of 1 pet(s) per apartment is permitted. Dogs whose breed or dominant breed weight exceeds 60 pounds at maturity are not accepted. The following breeds or partial breeds are not permitted: rottweilers, pit bulls, akitas, dobermans, chows, German shepherds, and Australian shepherds. Exotic animals and reptiles are not accepted. Additional restrictions may apply.

Specific animal, breed, number, weight restrictions, pet rules, and pet deposits will not apply to households having a qualified service/assistance animal(s).

All animals must be photographed by management before approval.

Assistance Animal - Certain animals provide assistance or perform tasks for the benefit of a person with a disability. Such animals are often referred to as "service animals," "assistance animals," "support animals," "therapy animals," "companion animals," or "emotional support animals". The use of assistive animals is allowed as a reasonable accommodation.

Under both the Fair Housing Act and Section 504, in order for a requested accommodation to qualify as a reasonable accommodation, the requester must (1) have a disability, and (2) the accommodation must be necessary to afford a person with a disability an equal opportunity to use and enjoy a dwelling. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the person's disability. In the case of assistance/service animals, an individual with a disability must demonstrate a nexus between his or her disability and the function the service animal provides.

The Property will verify the existence of the disability, and the need for the accommodation—if either is not readily apparent. Persons who are seeking a reasonable accommodation for an emotional support animal may be required to provide documentation from a physician, psychiatrist, social worker, or other mental health professional that the animal provides support that alleviates at least one of the identified symptoms or effects of the existing disability.

In accordance with HUD Final Rule (73 F.R. 63834) and 24 CFR part 5, subpart C, a reasonable accommodation may be denied under the following circumstances: (1) pose a direct threat to the health or safety of others (2) result in substantial physical damage to the property of others unless the threat can be eliminated or significantly reduced by a reasonable accommodation (3) pose an undue financial and administrative burden; or (4) fundamentally alter the nature of the Property's operations.

The Property may exclude an assistance animal when that animal's behavior poses a direct threat and its owner takes no effective action to control the animal's behavior so that the threat is mitigated or eliminated. The determination of whether an assistance animal poses a direct threat will be based on an individualized assessment that is based on objective evidence about the specific animal in question, such as the animal's current conduct or a recent history of overt acts. The assessment will consider the nature, duration, and severity of the risk of injury; the probability that the potential injury will actually occur; and whether reasonable modifications of rules, policies, practices, procedures, or services will reduce the risk. In evaluating a recent history of overt acts, the Property shall take into account whether the assistance animal's owner has taken any action that has reduced or eliminated the risk. (Ex: obtaining specific training, medication, or equipment for the animal) This direct threat provision of the Fair Housing Act requires the existence of a significant risk—not a remote or speculative risk. Accordingly, the determination will not be the result of fear or speculation about the types of harm or damage an animal may cause, or evidence about harm or damage caused by other animals.

The HUD Final Rule requires a person with a disability who uses an assistance animal to be responsible for the animal's care, maintenance, and control. This includes picking up and disposing of his or her assistance animal's waste.

Pet Deposit and Other Charges – A Pet Deposit in the amount of \$150 will be charged in addition to a \$150 non-refundable pet fee. Pet Rent in the amount of \$15 will be charged monthly.

Application Fee – A \$16.50 non-refundable application fee is required for the first per person over the age of 18 years. An additional \$11.00 is required for each additional person over the age of 18 years.

Security Deposits – The following fully refundable security deposits will be charged – 1 Bdrm - \$150; 2 Bdrm - \$200; 3 Bdrm - \$250.



Students – Certain restrictions apply to applicants whose household contains only full time students. Student status includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools, but does not include those attending on-the-job training courses.

Exceptions to this policy include the following:

- At least one student receiving assistance under title IV of the Social Security Act (ex: payments under AFDC)
- At least one student was previously under the care and placement responsibility of the state agency responsible for administering foster care
- At least one student participates in a program receiving assistance under the Job Training Partnership Act (JTPA), Workforce Investment Act or under other similar federal, state or local job training program
- At least one student is a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent
- Are the students married and entitled to file a joint tax return

Section 8 – All Section 8 Voucher holders are welcome to apply for residency and will be provided the same consideration as all other applicants.

Waiting List - When there are more applicants than apartment vacancies at Collingham Park management will establish and maintain an applicant wait list. In order to be placed on the waiting list, an application must be filled out by all members of the household 18 years or older. Application fees will be assessed and collected at that time. Each applicant's credit history and criminal background will be screened. If any applicant in the household does not qualify under the properties above outlined criteria the household will not be eligible to be placed on the waiting list. If the household qualifies to be placed on the waiting list it does not indicate they have been fully approved to move in the community. There will be further paperwork required and the possibility of an additional background and criminal screening depending on the time that has passed since the first screening was completed. The wait list order shall group applicants by the date the application is received in the management office. When an apartment becomes available the first position applicant on the wait list will be contacted for possible residency. If management is unable to reach the applicant within 24 hours the applicant will be removed from the wait list. The next position applicant will be then be contacted for the vacancy. The applicant is responsible for keeping all contact information current. Any changes to the application such as address or contact information must be made in writing.

The Property will conduct outreach as necessary to ensure that the Property has a sufficient number of applicants on the waiting list to fill anticipated vacancies and to assure that the Property is affirmatively furthering fair housing and complying with the Fair Housing Act.

Violations of the waitlist policy shall subject the employee to disciplinary action up to and including termination.

Closing the Waitlist - The Property will close the waiting list if it has an adequate pool of applicants to fill projected vacancies. The number of applicants needed before closing the waitlist shall be set by the property and detailed in the property criteria. The Property may close the waiting list completely, or restrict intake by preference, or by size and type of unit.

Purging the Waitlist - The waiting list will be updated as needed to ensure that all applicants and applicant information is current and timely. To update the waiting list, the property will attempt to make contact via the phone number listed on the application to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. The update request will provide a deadline of 48 hours by which the applicant must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

A reasonable accommodation may be requested for applicants needing alternate methods of contact to update information.

The waitlist shall consist of no more than 30 applicants at any time.

Please see Unit Transfer Policy with regard to existing tenants and the waitlist.

Accessible Unit Priority - Priority for accessible units shall be given to an applicant that requires accessible features or an applicant with a disabled household member that requires accessible features.

VAWA PROTECTIONS - The Property is sensitive to the barriers of participation that accompanies applicants that are protected by the Violence Against Women Act. Please refer to the "Notice of Occupancy Rights" under the "Violence Against Women Act" documentation that will be provided to you upon execution of this Criteria.



The Property may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse.

Denial of Application – If your application is denied for any reason, applicant will be provided a notification of denial, via in person, facsimile or email, which will include a phone number to the third party provider of information that resulted in the decision for denial within 7 days. Appeal procedures will be included in the denial notification.

Should changes in circumstances arise from original application date, you may reapply after 90 days.

Unit Transfer Policy - Depending on the election in HUD 8609, transfers between buildings may require the resident to re-qualify again as an initial resident and must meet income restrictions. Please see the office for details. If currently in a lease or downsizing, a transfer fee of \$250.00 will be charged, along with a new unit deposit. If transfer is to accommodate a request for an accessible unit, the transfer fee will be waived.

The Property does not offer a preference or give a priority to any applicant not residing on the Property over those already residing at the Property when the existing tenant is seeking a unit with a lower or higher income restriction than the unit they currently occupy. Existing tenants will be entered on the waitlist using the same process as applicants not currently residing at the Property.

A preference shall be granted for a transfer by an existing tenant that needs an accessible unit over applicants on the waiting list.

A preference shall be granted for a transfer by an existing tenant that needs to transfer based on protections under the Violence against Women Act over applicants on the waiting list.

Priority for accessible units shall be given to an applicant that requires accessible features or an applicant with a disabled household member that requires accessible features.

Emergency Transfer - If the dwelling unit is damaged or a condition inside the unit exist which is a hazard to life, health, or safety of the occupants, the property will move the resident to the first available unit, if available, where necessary repairs cannot be made within a reasonable time. If the occupant must be placed on the waitlist, they shall be placed at the top of the waitlist and occupy the next available unit.

Disability Qualifications - A special needs individual person is defined as having a physical or mental impairment, which substantially limits one or more major life activities (i.e. self-care, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working). Physical or mental impairments entail a lengthy list of infirmities which can include, but are not necessarily limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, Cerebral Palsy, Autism, Epilepsy, Muscular Dystrophy, Multiple Sclerosis, Cancer, Heart Disease, Diabetes, Human Immune deficiency Virus (HIV) or (AIDS) infection, mental retardation, emotional illness, drug addiction (OTHER THAN ADDICTION CAUSED BY CURRENT ILLEGAL USE OF CONTROLLED SUBSTANCE.), Alcoholism.

Certain apartments are constructed as accessible for individuals with a disability. If a disabled person requests an accessible apartment that is currently occupied by a non- disabled person, the non- disabled person must move out of that apartment within 30 days.

If an accessible unit is not available for a qualified disabled applicant, the applicant shall not be denied housing. No disabled applicant shall be required to lease an accessible unit. No applicant is required to provide specific medical or disability information other than the disability verification that is requested to verify eligibility for reasonable accommodations.

Reasonable Accommodations – Applicants with a disability may request a reasonable accommodation during the application process or at any other time verbally or in person to the Property Manager. All requests will be responded to within seven (7) business days.

Privacy Policy for Personal Information of Rental Applicant and Residents - We are dedicated to protecting the privacy of your personal information, including your Social Security Number and other identifying or sensitive personal information. Our policy and procedures are designed to help ensure that your information is kept secure, and we work to follow all federal and state laws regarding the protection of your personal information. While no one can guarantee against identity theft or the misuse of personal information, protecting the information you provide us is a high priority to our company and staff. If you have concerns about this issue, please feel free to share them with us.



How Personal Information is collected: You will be asked to furnish some personal information when you apply to rent from us. This information will be on the rental application form or other document that you provide to us or to an apartment locator service, either on paper or electronically.

How and When Information is used: We use this information for our business purposes only as it relates to leasing a dwelling to you. Examples of these uses include but are not limited to, verifying statements made on your rental application (such as your rental, credit and employment history), reviewing your lease for renewal and enforcing your lease obligations (such as to obtain payment for money you may owe us in the future).

How the Information is Protected and Who has Access: We allow only authorized persons to have access to your personal information, and we keep documents and electronic records containing this information in secure areas and systems.

How the Information is Disposed of: After we no longer need or are required to keep your personal information, we will store or destroy it in a manner designed to prevent unauthorized persons from accessing it. Our disposal methods will include shredding, destruction or obliteration of paper documents and destruction of electronic files.

Locator Services: If you found us through a locator service, please be aware that locator services are independent contractors and are not our employees or agents – even though they may initially process rental applications and fill out lease forms. You should require any locator services you use to furnish you their own privacy policies.

Policies and Procedures: Copies of all policies and procedures referenced in this rental criteria are available upon request to applicants/tenants or their representatives.

I understand and accept these qualifying standards and have truthfully answered all questions. I understand that falsification of Rental Application information will lead to denial of rental. Rental Criteria does not constitute a guarantee or representation that resident or occupants currently residing in the community have not been convicted or are not subject to deferred adjudication for felony. Management's ability to verify this information is limited to the information made available by the agencies and services used. It does not insure that all individuals reside in on or visiting the community conforms to these guidelines.

I have received a copy of the "Notice of Occupancy Rights" under the "Violence Against Women Act" and the certification documentation.

Applicant Signature

Date

Applicant Signature

Date



NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

Collingham Park

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for persons that have been subject to domestic violence, dating violence, sexual assault, or stalking.² VAWA protections are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The Texas Department of Housing and Community Affairs is the State agency that oversees (please circle the covered program) the Housing Tax Credit, HOME Multifamily, HOME Tenant Based Rental Assistance, Tax Credit Assistance Program-Repayment Funds, National Housing Trust Fund, Emergency Solutions Grant, and the Housing Choice Voucher Program "covered program". This notice explains your rights under VAWA. A U.S. Department of Housing ("HUD") approved certification form is attached to this notice. You can fill out this form to show that you are or have been subject to domestic violence; dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

Protections for Applicants

If you otherwise qualify for assistance under the Housing Tax Credit Program, you cannot be denied admission or denied assistance because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the Housing Tax Program, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been subject to of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the Housing Tax Credit Program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

Collingham Park may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If **Collingham Park** chooses to remove the abuser or perpetrator, **Collingham Park** may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, **Collingham Park** must allow the tenant who is or has VAWA protections and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, **Collingham Park** must follow Federal, State, and local eviction procedures. In order to divide a lease, **Collingham Park** may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking (such as HUD's self-certification form 5382).

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² The VAWA statute uses the term victims to describe those with VAWA protections, but the Department herein refers to this class of persons as subject to protections under VAWA.

³ Housing providers in the covered programs cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.



Moving to Another Unit

Upon your request, **Collingham Park** may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, **Collingham Park** may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If **Collingham Park** does not already have documentation that you have been subject to domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) **You expressly request the emergency transfer.** **Collingham Park** may choose to require that you submit a form, or may accept another written or oral request.
- (3) **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You have been subject to sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you have been subject to sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Collingham Park will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and work to ensure the confidentiality of the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and **Collingham Park** must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

Collingham Park can, but is not required to, ask you to provide documentation to "certify" that you are or have been subject to domestic violence, dating violence, sexual assault, or stalking. Such request from **Collingham Park** must be in writing, and **Collingham Park** must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. **Collingham Park** may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to **Collingham Park** as documentation. It is your choice which of the following to submit if **Collingham Park** asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form (HUD form 5382) given to you by **Collingham Park** with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that **Collingham Park** has agreed to accept.



If you fail or refuse to provide one of these documents within the 14 business days, **Collingham Park** does not have to provide you with the protections contained in this notice.

If **Collingham Park** receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), **Collingham Park** has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict.

If you fail or refuse to provide third-party documentation where there is conflicting evidence, **Collingham Park** does not have to provide you with the protections contained in this notice.

Confidentiality

Collingham Park must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

Collingham Park must not allow any individual administering assistance or other services on behalf of **Collingham Park** (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

Collingham Park must not enter your information into any shared database or disclose your information to any other entity or individual. **Collingham Park**, however, may disclose the information provided if:

- You give written permission to **Collingham Park** to release the information on a time limited basis.
- **Collingham Park** needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires **Collingham Park** or your landlord to release the information.

VAWA does not limit **Collingham Park** duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, **Collingham Park** cannot hold tenants who have been subject to domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been subject to domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if **Collingham Park** can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If **Collingham Park** can demonstrate the above, **Collingham Park** should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for person's subject to domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for persons subject to domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with the Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with TDHCA at <https://www.tdhca.state.tx.us/complaint.htm> or 800-525-0657 or 817-978-5600 the HUD Fort Worth regional office, (800) -669-9777, (TTY 817-978-5595).



For Additional Information

You may view a copy of HUD's final VAWA rule at: <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, **Collingham Park** must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, and/or if you need to move due to domestic violence, dating violence, sexual assault, or stalking please contact the Texas Department of Housing and Community Affairs at 512-475-3800 or 800-475-3800 (Relay Texas 800-735-2989) for assistance in locating other available housing (note, this is not a domestic violence hotline. Depending on your location, the Department may also have a listing of local service providers and advocates who can help you move to a safe and available unit. For more information regarding housing and other laws that may protect or provide additional options for survivors, call the Texas Council on Family Violence Policy Team at 1-800-525-1978.

Domestic Violence, Sexual Assault and Stalking Resources

To speak with an advocate and receive confidential support, information and referrals regarding domestic violence 24 hours a day, every day, contact the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also visit the Texas Council on Family Violence website for a listing of local domestic violence services providers: http://tcfv.org/service-directory/?wpbdp_view=all_listings.

For confidential support services and referral to a local sexual assault crisis center 24 hours a day, every day, contact RAINN: Rape, Abuse, & Incest National Network; Hotline: 1-800-656-HOPE. You may also visit the Texas Association Against Sexual Assault to find local crisis centers: <http://taasa.org/crisis-center-locator/>.

For information regarding stalking visit the National Center for Victims of Crime's Stalking Resource Center at: <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Victims of a variety of crimes may find referrals by contacting the Victim Connect Resource Center, a project of the NCVJ, through calling Victim Connect Helpline: 855-4-VICTIM (855-484-2846) or searching for local providers at: <http://victimconnect.org/get-help/connect-directory/>.

Legal Resources - TexasLawHelp.org - www.texaslawhelp.org

TexasLawHelp.org is a website that provides free, reliable legal information on a variety of topics such as; family law, consumer protection and debt relief, health and benefits, employment law, housing, wills and life planning, and immigration. The website offers interactive and downloadable legal forms, self-help tools and videos on legal issues, and can assist in locating local free legal services.

Texas Advocacy Project, A VOICE - 1.888. 343.4414

Advocates for Victims of Crime (A VOICE), a project of Texas Legal Services Center, provides free direct legal representation and referrals to victims of violent crime, and providing education about crime victim's rights and assistance with Crime Victims Compensation applications. Note: callers will most likely leave a message and their call will be returned by an attorney.

Legal Aid for Survivors of Sexual Assault (LASSA) - 1-844-303-SAFE (7233)

The LASSA Hotline is answered by attorneys seven days a week. The Hotline attorneys provide sexual assault survivors with legal information and advice about legal issues that may arise following a sexual assault including crime victim's rights, housing, and safety planning.

Family Violence Legal Line - 800-374-HOPE

Texas Advocacy Project. Offers the HOPE Line, Monday -Friday 9am-5pm, staffed by attorneys can help you with a variety of legal concerns related to domestic violence, sexual assault, and stalking.



