

Dear Applicant:

Thank you for your interest in our community. Enclosed you will find a copy of our qualification standards and an application package.

The following information will be needed as part of the processing procedure.

1. Only one (1) application per household. All occupants must be listed on the application and all questions answered.
2. A criminal, sex offender and credit check is required on all persons 18 years of age and over.
3. All persons age 18 and over must sign all required forms, including the lease, regardless of their status (head of household, co-head, minor, etc.).
4. Copies of photo identification (driver's license) are required on all occupants age 18 and older. Copies of social security cards and birth certificates are needed for all household members.
5. If both birth parents will not reside in the household, a Child Support Affidavit (supplied by us) is required to be completed on each child. In addition, you will be required to obtain verification from the Attorney General's office reflecting payment history (even if no payments have ever been received). A copy of your divorce decree may also be required.

PLEASE FOLLOW THE GUIDELINES LISTED BELOW TO ENSURE PROPER PROCESSING WITHOUT DELAY.

1. You should know the income guidelines, minimum and maximum prior to submitting your application fee.
2. You should review the Resident Selection Criteria Policy, our qualifying standards, prior to submittal of your application.
3. All paperwork, **MUST** be carefully completed. Do not leave blanks. Do not use white out. Use black ink. If you are not employed, indicate your status (i.e., disabled, student, housewife, etc.) on the application. **DO NOT LIST "N/A"**.
4. Due to limited availability, only completed applications will be processed and will be prioritized in date order based on the date the application is received.

NOTE: AS WE PROCESS YOUR APPLICATION ADDITIONAL FORMS AND DOCUMENTATION MAY BE REQUIRED.

SIGNATURE

DATE

Date Stamp/Initials of Staff _____

APPLICATION FOR RENTAL (ONE APPLICATION PER HOUSEHOLD; USE PEN ONLY; PLEASE PRINT)

Bedroom size requested: _____ Date: _____

Do you require special accommodations? _____

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List head of household first.

	Name	U.S. Citizen Status Yes or No	Birth Date	Relationship to Head	Marital Status	M Or F	Social Security Number	Student Status* Yes or No	Student FT or PT
Head					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	
Co-Head					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	
3.					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	
4.					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	
5.					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	
6.					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	
7.					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	
8.					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	

Do you anticipate any additions to this household in the next twelve months or does someone live with you now that is not listed above? [] Yes [] No

Explain: _____

SEX OFFENDER REGISTRATION

Yes No Answer Yes or No to Each Item. If there is not enough room to list all items, use additional page.

[] [] Have you or any member of your household been subject to State lifetime sex offender registration in any state?

[] [] List all states where you the applicant and members of your household have resided in.

ADDITIONAL INFORMATION

Yes No Answer Yes or No to Each Item. If there is not enough room to list all items, use additional page.

 Are you or any member of your family currently using an illegal substance?

 Have you or any member of your family ever been convicted of drug use or manufacture or any other felony?
If yes, describe

 Have you or any member of your family ever been evicted from any housing? If yes, describe

 Have you ever filed for bankruptcy?
If yes, describe:

 Will you take an apartment when one is available?

 PETS: Do you own any pets? If yes, describe

 Have you had or has your complex had an issue with bed bugs?

 Where you 62 or older as of January 31, 2010 and currently do not have a Social Security Number?

 If yes, were you receiving HUD rental assistance at another location on January 31, 2010?

Checklist for Eligibility, Income, Assets, and Allowances

This checklist must be completed at each certification. Each adult member of the household (age 18 or older) must complete and sign a separate form. Failure to comply could result in denial or termination of assistance.

Last NameFirst NameM.I.

Yes No Answer Yes or No to Each Item: If there is not enough room to list all items, use additional page.

Family Composition

- I have a child away at school who will live at my residence during school recesses.
- I have a family member who is temporarily absent from the home due to employment.
- I have a family member who is temporarily absent from the home due to military service.
- I have a family member who is temporarily absent from the home due to placement in foster care.
- I have a family member who is absent due to a temporary placement in a nursing home or hospital.
- I have a family member who is permanently confined in a nursing home.
- I am currently expecting an addition to my family due to pregnancy. Expected due date:

- I am in the process of adopting a child(ren). Expected arrival date: _____
- I am taking a foster child(ren) into my home. Expected arrival date: _____
- I am obtaining custody of a child(ren). Expected arrival date: _____
- I have joint custody of the following children:

- If so, does the other parent reside in subsidized housing?
- I claim as exemptions on my income tax the children listed in my joint custody agreement.
- If so, is this the year of your exemption on income tax?
- There is a live-in attendant in my household for whom I have a doctor's verification.
- The authorized live-in attendant in my household is a relative.
- There is a foster child(ren) or adult(s) in my household.
- There is a child of a live-in attendant or foster child/adult in my household.

