

PULLMAN ARTSPACE LOFTS

11137 S. Langley
Chicago, IL 60628

Phone: (847) 445-2349 Fax: (708) 748-5171

December 10, 2019

Dear Applicant:

Thank you for your interest in Pullman Artspace Lofts. We are Currently Accepting Applications. Applications will be accepted on a first come first serve basis until Pullman Artspace Lofts is fully leased.

How can you apply?

- 1). Gather documents needed for income verification (see Required Documentation).
- 2). Submit your application along with the requested documentation during regular office hours or call to make an appointment. Submitting your application in person is strongly encouraged.
- 3). All Applications must be accompanied by a non-refundable \$25 application fee/\$40 for married couples with the same name. Only a money order or cashier's check will be accepted – NO CASH.

Cashier's Check or/Money Order should be made payable to: PULLMAN ARTSPACE LOFTS

Applications will be accepted at:

Pullman ArtSpace Lofts
11137 S. Langley
Chicago, IL 60628
Phone: 847-445-2349
Fax: 708-748-5171

Office hours are Monday, Wednesday & Friday 9:00 a.m. – 4:00 p.m.

It may take two weeks or more to process an application. This includes a search of public records - credit, background, and third party verifications for all income and asset sources, verification of current & previous rental history. A member of the management team will contact you if additional information is needed.

Artspace is committed to attracting creative individuals and families from diverse artistic and cultural backgrounds. We are especially interested in individuals who are committed to building community and will give some of their time and energy toward this goal. All applicants who have met the eligibility criteria for Pullman Artspace Lofts, will be referred to meet with the Artist

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAR STATUS OR NATIONAL ORIGIN.

Qualifications are subject to change 7/12/2019

discuss their participation in and commitment to the arts. This process maintains the integrity of the project as a place for creatives.

The selection committee meets with all prospective residents, (who have been income/credit/background qualified via a search of public records), to determine the artist preference and level of commitment to the arts, community and their art form. An interview is conducted, scored by interviewers and average scores are ranked to determine artist preference.

Applicants who meet all the eligibility criteria to live at Pullman Artspace Lofts will be asked to make an appointment to sign a one-year lease and pay their deposit. **Only after the lease has been executed and the reservation deposit paid will a unit be considered reserved.**

Please contact us with any questions. We encourage all people to apply regardless of race, color, creed, religion, national origin, ethnicity, gender, gender identity, marital status, familial status, sexual orientation, occupation or status regarding public assistance, or physical disability.

Sincerely,

Tiffany Johnson

Tiffany Johnson
Property Manager

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Studio \$625-725 per month
 1 Bedroom \$700-\$775 per month
 2 Bedroom \$850-\$900 per month

All applications will be screened for 1) Program Eligibility and 2) Good credit/rental/criminal history.

PROGRAM ELIGIBILITY

1. All income and assets will be verified to determine eligibility based on HUD's income guidelines. These are published every year. (See below)
2. Minimum Income Limit is two (2) times the rent amount per month.

MAXIMUM INCOME: YEARLY

<u>50% AMI</u>				<u>60% AMI</u>	
1 Person	\$31,200	4 Person	\$44,550	1 Person	\$37,440
2 Person	\$35,650	5 Person	\$48,150	2 Person	\$42,780
3 Person	\$40,100	6 Person	\$51,700	3 Person	\$48,120
				4 Person	\$53,460
				5 Person	\$57,780
				6 Person	\$62,040

RENTAL HISTORY:

Current rental references are checked, previous rental references will be checked if the applicant's current rental term is less than 2 years. Rental verifications that show past evictions, judgments for possession and rent, property damage, failure to pay rent or unlawful detainers will cause the applicants application to be denied.

CREDIT REQUIREMENTS:

"All applicants 18 years or older that pass our pre-screening process will be required to submit to a criminal background check. Only criminal convictions within the past three (3) years from the date of your Application will be considered in determining whether to accept or deny your application, except in the following circumstances: (A) A current sex offender registration requirement pursuant to the Sex Offender Registration Act (or similar law in another jurisdiction) (B) A current child sex offender residency restriction.