**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____



6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



**ORION REAL ESTATE SERVICES, INC.
CURRENT RENT SCHEDULE**

Collingham Park
10800 Kipp Way
Houston, TX 77099

TYPE	BDRM/ BATH	SF	# UNITS	TOTAL SQ. FT.	UNIT MIX	GROSS RENT	TOTAL GROSS RENT	UTILITY ALLOW.	NET RENT	TOTAL NET RENT	ACTUAL RENT CHARGED	TOTAL ACTUAL RENT	NET RENT PSF
A1	1x1	686	14	9,604	5.6%	\$804	\$11,256	\$53	\$751	\$10,514	\$751	\$10,514	\$1.09
A2	1x1 TH	787	24	18,888	9.6%	\$804	\$19,296	\$53	\$751	\$18,024	\$751	\$18,024	\$0.95
B1	2x2 TH	1,027	142	145,834	56.8%	\$966	\$137,172	\$63	\$903	\$128,226	\$903	\$128,226	\$0.88
C1	3x2.5 TH	1,109	70	77,630	28.0%	\$1,116	\$78,120	\$72	\$1,044	\$73,080	\$1,044	\$73,080	\$0.94
TOTALS		251,956	250	251,956			\$245,844			\$229,844		\$229,844	
AVERAGE		1,008					\$983		\$919		\$919		\$0.91

DEPOSITS:

Application Fee \$16.50 Non-refundable (This comprises \$11.00 plus \$5.50 per household)
 1 Bedroom \$150 Refundable Security Deposit
 2 Bedroom \$200 Refundable Security Deposit
 3 Bedroom \$250 Refundable Security Deposit
 Pet \$300 \$150 Non-refundable cleaning charge
 One Pet under 60lbs.

LEASE TERMS

12 months - initial
 3 to 12 months - renewal

SPECIALS:

Resident Referral - \$200

RENEWALS:

Carpet Shampoo

OTHER FEES:

Transfer on-site fee \$250 if in a lease, fee waived if lease is expired.
 NSF Fee \$50
 Late Charges \$50 on the 4th, \$5 per day thereafter
 Carports \$25
 W/D Rental \$30-\$45
 Pet Rent \$15 per month

COMMISSIONS:

New Leases - \$50 per lease
 Renewals - \$65 per lease split evenly between the entire property staff.
 Paint Bonus - \$35 for the maintenance person that painted the unit.
 See attached commission sheet for additional incentives.

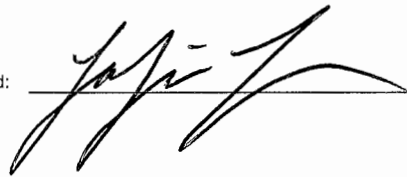
Effective Date: 11/01/17
 Prior Effective: 05/01/17

*Assumes Resident pays electric a/c and heat
 Utility Allowance - Diamond Property Consultants
 01/09/17*

Utility Allowance Calculation

	<u>1 Bd Rm</u>	<u>2 Bd Rm</u>	<u>3 Bd Rm</u>
Utility Allowance	53.00	63.00	72.00
Total	53.00	63.00	72.00

Approved: _____



8609's

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check If:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 1 (1 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941	
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542	
		E Building identification number (BIN) TX-00-23701	

1 a Date of allocation ▶ / /	b Maximum housing credit dollar amount allowable	1b	30,861
2 Maximum applicable credit percentage allowable		2	3.51 %
3 a Maximum qualified basis		3a	879,231
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 04 / 03 / 2002			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-60 rule under sec. 42(i)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
----------------------------------	-----------------------------	------

Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	879,231
8 a Original qualified basis of the building at close of first year of credit period	8a	879,231
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9 a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10 Check the appropriate box for each election: <i>Caution: Once made, the following elections are irrevocable.</i>		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60		<input type="checkbox"/> 25-60 (N.Y.C. only)
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> Yes	<input type="checkbox"/> 15-40

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Signature CHRISTOPHER J. BERGMANN Name (please type or print)	76-0683010 Taxpayer identification number	4-21-06 Date
	TAX YEAR	

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check If: <input type="checkbox"/> Addition to Qualified Basis <input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 2 (2 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T	B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN 76-0683010	D Employer identification number of agency 74-2610542 E Building identification number (BIN) TX-00-23702

1 a Date of allocation ▶ / /	b Maximum housing credit dollar amount allowable	1 b	30,661
2 Maximum applicable credit percentage allowable		2	3.51 %
3 a Maximum qualified basis		3 a	873,533
b Check here <input type="checkbox"/> if the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)			
		3 b	100 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service	▶ 04 / 03 / 2002		
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(i)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,533
8 a Original qualified basis of the building at close of first year of credit period	8 a	873,533
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9 a If box 8a or box 8d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10 Check the appropriate box for each election: <i>Caution: Once made, the following elections are irrevocable.</i>		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions)	<input type="checkbox"/> 20-50	<input checked="" type="checkbox"/> 40-50
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature: <i>Chris Berg</i> Christopher J. Bergmann	Taxpayer identification number: 76-0683010	Date: 4-21-06
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Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check if:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 3 (3 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941	
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542	
		E Building identification number (BIN) TX-00-23703	

1 a Date of allocation ▶ 1 / 1 /	b Maximum housing credit dollar amount allowable	1 b	30,661
2 Maximum applicable credit percentage allowable		2	3.51 %
3 a Maximum qualified basis		3 a	873,533
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3 b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 04 / 03 / 2002			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized		b <input type="checkbox"/> Newly constructed and not federally subsidized	
c <input type="checkbox"/> Existing building			
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized		e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized	
f <input type="checkbox"/> Not federally subsidized by reason of 40-60 rule under sec. 42(i)(2)(E)		g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)	

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,533
8 a Original qualified basis of the building at close of first year of credit period	8 a	873,533
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9 a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10 Check the appropriate box for each election: Caution: Once made, the following elections are irrevocable.		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Elect not to treat large partnership as taxpayer (section 42(j)(5))		<input type="checkbox"/> Yes
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60		<input type="checkbox"/> 25-60 (N.Y.C. only)
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)		<input type="checkbox"/> 15-40

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

	76-0683010	4-21-06
Signature	Taxpayer identification number	Date
Christopher J. Bergmann		
Name (please type or print)	Tax year	

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check if:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 4 (4 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037E		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542
		E Building identification number (BIN) TX-00-23704

1 a Date of allocation ▶ <u> </u> / <u> </u> / <u> </u>	b Maximum housing credit dollar amount allowable	1b	21,908
2 Maximum applicable credit percentage allowable		2	3.51 %
3 a Maximum qualified basis		3a	624,160
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ <u>04</u> / <u>03</u> / <u>2002</u>			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-60 rule under sec. 42(i)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only


Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official _____ Name (please type or print) _____ Date _____

Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	624,160
8 a Original qualified basis of the building at close of first year of credit period	8a	624,160
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9 a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10 Check the appropriate box for each election: <i>Caution: Once made, the following elections are irrevocable.</i>		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-60 <input checked="" type="checkbox"/> 40-60	<input type="checkbox"/> 25-60 (N.Y.C. only)	
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.


 Signature
 ▶ 76-0683010 Taxpayer identification number
 ▶ 4-21-06 Date
 Name (please type or print) CHRISTOPHER J. BERGMANN Tax year _____

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check if:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 5 (5 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing and Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Blasonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542 E Building identification number (BIN) TX-00-23705

1 a Date of allocation ▶ / /	b Maximum housing credit dollar amount allowable	1b	30,661
2 Maximum applicable credit percentage allowable		2	3.51 %
3 a Maximum qualified basis		3a	873,533
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 04 / 03 / 2002			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(l)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,533
8 a Original qualified basis of the building at close of first year of credit period	8a	873,533
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9 a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(l)(2)(B)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10 Check the appropriate box for each election:		
Caution: Once made, the following elections are irrevocable.		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60		
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 25-60 (N.Y.C. only) <input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Signature	76-0683010 Taxpayer identification number	4-21-06 Date
Christopher J. Bergmann Name (please type or print)		

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check If:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 6 (6 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542
		E Building identification number (BIN) TX-00-23706

1 a Date of allocation ▶ / /	b Maximum housing credit dollar amount allowable	1 b	30,661
2 Maximum applicable credit percentage allowable		2	3.51 %
3 a Maximum qualified basis		3 a	873,533
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3 b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)		4	68.71 %
5 Date building placed in service	▶ 04 / 03 / 2002		
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-60 rule under sec. 42(i)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,533
8 a Original qualified basis of the building at close of first year of credit period	8 a	873,533
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9 a If box 8a or box 6d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10 Check the appropriate box for each election: <i>Caution: Once made, the following elections are irrevocable.</i>		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-60 <input checked="" type="checkbox"/> 40-60	<input type="checkbox"/> 25-60 (N.Y.C. only)	
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Signature	76-0683010 Taxpayer identification number	4-21-06 Date
CHRISTOPHER J. BERGMANN Name (please type or print)		

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check If:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 7 (7 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941	
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542	
		E Building identification number (BIN) TX-00-23707	

1 a Date of allocation ▶ / /	b Maximum housing credit dollar amount allowable	1 b	30,661
2 Maximum applicable credit percentage allowable		2	3.51 %
3 a Maximum qualified basis		3 a	873,533
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3 b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 04 / 03 / 2002			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-60 rule under sec. 42(i)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,533
8 a Original qualified basis of the building at close of first year of credit period	8 a	873,533
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9 a If box 8a or box 8d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10 Check the appropriate box for each election: Caution: Once made, the following elections are irrevocable.		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-60 <input checked="" type="checkbox"/> 40-60	<input type="checkbox"/> 25-60 (N.Y.C. only)	
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Signature	76-0683010 Taxpayer identification number	4-21-06 Date
Christopher J. Bergman Name (please type or print)		

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check If: <input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 8 (8 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T	B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941	
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010	D Employer identification number of agency 74-2610542	E Building identification number (BIN) TX-00-23708

1 a Date of allocation ▶ 1 / 1 /	b Maximum housing credit dollar amount allowable	1 b	30,661
2 Maximum applicable credit percentage allowable		2	3.51 %
3 a Maximum qualified basis		3 a	873,533
b Check here <input type="checkbox"/> if the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3 b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 04 / 03 / 2002			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized		b <input type="checkbox"/> Newly constructed and not federally subsidized	
c <input type="checkbox"/> Existing building			
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized		e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized	
f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(i)(2)(E)		g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)	

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,533
8 a Original qualified basis of the building at close of first year of credit period	8 a	873,533
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9 a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10 Check the appropriate box for each election:		
<i>Caution: Once made, the following elections are irrevocable.</i>		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Elect not to treat large partnership as taxpayer (section 42(j)(5))		<input type="checkbox"/> Yes
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60		<input type="checkbox"/> 25-60 (N.Y.C. only)
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)		<input type="checkbox"/> 15-40

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Christopher J. Bergmann <small>Name (please type or print)</small>	76-0683010 <small>Taxpayer identification number</small>	4-21-06 <small>Date</small>
Tax year		

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check If:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 9 (9 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941	
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542	
		E Building identification number (BIN) TX-00-23709	

1 a Date of allocation ▶ / /	b Maximum housing credit dollar amount allowable	1 b	30,574
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3 a	873,543
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)			
		3 b	100 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)		4	68.71 %
5 Date building placed in service	▶ 01 / 04 / 2002		
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-60 rule under sec. 42(l)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,543
8 a Original qualified basis of the building at close of first year of credit period	8 a	873,543
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9 a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(l)(2)(B)?		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10 Check the appropriate box for each election: <i>Caution: Once made, the following elections are irrevocable.</i>		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions)	<input type="checkbox"/> 20-60	<input checked="" type="checkbox"/> 40-60
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Signature	76-0683010 Taxpayer identification number	4-21-06 Date
Christopher J. Bergman Name (please type or print)		

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check if:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 10 (10 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037E		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542
		E Building identification number (BIN) TX-00-23710

1 a Date of allocation ▶ / /	b Maximum housing credit dollar amount allowable	1 b	30,574
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3 a	873,543
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3 b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 01 / 04 / 2002			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized		b <input type="checkbox"/> Newly constructed and not federally subsidized	
c <input type="checkbox"/> Existing building			
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized		e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized	
f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(i)(2)(E)		g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)	

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,543
8 a Original qualified basis of the building at close of first year of credit period	8 a	873,543
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9 a If box 8a or box 8b is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10 Check the appropriate box for each election:		
Caution: Once made, the following elections are irrevocable.		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions)	<input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60	
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 25-60 (N.Y.C. only) <input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Signature	76-0683010 Taxpayer identification number	4-21-06 Date
Christopher J. Bergmann Name (please type or print)	Tax year	

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check If:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 11 (11 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941	
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542	
		E Building identification number (BIN) TX-00-23711	

1 a Date of allocation ▶ 1 / 1 /	b Maximum housing credit dollar amount allowable	1 b	30,574
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3 a	873,543
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3 b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 01 / 04 / 2002			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized		b <input type="checkbox"/> Newly constructed and not federally subsidized	
c <input type="checkbox"/> Existing building			
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized		e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized	
f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(l)(2)(E)		g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)	

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,543
8 a Original qualified basis of the building at close of first year of credit period	8 a	873,543
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9 a If box 8a or box 8d is checked, do you elect to reduce eligible basis under section 42(l)(2)(B)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10 Check the appropriate box for each election: <i>Caution: Once made, the following elections are irrevocable.</i>		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60	<input type="checkbox"/> 25-50 (N.Y.C. only)	
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Christopher J. BERGMANN <small>Name (please type or print)</small>	76-0683010 <small>Taxpayer identification number</small>	4-21-06 <small>Date</small>
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Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check If:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 12 (12 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941	
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542	
		E Building identification number (BIN) TX-00-23712	

1 a Date of allocation ▶ / /	b Maximum housing credit dollar amount allowable	1b	21,847
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3a	624,200
b Check here <input type="checkbox"/> if the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 01 / 04 / 2002			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(i)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	624,200
8 a Original qualified basis of the building at close of first year of credit period	8a	624,200
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9 a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10 Check the appropriate box for each election: <i>Caution: Once made, the following elections are irrevocable.</i>		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions)	<input type="checkbox"/> 20-50	<input checked="" type="checkbox"/> 40-60
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Signature	76-0683010	4-21-06
CHRISTOPHER J. BERGMANN	Taxpayer identification number	Date

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check if:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 13 (13 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T			B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010			D Employer identification number of agency 74-2610542 E Building identification number (BIN) TX-00-23713

1 a Date of allocation ▶ ___/___/___	b Maximum housing credit dollar amount allowable	1b	30,574
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3a	873,543
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 01 / 04 / 2002			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized		b <input type="checkbox"/> Newly constructed and not federally subsidized	
c <input type="checkbox"/> Existing building		d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	
e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(l)(2)(E)	
g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)			

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,543
8 a Original qualified basis of the building at close of first year of credit period	8a	873,543
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9 a If box 8a or box 8d is checked, do you elect to reduce eligible basis under section 42(l)(2)(B)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10 Check the appropriate box for each election:		
Caution: Once made, the following elections are irrevocable.		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60		
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 25-60 (N.Y.C. only) <input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Signature	76-0683010 Taxpayer identification number	4-21-06 Date
Christopher J. Bergmann Name (please type or print)		

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check if: <input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 14 (14 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542
		E Building identification number (BIN) TX-00-23714

1 a Date of allocation ▶ / /	b Maximum housing credit dollar amount allowable	1b	30,574
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3a	873,543
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds, (if zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 01 / 04 / 2002			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(l)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,543
8 a Original qualified basis of the building at close of first year of credit period	8a	873,543
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9 a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(l)(2)(B)?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10 Check the appropriate box for each election:		
<i>Caution: Once made, the following elections are irrevocable.</i>		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60	<input type="checkbox"/> 25-60 (N.Y.C. only)	
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Christopher J. Beremann <small>Name (please type or print)</small>	76-0683010 <small>Taxpayer identification number</small>	4-21-06 <small>Date</small>
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Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check If: <input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 15 (15 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542
		E Building identification number (BIN) TX-00-23715

1 a Date of allocation ▶ 1 / 1 /	b Maximum housing credit dollar amount allowable	1b	30,574
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3a	873,543
b Check here <input type="checkbox"/> if the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 01 / 04 / 2002			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(l)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,543
8 a Original qualified basis of the building at close of first year of credit period	8a	873,543
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9 a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(l)(2)(B)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10 Check the appropriate box for each election: Caution: Once made, the following elections are irrevocable.		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60	<input type="checkbox"/> 25-60 (N.Y.C. only)	
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Signature	76-0683010 Taxpayer identification number	4-21-06 Date
CHRISTOPHER J. BERGMANN Name (please type or print)		

Low-Income Housing Credit Allocation and Certification

OMB No. 1545-0088

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check ff: <input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 16 (16 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542
		E Building identification number (BIN) TX-00-23716

1 a Date of allocation ▶ / /	b Maximum housing credit dollar amount allowable	1b	30,574
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3a	873,543
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 01 / 04 / 2002			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized		b <input type="checkbox"/> Newly constructed and not federally subsidized	
c <input type="checkbox"/> Existing building			
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized		e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized	
f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(i)(2)(E)		g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)	

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,543
8 a Original qualified basis of the building at close of first year of credit period	8a	873,543
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9 a If box 8a or box 8d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10 Check the appropriate box for each election:		
Caution: Once made, the following elections are irrevocable.		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Elect not to treat large partnership as taxpayer (section 42(j)(5))		<input type="checkbox"/> Yes
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60		<input type="checkbox"/> 25-60 (N.Y.C. only)
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)		<input type="checkbox"/> 15-40

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature	76-0683010	4-21-06
CHRISTOPHER J. BERPMAN	Taxpayer Identification Number	Date
	Tax Year	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check If: <input type="checkbox"/> Addition to Qualified Basis <input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 17 (17 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T	B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010	D Employer identification number of agency 74-2610542
	E Building Identification number (BIN) TX-00-23717

1 a Date of allocation ▶ 1 / 1 /	b Maximum housing credit dollar amount allowable	1 b	30,574
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3 a	873,543
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3 b	100 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-)		4	68.71 %
5 Date building placed in service	▶ 10 / 29 / 2001		
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(i)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,543
8 a Original qualified basis of the building at close of first year of credit period	8 a	873,543
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9 a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10 Check the appropriate box for each election: Caution: Once made, the following elections are irrevocable.		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Elect not to treat large partnership as taxpayer (section 42(j)(5))		<input type="checkbox"/> Yes
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60		<input type="checkbox"/> 25-60 (N.Y.C. only)
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)		<input type="checkbox"/> 15-40

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Christopher J. Bergmann <small>Name (please type or print)</small>	76-0683010 <small>Taxpayer identification number</small>	4-21-06 <small>Date</small>
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Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.

