

# RENTAL APPLICATION

## Hamilton Artspace Lofts

Are you an Artist?  Yes  No

Date \_\_\_\_\_  
 Time \_\_\_\_\_  
 Initials \_\_\_\_\_  
 B/R Size \_\_\_\_\_

### GENERAL INFORMATION

Applicant \_\_\_\_\_ S.S.# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Present Address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widow \_\_\_\_\_

List all states that you have resided in \_\_\_\_\_

No. of Children to reside in Household \_\_\_\_\_ E-mail address \_\_\_\_\_

Names of Additional Household Members	Date of Birth	Relationship	Sex	S.S.#	If this is a dependent child, are they a student between K & 12)	List all states that member has resided in

How did you hear about our property? \_\_\_\_\_

No. of Cars \_\_\_\_\_ License # \_\_\_\_\_ Make & Color \_\_\_\_\_  
 License # \_\_\_\_\_ Make & Color \_\_\_\_\_

Notify in Emergency \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Pet Information: Breed \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Color \_\_\_\_\_

**\*Has any member of the household you ever been convicted of a criminal offense (other than a traffic offense with a penalty less than \$100)?**

Yes  No If Yes, explain \_\_\_\_\_

**Is any member of the household subject to Lifetime Sexual Offender Registration?** \_\_\_\_\_

Applicant certifies that the unit applied for will serve as the Applicant's primary residence.

**I certify that the above information is accurate and complete.**

Signature of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Signature of Manager /Rental Agent \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_



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## Hamilton Artspace Lofts

\_\_\_\_\_  
Name of Applicant

**RENTAL HISTORY** (Beginning with present, list last two (2) residences - if less than two (2) years, list additional residences)

\*Have you ever: Been evicted? \_\_\_\_\_ Broken a lease? \_\_\_\_\_ Been asked to leave? \_\_\_\_\_

\*Have you ever lived in a Subsidized housing unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*If Yes, where and when \_\_\_\_\_

1 Name of Applicant \_\_\_\_\_  
 Your current address: \_\_\_\_\_ Owned? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Your current landlord: \_\_\_\_\_ Phone \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_  
Street City State Zip

2 Name of Applicant \_\_\_\_\_  
 Your previous address: \_\_\_\_\_ Owned? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Your previous landlord: \_\_\_\_\_ Phone \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_  
Street City State Zip

3 Name of Applicant \_\_\_\_\_  
 Your previous address: \_\_\_\_\_ Owned? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Your previous landlord: \_\_\_\_\_ Phone \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_  
Street City State Zip

4 Name of Applicant \_\_\_\_\_  
 Your previous address: \_\_\_\_\_ Owned? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Your previous landlord: \_\_\_\_\_ Phone \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_  
Street City State Zip

5 Name of Applicant \_\_\_\_\_  
 Your previous address: \_\_\_\_\_ Owned? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Your previous landlord: \_\_\_\_\_ Phone \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_  
Street City State Zip

**I certify that the above information is accurate and complete.**

Signature of Applicant

Signature of Applicant

Signature of Manager / Rental Agent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

Date

Date



# RENTAL APPLICATION

## Hamilton Artspace Lofts

Name of Applicant \_\_\_\_\_

EMPLOYMENT INCOME	
1	Name of Applicant _____ Employer _____ Position _____ Income _____ per _____ Supervisor's Name _____ Supervisor's Phone # ( ) _____ Length of Service _____ Employer's Address _____ <b>Amount and Source of any other income</b> _____
2	Name of Applicant _____ Employer _____ Position _____ Income _____ per _____ Supervisor's Name _____ Supervisor's Phone # ( ) _____ Length of Service _____ Employer's Address _____ <b>Amount and Source of any other income</b> _____
3	Name of Applicant _____ Employer _____ Position _____ Income _____ per _____ Supervisor's Name _____ Supervisor's Phone # ( ) _____ Length of Service _____ Employer's Address _____ <b>Amount and Source of any other income</b> _____
4	Name of Applicant _____ Employer _____ Position _____ Income _____ per _____ Supervisor's Name _____ Supervisor's Phone # ( ) _____ Length of Service _____ Employer's Address _____ <b>Amount and Source of any other income</b> _____

I hereby authorize the Landlord, and its agents, to obtain background information from such sources as it chooses including, without limitation, credit bureaus, employers, current and previous landlords and law enforcement agencies. I agree that if any information herein contained is false, the lease made on the strength of this application may, at the option of the Landlord, be terminated at any time.

This application is taken subject to approval of Owner or Agent. I agree that upon notification of approval of my application and assignment of an available unit, I shall be responsible for any vacancy loss incurred by the Owner up to my scheduled move-in dates should I choose not to lease said apartment. Acceptance of this application, including approval hereof, is not acceptance of me / us as tenant(s) or an agreement to make a lease, which is made only upon signing of a formal lease by all parties.

