Fern Lodge

a human good community

Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at Fern Lodge. Fern Lodge provides housing for senior households that have at least one household member age 62 or older at time of application. Additionally, the total annual income of the household must fall under the maximum income limit for the community, as determined by HUD. All information requested in the application packet must be completed. Incomplete applications will not be considered. If the information requested does not apply to you, please indicate by using "N/A" for not applicable. This will tell us that you understand the requested information and you did not intentionally leave it blank. If you make a mistake or typo, please draw a single line through the error(s) and initial the change(s). Please do not use whiteout to correct the errors.

Please check that you have completed, signed, and returned the following forms:

- Application for Housing
- HUD-92006 Emergency Contact Information Form
- HUD-27061-H Race and Ethnicity Data Forms (complete one for each household member)

Once the application is received, it will be determined whether you preliminarily qualify to be placed on the waiting list. If you do not qualify, you will be notified in writing. Please remember to notify us, in writing, if your information changes (contact information, income information, etc.). We update our waiting list once per year. If you don't respond to us whether or not you still want your name to remain on the waiting list, you will be removed from our waiting list.

The apartments are offered as they become available. As your name reaches the top of the waiting list, you will be required to come in for an interview. At that time, you will be asked to sign the authorization forms which allows our staff to further verify your age, income, assets, allowances, criminal history, sex offender status, credit history and landlord references.

Should you require a reasonable accommodation based on a disability to afford you an equal opportunity to participate in this housing opportunity, please contact the management office at the address below or phone/TDD so that we can consider your request for reasonable accommodation.

Sincerely,

Fern Lodge Community Management

Fern Lodge does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements in Section 504 of the HUD Regulations and can be contacted at 516 Burchett St., Glendale, CA 91203; telephone 818.638.4546; TDD 711; SoCalsection504@humangood.org.

Fern Lodge
a human good community
460 E. Fern Avenue
Redlands, CA 92373
Phone: (909) 335-3077 TDD 711
Fax: (909) 335-3070
E-mail: FLG-Administrator@HumanGood.org
Web: www.HumanGood.org

For Office Use Only

Date/Time Received: _____

Application/Wait List #: _____

☐ Updated Application (office use only)

APPLICATION FOR HOUSING

Part I. Applicant (Head of Household)/Co-applicant Information

APPLICANT (HEAD OF HOUSEHOLD)

First Name: Middle Initial: Last Name:

Present Address: City: State: Zip Code:

Mailing Address (if different): City: State: Zip Code:

Home Phone: ( )_____ Work Phone: ( )_____ Cell Phone: ( )_____

Social Security #: _____ Date of Birth: _____

Email Address: _____

Sex: ☐ F ☐M ☐ Prefer not to disclose

CO-APPLICANT

First Name: Middle Initial: Last Name:

Social Security #: _____ Date of Birth: _____

Relationship to Applicant: _____ Cell Phone: _____

Email Address: _____

Sex: ☐ F ☐M ☐ Prefer not to disclose

Part II. General Questionnaire

1. Have you or any adult member of your household ever been evicted? Yes ☐ No ☐ If yes, when? Explain.

2. Have you or any adult member of your household ever been convicted of a misdemeanor or felony? Yes ☐ No ☐
If yes, when? Explain.

3. Are you or any adult member of your household required to register as a sex offender including who is subject to a lifetime sex offender registration requirement in any state? Yes ☐ No ☐
If yes, list state and county of registration:

4. Do you or any adult member of your household currently use any illegal drug or other illegal controlled substance?
Yes ☐ No ☐ If yes, please explain:

5. Do you expect changes to your household size within the next 12 months? Yes ☐ No ☐ If yes, please provide name.

6. Is there a live-in aide who will be residing with you in the unit? Yes ☐ No ☐ If yes, please provide name.

7. How did you hear about this housing opportunity?

8. Do you have any animals? Yes ☐ No ☐ If yes, please list:

9. Do you own a car? Yes ☐ No ☐ If yes, please list:

10. Are you an U.S. military veteran? Yes ☐ No ☐

Which Branch? ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

Part III. Housing References – Please list current and previous landlords for the last five years.

Address of Present Residence:

Present Landlord Name:	Landlord Telephone: ( )	Fax: ( )
Present Landlord Mailing Address:	City, State:	Zip Code:
Monthly rent: $	# of bedrooms: 1 2 3 4 5	Is your rent subsidized? YES NO	Rent ☐ Own ☐
How long have you lived at this address? _____Years _____Months	Reason for wanting to move?	

Is there anyone living with you now that will not be moving with you to this property? YES NO If yes, who? And why?

If you have lived at your current address less than five years, what was your previous address?
Previous Address:

Name of previous Landlord:	Landlord Telephone: ( )	Fax: ( )
Previous Landlord Mailing Address:	City, State:	Zip Code:
Monthly rent: $	How long have you lived at this address? _____Years _____Months	Reason for moving?

If you lived in the above two housing situations for less that 5 years, where did you live?
Previous Address:

Name of previous Landlord:	Landlord Telephone: ( )	Fax: ( )
Previous Landlord Mailing Address:	City, State:	Zip Code:
Monthly rent: $	How long have you lived at this address? _____Years _____Months	Reason for moving?