Student of Higher Education

- I am a student under the age of 24, am married, **and** my spouse lives in my household.
- I am a student under the age of 24, and have a child(ren) who lives with me. Name(s)

- I am a student under the age of 24, and am a veteran.
- I am a student under the age of 24, am a person with disabilities, and was receiving S. 8 assistance on 11-30-05.
- I am a student under the age of 24, and am living with (or will live with) my parent(s) in a HUD-assisted unit.
- I am a student under the age of 24, and have established independence from my parent(s) for at least one year, am not included as a dependent on their income tax filings, and am of legal contract age in the state where I reside.

Yes **No** **Answer Yes or No to Each Item. If there is not enough room to list all items, use additional page.**

- I am a student under the age of 24, and am classified as an independent student for Title IV aid, and meet the US Dept of Education's definition of an independent student.
- I am a student under the age of 24 and have parents who are income eligible in the locality where they reside.
- I am a student, have attained the age of 24, and have one or more dependents. Name(s) _____
- I am a student, have attained the age of 24, and have no dependents.

Citizenship Declaration

- I have completed a Declaration Form for myself and any dependents under the age of 18, stating that I am either a citizen, an eligible non-citizen, or that as a certain type of non-citizen I am not eligible for housing assistance.

Divestiture of Assets

- I have sold, given away, or otherwise transferred an asset(s) for less than it was worth within the last two years.

Declaration of Assets

- I have cash held in my home or in a safety deposit box.
- I have assets held in another state. Type: _____ List state(s): _____
- I have assets held in a foreign country. Type: _____ List country(ies): _____
- I own real estate. How many properties? _____ Name location(s): _____
- I have equity in rental property or other capital investments. Name: _____
- I have another residence which I will continue to maintain. Name location. _____
- I receive rental income from real estate/farmland. Name location(s): _____
- I receive income from oil or gas rights. Name location(s): _____
- I own a land contract, mortgage or deed of trust. Name location(s): _____
- I own a mobile home. Name location(s): _____
- I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collections).
- I own a funeral or trust account that is: Revocable _____ Nonrevocable _____
- I have savings accounts. How many? _____ List all institutions: _____
- I have checking accounts. How many? _____ List all institutions: _____
- I have time certificates/CDs/money market accounts. List: _____
- I have IRA's/401(k)/Mutual Fund accounts. List: _____
- I have stocks. List all companies: _____
- I have bonds or treasury bills. List: _____
- I have a retirement/annuity account. List: _____
- I have a life insurance policy that is a: Whole Life _____ Universal Life policy _____
- I have assets other than what are listed above. Describe: _____

Yes **No** **Answer Yes or No to Each Item. If there is not enough room to list all items, use additional page.**

- I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney, in case I become incompetent. These other persons do not own the assets and receive no income from the assets.
- I have joint ownership on one or more of the above assets.

Non-Asset Income

Yes **No** **Answer Yes or No to Each Item. If there is not enough room to list all items, use additional page.**

- I have a child under the age of 18 with non-employment income. Name(s): _____
- I have a child over the age of 18 that is a full-time student with employment income.
Name(s): _____
- I am employed. List all of the companies you work for: _____
- I receive tips, bonuses or commissions.
- I am currently working overtime, or expect to work overtime in the next 12 months.
- I am self-employed. Type of business: _____
- I am a member of an Indian Tribe receiving gaming payments.
- I own a small business. Name of business: _____
- I am currently a student, but expect to be employed during the summer months.
- I receive income from military employment.
- I receive unemployment or Worker's Compensation benefits.
- I receive Social Security/SSI.
- I receive welfare and/or quarterly payments from the Family Independence Agency for the State-paid portion of SSI.
- I receive Veteran's Administration benefits or benefits from the GI Bill.
- I receive disability or death benefits other than Social Security.
- I receive alimony. Name of ex-spouse _____
- I receive child support. How many providers? _____ Is it paid directly to Social Services? _____
- I've been awarded a judgment for child support, have not been receiving payments, but anticipate making a claim.
- I receive adoption assistance payments.
- I receive regular cash contributions or gifts (including utility, phone, cable, or rent paid on my behalf).
- I receive income from annuities, an inheritance, or a non-revocable trust fund. List: _____
- I receive regular payments from insurance policies. List all policies: _____
- I receive income from retirement funds. List all companies: _____
- I receive income from one or more pensions. List all pensions: _____
- I receive periodic payments from lottery winnings.
- I currently have a benefit reduced to adjust for a prior overpayment.
- I received a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 mos.

- I have received a delayed periodic receipt. List agency: _____
- I have income from other sources not listed above. Explain: _____

Yes No Answer Yes or No to Each Item. If there is not enough room to list all items, use additional page.

- I am a full-time or part-time student and I have grants, .scholarships, educational entitlements, work study program and/or financial aid packages.
- I have income from other sources not listed above. Explain: _____

ALLOWANCES:

- I am a full-time student and am 18 or older. The school I attend is_____.
- I am elderly (62 or older), handicapped or disabled.
- I pay expenses relating to a handicap or disability.
- I pay medical expenses out of my own pocket.
- I pay child care expenses out of my own pocket during hours I a employed.
- I pay child expenses out of my own pocket during hours I am I school or looking for employment.
- I pay attendant care expenses out of my own pocket.
- I pay medical, childcare or attendant care expenses, for which I am reimbursed by an outside source or governmental agency.