Check if:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 18 (18 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542
		E Building identification number (BIN) TX-00-23718

1 a Date of allocation ▶ 1 / 1 /	b Maximum housing credit dollar amount allowable	1 b	21,847
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3 a	624,200
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3 b	10.0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 10 / 24 / 2001			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized		b <input type="checkbox"/> Newly constructed and not federally subsidized	
c <input type="checkbox"/> Existing building			
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized		e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized	
f <input type="checkbox"/> Not federally subsidized by reason of 40-60 rule under sec. 42(l)(2)(E)		g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)	

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official _____ Name (please type or print) _____ Date _____

Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	624,200
8 a Original qualified basis of the building at close of first year of credit period	8 a	624,200
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9 a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(l)(2)(B)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10 Check the appropriate box for each election: Caution: Once made, the following elections are irrevocable.		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-60 <input checked="" type="checkbox"/> 40-60		
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 25-60 (N.Y.C. only) <input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature: Chris Bay Taxpayer identification number: 76-0683010 Date: 4-21-06
Signature: Christopher J. Bergman Tax year: _____

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check if: <input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form	
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 19 (19 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542
		E Building identification number (BIN) TX-00-23719

1 a Date of allocation ▶ / /	b Maximum housing credit dollar amount allowable	1b	24,589
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3a	702,543
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 10 / 15 / 2001			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(j)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form, and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	702,543
8 a Original qualified basis of the building at close of first year of credit period	8a	702,543
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9 a If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(l)(2)(B)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10 Check the appropriate box for each election: <i>Caution: Once made, the following elections are irrevocable.</i>		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Elect not to treat large partnership as taxpayer (section 42(j)(5))		<input type="checkbox"/> Yes
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-50		<input type="checkbox"/> 25-50 (N.Y.C. only)
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)		<input type="checkbox"/> 15-40

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Christopher J. Bergmann <small>Name (please type or print)</small>	76-0683010 <small>Taxpayer identification number</small>	4-21-06 <small>Date</small>
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Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check If:	Addition to Qualified Basis	Amended Form
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 20 (20 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037E		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10333 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542
		E Building identification number (BIN) TX-00-23720

1 a Date of allocation ▶ <u> </u> / <u> </u> / <u> </u>	b Maximum housing credit dollar amount allowable	1 b	30,574
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3 a	873,543
b Check here <input type="checkbox"/> If the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3 b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ <u>10</u> / <u>09</u> / <u>2001</u>			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized	b <input type="checkbox"/> Newly constructed and not federally subsidized	c <input type="checkbox"/> Existing building	
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized	e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized		
f <input type="checkbox"/> Not federally subsidized by reason of 40-60 rule under sec. 42(i)(2)(E)	g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)		

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,543
8 a Original qualified basis of the building at close of first year of credit period	8 a	873,543
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9 a If box 8a or box 8d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10 Check the appropriate box for each election: <i>Caution: Once made, the following elections are irrevocable.</i>		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Elect not to treat large partnership as taxpayer (section 42(j)(5))		<input type="checkbox"/> Yes
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60		<input type="checkbox"/> 25-60 (N.Y.C. only)
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)		<input type="checkbox"/> 15-40

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Signature	<u>76-0683010</u> Taxpayer identification number	<u>4-21-06</u> Date
<u>Christopher J. Bergmann</u> Name (please type or print)		

Low-Income Housing Credit Allocation and Certification

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check if:	<input type="checkbox"/> Addition to Qualified Basis	<input type="checkbox"/> Amended Form
A Address of building (do not use P.O. box) (see instructions) Collingham Park Building: 21 (21 of 21) 10800 Kipp Way Street Houston, Texas 77099 File# 00037T		B Name and address of housing credit agency Texas Dept. of Housing And Community Affairs P.O. Box 13941 Austin, Texas 78711-3941
C Name, address, and TIN of building owner receiving allocation TCR Bissonnet Limited Partnership 10339 Richmond Avenue, Suite 400 Houston, Texas 77042 TIN ▶76-0683010		D Employer identification number of agency 74-2610542
		E Building identification number (BIN) TX-00-23721

1 a Date of allocation ▶ / /	b Maximum housing credit dollar amount allowable	1b	30,574
2 Maximum applicable credit percentage allowable		2	3.50 %
3 a Maximum qualified basis		3a	873,543
b Check here <input type="checkbox"/> if the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions)		3b	1 0 0 %
4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.)		4	68.71 %
5 Date building placed in service ▶ 10 / 03 / 2001			
6 Check the boxes that describe the allocation for the building (check those that apply):			
a <input checked="" type="checkbox"/> Newly constructed and federally subsidized		b <input type="checkbox"/> Newly constructed and not federally subsidized	
c <input type="checkbox"/> Existing building			
d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized		e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized	
f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(l)(2)(E)		g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(h)(5)	

Signature of Authorized Housing Credit Agency Official - Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Signature of authorized official	Name (please type or print)	Date
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Part II First-Year Certification - Completed by Building Owners with respect to the First Year of the Credit Period

7 Eligible basis of building (see instructions)	7	873,543
8 a Original qualified basis of the building at close of first year of credit period	8a	873,543
b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9 a If box 8a or box 8d is checked, do you elect to reduce eligible basis under section 42(l)(2)(B)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10 Check the appropriate box for each election:		
Caution: Once made, the following elections are irrevocable.		
a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1))	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Elect not to treat large partnership as taxpayer (section 42(j)(5))	<input type="checkbox"/> Yes	
c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input checked="" type="checkbox"/> 40-60	<input type="checkbox"/> 25-60 (N.Y.C. only)	
d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	<input type="checkbox"/> 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

 Christopher J. Bergmann <small>Name (please type or print)</small>	76-0683010 <small>Taxpayer identification number</small>	4-21-06 <small>Date</small>
Tax year		

Application Fee Documentation

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April 14, 2016

Chris McWilliams.
Orion Real Estate Services, Inc.
2051 Greenhouse Road, Ste 300
Houston, TX 77084

11.04
+ 5.50

\$16.50 App Fees

Dear Chris,

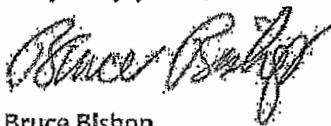
This letter is to confirm the current pricing for all of the Orion Real Estate Services, Inc. ("Orion") properties in Texas. With respect to these properties, the pricing for the LeasingDesk Screening Enterprise product is based on a fee of \$11.04 (\$10.20 plus tax) per screening report.

As you know, pursuant to the RealPage Master (V 7.0) Agreement, signed and dated 6/15/07, Orion is billed a flat fee of \$11.04 (\$10.20 plus tax) per unit, per year (billed in monthly installments), for screening report usage up to the number of units at each property. If a property's annual screening usage exceeds its number of units by more than 10%, the property will be charged for this excess usage at a fixed rate of \$11.04 per screen. However, no credit or discount is given if a property's annual usage falls below the number of units at the property, so the effective price per screening report will increase in this situation.

For example, a 250-unit property would be charged \$2,760 per year for up to 250 screening reports. If the property uses exactly 250 screening reports during the year, its cost per screen is \$11.04 ($\$2,760 \div 250 = \11.04). If the property uses 280 screening reports, it will be charged an additional \$331.20 for the thirty extra reports, and its cost per screen thus remains at \$11.04 ($\$3,091.20 \div 280 = \11.04). However, if the property uses only 245 screening reports during the year, its cost per screen increases to \$11.27 ($\$2,760 \div 245 = \11.27).

I hope you find this explanation helpful. Please do not hesitate to contact me with any questions.

Very truly yours,



Bruce Bishop

Operations Analyst, LeasingDesk Screening

| Toll Free 877.325.7243 ext 3019 | Direct 972.820.3019 | Fax 800-866-8736 |

•• REALPAGE

4000 International Parkway
Carrollton, Texas 75007

Supportive Services

July 2017




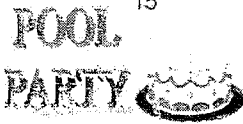

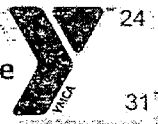

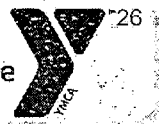
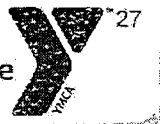
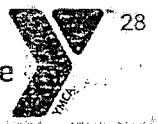
SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Events

July 2, 9, 16 & 30 - **MEET & GREET** for all at 10:00 AM — 11:30 AM. **VISITS** Your CARES Team welcomes new residents to Collingham Park Community. We want to know what you need! This is a courtesy visit & an opportunity to voice any needs or concerns you may have.

July 4, 11, 18 & 25 — **RESIDENT REQUESTED BIBLE STUDY** for all at 7:30 — 8:30 PM.

July 15 - **Pool Party/ B-Day Celebration/Move-In/Renewal Party** - If your birthday is in July, just Moved-In or Renewed your Lease this MONTH, please come to the Pool Party and celebrate your special day with your CARES Team and neighbors. Come and have fun in the sun with your CareS Team we will meet you at the pool with a cool treat 6 PM — 8 PM.

							
Meet & Greet	2	3	4	5	6	7	8
Visits							
			Res. Req. Bible Study				
Meet & Greet	9	10	11	12	13	14	15
Visits							
			Res. Req. Bible Study				
Meet & Greet	16	17	18	19	20	21	22
Visits							
			Res. Req. Bible Study				
Meet & Greet	23	24	25	26	27	28	29
Visits	30						

July 24, 25, 26, 27 & 28 — **YMCA WATER WISE FREE SWIMMING PROGRAM** — Free Swimming for Ages 3 — 14 Monday thru Friday 2:00 — 2:30 PM.

Collingham Park 10800 Kipp Way Dr. Houston, TX 77099
 collinghampark.com
 Leasing Office: 713-474-5500
 Police/Fire/Medic: 911
 Ron & Uater Livingston
 281-564-0949
 collinghamcares@juno.com





[Print Message](#) | [Close](#)

From : Mindie Graves <MindieGraves@apartmentlife.org>
To : "collingham@allied-orion.com" <collingham@allied-orion.com>
Cc : 'LaLisa Lucas' <lucas@allied-orion.com>, "collinghamcares@juno.com" <collinghamcares@juno.com>
Subject : CARES Summary Report for Ron & Uater Livingston: July 2017
Date : Sun, Aug 06, 2017 09:19 PM

Attachment(s) : 2 file(s)/document(s) | Total File Size: 933K

Hi Everyone,

We're excited to share a quick snapshot into the life of a CARES team, provided by Greg and Abbey Moore, an active team at a community in Nashville, TN: [video link: <https://vimeo.com/226511896>]. In this three-minute "tell-all," Abbey shares about their "Toast and Mimosa Bar" event, the culture of connectedness in their community, as well as their perceived value as the on-site CARES team. We strive to provide Collingham Park with hard data in the CARES Monthly Summary, and we hope that this quick clip provides additional insight into our CARES teams, who are in large part, responsible for it.

Be sure to take a look at how Ron & Uater Livingston are partnering with you at Collingham Park to create a culture of connectedness!

July Highlight

Our event was Awesome, Blissful and Connective! We celebrated July Birthdays, Move-ins, Renewals, Popsicles at the Pool and Pool Party all in one. Everyone had fun in the sun during the swimming race, walk on water game, raffles and of course great food. We couldn't have pulled this off if not for our wonderful volunteers who live on property!

Below is an example of community in action at Collingham Park:






Thank you for partnering with Cares,

Mindie Graves
CARES
Program Director | Houston

855.685.2963 Ext, 327 | Fax 817.953.6868

Files & Documents Help

 Open this file	 Open this file
CARES_Summary_ for... (478KB)	Collingham_Par k_L... (455KB)

 Attachments Scanned - No Virus Detected ([Learn More](#))



CARES SUMMARY

Collingham Park • Ron & Uater Livingston • July 2017

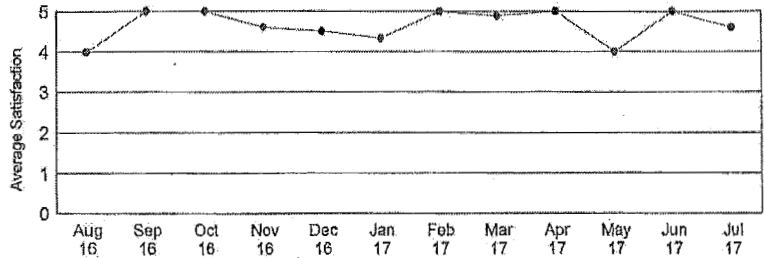


CARES SUMMARY

WELCOME

Average Satisfaction Score:	4.60
Satisfaction Scores At or Above 4:	5
Total # Move-Ins:	5
Total # Attempted:	5
Total Scores Received:	5

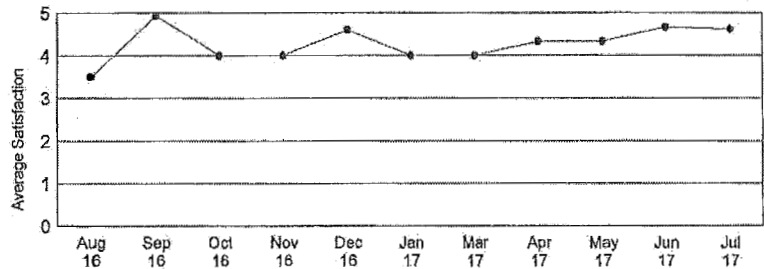
How satisfied were you with your move-in experience?



RENEW

Average Satisfaction Score:	4.63
Satisfaction Scores At or Above 4:	8
Total # Renewal Potential:	11
Total # Attempted:	11
Total Scores Received:	8

How satisfied are you with your living experience in this community?



COMMUNITY IN ACTION



Our event was Awesome, Blissful and Connective! We celebrated July Birthdays, Move-ins, Renewals, Popsicles at the Pool and Pool Party all in one. Everyone had fun in the sun during the swimming race, walk on water game, raffles and of course great food. We couldn't have pulled this off if not for our wonderful volunteers who live on property!

HIGHLIGHT OF THE MONTH

Our event was Awesome, Blissful and Connective! We celebrated July Birthdays, Move-ins, Renewals, Popsicles at the Pool and Pool Party all in one. Everyone had fun in the sun during the swimming race, walk on water game, raffles and of course great food. We couldn't have pulled this off if not for our wonderful volunteers who live on property!

CARES SUMMARY

WELCOME

Research shows a strong correlation between move-in satisfaction and retention. CARES Teams personally reach out to 100% of new residents to welcome them, help them get acquainted with the community, and invite them to the next community event to meet neighbors. If the resident engages, the CARES Team will also ask about their move-in experience and get a satisfaction rating - notifying Management immediately via Retention Alerts™ if the satisfaction score is below a designated threshold. Collingham Park has selected a welcome visit satisfaction threshold of 4.0, so an automatic Retention Alert™ email was sent for any score below 4.0.

Unit #	Resident Name	Score	Resident Satisfaction Comments
1304	Leah Ross	4.00	Leah said she was satisfied with her move-in experience.
1407	Abdulraheem Hassan	4.00	Abdulraheem said he was satisfied with his move-in experience.
502	Marco Sanchez	5.00	Marco said he was very satisfied with his move-in experience.
712	Reina Kamara	5.00	Reina said she was very satisfied with her move-in experience.
902	Mildred Franklin	5.00	Mildred said she was very satisfied with her move-in experience.

CARES SUMMARY

RENEW

CARES Teams help you maximize renewals by reaching out to 100% of residents prior to renewal to assess satisfaction and uncover any threats to their decision to stay. Over 90% of apartments are vacated with their unreported concerns! Daily Retention Alerts™ and monthly trend reports allow quick intervention to save renewals at risk. Collingham Park has selected a renewal visit satisfaction threshold of 4.0, so an automatic Retention Alert™ email was sent for any score below 4.0.

Unit #	Resident Name	Score	Resident Satisfaction Comments
511	Valentine Obison	5.00	Valentine said he was very satisfied with his living experience.
1205	Sandra Ally	5.00	Sandra said she was very satisfied with her living experience.
1706	Juan Tixal	4.00	Juan said he was satisfied with his living experience.
1506	Eckle Eugene	4.00	Eckle said she loved staying here but unfortunately they must move. She added all of the events we have she and her family will miss.
604	Mario Lopez	5.00	Mario said he was very satisfied with his living experience.
705	Julio Castillo	5.00	Julio said he was very satisfied with his living experience.
1505	Eva Mendoza	5.00	Eva said she was very satisfied with her living experience.
1910	Brenda Bentacourt	4.00	Brenda said she was satisfied with her living experience.