List all states in which all household members have resided since:

Part IV. Income Information

Current Income (Employment Sources)

List all full and/or part-time employment income for all household members.

(Include self-employment gross earnings and net taxable earnings)

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
1.		_____ _____ _____		Monthly: $ _____ Hours per week: _____ Hourly rate: $_____
Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
2.		_____ _____ _____		Monthly: $ _____ Hours per week: _____ Hourly rate: $_____
Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
3.		_____ _____ _____		Monthly: $ _____ Hours per week: _____ Hourly rate: $_____
Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
4.		_____ _____ _____		Monthly: $ _____ Hours per week: _____ Hourly rate: $_____

Other Sources of Income

(examples: list all public assistance, social security, S.S.I., pension, retirement, disability compensation, unemployment compensation, veterans benefits, insurance policies, interest income, babysitting, care-taking allowance, alimony, child support, annuities, trusts, dividends, regular contributions, scholarships, grants, armed forces)

Full Name	Type of Income	Amount	
		$	Per
Full Name	Type of Income	Amount	
		$	Per
Full Name	Type of Income	Amount	
		$	Per
Full Name	Type of Income	Amount	
		$	Per

Part V. Asset Information

Assets – include checking and savings accounts, equity in real property, stocks, bonds, and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write "none" in the space.

Checking Account – Name of Bank	**Savings account** – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: $	Cash Value /Balance: $
Other Account – Name of Bank	**Other Account** – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: $	Cash Value /Balance: $
401K/403B/IRA	**Other Account** – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: $	Cash Value /Balance: $
Stocks and Bonds Value: $	**Savings Bond Value:** $

Do you own Real Estate or Real Property? If yes, where? What is the current value?
Yes ☐ No ☐

Have you ever owned Real Estate or Real Property? If yes, when? Where? When Sold? How Much?
Yes ☐ No ☐

Have you or any adult member of your household disposed of any assets within the last 2 years for less than fair market value? Yes ☐ No ☐ If yes, what was disposed and for how much?

_____

Part VI. Program Information

1. Are you or any member of your household disabled? Yes ☐ No ☐

_____

2. Do you require a unit with accessible features for persons with disabilities? Yes ☐ No ☐ If yes, what features:

_____ Mobility Impairment _____ Visual Impairment _____ Hearing Impairment _____ Other

3. Do you require a reasonable accommodation due to a disability that requires changes to our rules, policies, procedure or physical modification(s) to the dwelling unit or common areas? Yes ☐ No ☐ If yes, please describe your needs:

_____

4. Do you currently hold a Section 8 voucher? Yes ☐ No ☐ If so from what county?

_____

Part VII. Allowances

Yes	No	
☐	☐	Do you have any out-of-pocket childcare expenses? If yes, how much do you pay per month? $_____
☐	☐	Are there any household members over the age of 18 that is a student? If yes, please list: Name _____ PT☐ FT☐ Name _____ PT☐ FT☐
☐	☐	Are you covered by any medical insurance? If yes, how much are your monthly premiums? $_____ o Medi-Cal o Medicare o Blue Cross o Kaiser o AARP o Other _____
☐	☐	Do you or any household member have any medical expenses including prescription drug, vision and dental expenses not covered by insurance? If yes, how much do you anticipate paying out-of-pocket per month? $_____
☐	☐	Do you have any anticipated medical expenses that are NOT covered by insurance? If yes, How much per month? $_____
☐	☐	Do you anticipate any major dental, vision, or hearing-aid expenses in the coming year that are not covered by insurance? If yes, how much do you anticipate spending out of pocket next year? $_____
☐	☐	If you or your co-head or spouse is employed, do you anticipate expenses in the COMING year, for the cost of a care attendant for you or your spouse as a handicapped or disabled person as defined by HUD? (If yes proof of actual expenses are required) If yes, How much do anticipate out-of-pocket per month? $_____

I understand that Fern Lodge is a Smoke-Free Community. I understand that smoking is prohibited anywhere on the property. Yes [ ] No [ ]

I/We certify the above information to be true and correct to the best of my/our knowledge. I/We authorize verification of age, income, assets, allowances, credit history, rental history, criminal background, registered sex offender status, eviction and landlord references. I/We understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of $10,000.00 and five years imprisonment. **WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States:**

Head of Household Signature	Date
Co-Applicant Signature	Date

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. A FINAL DETERMINATION OF ELIGIBILITY WILL NOT BE MADE UNTIL INFORMATION IS VERIFIED. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.

Return Application to the following address:

Fern Lodge
460 E. Fern Avenue
Redlands, CA 92373

EQUAL HOUSING OPPORTUNITY

Fern Lodge does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements contained in Section 504 of the HUD Regulations and can be contacted via e-mail at Section504Coordinator@HumanGood.org or at 1900 Huntington Drive Duarte, CA 91010, Telephone 1-925-924-7294 TDD 711.