CERTIFICATION

I certify under penalty of perjury that all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in denial or termination of housing assistance.

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the S.S. Act at 42 U.S.C. 208a (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 4

B. EMPLOYER INFORMATION

Head of Household Name: _____
 Employer: _____
 Address: _____ Phone #: _____
 Position Held: _____ Hire Date: _____

Co-Head of Household Name: _____
 Employer: _____
 Address: _____ Phone #: _____
 Position Held: _____ Hire Date: _____

Other Occupant Name: _____
 Employer: _____
 Address: _____ Phone #: _____
 Position Held: _____ Hire Date: _____

Other Occupant Name: _____
 Employer: _____
 Address: _____ Phone #: _____
 Position Held: _____ Hire Date: _____

Do you anticipate any changes in income in the next 12 months? [] Yes [] No
If yes, explain: _____

C. HOUSING REFERENCE – At least 24 months of consecutive history preferred.

Current Home Address:	From:	To:
City, State, Zip:		
Home Phone #:	Work Phone #:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Friend/Relative	Monthly Payment:	
Landlord Name:	Landlord Phone #:	
Mortgage Company Name:	Mortgage Co. Phone #:	

Previous Home Address:	From:	To:
City, State, Zip:		
Home Phone #:	Work Phone #:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Friend/Relative	Monthly Payment:	
Landlord Name:	Landlord Phone #:	
Mortgage Company Name:	Mortgage Co. Phone #:	

Use a separate sheet of paper for other household members with different address than listed above.

D. VEHICLE INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____

E. APPLICATION AGREEMENT – please initial

- Application Fee.** You have delivered to our representative an application fee in the amount of \$_____. This fee is nonrefundable. **(DOES NOT APPLY TO SECTION 8 PROPERTIES)**
- Application Deposit.** An application deposit in the amount of \$_____ is required to hold an apartment. This fee is not a security deposit; however, once the lease is signed it shall become the security deposit for your unit. **(DOES NOT APPLY TO SECTION 8 PROPERTIES)**
- Completed Application.** An application is considered complete when the application deposit has been paid. **(DOES NOT APPLY TO SECTION 8 PROPERTIES)**
- Refund of Application Deposit.** The application deposit shall only be refunded in the event that you are not approved for residency. NOTE: Failure to provide all requested documentation to assist us in the approval process is not grounds for the refund of your application deposit as we reserve the right to approve your application pending the receipt of additional paperwork that would allow us to verify your income and asset information. **(DOES NOT APPLY TO SECTION 8 PROPERTIES)**
- Approval Pending Additional Paperwork.** We reserve the right to approve an application pending the receipt of additional paperwork. However, should the receipt of such paperwork not corroborate the information your application was approved with, we reserve the right to deny your application based on updated findings.
- Withdrawal of Application.** Should you withdraw your application before you are approved, we may keep the application deposit as liquidated damages and terminate all further obligations under this Agreement. **(DOES NOT APPLY TO SECTION 8 PROPERTIES)**
- Lease Signing.** You agree to sign your lease within 5 days of our notification to you regarding your approval. At this time your application deposit will be credited toward the required security deposit. **(DOES NOT APPLY TO SECTION 8 PROPERTIES)**

(This will be the individual allowed in the apartment in case of illness or death.)

In Case of Emergency Notify: Name: _____ Relationship: _____
 Address _____ Phone: _____

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I/We Do Hereby Authorize _____ and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs.

SIGNATURE(S):

_____ Applicant's Signature	_____ Date	_____ Applicant's Signature	_____ Date
_____ Applicant's Signature	_____ Date	_____ Applicant's Signature	_____ Date

Signature of Owner's Representative: _____ Date: _____

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorize release of information without liability to the owner/manager of the apartment community listed below, and/or the _____ (State Agency)

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be sued to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|--|----------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | State Unemployment Agencies | Retirement Systems |
| Educational Institutions | Social Security Administration | Medical and Child Care Providers |
| Banks and other Financial Institutions | Previous Landlords (including Public Housing Agencies) | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident (Print Name) _____ Date _____

Co-Applicant/Resident (Print Name) _____ Date _____

Adult Member (Print Name) _____ Date _____

Adult Member (Print Name) _____ Date _____

Apartment Name Contact Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR A COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorizes
Slope Health Services to review information regarding my/our possible status for special needs qualifications.
This may include but is not limited to contacting my current agency/doctor/health services/provider;
_____ to review/request information required to confirm/approve my
qualification for special needs.

I/we authorize release of information without liability to the owner/manager of the apartment community listed
below, and/or the _____ (State Agency)

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and
inquiries that may be requested include, but are not limited to: personal identity, student status, employment,
income, assets, medical or child care allowances. I/We understand that this authorization cannot be sued to
obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified
Tenant.

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I/We agree that a photocopy of this authorization may be used for the purposes stated above. The
original of this authorization is on file and **will stay in effect for a year and one month** from the date signed.
I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Apartment Name	_____ Contact	_____ Phone

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