Residents in the following unit(s) elected not to engage with the CARES Team to provide a satisfaction rating: 303, 711, 2112

CARES SUMMARY

CONNECT

Increasing residents' friendships in the apartment community almost doubles their likelihood to renew! CARES Teams help residents connect and cultivate friendships by planning fun social activities, small groups around common interests, and resident appreciation events. The following are details from the community events organized in July. Based on the services selected, the CARES Team plans up to 3 community events per month. To allow more interaction with your residents, your team recruited **14** volunteers this month to help with behind the scenes activities.

Event Name: B-Day/Renewal/Move-In Celebration

of Attendees: 47

Description: Everyone enjoyed this event. Some were so excited they forgot to sign in! We combined this event with the Pool Party.



Event Name: Pool Party

of Attendees: 47

Description: Our event was Awesome, Blissful and Connective! We celebrated July Birthdays, Move-ins, Renewals, Popsicles at the Pool and Pool Party all in one. Everyone had fun in the sun during the swimming race, walk on water game, raffles and of course great food. We couldn't have pulled this off if not for our wonderful volunteers who live on property!



CARES SUMMARY

Event Name: YMCA Free Swimming Lessons

of Attendees: 61

Description: The YMCA taught our kids to swim for free thru the Water Wise Swimming Lesson Program. All that participated thanked the Staff and CARES Team for this awesome event.



CARES SUMMARY

CARE

The Care aspect of the program is designed to meet the life needs of residents and provide additional support to the staff. Resident Care includes providing a caring touch during times such as life transitions, job loss, the birth of a baby, etc., which can be critical times in the life of a resident and ultimately affect their housing decisions. Similarly, Staff Care includes providing practical encouragement during busy times, holidays, birthdays for the office staff, etc. This support can include bringing treats to the staff on a busy holiday weekend or helping flyer the community for a leasing event. These actions have been shown to increase overall job satisfaction among staff members and foster increased positive communication between the staff and the CARES Team. The number of residents/staff listed for Care activities is typically low because 'care' usually occurs in a one-on-one setting between the team and a single resident/ family in need or a few staff members.

Date	# of People	Summary
7/1/17	250	Uater and I passed out July calendars.
7/11/17	1	Uater had a brief meeting with Ms. Ada regarding the arrival of the pool party funds. Ms. Ada informed Uater that were not in yet due to Ms. La Lisa out on vacation.
7/20/17	2	Ron Sr. and I gave Ms. Theresa of unit # 1408 \$15 to get her medicine.
7/25/17	26	The Meet and Greet as well as Resident Requested Study for this month were awesome. Many of our neighbors thanked us for providing a safe place to talk and share their concerns. Many invited their family as well. Everyone enjoyed the snacks and coffee.
7/30/17	6	Uater and I cleaned the Office for the staff after each event.



APARTMENT LIFE, INC.
CARES COMMUNITY EXPENSE REPORT

Property Name: Collingham Park
 CARES Team: Ronald & Uater Livingston
 Date Submitted: 07/17/2017

Account #: 740 - 600
 \$ given to CARES Team \$250.00 \$ returned to property manager \$ 0.10

	Insert date						Totals	Group Totals
ADMINISTRATION								
OFFICE SUPPLIES								
OTHER								
TOTAL								
COMMUNITY ACTIVITIES	7/15/17	7/15/17	7/15/17	7/15/17				
BREAKFAST								
SNACKS	\$50.00	\$107.94	\$88.96	\$3.00			\$249.90	
SUPPLIES/OTHER								
TOTAL	\$50.00	\$107.94	\$88.96	\$3.00			\$249.90	
BECAUSE WE CARE								
SUPPLIES								
GIFT S								
OTHER								
TOTAL								249.90
WELCOME VISITS								
SUPPLIES								
GIFTS								
OTHER								
TOTAL								
RESIDENT CARE								
CARDS								
GIFTS								
OTHER								
TOTAL								
RESIDENT APPRECIATION								
SUPPLIES								
GIFTS								
OTHER								
TOTAL								
MISC. EXPENSES								
MISC.....								
MISC.....								
TOTAL MISCELLANEOUS								
TOTAL OF ALL EXPENSES								249.90

All items are now purchased as tax exempt items.

Attach Receipts

E. Merit

 Property Manager

Uater Livingston

 CARES Team



Change
from \$250.⁰⁰
for Callaghan
Patt's Pool
Party
HH



back of receipt for your chance
See to Win

ID #: 7L18UM14RKZX



(281) 568-3710
MANAGER WAYMAN JONES
9460 W SAN HOUSTON PKWY S
HOUSTON TX 77099

ST# 03302 OP# 000516 TEN 05 TR# 05723
LH 40CT ASST 007480682000 F 5.84 0
LH 40CT ASST 007480682000 F 5.84 0
BUDGET SAVER 007453490870 F 2.16 0
BUDGET SAVER 007453490870 F 2.16 0
MULTIPACK 002840064680 F 5.98 0
DSP VNYL GLV 007874220875 6.84 0
TRASH BAGS 009448000233 0.98 0
TRASH BAGS 009448000233 0.98 0
BUDGET SAVER 007453490870 F 2.16 0
BUDGET SAVER 007453490870 F 2.16 0
BUDGET SAVER 007453490870 F 2.16 0
MULTIPACK 002840064680 F 5.98 0
MULTIPACK 002840064680 F 5.98 0
MULTIPACK 002840064680 F 5.98 0
MULTIPACK 002840064680 F 5.98 0
SCONE BLBRRY 007874298806 F 6.88 0
12CT CUPCKE 007874298806 F 6.88 0
SCONE BLBRRY 007874298806 F 6.88 0
SCONE BLBRRY 007874298806 F 6.88 0
CUPCAKES 007874298806 F 13.28 0
LH 20CT TROP 007480605025 F 2.98 0
LH 20CT TROP 007480605025 F 2.98 0
SUBTOTAL 107.94
TOTAL 107.94
CASH TEND 200.00
CHANGE DUE 92.06

ITEMS SOLD 22

TC# 0373 2014 A092 1052 4938 3



Low Prices You Can Trust. Every Day.
07/15/17 13:44:52
Store receipts on your phone. Walmart P ay.



Exchange or Store Credit
Within 9 days of purchase
Up to 9 Items with receipt
Seasonal items are final sale
Thanks for Shopping!

ITEMS SOLD 3
07-15-2017 03:17PM 2814 06 8379 Aman



992814062135158379173623

SUBTOTAL \$3.00
TAX \$0.00
TOTAL \$3.00
CASH \$3.00

SummerPlasticbeachb/Ser/5pc/ 1 @ .9999
SummerPlasticbeachb/Ser/5pc/ 1 @ .9999
Lunaplasticinterd/cup/13.1/ass# 1 @ .9999

REASON: CHARITABLE

TAX EXEMPT SALE
FEIN # 017685296

St: 2814 Houston - Bissonet
Bissonet & Kirkwood
11073 Bissonet
Houston TX 77099



Pg 1

*Receipt from Parks
Callend Pool Party
7/17 90 ml 10 cent
\$4.99. Charcut
Budget amount \$2.50
Budget from*

DATE: 07/15/2017 SAT
PERMIT COMB \$5.00
TOTAL \$5.00
CASH \$5.00
CLERK 01 No.00059
TIME 13:45

DATE: 07/15/2017 SAT
TAX \$4.13
LE HRN PERP 1 \$50.00
TOTAL \$54.13
CASH \$54.13
CLERK 01 No.00060
TIME 13:45

Pg 2



St: 2814 Houston - Bissonet
Bissonet & Kirkwood
11873 Bissonet
Houston TX 77099

TAX EXEMPT SALE

FEIN # 017352006

REASON: CHARITABLE

BodyBoardWithDesign33-Inches/	1 @	3.99	3.9900
BodyBoardWithDesign33-Inches/	1 @	3.99	3.9900
BodyBoardWithDesign33-Inches/	1 @	3.99	3.9900
SummerPlasticSandBoat/10x3.7#0	1 @	.9999	0.9999
SummerPolyRainbowFlyingRing21#6	1 @	.9999	0.9999
SummerPolyRainbowFlyingRing21#6	1 @	.9999	0.9999
SummerPolyRainbowFlyingRing21#6	1 @	.9999	0.9999
SummerWaterSetDiscDartBalls#68	1 @	.9999	0.9999
SummerWaterSetDiscDartBalls#68	1 @	.9999	0.9999
SummerRacketballSplishPoolToySet	1 @	.9999	0.9999
SummerPlstTruck/BoatW/Accessry	1 @	.9999	0.9999
SummerRacketballSplishPoolToySet	1 @	.9999	0.9999
LuauPlstTintdYardCup13.1Asst#	1 @	.9999	0.9999
LuauPlstStnYardCup#Strw&Daisy	1 @	.9999	0.9999
SummerRacketballSplishPoolToySet	1 @	.9999	0.9999
LuauHarzeriteFootedW/Straw24c	1 @	.9999	0.9999
SummerWaterSetDiscDartBalls#68	1 @	.9999	0.9999
SummerWaterSetDiscDartBalls#68	1 @	.9999	0.9999
SummerWaterSetDiscDartBalls#68	1 @	.9999	0.9999
SummerWaterSetDiscDartBalls#68	1 @	.9999	0.9999
SummerSplashMiniFootball/#699	1 @	.9999	0.9999
SummerPlstTruck/BoatW/Accessry	1 @	.9999	0.9999
LuauPlstStnYardCup#Strw&Daisy	1 @	.9999	0.9999
Disney-LicensdBeachBall/13.5#	1 @	.9999	0.9999
SummerPicnicPlate&UtensilSet4p	1 @	.9999	0.9999
SummerPicnicPlate&UtensilSet4p	1 @	.9999	0.9999
RibbonHulaHoop#705361	1 @	.9999	0.9999
RibbonHulaHoop#705361	1 @	.9999	0.9999
RibbonHulaHoop#705361	1 @	.9999	0.9999
RibbonHulaHoop#705361	1 @	.9999	0.9999
RibbonHulaHoop#705361	1 @	.9999	0.9999
CoconutCupPlstcl/Straw/Asst/#	1 @	.9999	0.9999
CoconutCupPlstcl/Straw/Asst/#	1 @	.9999	0.9999
SummerWaterSetDiscDartBalls#68	1 @	.9999	0.9999
LuauPlstWaterBottle25oz#6991	1 @	.9999	0.9999
SummerPlasticBeachToySet/5pc/	1 @	.9999	0.9999
SummerSoftIceCrm/PopCrnCart#699	1 @	.9999	0.9999
SummerWaterSetDiscDartBalls#68	1 @	.9999	0.9999
LuauPlstCupsW/Decal/5ct/6.1#	1 @	.9999	0.9999
LuauTikiBottleWithStrawAsst#6	1 @	.9999	0.9999

pg 3

LuuuPlasticWaterBottle20oz#6991	1 @	.9999	0.9999
SummerEmojiBeachBall/20/Asst/	1 @	.9999	0.9999
LuuuPlasticServingTrayFlipflop15	1 @	.9999	0.9999
LuuuPlasticServingTrayFlipflop15	1 @	.9999	0.9999
LuuuPlasticPineappleSipperCup	1 @	.9999	0.9999
LuuuPlasticPineappleSipperCup	1 @	.9999	0.9999
LuuuPlasticPineappleSipperCup	1 @	.9999	0.9999
CoconutCupPlastic/Straw/Asst/#	1 @	.9999	0.9999
LuuuPlasticPineappleSipperCup	1 @	.9999	0.9999
SummerPlasticBchPailW/Shovel912	1 @	.9999	0.9999
SummerPlasticBchPailW/Shovel912	1 @	.9999	0.9999
SummerPicnicPlate&UtensilSet4p	1 @	.9999	0.9999
SummerRacketballSplshPailToySet	1 @	.9999	0.9999
SummerPicnicPlate&UtensilSet4p	1 @	.9999	0.9999
Disney-LicensedBeachBall/13.5#	1 @	.9999	0.9999
Disney-LicensedSurfRider#2659	1 @	.9999	0.9999
SummerEmojiBeachBall/20/Asst/	1 @	.9999	0.9999
Disney-LicensedBeachBall/13.5#	1 @	.9999	0.9999
Disney-LicensedBeachBall/13.5#	1 @	.9999	0.9999
SummerRubbrGrpFlyingRing11.2#69	1 @	.9999	0.9999
SummerRubbrGrpFlyingRing11.2#69	1 @	.9999	0.9999
SummerRubbrGrpFlyingRing11.2#69	1 @	.9999	0.9999
SummerRubbrGrpFlyingRing11.2#69	1 @	.9999	0.9999
SummerWaterSetDiscDartBalls#68	1 @	.9999	0.9999
LuuuPlasticPineappleSipperCup	1 @	.9999	0.9999
SummerSplshMiniFootball/#699	1 @	.9999	0.9999
CoconutCupPlastic/Straw/Asst/#	1 @	.9999	0.9999
CoconutCupPlastic/Straw/Asst/#	1 @	.9999	0.9999
SummerLuuuSolarMotionFigureAs	1 @	.9999	0.9999
LuuuPlasticCupsW/Decal/5ct/6.1#	1 @	.9999	0.9999
Disney-LicensedBeachBall/13.5#	1 @	.9999	0.9999
DART-FourCups/45ct/8.5oz/#8RP	1 @	.9999	0.9999
LuuuMargaritaFootadW/Straw24p	1 @	.9999	0.9999
FreshlyDolicDealChocChpCk18ct8	1 @	.9999	0.9999
DeliciousDealsOatnCkieCrme8ct	1 @	.9999	0.9999
FreshlyDolicDealDevilFoodCake8	1 @	.9999	0.9999
FreshlyDolicDealPecanTur1s8ct8	1 @	.9999	0.9999
LuuuPrntHibisDbleWailCup17.5p	1 @	.9999	0.9999
Splsh&PlayInfltblDolph24inAsst	1 @	.9999	0.9999
SummerEmojiBeachBall/20/Asst/	1 @	.9999	0.9999
PlasInflatableSpinRingAsst20i	1 @	.9999	0.9999

SUBTOTAL	\$88.96
TAX	\$0.00
TOTAL	\$88.96
CASH	\$90.00
CHANGE	\$1.04



992814062135158377173623

ITEMS SOLD 80

07-15-2017 03:14PM 2814 05 0377 Anan

Exchange or Store Credit
 Within 9 days of purchase
 Up to 9 Items with receipt
 Seasonal items are final sale
 Thanks for Shopping!

Collingham Park Resident 7/15/17
 Birthday / Move In / Renewal Party
 Pool Party

Sign-In Sheet

	Name (Please Print)	SEX	AGE	APT.#	PHONE #
1	Water Lupton	F	52	105	281-564-0949
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13	Pool Party rescheduled due to heavy thunderstorms. Party rescheduled for 7/16/17				
14					
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30					

YMCA's Safety Water Program Registration

7/16/17
Pg 1

Sign-In Sheet

	Name (Please Print)	SEX	AGE	APT.#	PHONE #
1	Water Livingston Clara Jean	F	52	105	281-564-0949
2	Mrs. Theresa Cottam	F		1408	
3	Whitney Jenkins	F	17		
4					
5					
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29					
30					



COLLINGHAM PARK

Resident

Birthday/Move-In/Renewal Party

11/6/17
DATE
Pg. 1

Pool Party

	Name (Please Print)	Sex	APT.#	PHONE#
1	Jessie Collier	M	202	
2	Dralynn	M	2006	
3	Jaylin	M	2002	
4	Jessie Mikh	M	1106	
5	Eli	M	1106	
6	David Pacheco	F	112	832-329-2451
7	Isabella Pannix	F	208	8325610227
8	Jason Pannix	M	208	
9	Marcus Pannix	M	208	
10	Diana Brynditz	F	208	
11	Takkiasha Thompson	F	1012	
12	Tyrishia Thompson	F	1012	
13	Asia Thompson	F	1012	
14	Jwan DeLuz	M	206	
15	Jesus Moreno	M	604	
16	Jesus Moreno	M	604	83289285354
17	Ester Moreno	F	604	8322453108
18	Daniel Moreno	M	604	
19	Angel Moreno	M	604	
20	Tiphani Smith			
21	Jayden Payton			
22	James Greens			
23	Mackayson Green			
24	Simone Dillard			
25	Jayson			
26	Jayden			
27	Cameron			
28	Ray			
29	Amy H.	F	1403	
30	Hayley Jenkins	F	1408	
	3. Terrell Cottam	F	1408	



COLLINGHAM PARK

Resident

Birthday/Move-In/Renewal Party

Pool Party

7/16/01/1
DATE
Pg. 2

	Name (Please Print)	Sex	APT.#	PHONE#
1	Yater Livingston (Carol Jean)	F	105	2815640949
2	RONALDA Livingston	M	105	281-564-0949
3	Ronald Livingston Jr.	M	105	281-564-0949
4	Cece Lockhart	F	1612	832-983-1534
5	Angel Lockhart	F	1612	832-983-1534
6	Princer Lockhart	M	1612	832-983-1534
7	Chris Gibbs	M	2112	
8	Jason Jr	M	208	832-561-0227
9	Marcus Farmer	M	208	832-561-0227
10	Isabella Farmer	F	208	832-561-0227
11	Cynthia Lavelle	F	209	(832) 236-2243
12	Nathan Torres	M	209	(832) 236-2243
13	Nathalie Torres	F	209	(832) 236-2243
14	Ritely Nieves	M	209	" "
15	VIOLLET SMITH	F	1610	832-779-6327
16	Yakomit Lockhart	F	1612	832-983-1534
17	Bonita Gibbs	F	2112	832-994-4674
18				
19				
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AUGUST

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 Res. Req. Bible Study	2	3	4	5
6 Meet & Greet Visits	7	8 Res. Req. Bible Study	9	10	11	12 Back 2 School Party
13 Meet & Greet Visits	14	15 Res. Req. Bible Study	16 1st day of school	17	18	19
20 Meet & Greet Visits	21	22 Res. Req. Bible Study	23	24	25	26
27 Meet & Greet Visits	28	29 Res. Req. Bible Study	30	31 Breakfast At The Gate		

Events

Aug. 6, 13, 20 & 27- **Meet & Greet** for all at 10:00 AM — 11:30 AM. **VISITS**
Your CARES Team welcomes new residents to Collingham Park Community. We want to know what you need! This is a courtesy visit & an opportunity to voice any needs or concerns you may have.