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Fern Lodge	143-EE019	460 E. Fern Ave. Redlands, CA 92373
Name of Property	**Project No.**	**Address of Property**

Redlands Senior Housing Two, Inc. / HumanGood Affordable Housing 202/PRAC

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy)**:** _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

_____ _____

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, 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 information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

form HUD-27061-H (9/2003)

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Fern Lodge	143-EE019	460 E. Fern Ave. Redlands, CA 92373
Name of Property	**Project No.**	**Address of Property**

Redlands Senior Housing Two, Inc. / HumanGood Affordable Housing 202/PRAC

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy)**:** _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

_____ _____

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, 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 information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

form HUD-27061-H (9/2003)

APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS… IS FRAUD WORTH IT?

Do You Realize…

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to $10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know…

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(**Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

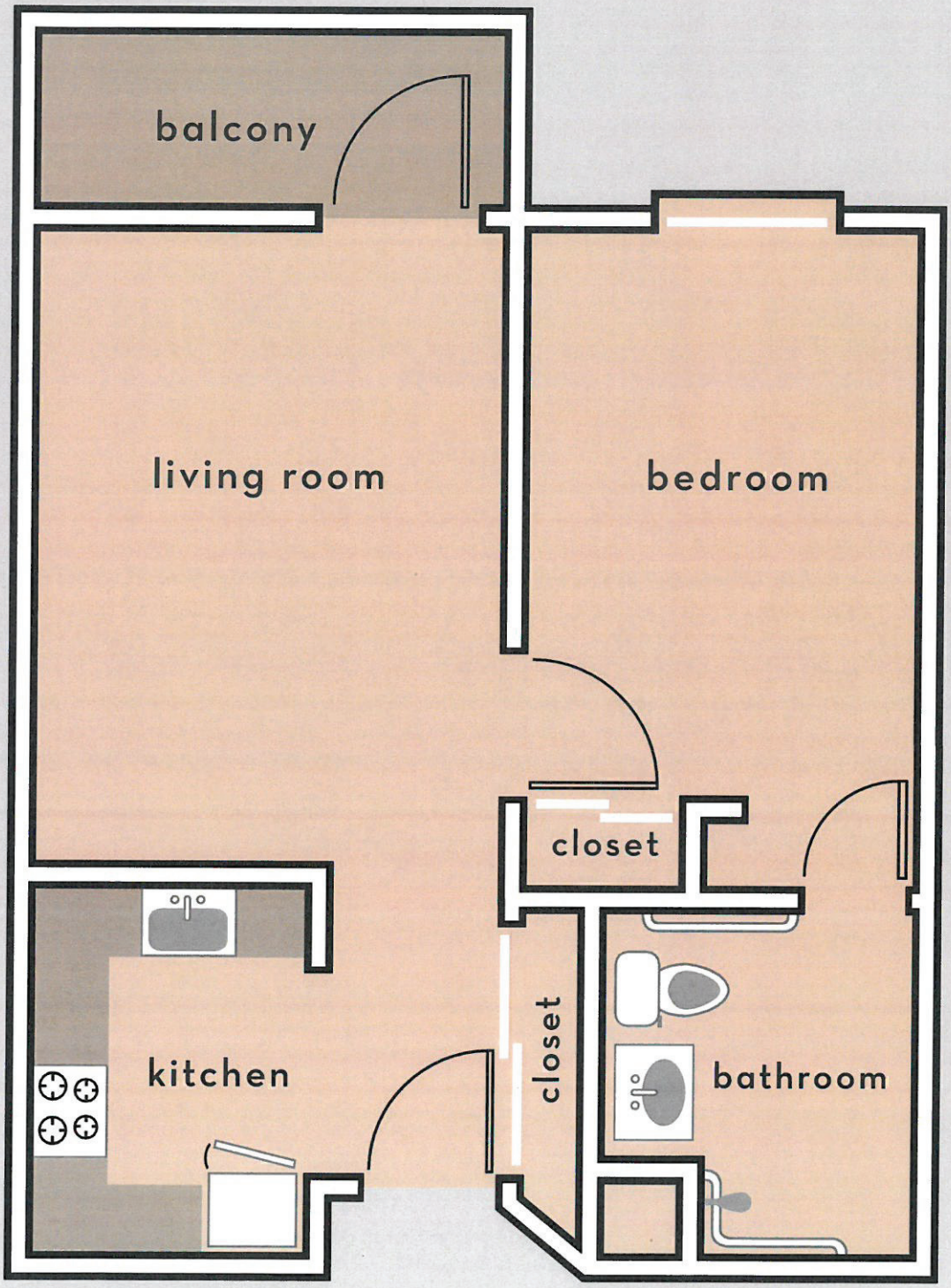
HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

FERN LODGE

AN ABHOW COMMUNITY

FERN LODGE

Typical One Bedroom Floor Plan



All dimensions are approximate. Actual unit plans may differ slightly from the plans shown. This plan is a representation of a typical plan, individual plans differ significantly from floor to floor. Plans, materials and specifications are based on availability and are subject to change without notice. Architectural, structural and other revisions may be made as they are deemed necessary by the developer, builder, architect, or as may be required by law.