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

**I certify that the above information is accurate and complete.**

Signature of Applicant

Signature of Applicant

Signature of Manager / Rental Agent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

Date

Date



## RESIDENT SELECTION CRITERIA SECTION 42

### NON-DISCRIMINATION

This property adheres to the Fair Housing Act and will not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

### APPLICATION AND SCREENING PROCEDURES

All applicants, including those wanting to be added to existing households, are required to complete an application package and consent to the release of information necessary to verify all income, expenses, assets, household characteristics and circumstances that affect eligibility or the calculation of rent. This information will be verified by management in compliance with regulations contained in the **HUD 4350.3 Handbook**.

All applicants will be required to furnish social security numbers, and documentation of those numbers for all household members over the age of six who have been assigned a social security number. Failure to do so will be grounds for denial of assistance. Applicants must supply birth certificates for all members of the family. In addition, head of household, co-head and spouse must supply picture ID.

All applications will be reviewed by management. The application will be placed on a waiting list in the order of the date received, according to unit size and program requirements. Applicants who qualify for a Federal Preference will be placed on a priority waiting list.

Applicants on the waiting list are responsible for reporting any change of address, phone number, household composition, or financial status to management. Applicants must contact management once every six months to reaffirm their interest in an apartment and retain their position on the waiting list. Shortly before an apartment becomes available, management will make two attempts to contact the applicant; if unsuccessful, management may move to the next applicant on the waiting list. The application will be rejected and it will be necessary to reapply and be placed at the bottom of the list.

Management reserves the right to close the waiting list in the event there is more than a six month supply of applicants currently on the list. Notice of closure and reopening of the waiting list will be posted in the Rental Office.

Applicants will be screened according to the following criteria:

1. Demonstrated ability to pay rent on time. At least two prior landlords (if available) will be contacted by management to verify rental payment history. Any applicant with a record of late payments will be rejected.
2. Comments from former landlords. At least two prior landlords (if available) will be contacted by management to verify rental habits and determine ability and willingness to abide by the terms of the lease. Documented lease violations or eviction may be considered grounds for rejection.
3. Credit references. All available credit references will be checked by management without charge to the applicant. Lack of credit history shall not be grounds for rejection, but a poor credit history may be. The following items may be considered as examples of unfavorable credit and may serve as the basis for rejection:
  - a. Information contrary to that given on the application.
  - b. Persons/Families with outstanding collections from utility companies or landlords.
  - c. Persons/Families showing civil judgements on civil suits regarding eviction or subsidy payments.

All credit shown on the report issued by the local credit bureau will reflect on both spouses in the absence of divorce and/or other legal documentation which clearly separates the parties' credit responsibilities. In the case of unfavorable credit references, the responsibility of management is limited to informing the applicant that the application has been rejected based on confidential information received from the credit bureau. Management is agreeable to reappraising a credit report forwarded to management by the credit bureau on behalf of the applicant which identifies corrections or additions made as a result of action taken by the applicant directly with the credit bureau. The application is, however, considered rejected until such updated information is received. The position on the waiting list will be suspended pending receipt of corrected information; however, the suspension will be allowed for a maximum of thirty days.

4. Other lines of trade will be evaluated in aggregate and with focus on whether or not a positive or negative trend (*ie more good lines than bad an vice versa*) exists with weight given to more recent lines and the re-establishment of good credit after a period of bad.
5. Any felony conviction within the last seven years will be grounds for rejection. Previous felons must have two years free of incarceration and must have established a rental history. Misdemeanor arrests will be assessed by their nature and by the likelihood that a pattern of behavior exists that would disrupt the quiet enjoyment of the complex. If in the sole discretion of management such a pattern of behavior exists, the application will be rejected.

Providing incorrect, falsifying any part of or knowingly withholding information during the application process will be grounds for rejection.

6. Management will take mitigating circumstances into consideration when reviewing derogatory information. The mitigating circumstances must be in writing and signed by the applicant.

### **REJECTION OF APPLICANTS**

Applicants may be rejected for admission for any of the following reasons:

1. Household's annual income is greater than or less than the appropriate income limits as established by **HUD** and the Owner. Income limits for the complex are on file in the office and subject to change.
2. Calculated rent equals or exceeds Gross Rent for the unit.
3. Applicant is not in the population mix that the complex is designed to serve, *i.e., a complex designed for the elderly and applicant is not 62 years of age or older*. A complete description of the population the project was designed to serve is available upon request.
4. Household characteristics are not appropriate for the type of units available (*e.g., units equipped for the handicapped*).
5. Family size is not appropriate for the size unit available.
6. Applicant does not meet management's Resident Selection Criteria including screening.