Aug. 1, 8, 15, 22 & 29 - **Resident Requested Bible Study**- Come for an exciting time of fellowship with your neighbors! 7:30 PM—8:30 PM

Aug. 12 - **Back2School/ Birthday Day /Move-In/Renewal Party** - Parents, a limited amount of school supplies will be given away during this celebration. If your birthday is in August, just Moved-In or Renewed your Lease this MONTH, please come to the office and celebrate your special day with your CARES Team and neighbors. **Have a safe and happy birthday!** 6 PM - 8 PM

Aug. 16 - **1ST DAY OF SCHOOL** - Alief School District.

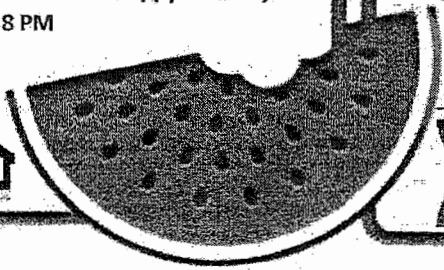
Aug. 31 - **Breakfast At The Gate** - The CARES Team will be serving Breakfast at the Gate for our wonderful neighbors! 5:30 AM.

Collingham Park
10800 Kipp Way Dr. Houston, TX 77099 collinghampark.com

Leasing Office: 713-474-5500
Police/Fire/Medic: 911
Ron & Uater Livingston
281-564-0949
collinghamcares@juno.com



ORION
REAL ESTATE SERVICES, INC.



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From : Mindie Graves <MindieGraves@apartmentlife.org>
To : 'Ada Salazar' <collingham@allied-orion.com>
Cc : 'LaLisa Lucas' <lucas@allied-orion.com>, "collinghamcares@juno.com" <collinghamcares@juno.com>
Subject : CARES Summary Report for Ron & Uater Livingston: August 2017
Date : Mon, Sep 11, 2017 09:49 AM
Attachment(s) : 1 photo(s)/image(s) | 1 file(s)/document(s) | Total File Size: 969K

Hi,

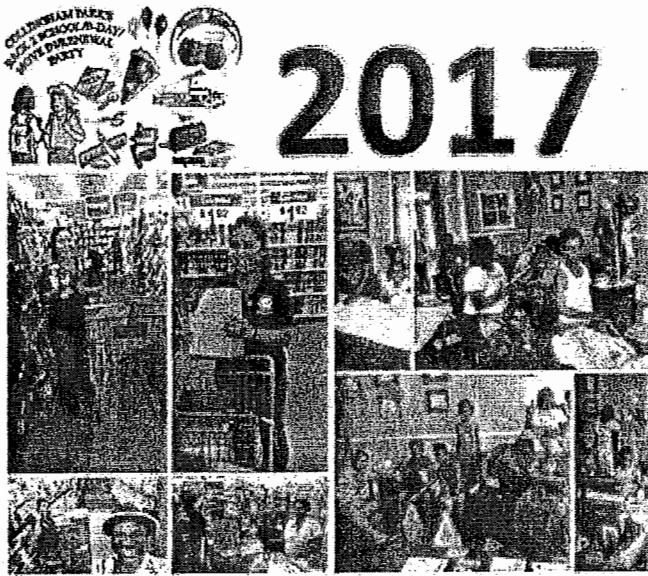
According to a recent study by Business Insider, customers who engage with User-Generated Content (UGC) Marketing when shopping are 97% more likely to purchase a product or service. Are you leveraging your CARES team to help with your UGC? CARES teams are in the perfect position to showcase the sense of community at your property by sharing pictures of events on your social media platforms, and also, encouraging residents to write reviews on your preferred rating sites. Prospective residents will be more likely to trust and commit to your community, when they see the genuine perspective of current residents. If you have not seen how CARES is impacting UGC for their communities be sure to check out the following video!

Be sure to take a look at how Ron & Uater Livingston are partnering with you at Collingham Park to create a culture of connectedness!

August Highlight

We had an awesome Back 2 School Party! The kids were really excited to get school supplies-- we raffled four back packs and donated socks. The parents said they were more excited than the kids regarding the first day of school.

Below is an example of community in action at Collingham Park:



We are so excited to have the Livingston Team partnering with you and your staff. I know the end of August was tough, but I was so happy to be able to check in with the Team to find out how your residents were doing! Looking forward to a great fall at Collingham Park,

Mindie Graves
 CARES
 Senior Program Director | Houston

855.685.2963 Ext. 327 | Fax 817.953.6868

Photos & Images



Click on an image below to enlarge. Then print or save the image.

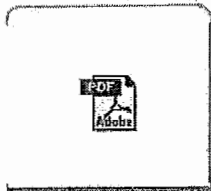
Show Thumbnails



Collingham Par
 k_L... (351KB)


Files & Documents





Open this File

CARES_Summary_
for... (618KB)

 Attachments Scanned - No Virus Detected ([Learn More](#))



CARES SUMMARY

Collingham Park • Ron & Uta Livingston • August 2017

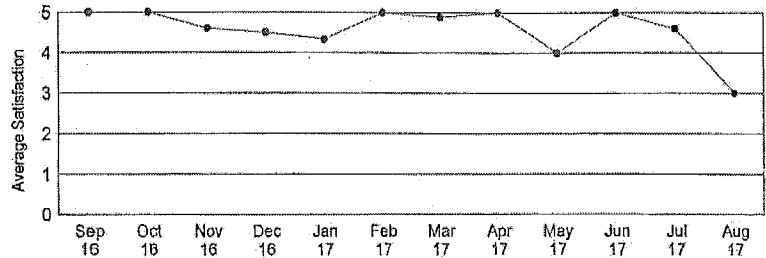


CARES SUMMARY

WELCOME

Average Satisfaction Score: 3.00
 Satisfaction Scores At or Above 4: 0
 Total # Move-Ins: 2
 Total # Attempted: 1
 Total Scores Received: 1

How satisfied were you with your move-in experience?



RENEW

Average Satisfaction Score:
 Total # Renewal Potential:
 Total # Attempted:
 Total Scores Received:

How satisfied are you with your living experience in this community?

Average Satisfaction

COMMUNITY IN ACTION



What an awesome fun filled event! We played Back 2 School Challenge are you Smarter than a 1st, 2nd, 3rd, 4th, 5th, Jr. High and High School Student! The parents and kids had so much fun with this game. The focus was to let the kids and parents know even though you're on Summer Break your brain should never be on Break. Everyone was invited to a limited amount of school supplies being given away during this celebration. All who came thanked us for the supplies, lunchables, juice and cupcakes they received.

HIGHLIGHT OF THE MONTH

We had an awesome Back 2 School Party! The kids were really excited to get school supplies-- we raffled four back packs and donated socks. The parents said they were more excited than the kids regarding the first day of school.

CARES SUMMARY

WELCOME

Research shows a strong correlation between move-in satisfaction and retention. CARES Teams personally reach out to 100% of new residents to welcome them, help them get acquainted with the community, and invite them to the next community event to meet neighbors. If the resident engages, the CARES Team will also ask about their move-in experience and get a satisfaction rating - notifying Management immediately via Retention Alerts™ if the satisfaction score is below a designated threshold. Collingham Park has selected a welcome visit satisfaction threshold of 4.0, so an automatic Retention Alert™ email was sent for any score below 4.0.

Unit #	Resident Name	Score	Resident Satisfaction Comments
1211	Mariya Khan	3.00	Mariya said she was not satisfied with her move in experience. Her reason(s) were in her apartment, the tub needed repair. We asked if she reported everything she said yes she did report everything to the Leasing Office. However, this was during the time of the Hurricane Harvey. I asked her to follow up with the Leasing Office again. She said other than these two issues it was an ok move-in. I gave her the post card to post a positive review online.

RENEW

CARES Teams help you maximize renewals by reaching out to 100% of residents prior to renewal to assess satisfaction and uncover any threats to their decision to stay. Over 90% of apartments are vacated with their unreported concerns! Daily Retention Alerts™ and monthly trend reports allow quick intervention to save renewals at risk. has selected a renewal visit satisfaction threshold of , so an automatic Retention Alert™ email was sent for any score below .

Unit #	Resident Name	Score	Resident Satisfaction Comments
--------	---------------	-------	--------------------------------

CARES SUMMARY

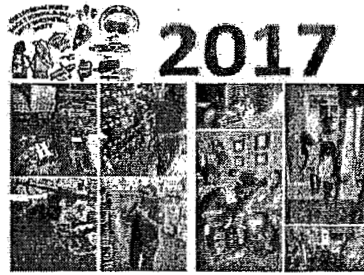
CONNECT

Increasing residents' friendships in the apartment community almost doubles their likelihood to renew! CARES Teams help residents connect and cultivate friendships by planning fun social activities, small groups around common interests, and resident appreciation events. The following are details from the community events organized in August. Based on the services selected, the CARES Team plans up to 3 community events per month. To allow more interaction with your residents, your team recruited **12 volunteers** this month to help with behind the scenes activities.

Event Name: Back 2 School Party

of Attendees: 61

Description: What an awesome fun filled event! We played Back 2 School Challenge are you Smarter than a 1st, 2nd, 3rd, 4th, 5th, Jr. High and High School Student! The parents and kids had so much fun with this game. The focus was to let the kids and parents know even though you're on Summer Break your brain should never be on Break. Everyone was invited to a limited amount of school supplies being given away during this celebration. All who came thanked us for the supplies, lunchables, juice and cupcakes they received.



Event Name: Birthday Day /Move-In/Renewal Party

of Attendees: 0

Description: Everyone enjoyed this event. Some were so excited they forgot to sign in! We combined this event with the Back 2 School Party.



Event Name: Breakfast At The Gate

of Attendees: 48

Description: What an awesome event. The CARES Team served Breakfast on property due to Hurricane Harvey for our wonderful neighbors. Everyone was excited to get a breakfast bar and muffin to start their day!

CARES SUMMARY

CARE

The Care aspect of the program is designed to meet the life needs of residents and provide additional support to the staff. Resident Care includes providing a caring touch during times such as life transitions, job loss, the birth of a baby, etc., which can be critical times in the life of a resident and ultimately affect their housing decisions. Similarly, Staff Care includes providing practical encouragement during busy times, holidays, birthdays for the office staff, etc. This support can include bringing treats to the staff on a busy holiday weekend or helping flyer the community for a leasing event. These actions have been shown to increase overall job satisfaction among staff members and foster increased positive communication between the staff and the CARES Team. The number of residents/staff listed for Care activities is typically low because 'care' usually occurs in a one-on-one setting between the team and a single resident/ family in need or a few staff members.

Date	# of People	Summary
------	-------------	---------

RETENTION ALERT

The following are details about all the Retention Alerts™ that were sent or followed up on during the month of August.

Resident Name:	Mariya Khan	Visit Date:	8/30/17
Unit #:	1211	Score:	3.00
Resident Comments:	Mariya said she was not satisfied with her move in experience. Her reason(s) ants were in her apartment, the tub needed repair. We asked if she reported everything she said yes she did report everything to the Leasing Office. However, this was during the time of the Hurricane Harvey. I asked her to follow up with the Leasing Office again. She said other than these two issues it was an ok move-in. I gave her the post card to post a positive review online.		



Check Request Form

Property: Collingham Park Apartments

CARES Team: Ronald & Uater Livingston

GL Account Code: 740 - 600

Amount Requested: \$250.00

Date Requested: August 8, 2017

Funds Allocated For: August 2017 CARES Team Activities

If Check - Payable To: Eva Mendoza

Manager Approval *E. Mendoza*

Other Approval _____

Amount Given: \$250.00

(PRINT NAME)

Date Given: 8/11/17

(SIGNATURE PLEASE)

Amount Received: \$250.00

RONALD A. LIVINGSTON JR
(PRINT NAME)

Date Received: 8/14/17

Ronald A. Livingston Jr
(SIGNATURE PLEASE)



APARTMENT LIFE, INC.
CARES COMMUNITY EXPENSE REPORT

Property Name: Collingham Park
CARES Team: Ronald & Uater Livingston
Date Submitted: 08/14/2017

Account #: 740 - 600

\$ given to CARES Team \$250.00

\$ returned to property manager \$ 0.00

Table with columns for description, dates, amounts, and totals. Includes categories like ADMINISTRATION, COMMUNITY ACTIVITIES, BECAUSE WE CARE, WELCOME VISITS, RESIDENT CARE, RESIDENT APPRECIATION, and MISC. EXPENSES. A stamp reads '\$0.88 Donated by the CARES Team'.

Attach Receipts

Signature of Property Manager: E. Mendez

Signature of CARES Team member



COLLINGHAM PARK

Resident

Birthday/Move-In/Renewal Party

8/12/17
DATE

6pm to 8pm

Back to school party

	Name (Please Print)	Sex	APT.#	PHONE#
1	Laura Ronald Wilhite	M	1009	(504) 905-0437
2	Talkasha Thompson	F	1012	(8) 494-6781
3	Asa Thompson	F	1012	8 494-6786 8th
4	TYNEisha THOMPSON	F	1012	
5	Ah'Nui Ward	F	1710	504-223-7836
6	BREUC hada RAUFORD	F	1710	↓
7	YetteBA RAUFORD	F	1710	↓
8	Alexah BOZEMAN	F	1005	832-822-5911
9	Evan Irving	M	1412	4-3
10	Dunnie	F	811	2
11	Madison Gatson	F	811	2
12	HOLLAND	M		
13	Kayla (15*) Odoi	F	2107	407-485-0152
14	Tara (Kender) Odoi	F	2101	407-485-0152
15	Rosemary Osei	F		281-408-0374
16	Gemma co.	F	1401	
17	Willie Cain	M	1401	
18	William Cain	M	1401	
19	Chris Gibbs	M	2112	
20	Jeremy Calbert	M	2112	
21	VERONICA JOSEPH	F	1206	
22	BYAN LIVINGSTON	M	105	
23	RONALD A. LIVINGSTON SR	M	105	
24	THERESA	F	1408	
25	MAHKAI RAQAS	M	1011	
26	AMY	F	120	
27	KATHRYN ^{GRUBBY} (COIT VOLUNTEER)	F		
28	DELICINEA "NINA" COVIN	F	311	
29	EUA Mendota	F	1505	832-273-9179
30	Brianna Hageda	F	1505	



COLLINGHAM PARK

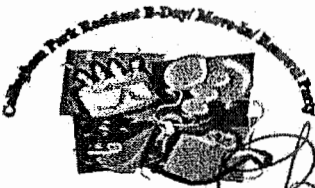
Resident

Birthday/Move-In/Renewal Party

8/12/17 DATE
6pm to 8pm

Back To School Party

	Name (Please Print)	Sex	APT.#	PHONE#
1	Hailey Jenkins (Mom-theresa)	F	1400	
7	2 Paul Dvorak	M	1007	8322504-7167
5	3 Clement K	M	1007	"
2	4 Hans K	M	1007	"
5	5 Catherine Kiondo	F		"
8	6 Lance Robinson 3rd grade	M	1206	5045155213
7	7 Brooklyn & Matthew Rogers	F/ M	1011	281662-6263
8	8 Jason Jr	M	208	832-561-0221
9	9 Marcus F	M	208	832-561-0221
10	10 Isabella F.	F	208	832-561-0221
6th	11 FAROW Adeyemi	M	1310	832 288 0421
12	12 Latifah Adeyemi	F	1310	832 288 0421
13	13 Prince Lockhart	M	1012	832-983-1534
14	14 Angel Lockhart	F	1012	832-983-1534
15	15 Cece Lockhart	F	1012	832-983-1534
16	16 Diana Benjamin	F	208	8325610227
17	17 Mildred Franklin	F	962	281-575-1221
18	18 Bilikis Adeyemi	F	1310	832-406-8010
19	19 Joy Henderson	F	412	
20	20 Jacobs Johnson	M	412	
21	21 Arif Nassam Grade 6	M	1467	
22	22 Arsh Nassam Grade 3	F	1467	
23	23 Arika Deavy	F	2006	832-284-1908
24	24 Drankun Thompson	M	2006	83225047167
25	25 Aniah King	F	1406	
26	26 Cameron King	M	1406	
27	27 Jaylon Taylor	M	1406	
28	28 Jayden King	M	1406	
29	29 Simone Dillar	F	1406	
30	30 MURCUS	M	811	



COLLINGHAM PARK

Resident

Birthday/Move-In/Renewal Party

8/12/17
DATE

6pm to 8pm

Back To School Party

	Name (Please Print)	Sex	APT.#	PHONE#
1	GIOROVAN Agreola	M	1505	
2				
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COLLINGHAM PARK

8/31/17
DATE

Free BREAKFAST ON THE GO

5:30am to 8am

	Name (Please Print)	SEX	AGE	APT.#	PHONE #
1	Kebechi Obison	F	35	511	3468036055
2	Amaechi Naleptina	F	37	511	
3	Jason Valentine E	M	19	511	
4	Khonda Lambert	F	60	305	832-452-1759
5	DEANNE Lambert	M	55		
6	Pamela Melby	F	52	811	281-690-0651
7	Madeira Gatson	F	4	811	11
8	Charles Gatson	M	8	811	11
9	Audreyanna McHenry	F	11	811	2816900651
10	Marcus Gatson	M	7	811	?
11	Tobee Van	M	8	911	?
12	Chris Gibbs	M	14	2112	'
13	Jeremy Colbert	M	15	2112	
14	Malik Tony	M	16	1105	?
15	Adrell James	F	16		
16	MaKayla Jordan	F	17	1108	
17	Brianna Jordan	F	14	1707	_____
18	Isabella Farmer	F	11	108	_____
19	Jason Jr	M	13	208	
20	diana Agundiz	F	18	209	
21	Marcus Farmer	M	10	208	_____
22	Eric Buch	M	27	2010	832-564-9986
23	Meki Nowta	F	45	2010	832-919-8042
24	Simone Newton	F	16	2010	
25	Shirley Adilbo	M	42	111	281-702-9583
26	Sha Myra Ward	F	10	1412	713-866-0525
27	Mariyah Khan	F	22	1211	201-936 8052
28	Khushboo Saleem	F	30	1211	
29	Fahad Saleem	M	29	1211	
30	Malek Jalani	F	57	1211	

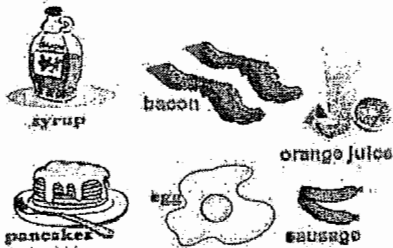


Still **COLLINGHAM PARK**
BREAKFAST ON THE GO

8/31/17
DATE

5:30am to 8am

	Name (Please Print)	Sex	APT.#	PHONE#
1	Keyaan Hemann	M	1211	000 09/03/16
2	Rayan Fahad	M	1211	05/14/17
3				
4				
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COLLINGHAM PARK

FREE BREAKFAST on the

8/31/15
DATE

610

5:30am to 8am

	Name (Please Print)	Sex	Age	APT.#	PHONE#	
✓ 1	Brianna Jordan	F	14	1707		✓
2	Sha' Muna Ward	F	12	1412		✓
• 3	Neash Williams	F	15	—		✓
• 4	Cece Lockhart	F	13	1012		✓
• 5	Tyneisha Thompson	F	17	1012		
6	Jordan Ware	M	8			
7	Goverius Jones	M	7	301		
8	Halilah Jones	F	12	301		
9	Sterling Jones	M	10	301		
10	Evan Irving	M	7	1412		
• 11	Yahalomot Lockhart	F	15	1612		✓
* 12	Amanda Irving					
13	Christina	F				
14	Demret Dibessa			3017		
15	Wendell Zupl			301		
• 16	Angel	F	8	1612		
17						
18						
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23						
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September 2017

Collingham Park
 10800 Kipp Way Dr.
 Houston, TX 77099
 collinghampark.com


Events









Sept. 1 - Collingham Park Breakfast - Come enjoy eggs, bacon, sausage, pancakes and orange juice 11 AM - 1 PM.

Sept. 3, 10, 17 & 24- Meet & Greet for all at 10:00 AM - 11:30 AM
VISITS Your CARES Team welcomes new residents to Collingham Park Community. We want to know what you need! This is a courtesy visit & an opportunity to voice any needs or concerns you may have.

Sept. 5, 12, 19 & 26 - Resident Requested Bible Study- Come for an exciting time of fellowship with your neighbors! 7:30 PM-8:30 PM

Sept. 16- KIDS CLUB/ CRITICAL POINT Parents, your kids will receive homework help, enjoy arts & crafts, games and more. **KIDS CLUB** (ages 4-11) from 5 PM-6 PM & **CRITICAL POINT** (AGES 12-18) from 6PM -7 PM in the Business Center. **Parents, Fitness Center will be open 5 PM -7 PM during this time!**



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 FREE BREAKFAST 	2
3 Meet & Greet Visits	4	5  Res. Req. Bible Study	6	7	8	9
10 Meet & Greet Visits	11	12  Res. Req. Bible Study	13	14	15	16  
17 Meet & Greet Visits	18	19  Res. Req. Bible Study	20	21	22	23 
24 Meet & Greet Visits	25	26  Res. Req. Bible Study	27	28	29	30

Sept. 23 - FAMILY GAME NIGHT Your entire family is invited to a night of fun from 5:30PM - 7:30 PM.

Sept. 24 - Birthday Day /Move-In/Renewal Party -If your birthday is in September, just Moved-In or Renewed your Lease this MONTH, please come to the office and celebrate your special day with your CARES Team and neighbors. Have a safe and happy birthday! 12 PM -2 PM

The Staff and CARES Team are working towards peace and unity within our community.

Leasing Office: 713-474-5500
 Police/Fire/Medic: 911
 Ron & Uater Livingston
 281-564-0949
 collinghamcares@juno.com





[Print Message](#) | [Close](#)

From : Mindie Graves <MindieGraves@apartmentlife.org>
To : 'Ramona Whitaker' <collingham@allied-orion.com>
Cc : 'LaLisa Lucas' <lucas@allied-orion.com>, "collinghamcares@juno.com" <collinghamcares@juno.com>
Subject : GARES Summary Report for Ron & Uater Livingston: September 2017
Date : Sun, Oct 08, 2017 09:06 PM
Attachment(s) : 2 file(s)/document(s) | Total File Size: 1.5M

Hi Ramona,

In a recent article published by NAA (<https://goo.gl/4izFeR>), Laurie Lyons, U.S. Residential' s Executive Vice President of Client Services, shares valuable insight into the art of increasing rent, without significant turnover. What's the secret sauce? According to Lyons, "People will pay up to \$200 in rent increases if their friends are living in the same community." Thankfully, you're already hard-at-work preparing for your communities' inevitable rent increases, as your CARES Team is actively encouraging on-site friendships, and fostering a sense of community at Collingham Park. Thank you for choosing CARES to assist with your resident retention efforts!

September Highlight

What a wonderful heart felt event! Eunice, Jim, and Daniel, the CARES Team from "The Ranch at Sienna," donated pancakes, orange and apple juice. Eunice and Daniel along with our wonderful neighbor volunteers were Culinary Artists. Our community, much like many others in the Houston area, really needed love. Nothing says loving like cooking in the oven! We donated bacon, eggs, sausage, and peach juice. We had more than enough to eat, so some came back for seconds and thanked all of us for such an awesome event.

Below is an example of community in action at Collingham Park:



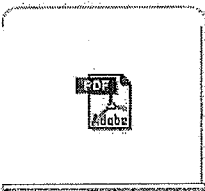
Wonderful to see the community that is built at Collingham Park! Looking forward to a great fall season,

Mindie Graves
CARES
Program Director | Houston

855.685.2963 Ext. 327 | Fax 817.953.6868

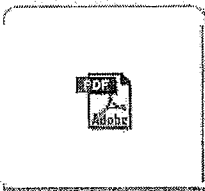
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CARES SUMMARY

Collingham Park • Ron & Uater Livingston • September 2017

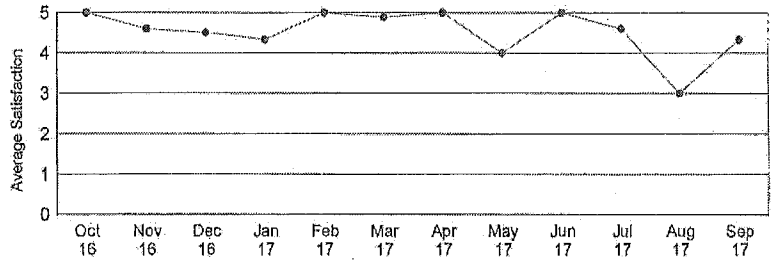


CARES SUMMARY

WELCOME

Average Satisfaction Score: 4.33
 Satisfaction Scores At or Above 4: 2
 Total # Move-Ins: 6
 Total # Attempted: 6
 Total Scores Received: 3

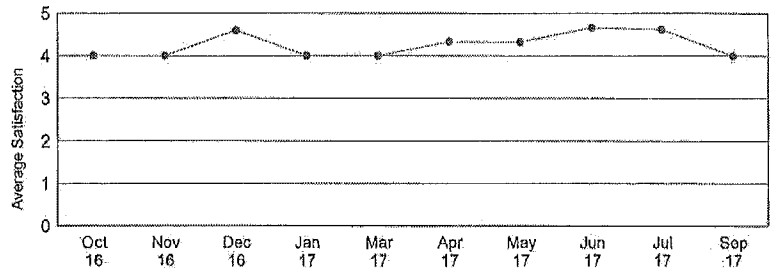
How satisfied were you with your move-in experience?



RENEW

Average Satisfaction Score: 4.00
 Satisfaction Scores At or Above 4: 7
 Total # Renewal Potential: 14
 Total # Attempted: 14
 Total Scores Received: 7

How satisfied are you with your living experience in this community?



COMMUNITY IN ACTION



What a wonderful heart felt event! Eunice, Jim, and Daniel, the CARES Team from "The Ranch at Sienna," donated pancakes, orange and apple juice. Eunice and Daniel along with our wonderful neighbor volunteers were Culinary Artists. Our community, much like many others in the Houston area, really needed love. Nothing says loving like cooking in the oven! We donated bacon, eggs, sausage and peach juice. We had more than enough to eat, so some came back for seconds and thanked all of us for such an awesome event.

HIGHLIGHT OF THE MONTH

What a wonderful heart felt event! Eunice, Jim, and Daniel, the CARES Team from "The Ranch at Sienna," donated pancakes, orange and apple juice. Eunice and Daniel along with our wonderful neighbor volunteers were Culinary Artists. Our community, much like many others in the Houston area, really needed love. Nothing says loving like cooking in the oven! We donated bacon, eggs, sausage and peach juice. We had more than enough to eat, so some came back for seconds and thanked all of us for such an awesome event.

CARES SUMMARY

WELCOME

Research shows a strong correlation between move-in satisfaction and retention. CARES Teams personally reach out to 100% of new residents to welcome them, help them get acquainted with the community, and invite them to the next community event to meet neighbors. If the resident engages, the CARES Team will also ask about their move-in experience and get a satisfaction rating - notifying Management immediately via Retention Alerts™ if the satisfaction score is below a designated threshold. Collingham Park has selected a welcome visit satisfaction threshold of 4.0, so an automatic Retention Alert™ email was sent for any score below 4.0.

Unit #	Resident Name	Score	Resident Satisfaction Comments
1202	Chanteal Woolridge	5.00	Chanteal said she was satisfied with her move-in experience.
1908	Lawal Olusola	3.00	Ms. Lawal said she was not satisfied with her move in experience. Her reason(s) weather seal on front door need repairing, light bulbs out, stairway needs painting and she need help hanging her curtain rods. We asked if she reported everything she said yes she did report everything to the Leasing Office. I asked her to follow up with the Leasing Office again.
408	Vannessa Villarreal	5.00	Vannessa said she was satisfied with her move-in experience.

Residents in the following unit(s) elected not to engage with the CARES Team to provide a satisfaction rating: 604, 912, 1602

No answer at the units listed.

RENEW

CARES Teams help you maximize renewals by reaching out to 100% of residents prior to renewal to assess satisfaction and uncover any threats to their decision to stay. Over 90% of apartments are vacated with their unreported concerns! Daily Retention Alerts™ and monthly trend reports allow quick intervention to save renewals at risk. Collingham Park has selected a renewal visit satisfaction threshold of 4.0, so an automatic Retention Alert™ email was sent for any score below 4.0.

Unit #	Resident Name	Score	Resident Satisfaction Comments
203	Justin Onuegby	4.00	Justin said he was satisfied with his living experience.
302	Hyacinth Ukwuagu	4.00	Hyacinth said he was satisfied with his living experience.
511	Valentine Obison	4.00	Valentine said he was satisfied with his living experience.
1508	Aniekan Umoette	4.00	Aniekan said he was satisfied with his living experience.
312	Crisanta Lopez	4.00	Crisanta said she was satisfied with her living experience.
1310	Mojeed Adeyemi	4.00	Mojeed said he was satisfied with his living experience.
1609	Gustavo Morales	4.00	Gustavo said he was satisfied with his living experience.

Residents in the following unit(s) elected not to engage with the CARES Team to provide a satisfaction rating: 303, 409, 707, 911, 1907, 2010, 2011

No answer at units listed.

CARES SUMMARY

CONNECT

Increasing residents' friendships in the apartment community almost doubles their likelihood to renew! CARES Teams help residents connect and cultivate friendships by planning fun social activities, small groups around common interests, and resident appreciation events. The following are details from the community events organized in September. Based on the services selected, the CARES Team plans up to 3 community events per month. To allow more interaction with your residents, your team recruited **19 volunteers** this month to help with behind the scenes activities.

Event Name: FREE BREAKFAST

of Attendees: 200

Description: What a wonderful heart felt event! Eunice, Jim, and Daniel, the CARES Team from "The Ranch at Sienna," donated pancakes, orange and apple juice. Eunice and Daniel along with our wonderful neighbor volunteers were Culinary Artists. Our community, much like many others in the Houston area, really needed love. Nothing says loving like cooking in the oven! We donated bacon, eggs, sausage and peach juice. We had more than enough to eat, so some came back for seconds and thanked all of us for such an awesome event.



Event Name: KIDS & TEEN CLUB

of Attendees: 23

Description: Kids & Teen Club was a blast! We had fun playing football, tag and racing at the playground. As a cool treat we gave everyone popsicles. Our nine wonderful volunteers who helped pick up trash we gave them cookies and rice crispy treats. Everyone thanked us for a great event and said they had fun!



SEP 19, 2017

VOLUNTEERS



CARES SUMMARY

Event Name: FAMILY GAME NIGHT

of Attendees: 10

Description: We invited all of our neighbors to come out for a day of fun for everyone. We played Wii Video Games, Candy Land Bingo, Checkers, Sorry, Uno, Dominos and more for hours until all the door prizes and snacks were gone. Our neighbors had so much fun they didn't want to leave.



CARES SUMMARY

CARE

The Care aspect of the program is designed to meet the life needs of residents and provide additional support to the staff. Resident Care includes providing a caring touch during times such as life transitions, job loss, the birth of a baby, etc., which can be critical times in the life of a resident and ultimately affect their housing decisions. Similarly, Staff Care includes providing practical encouragement during busy times, holidays, birthdays for the office staff, etc. This support can include bringing treats to the staff on a busy holiday weekend or helping flyer the community for a leasing event. These actions have been shown to increase overall job satisfaction among staff members and foster increased positive communication between the staff and the CARES Team. The number of residents/staff listed for Care activities is typically low because 'care' usually occurs in a one-on-one setting between the team and a single resident/ family in need or a few staff members.

Date	# of People	Summary
9/1/17	250	Uater and I passed out September calendars.
9/17/17	1	Ron drove Yetteba and her daughter to Wal-Mart to shop. He waited for them and gave them a ride home as well. They both thanked him for the ride.
9/24/17	4	Uater and I drove Ms. Patrice and her son Jayden to Wal-Mart so they could shop. We baby set Jayden in the car so she could finish her shopping. we helped her unload her items and bring them into her apartment. She thanked us for all the help.
9/26/17	27	The Meet and Greet as well as Resident Requested Study for this month were awesome. Many of our neighbors thanked us for providing a safe place to talk and share their concerns. Many invited their family as well. Everyone enjoyed the snacks and coffee.



RETENTION ALERT

The following are details about all the Retention Alerts™ that were sent or followed up on during the month of September.

Resident Name: Lawal Oiusola **Visit Date:** 9/30/17
Unit #: 1908 **Score:** 3.00
Resident Comments: Ms. Lawal said she was not satisfied with her move in experience. Her reason(s) weather seal on front door need repairing, light bulbs out, stairway needs painting and she need help hanging her curtain rods. We asked if she reported everything she said yes she did report everything to the Leasing Office. I asked her to follow up with the Leasing Office again.

CARES SUMMARY

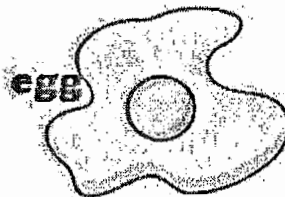
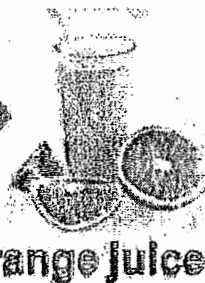
ONLINE REPUTATION

Your CARES Team is not currently providing Online Reputation Management services.

This month, we spoke with 9 residents about posting online reviews.

Collingham Park

Breakfast



Hungry for a good hot home cooked breakfast? Come enjoy eggs, bacon, sausage, pancakes and orange juice. Collingham Park and The Ranch at Sienna CARES Team will be serving breakfast until the food run out.