If any applicant is rejected, management will notify the applicant in writing of the reason for the rejection and allow 14 days for response by the applicant to the reasons.

### **DEFINITIONS**

In accordance with State law, a *Family* or a *Household* is considered to be *Any group of people who choose to live together and call themselves a family*. Legal age of majority in this state is 18; therefore, anyone designated as the head of household must be 18 or older.

### **POLICY**

The following guidelines are used universally in assigning each and every application for rental to a specific size apartment:

1. Two persons per bedroom.
2. Children shall not be required to share a bedroom with an adult.
3. Children of opposite sex shall not be required to share a bedroom.
4. Each application will be assigned the largest unit that they qualify for without under utilizing that unit. An applicant may request a smaller sized unit in writing so long as they don't exceed the two persons per bedroom.
5. An applicant who requests and moves into a smaller unit than they would otherwise qualify for may not be transferred to another larger unit unless there is a change upward in the family composition.

I certify that I have read and fully understand the above information.

APPLICANTS

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- \* **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- \* **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- \* **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask anyone who has recently received your report be notified of the change.
- \* **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- \* **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- \* **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- \* **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- \* **Your consent is required for reports that are provided to employers or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- \* **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

\* **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 202-326-3761
National banks, federal branches / agencies of foreign banks (word “National” or initial “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches / agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA

All household members over the age of 18 years must sign and date below.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## Housing Requirements Questionnaire

### Please read the following regarding this questionnaire:

This questionnaire is administered to every applicant/resident at \_\_\_\_\_. It is used to determine whether your family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Completing this questionnaire is optional on your part. If you choose not to complete this form, please check the box that indicates that choice, sign and date the form, and return it to the manager. The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment.

If you choose to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the manager.

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

### Applicant/Resident election to provide special needs information:

Name of Head of Household \_\_\_\_\_ Social Security # \_\_\_\_\_  
 I choose to complete this form.  I choose NOT to complete this form.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

### Information relative to the housing requirements of applicant's/resident's family:

1. Do you, or does any member of your family, have a condition that requires:

- |  |  |
|--|--|
| <input type="checkbox"/> A separate bedroom        | <input type="checkbox"/> Unit for vision-impaired                      |
| <input type="checkbox"/> One-level apartment       | <input type="checkbox"/> Physical modifications to a typical apartment |
| <input type="checkbox"/> Unit for hearing-impaired | <input type="checkbox"/> Special parking space                         |
| <input type="checkbox"/> A barrier-free apartment  | <input type="checkbox"/> Bedroom / Bath on 1 <sup>st</sup> floor       |
| <input type="checkbox"/> Other _____               |  |

2. If you checked any of the above-listed categories of units, please explain what you need to accommodate your situation.  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the name of the family member who needs the special features identified above?  
\_\_\_\_\_

4. Do you or any of your family members need special features to go up and down stairs other than traditional railings?  Yes  No

If "Yes", please indicate how we may accommodate your family.  
\_\_\_\_\_  
\_\_\_\_\_

5. Will you or any of your family member require a live-in aide to assist you?  Yes  No

6. Who should be contacted to verify your need for the features you have identified above (e.g., a doctor or social service agency).

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_



## **Notice to all Applicants: Options for Applicants/Residents with Disabilities or Handicaps**

\_\_\_\_\_ provides assisted housing to the general public under a federal program. We are not permitted to discriminate against applicants/residents on the basis of their race, color, religion, sex, national origin, familial status, disability or handicap. In addition, we have an obligation to provide “reasonable accommodations” to applicants/residents if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant/resident with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations include, but are not limited to:

- Making reasonable alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family member to have a seeing-eye dog or companion animal to assist a vision-impaired family member where existing pet rules would not allow the dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property’s applicant screening criteria.

An applicant/resident family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc. but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management that is your right.

The next page of this application is a Housing Requirements Questionnaire. If you wish to complete the document and provide management with information regarding any family member with a handicap or disability, please do so. If no family member has a handicap or disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to the manager.

## Emergency Contact Information

Resident: \_\_\_\_\_ Unit #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

The following information will be placed in your file and will be kept confidential.

We need the names and addresses of two people to contact in case of an Emergency. Also, we need to know if you have a Power of Attorney, and the name and phone number of your Family Physician. Clergy is optional, not required.

### Emergency Contact Person:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### Power of Attorney:

Do you have someone designated as Power of Attorney? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide a copy for our files.

Power of Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Family Physician:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Clergy:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**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)

Name of Property \_\_\_\_\_ Project No. \_\_\_\_\_ Address of Property \_\_\_\_\_

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 in compliance 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 provided 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 not require any special protection.