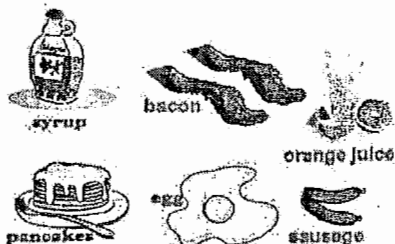
DATE: September 1, 2017

TIME: 11 AM — 1 PM

PLACE: Leasing Office

*Sponsored by the CARES Team at The Ranch at Sienna and Integrity Christian Center.
Call or e-mail the CARES Team: Ronald & Uater Livingston @ 281-564-0949*





COLLINGHAM PARK FREE BREAKFAST

9/11/17
DATE

11am to 1pm

	Name (Please Print)	Sex	Age	APT.#	PHONE#
1	Cece Lockhart	F	13	1612	_____
2	Angel Nnechukwu	F			_____
3	Gemma Williams	F	15	1401	_____
4	Brianna Jordan	F	14	1708	_____
5	Diamond Lockhart	F	15	1612	
6	Zahara Lockhart	F	38	1612	
7	Prince Nnebechukwu	M	5	1612	
8	Lanee Poperson	M	8		
9	Ronald Livingston Jr.	M	23	105	281-564-0949
10	Aaliyah Jones	F	12	801	
11	Saverius Jones	M	18	801	
12	Sterling Jones	M	10	801	
13	Shamira Ward	F	10	1412	
14	Jessamy Colbert	M	15	2112	
15	Dash Eugene	M	3	1506	
16	Dallis Eugene	M	11	1506	
17	Erika Eugene	F	32	1506	
18	Hope Eugene	F	56	1506	
19	Julian Joseph	M	39	1504	
20	Meki Newton	F	45	2010	
21	Helena Tamerson	F	28	↓	
22	Elijah Buch	M	8m	↓	
23	Ayza Buch	F	2	2010	
24	Chris Gibbs	M	14	2112	
25	Rochelle Hauerol	F	56	1203	
26	Amy Helser				
27	Agnos Nwadike		65	1406	
28	Bernardino Tumulian	M	58	509	
29	Zoila Virgen	F	16	1404	
30	Carlos Ruano	M	14	610	

①



syrup



bacon



orange juice



pancakes



egg



sausage

COLLINGHAM PARK FREE BREAKFAST

9/1/17
DATE

11am to 1pm

	Name (Please Print)	Sex	Age	APT.#	PHONE#
1	Sofia Rosales	F	9	616	
2	ANNUN VANDY	F	4	604	
3	JAUQUA TAYLOR	F	14	604	
4	ORPHEUM TAYLOR	F	15	604	
5	ANZRAH	A	6	1903	
6	Eckle euque	F	32	1506	
7	Tre Juan Rojas	M	3	1506	
8	Dailise Eugene	F	10	1504	
9	Dominion Adaso	M	9	1504	
10	praise Adaso	M	5	1506	
11	Mekailah A.	F	11	601	
12	Blessed	M	7	1504	
13	Treshia Graves	F		1102	
14	Madison Graves	F	15	1102	
15	Markus Williams	M	9	1102	
16	Adrian Romero	M	8	1601	
17	RiEsperanza Romero	F	8	1601	
18	Catherine Guillen	F	10	1601	
19	JUAN DROUM	M	13	1405	
20	LUIE FITZMAUR	F	13	1409	
21	Evan Irving	M	7	1412	
22	Debra Sayers	F	54	210	
23	Khosh Furbert	F		365	
24	Nancee Odinma	F	8	2104	
25	Laura Odinma	F	6	2104	
26	Thom Elyers	F	50	1506	
27	Henshella Under	F	56	1506	
28	Bam John McMorris	M			
29	Hailey Jenkins	F	7	1908	
30	Teresa COTAM	F		1408	

NO PANCAKES left



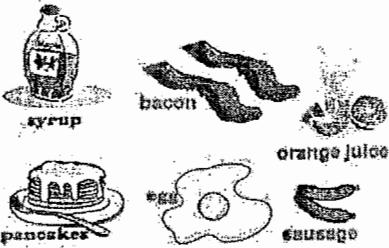
COLLINGHAM PARK FREE BREAKFAST

9/11/17
DATE

11am to 1pm

	Name (Please Print)	Sex	Age	APT.#	PHONE#
1	David Lopez	M	13	506	
2	Christian Lopez	M	9	506	
3	Hector Ceballos	M	13	1107	
4	Markus Green	M	10	1012	
5	Ah Nui Ward	F	4	1710	
6	YETTERBA RAYFORD	F	32	1710	
7	Marion	M	10	103	
8	Myla Tanner	F	15	103	
9	J.P. Riley	M	40	205	
10	Wanda Robertson	F	56	1811	
11	Daryn Umazur	M	16	211	
12	Angel Ayika	F	10	1110	
13	Armida Camila			1307	
14	Synthia Reed			403	
15	Shaniya Winbush	F	11	21004	
16	Jordan Ware	M	5	G	
17	RONALD A. LIVINGSTON SR	M	49	105	
18	RYAN LIVINGSTON	M	18	105	
19	HABIBER Yusuf	M	34	908	
20	Hikmat Yusuf	F	4	L	
21	HANUF Yusuf	M	1	L	
22	ABIBAT Yusuf	F	30	L	
23	DOSHUA		210		
24	XAVIER TAPIA		210		
25	EUNICA TAPIA		210		
26	Karen Bivas	F		2102	
27	Tineisha T.	F	16	1012	
28	UTER LIVINGSTON	F	52	105	
29	EUNICE SCHMIDT	F		VISITOR VOLUNTEER	
30	DANIEL SCHMIDT	M	20	11	11

(3)



COLLINGHAM PARK FREE BREAKFAST

9/1/17
DATE

11am to 1pm

	Name (Please Print)	Sex	Age	APT.#	PHONE#
1	Zuleyka TORAR	F	22	1409	
2	Issac TORAR	M	18	1409	
3	Omawumi FAKUNLE	F		108	
4	Nifemi FAKUNLE	M		108	
5	DAVE FAKUNLE	M		108	
6	DAVIDS FAKUNLE	M		108	
7	Patricia Ayinla	F		110	
8	Alfreda BIAS	F	60	1902	
9	Angela Newman	F	39	1902	
10	JAYSHA Newman	M	9	1902	
11	Zachary Pulli	m	27	1108	
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(4)



Collingham Park Apartments

Kids Teen

Sign-In Sheet

9/16/17

5pm to 7pm

COLLINGHAM PARK KIDS & TEEN CLUB

	Name (Please Print)	SEX	AGE	APT.#	PHONE #
1	Jalen	M	15	1111	
2	Jason	M	13	208	
3	Willie	M	14	1401	
4	Josiah Jones	M	13	1801	
5	Chris Gibbs	M	14	710	
6	Jaylin	M	13	7008	
7	Marcus	M	10	208	
8	Cameron Proctor	M	13	1117	
9	Yandon Franklin	M	9	1111	
10	Jacob Smith	M	7	412	
11	Michael	M	14	316	
12	Jessamy Colbert	M	15	212	
13	Avon Gray	M	19	701	
14	Amarie Irving	F	12	709	
15	Shamyrca Ward	F	12	1412	
16	Davon Compton	M	13	709	
17	Neah Madison	F	13	709	
18	Murph Madison	F	12	709	
19	Phavis	M	10	700	
20	Trevor Irving	M	11	709	
21	Kaylan Jones	F	18	701	
22	WATER LIVINGSTON	F	52	105	
23	RON LIVINGSTON SR.				
24					
25					
26					
27					
28					
29					
30					

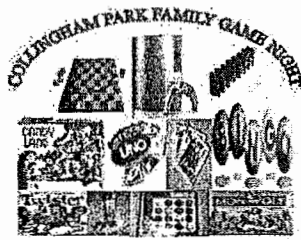


COLLINGHAM PARK

FAMILY GAME NIGHT

9/23/17
DATE
5:30pm
to
7:30pm

	Name (Please Print)	Sex	Age	APT.#	PHONE#
1	Walter Livingston	F	52	105	281564-0949
2	Brianna Jordan	F	14	1702	—
3	Angel Nnabechukwu	F	8	1612	
4	Diamond L.	F	15	1614	
5	Prince N.	M	5	1612	
6	RONALD LIVINGSTON SR	M	49	105	
7	Chris Gibbs	M	14	2152	
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COLLINGHAM PARK

FAMILY GAME NIGHT

9/23/17
DATE
5:30pm to
7:30pm

	Name (Please Print)	Sex	Age	APT.#	PHONE#
1	Cece Lockhart	F	13	1612	832-983-1534
2	Harmari Robins	F	10	606	832-692-8429
3	Chance Robins	M	8	606	832-692-8449
4					
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Callingham Park Birthday 9/24/17

Renewal i Mose In Celebration

12pm to 2pm

	Name/Llamar (Please print/ Por favor escriba)	SEX	AGE	APT.#	TELEPHONE #
1	Water Livingston	F	52	105	281-564-0949
2	RONALD A LIVINGSTON SR	M	49	105	281-564-0949
3	Brianna Jordan	F	14	1708	---
4	Angel Nnebechukwu	F	8	1612	832-983-1534
5	Y Diamond Lockhart	F	16	1612	832-983-1534
6	Prince Nnebechukwu	M	5	1612	832-983-1534
7	Gemsha Williams	F	16	1407	
8	William Cain	M	11	140	
9	Sean Scott	M	18	1407	
10	Jackie Durr	M	11m	1407	
11	Ronald Livingston Jr.	M	23	105	
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OCTOBER



events

Oct. 1, 8, 15, 22 & 29 - **Meet & Greet** for all at 10:00 AM — 11:30 AM. **VISITS** Your CARES Team welcomes new residents to Collingham Park Community. We want to know what you need! This is a courtesy visit & an opportunity to voice any needs or concerns you may have.

Oct. 3, 10, 17, 24 & 31 - **Resident Req'd Bible Study** For all from 7:30 - 8:30 PM. Come for an exciting time of fellowship with your neighbors!

Oct. 14 - **Hot Dog Day** The whole family is invited to this awesome event sponsored by "On Track Ministries" and your CARES Team at 11 AM until all is gone.

Oct. 27 - **Scary Movie Night** The kids and teens are invited to come to this event with the Staff & CARES Team from 7 - 9 PM.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Meet & Greet Visits 1	2	Res. Req. Bible Study 3	4	5	6	7
Meet & Greet Visits 8	9	Res. Req. Bible Study 10	11	12	13	Hot Dog Day 14
Meet & Greet Visits 15	16	Res. Req. Bible Study 17	18	19	20	21
Meet & Greet Visits 22	23	Res. Req. Bible Study 24	25	26	Scary Movie Night 27	28
Meet & Greet Visits 29	30	Res. Req. Bible Study 31	Treats Pickup			

Oct. 27 - **B-Day Celebration/Move-In/Renewal Party** - If your birthday is in October, just Moved-In or Renewed your Lease this MONTH, come to the office and celebrate your special day from 7 - 9 PM.

Oct. 31 - **Treats Pickup** - Come and pickup a bag of treats! (3PM - 5PM in Leasing Office.)

Collingham Park
10800 Kipp Way Dr.
Houston, TX 77099
collinghampark.com

Leasing Office: 713-474-5500
Police/Fire/Medic: 911
Ron & Uater Livingston
281-564-0949
collinghamcares@juno.com



CARES



[Print Message](#) | [Close](#)

From : Mindie Graves <MindieGraves@apartmentlife.org>
 To : 'Ramona Whitaker' <collingham@allied-orion.com>
 Cc : 'LaLlea Lucas' <llucas@allied-orion.com>, "'collinghamcares@juno.com'" <collinghamcares@juno.com>
 Subject : CARES Summary Report for Ron & Uater Livingston: October 2017
 Date : Tue, Nov 07, 2017 10:02 AM
 Attachment(s) : 2 file(s)/document(s) | Total File Size: 1.9M

Hi Ramona,

Did you know that the CARES Program hosts over 15,000 events per year, touching nearly 4 million residents? CARES grew out of one apartment community, and now, we actively serve over 400 communities nationwide. As the Thanksgiving holiday approaches, we wish to express our thankfulness to you for choosing CARES! Thank you for entrusting CARES to enhance the resident experience at Collingham Park, and for not only acting as our clients but, also, our friends – and sometimes, even family! Happy Thanksgiving to you, and yours!

Be sure to take a look at how Ron & Uater Livingston are partnering with you at Collingham Park to create a culture of connectedness!

October Highlight

During the Scary Movie Night one of the kid's grandmothers came to check on him. She gave Uater a hug and thanked us for always thinking of something nice, safe and fun for everyone to come to.

Below is an example of community in action at Collingham Park:






Would you like to unsubscribe? <http://www.apartmentlife.org/Unsubscribe.aspx>


What a fun fall month! Can't wait to see what the holiday season brings,

Mindie Graves
CARES
Program Director | Houston

855.685.2963 Ext. 327 | Fax 817.953.6868

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CARES SUMMARY

Collingham Park • Ron & Uater Livingston • October 2017



CARES SUMMARY

WELCOME

How satisfied were you with your move-in experience?

Average Satisfaction Score:

Total # Move-Ins:

Total # Attempted:

Total Scores Received:

Average Satisfaction

RENEW

Average Satisfaction Score: 4.44

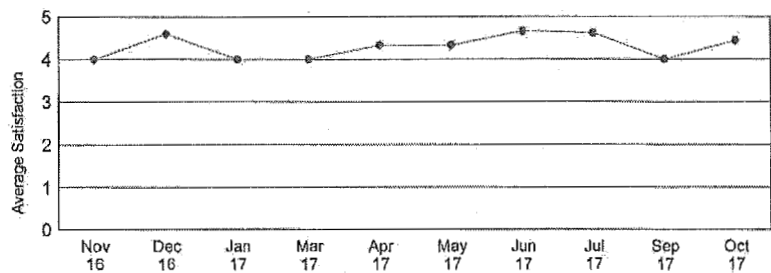
Satisfaction Scores At or Above 4: 7

Total # Renewal Potential: 11

Total # Attempted: 10

Total Scores Received: 9

How satisfied are you with your living experience in this community?



COMMUNITY IN ACTION



The whole family was invited for an awesome (Not so) Scary Movie Night. Jim and Eunice CARES Team from The Ranch at Sienna volunteered their popcorn machine which really made it smell like a theater! Everyone enjoyed the movie, popcorn, juice and candy.

HIGHLIGHT OF THE MONTH

During the Scary Movie Night one of the kid's grandmothers came to check on him. She gave Uater a hug and thanked us for always thinking of something nice, safe and fun for everyone to come to.

CARES SUMMARY

WELCOME

Research shows a strong correlation between move-in satisfaction and retention. CARES Teams personally reach out to 100% of new residents to welcome them, help them get acquainted with the community, and invite them to the next community event to meet neighbors. If the resident engages, the CARES Team will also ask about their move-in experience and get a satisfaction rating - notifying Management immediately via Retention Alerts™ if the satisfaction score is below a designated threshold. has selected a welcome visit satisfaction threshold of , so an automatic Retention Alert™ email was sent for any score below .

Unit #	Resident Name	Score	Resident Satisfaction Comments
--------	---------------	-------	--------------------------------

RENEW

CARES Teams help you maximize renewals by reaching out to 100% of residents prior to renewal to assess satisfaction and uncover any threats to their decision to stay. Over 90% of apartments are vacated with their unreported concerns! Daily Retention Alerts™ and monthly trend reports allow quick intervention to save renewals at risk. Collingham Park has selected a renewal visit satisfaction threshold of 4.0, so an automatic Retention Alert™ email was sent for any score below 4.0.

Unit #	Resident Name	Score	Resident Satisfaction Comments
510	Ramon Farias	4.00	Ramon said he was satisfied with his living experience.
606	Kimberly Richard	3.00	Kimberly said she was not satisfied with her living experience here at Collingham Park. Her reason(s) were as follows: front porch light out and kitchen drawer needs repairing.
1307	Armida Jimenez	5.00	Armida said she was very satisfied with her living experience.
1807	Tamiesha Bennett	5.00	Tamiesha said she was very satisfied with her living experience.
304	Joyce Lopez	5.00	Joyce said she was very satisfied with her living experience.
306	Gabriela Garcia	5.00	Gabriela said she was very satisfied with her living experience.
807	Julio Ruiz	5.00	Julio said he was very satisfied with his living experience.
1006	Humberto Rivera	3.00	We spoke with Humberto's wife; she said there was only one concern with her living experience here at Collingham Park. Her reason(s) were as follows: HVAC leaking and creating a spot that's getting bigger in the dinning room.
2003	Erika Eugene	5.00	Erika said she was very satisfied with her living experience.

Residents in the following unit(s) elected not to engage with the CARES Team to provide a satisfaction rating: 1410

CARES SUMMARY

CONNECT

Increasing residents' friendships in the apartment community almost doubles their likelihood to renew! CARES Teams help residents connect and cultivate friendships by planning fun social activities, small groups around common interests, and resident appreciation events. The following are details from the community events organized in October. Based on the services selected, the CARES Team plans up to 3 community events per month. To allow more interaction with your residents, your team recruited **24 volunteers** this month to help with behind the scenes activities.

Event Name: Hot Dog Day

of Attendees: 40

Description: Hot Dog Day The whole family was invited to this awesome event sponsored by "On Track Ministries" and your CARES Team. Our Hot Dog Day turned into a "FREE GROCERY GIVE AWAY"! Everyone was excited about the Hot Dogs but was more grateful for the groceries donated. Everyone thanked us and the seven volunteers for doing what we do!



Event Name: Scary Movie Night

of Attendees: 30

Description: The whole family was invited for an awesome (Not so) Scary Movie Night. Jim and Eunice CARES Team from The Ranch at Sienna volunteered their popcorn machine which really made it smell like a theater! Everyone enjoyed the movie, popcorn, juice and candy.

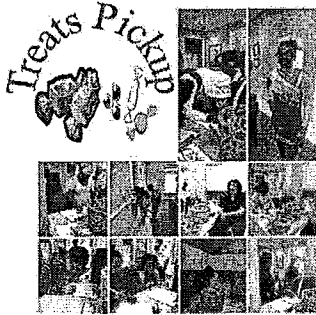


CARES SUMMARY

Event Name: Treats Pickup

of Attendees: 70

Description: Wow parents and kids walked in the rain to come to the Leasing Office for this tasty event. Uater and her sister Othella passed out treats to all our neighbors who joyfully participated.



CARES SUMMARY

CARE

The Care aspect of the program is designed to meet the life needs of residents and provide additional support to the staff. Resident Care includes providing a caring touch during times such as life transitions, job loss, the birth of a baby, etc., which can be critical times in the life of a resident and ultimately affect their housing decisions. Similarly, Staff Care includes providing practical encouragement during busy times, holidays, birthdays for the office staff, etc. This support can include bringing treats to the staff on a busy holiday weekend or helping flyer the community for a leasing event. These actions have been shown to increase overall job satisfaction among staff members and foster increased positive communication between the staff and the CARES Team. The number of residents/staff listed for Care activities is typically low because 'care' usually occurs in a one-on-one setting between the team and a single resident/ family in need or a few staff members.

Date	# of People	Summary
10/1/17	250	Ron and our wonderful teen volunteers passed out October calendars for our neighbors.
10/14/17	1	Ms. Reed of unit # 403 knocked on our door. She shared someone has been trying to break into her unit by pushing on her front door. Not only her unit but unit numbers 402 and 401 as well. We asked if she reported the incident to the Leasing Office as well as called HPD. Ms. Reed said she did but she would like to know if we could schedule another community meeting to discuss matters like this.
10/14/17	6	Uater and I left groceries in the Leasing Office for our wonderful staff from our HOT DOG DAY/ FREE GROCERIES GIVEAWAY! All the Staff members who took groceries home thanked us for the kind gesture.
10/21/17	4	Ron was taking his Saturday morning walk when he noticed our neighbors of unit 2102 moving out. He went over to say good bye and tell them we will miss them. They replied with huge hugs and thanked us for everything we do for the community and added we are doing a good job don't stop.
10/23/17	6	Uater and I straightened lobby and kitchen area.
10/27/17	1	During the Scary Movie Night one of the kid's grandmothers came to check on him. She gave Uater a hug and thanked us for always thinking of something nice, safe and fun for everyone to come to.
10/29/17	3	Uater and I talked to three different residents- Cynthia, Lashonda and Mildred. They were having a rough day and needed a shoulder to cry on and listening ears. We encouraged them that things will get better. They all thanked us for listening and being good neighbors.
10/31/17	1	Uater cleaned the lobby and kitchen and restocked snacks for the staff.

CARES SUMMARY

RETENTION ALERT

The following are details about all the Retention Alerts™ that were sent or followed up on during the month of October.

Resident Name: Humberto Rivera **Visit Date:** 10/22/17
Unit #: 1006 **Score:** 3.00
Resident Comments: We spoke with Humberto's wife; she said there was only one concern with her living experience here at Collingham Park. Her reason(s) were as follows: HVAC leaking and creating a spot that's getting bigger in the dining room.

Resident Name: Kimberly Richard **Visit Date:** 10/22/17
Unit #: 606 **Score:** 3.00
Resident Comments: Kimberly said she was not satisfied with her living experience here at Collingham Park. Her reason(s) were as follows: front porch light out and kitchen drawer needs repairing.

ONLINE REPUTATION

Your CARES Team is not currently providing Online Reputation Management services.

This month, we spoke with 10 residents about posting online reviews.



Check Request Form

Property: Collingham Park Apartments

CARES Team: Ronald & Uater Livingston

GL Account Code: 740 - 600

Amount Requested: \$100.00

Date Requested: October 10, 2017

Funds Allocated For: October 2017 CARES Team Activities

If Check - Payable To: Ramona Whitaker

Manager Approval Ramona Whitaker

Other Approval _____

Amount Given: \$100.00

Ramona Whitaker

(PRINT NAME)

Ramona Whitaker

(SIGNATURE PLEASE)

Date Given: 10/20/17

Amount Received: \$100.00

RONALD A. LIVINGSTON SR.

(PRINT NAME)

Ronald A. Livingston Sr.

(SIGNATURE PLEASE)

Date Received: 10/20/17



APARTMENT LIFE, INC. CARES COMMUNITY EXPENSE REPORT

Property Name: Collingham Park
CARES Team: Ronald & Uater Livingston
Date Submitted: 10/25/2017

Account #: 740 - 600
\$ given to CARES Team \$100.00 \$ returned to property manager \$ 0.04

							Totals	Group Totals
ADMINISTRATION	Insert date							
OFFICE SUPPLIES								
OTHER								
TOTAL								
COMMUNITY ACTIVITIES	Insert date	10/21/17	10/21/17	10/22/17	10/23/17	10/23/17		
BREAKFAST								
SNACKS		\$46.42	\$4.85	\$3.61	\$3.96	\$41.12	\$99.96	
SUPPLIES/OTHER								
TOTAL		\$46.42	\$4.85	\$3.61	\$3.96	\$41.12	\$99.96	
BECAUSE WE CARE	Insert date							
SUPPLIES								
GIFTS								
OTHER								
TOTAL								99.96
WELCOME VISITS	Insert date							
SUPPLIES								
GIFTS								
OTHER								
TOTAL								
RESIDENT CARE	Insert date							
CARDS								
GIFTS								
OTHER								
TOTAL								
RESIDENT APPRECIATION	Insert date							
SUPPLIES								
GIFTS								
OTHER								
TOTAL								
MISC. EXPENSES	Insert date							
MISC.....								
MISC.....								
TOTAL MISCELLANEOUS								
TOTAL OF ALL EXPENSES (Prepared)							99.96	

Attach Receipts

Ramona Winkler
Property Manager

Ronald Livingston Sr.
CARES Team
Uater Livingston
(Aurora)

See back of receipt for your chance to win \$1000

ID #: 7L2HT214RLSH

Walmart

Save money. Live better.

(281) 568 - 3710
MANAGER BASSEL ABOUTANA
9460 W SAN HOUSTON PKWY S
HOUSTON TX 77099
STM 03302 OPH 002953 TEH 09 TRN 06489
FOAM CUPS 007874201449 0.77 0
REDUCED TO CLEAR WAS 3.40
B. SUCET PD 007874211364 F 1.04 0
REDUCED TO CLEAR WAS 2.50
CONCHAS 007874290097 F 1.00 0
SUBTOTAL 3.61
TOTAL 3.61
CASH TEND 3.61
CHANGE DUE 0.00
ITEMS SOLD 3

TCN 5298 7354 0098 1790 5666



Low Prices You Can Trust. Every Day.
10/22/17 08:54:23

Store receipts on your phone. Walmart Pay.



*Callingham
Parks
October
Events
supplies
H*

BALLOON 'N NOVELTY

Order #1-782

Oct 23, 2017, 6:50 PM

Sale

Served by Crystal

Transaction #2073440110231713777

1 x POPCORN CASE 38CT/6OZ	37.99 T
Subtotal	37.99
Tax	3.13
Total	41.12
Cash	45.12
Change	4.00

4811 S MAIN ST. SUITE #1
STAFFORD, TX 77477
United States
(281) 240 0788
balloon-n-novelty@hotmail.com

www.balloon-n-novelty.com

Refunds allowed with receipt and within 30 days of purchase on unopened packages only. No refunds allowed on special orders, seasonal or sale items.

See back of receipt for your chance to win \$1000

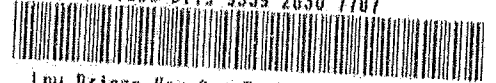
ID #: 7L2HP214RFD2

Walmart

Save money. Live better.

(281) 568 - 3710
MANAGER BASSEL ABOUTANA
9460 W SAN HOUSTON PKWY S
HOUSTON TX 77099
STM 03302 OPH 004452 TEH 13 TRN 01293
CELLO BAG 001117997552 0.97 0
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CELLO BAG 001117997552 0.97 0
CELLO BAG 001117997552 0.97 0
SUBTOTAL 4.85
TOTAL 4.85
CASH TEND 5.00
CHANGE DUE 0.15
ITEMS SOLD 5

TCN 7836 5719 9559 2630 7787



Low Prices You Can Trust. Every Day.
10/21/17 19:14:02
Store receipts on your phone. Walmart Pay.



See back of receipt for your chance to win \$1000

ID #: 7L2HYX14RD70

Walmart

Save money. Live better.

(281) 568 - 3710
MANAGER BASSEL ABOUTANA
9460 W SAN HOUSTON PKWY S
HOUSTON TX 77099
STM 03302 OPH 004212 TEH 59 TRN 00204
GV CK CCP DR 007874209051 F 1.98 0
GV 11.9 OZ 007874205625 F 1.98 0
SUBTOTAL 3.96
TOTAL 3.96
CASH TEND 4.00
CHANGE DUE 0.04
ITEMS SOLD 2

TCN 6257 9537 7547 0253 3888



Low Prices You Can Trust. Every Day.
10/23/17 18:23:55
Store receipts on your phone. Walmart Pay.





CLUB MANAGER CARLOS UPSON
(281) 295 - 2600
STAFFORD, TX

10/21/17 18:31 4287 08246 005 3486

RONALD

E	980037525	MARS BAT BAF	23.48	T
E	687711	MINIATURES F	12.48	T
E	214574	LITTLE HUGSF	6.92	T
		SUBTOTAL	42.88	
	TAX 1	8.250 %	3.54	
		TOTAL	46.42	
		CASH TEND	60.00	
		CHANGE DUE	13.58	

Visit samsclub.com to see your savings

ITEMS SOLD 3

TC# 0667 9137 7652 0766 4127



Happy to Help

*Collingham
Park's October 2017
Events Supplies
H*



Free Groceries Give Away!

Date: 10/14/17
11am

COLLINGHAM PARK HOT DOG DAY
Sign-In Sheet

	Name (Please Print)	SEX	AGE	APT.#	PHONE #
1	Ronald Livingston Sr.	M	49	105	281-564-0949
2					
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4	* Pictures attached for event *				
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Hotdog Days event



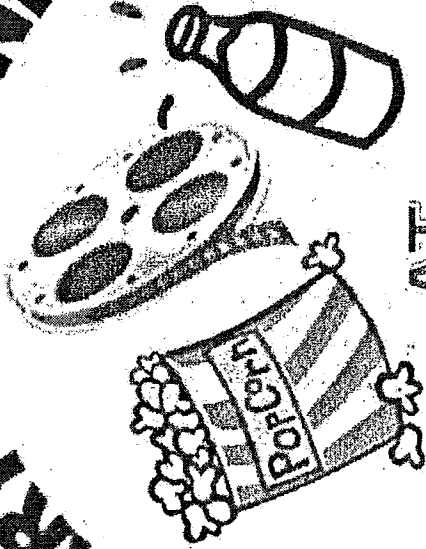
Free Groceries Giveaway



Hot Dog Day Event & Free Groceries



SCARY MOVIE NIGHT



AT

COLLINGHAM PARK

WHERE: LEASING OFFICE

TIME: 7:00 PM - 9:00 PM



W I D E S C R E E N
Walt Disney
E D D I E M U R P H Y

the Haunted Mansion





COLLINGHAM PARK
 SCARY MOVIE NIGHT/Resident
 Birthday/Move-In/Renewal Party

10/27/17
 DATE
 4pm to
 9pm

	Name (Please Print)	Sex	APT.#	PHONE#
1	RONALD A. LIVINGSTON SR	M	49	281-564-0949
2	GENISA	F	1407	
3	CHRIS	M	2112	
4	BONALD	M	1009	
5	SHANIYA	F	2004	
6	JAYIN	M	2008	
7	AAYANA	F	2008	
8	AMYRON Ya boi	M	1606	
9	KRISTIANA FIELDS	F	2004	
10	TIPHANIE SWAIN	F	2006	
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COLLINGHAM PARK

SCARY MOVIE NIGHT/Resident

Birthday/Move-In/Renewal Party

10/27/17
DATE

7pm to 9pm

	Name (Please Print)	Sex	APT.#	PHONE#
1	Uater Livingston	F	105	281564-0949
2	Willie Carr	M	1401	
3	William	M	1401	
4	Lele Lockhart	F	1602	_____
5	Erica	F	2010	
6	Victory Etimonu	F	505	
7	Alexandra Jimenez	F	2109	88
8	Teard Milledar	M	1406	
9	Jance Durr	F	1401	
10	DAnice Alexander	M	2112	
11	Jeremy Collier			
12	Angel Nwabechukwu			
13	Brianna Jordan	F	1702	_____
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COLLINGHAM PARK

10/31/17
DATE

TREATS PICK-UP

3pm to 5pm

	Name (Please Print)	Sex	APT.#	PHONE#
1	Water Sweater	F	105	281-564-0949
2	MaKayla HARRIS	F	907	
3	Natalia HARRIS	F	907	
4	Kenneth HARRIS	M	907	
5	Ta'Liyah	F	907	
6	Kennedy		907	
7	Aa'Nyah	F	907	
8	Jeremy Colbert	M	907	
9	Ronald Smith	M	2112	
10	George George	M	1002	
(B) 11	Brianna Agreda, maria mendoza, gionovan	F/F	1505	832-273-9179
12	Chris Griggs	M	2112	
+ 2 13	Ashlee Valiev (2) Amon Valier Aubry Vaughns	F	201	331-485-8267
14	Yneisha Thompson	F	1002	832-474-6786
15	Asia Thumason	F	1012	✓
16	Yneisha Thumason	F	1012	✓
17	Emaree Smith	M	1302	991-1302
(A) 18	Patrice WABA JAYDEN W	FM	1109	932-776-6154
19	LAURA	F	2104	
20	Nancee Odinma I	F	2104	
21	Esther	I	611	317-531-99-25
22	Jacob Jonivsen	M	412	
23	Jodcei			
24	Juliana Cartagena	F	1704	
25	Alejandro Cartagena	M	1704	
26	Shaniya W	F	1004	
27	Aaliyah Jones	F	301	
28	Devin Lewis	M	1010	
29	Karreil Lewis	F		
30	Kenneth Harris			

(Pg 1)



COLLINGHAM PARK

TREATS PICK-UP

10/31/17
DATE

3pm to 5pm

	Name (Please Print)	Sex	APT.#	PHONE#
1	Ma'Kayla Harris	F	907	on pg 1
2	Aaliyah Wil	F	1606	
3	Amyron Wil	M	1606	
4	Janyah Jones	F		
5	Jordan Jones	M		
6	ade	M	611	317-531-9985
7	Genisha Williams	F	1401	
8	Jache	M	1401	
9	Chance Robins	M	606	832-692-8419
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Pg 2



COLLINGHAM PARK

TREATS PICK-UP

10/31/17
DATE
3pm to
5pm

	Name (Please Print)	Sex	APT.#	PHONE#
1	Da'JUAN LEE RUSSELL	M	212	
2	Dacia White	F	207	
3	Chella May	F	105	Victor
4	Noel Bahagás	M		
5	Smone Dillard 2	F	2011	832 908 1185
6	Terrance Carroll	M	2011	same T
7	Joy HENDERSON	F	412	781 840 8886
8	Ronald Livingston JR.	M	105	281-584-0949
9	CHRISTIAN Berry J	F	1104	281 988 6222
10	JORDIN VAUGHN	F	1104	11
11	Lewis Stanley 3	M	1405	
12	Iwan Irving	M	1412	713-866-0529
13	Shalmyra	F	1412	713-566-0825
14	Mekailah Alexander	F	601	
15	Amarie Irving	F	701	
16	JAYLAN AUGUSTINE	M	107	
17	Farag Abeyemi	M	1310	
18	Latifah Abeyemi	F	1310	
19	Yvonne BOSS	F	1304	
20	Emmanuel BOSS (son)	M	1304	
21	Marial Franklin	F	902	632-290-0208
22	William Cain	M	1401	
23	Willie Cain	M	1401	
24	Vannessa Villarreal	F	408	713 539 7545
25				
26				
27				
28				
29				
30				

pg 3

Collingham Park
 713-474-5500
 10800 Kipp Way Dr.
 Houston, TX 77099
 collinghampark.com

November 2017

Events

Nov. 5, 12, 19 & 26 – **MEET & GREET** for all at 10:00 AM — 11:30 AM. **VISITS** Your CARES Team welcomes new residents to Collingham Park Community. We want to know what you need! This is a courtesy visit & an opportunity to voice any needs or concerns you may have.

Nov. 7, 14, 21 & 28 – **RESIDENT REQUESTED BIBLE STUDY** for all at 7:30 PM—8:30 PM. Come for an exciting time of fellowship with your neighbors!

Nov. 10 – **COMMUNITY MEETING** from 6:30 — 7:30PM

Nov. 11 - **KIDS CLUB/ CRITICAL POINT** Parents, your kids will receive homework help, enjoy arts & crafts, games and more. **KIDS CLUB** (ages 4-11) from 5 PM—6 PM & **CRITICAL POINT (AGES 12-18)** from 6PM —7 PM in the Business Center. Parents, Fitness Center will be open 6-7 PM during this time!

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
Meet & Greet Visits	5 Fall Back Time	6	7 Res. Req. Bible Study	8	9	10 COMMUNITY MEETING
Meet & Greet Visits	12	13	14 Res. Req. Bible Study	15	16	17
Meet & Greet Visits	19	20	21 Res. Req. Bible Study	22	23 	24
Meet & Greet Visits	26	27	28 Res. Req. Bible Study	29	30	31
						11
						18 GIVE THANKS DINNER

Nov. 18 – **COLLINGHAM PARK 12th ANNUAL GIVE THANKS DINNER** – The whole family is invited to come to this event. Also if your birthday is in November, just Moved-In or Renewed your Lease this MONTH, please come to the office and celebrate your special day with your CARES Team and neighbors from 6 PM –8 PM.



ORION
 REAL ESTATE SERVICES, INC.

Ron & Uater Livingston
 281-564-0949
 collinghamcares@juno.com