## Student Certification



Applicant / Resident \_\_\_\_\_ Certification Date \_\_\_\_\_

**TO BE COMPLETED BY ALL APPLICANTS / RESIDENTS OVER THE AGE OF 18**

**Are you a part or full-time student?** Yes  No

*\*\*Student\*\* 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 or those pursuing a GED. *If you are not sure, please mark "yes" and the property management company will verify your student status.**

**If you answered NO, please skip the following questions and sign below.**

**If you answered Yes, please complete the following questions:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Are you a part-time student?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a full-time student? (will you or have you attended school for five months or more this calendar year with a full-time status?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you disabled? (HUD/HOME)  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving Section 8 assistance as of November 30, 2005   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a graduate or professional student? (HUD/HOME)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you over 23 years of ages? (HUD/HOME)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you a veteran of the United States military? (HUD/HOME)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you receiving any financial assistance to pay for your education? (HUD?HOME)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will you be living with your parents? (HUD/HOME, LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |
| If no:   |                          |                          |
| a. Are your parents receiving or eligible to receive Section 8 assistance? (HUD/HOME)  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return? (HUD/HOME)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you married? (HUD/HOME, LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a dependent child? (HUD/HOME, LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Were you an orphan or ward of the court through the age of 18? (HUD/HOME, LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Receiving assistance under Title IV of the Social Security Act - (e.g. TANF) (LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Enrolled in government-sponsored job training program (e.g. Job Corp, AmeriCorp) (LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |

**Penalties for Misuse of this Form**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA or any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



If you have any questions about this letter, please contact the rental office. Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, or handicap. Other state and local law required classes include, but are not limited to, military status (OH) and ancestry (OH).

This community does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Arthera Burgess  
504 Compliance Coordinator  
c/o Wallick Properties Midwest, LLC  
P. O. Box 1023  
Columbus, OH 43216  
Phone: 614-863-4640  
TTY: 800-553-0300



# Applicant / Tenant Sworn Income and Asset Statement



**NOTE: All household members 18 years of age or older are required to complete a separate income statement. All applicable questions must be completed in their entirety.**

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

S.S. #(last 4 digits): \_\_\_\_\_

Date: \_\_\_\_\_

**Document Yes answers with third party verification.**

Income Source	I have or I receive the following: (Check YES or NO)		Monthly Amount	Notes
Job 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Job 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Self Employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
TANF / AFDC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Unemployment Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Workers Compensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Educational Financial Assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____

Do you receive regular or periodic payments from:	Yes	No	Amount	Frequency
Persons not Living in the Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Holder/Provider	_____			
Trust, Annuity, or Other Claims	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Holder/Provider	_____			

Do you currently receive Assistance with your housing payment? Yes  No   
 If yes; Agency Name: \_\_\_\_\_

Do you **HAVE** court-ordered or an agreement for child support or alimony? Yes  No   
 (This means there is an order for you to receive child support or alimony, not pay support to someone else.)

ORDERED AMOUNT \$ \_\_\_\_\_  
 AMOUNT RECEIVED \$ \_\_\_\_\_

Are you currently receiving child support or alimony? Yes  No

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? Yes  No  N/A   
 List State \_\_\_\_\_ and County \_\_\_\_\_ where granted.

Are you a student (either full or part-time) enrolled in an institution of higher learning? Yes  No



Asset Source

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Checking Account?	6 month Ave. Balance	\$ _____	Interest Rate	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Savings / Holiday Account?	Balance	\$ _____	Interest Rate	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Certificate of Deposit (CD)?	Cash Value	\$ _____	Interest Rate	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Direct Express @ Card? (or any card where benefits or pay are deposited)	Balance	\$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Cash on Hand?	Amount	\$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Stocks, Bonds, or Annuities?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Safety Deposit Box?      What is held in the box? _____			Cash Value	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any Personal Property held as Investment?*			Cash Value	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash Value)			Cash Value	\$ _____
		Current Status / Intention: <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Being Foreclosed <input type="checkbox"/> Giving Away				
		Notes: _____				
<input type="checkbox"/>	<input type="checkbox"/>	Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)	When _____	Amount _____		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Whole Life Insurance or Universal Life Insurance policies?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years? If yes, list items: _____			Date	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bond(s), etc.)? If yes, please provide:				
		Type _____	Value	\$ _____	Where Held _____	Annual Yield _____
		Type _____	Value	\$ _____	Where Held _____	Annual Yield _____
		Type _____	Value	\$ _____	Where Held _____	Annual Yield _____

**Total Of Net Family Assets**                      \$ \_\_\_\_\_                      **(Total Value of Assets Listed Above)**

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

The information provided on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.

**Signatures:**

\_\_\_\_\_  
Signature of Applicant / Lessee                      Date

\_\_\_\_\_  
Owner / Management Agent Signature                      Date