If the your criminal background report shows a conviction within the past 3 years, an individualized assessment will be conducted to determine whether the conviction(s) negatively impacts the your ability to fulfill the responsibility of tenancy due to a demonstrable risk to personal safety or property. In conducting individualized assessments, management will consider the following factors: (1) The nature and severity of the criminal offense and how recently it occurred; (2) The nature of the sentencing; (3) The number of the applicant's criminal convictions; (4) The length of time that has passed since the applicant's most recent conviction; (5) The age of the individual at the time the criminal offense occurred; (6) Evidence of rehabilitation; (7) The individual history as a tenant before and/or after the conviction. (8) Whether the criminal conviction(s) was related to or a product of the applicant's disability; and (9) If the applicant is a person with a disability, whether any reasonable accommodation could be provided to ameliorate any purported demonstrable risk.

The applicant will have the opportunity to provide evidence demonstrating inaccuracies within the applicant's conviction history, or evidence of rehabilitation and other mitigating factors as described in Cook County Human Rights Commission Code Section 740.110."

NO CO-SIGNERS

One Month Security Deposit

- * Verifiable income must meet minimum and maximum income limits
- * Rental references for past 2 years must be verified and positive.
- * No Credit History or Credit history is at least 65% paid on time credit rating. Past due accounts may not exceed \$7,500.00, and applicants will be considered with a discharged bankruptcy.

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Qualifications are subject to change 2/7/2020



- ❖ An applicant will be considered with a foreclosure if all other criteria is met. An additional ½ month security deposit will be required for applicants with a foreclosure within the last 3 years.

REQUIRED DOCUMENTATION

You must bring the following items with you.

- ❖ State ID or Driver's License for all household members (18 or older)
- ❖ Social Security Cards for all household members
- ❖ Birth Certificates or proof of age for all household members (17 & under)

Please bring all forms of verifications that apply with your application:

- ❖ Proof of all income
- ❖ 6-8 current paycheck stubs
- ❖ Current social security or pension award letters
- ❖ Alimony check stubs and case numbers
- ❖ 6 current bank statements for all accounts
- ❖ Current statements for Stocks, Bonds and Retirement Funds
- ❖ School information for Full-Time Students

Please be advised that ALL verifications must not be more than 120 days old. Therefore, please be sure that you bring in CURRENT award letters, statements and if applicable paycheck stubs.

Application Fees: \$25.00 per adult person and \$40 for married couples w/ same last name. (Non-Refundable).

- Includes Credit/Criminal Background check, income verifications and rental history.

Reservation Deposit Fees: \$300.00 (Certified Check or Money Order Only)

- Upon approval you have 3 (three) days to bring in the \$300 reservation deposit. This deposit is applied toward the security deposit. Please make payable to Pullman Artspace Lofts.

In the event you (applicant) cancel the application, the \$300 reservation deposit becomes non-refundable.

If Management should cancel or deny the application, the \$300 reservation deposit is fully refunded.

Signature of Applicant

Date

Signature of Applicant

Date

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Pullman Artspace Lofts
 11137 S. Langley
 Chicago, IL 60628

RENTAL APPLICATION

PERSONAL INFORMATION					
Full Name of Applicant		Age	Date of Birth	Home Phone Cell Phone	
Social Security No.		Drivers License No.	State	Race: (Optional) (Circle One) White Black Hispanic Oriental/Pacific Islander American Indian/Alaskan Native Other	
Marital Status (check one) <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Separated					
Applicant's Present Address (check one) <input checked="" type="checkbox"/> Apartment <input checked="" type="checkbox"/> Leased Home <input checked="" type="checkbox"/> Own Home <input checked="" type="checkbox"/> Other					
Present Street Address Apt.#		City		State	Zip
Present Landlord/Mortgage Co.		Account No.		Monthly Rent or Mortgage	
Present Landlord/Mortgage Co. Address		City	State	Zip	Phone Number Is Landlord a Relative?
Was your lease/mortgage in another name? ____ If yes, explain & provide explanation.				Reason for Moving/Displacement	
Was household displaced because of government action ____ Yes ____ No major disaster or from urban renewal area?					
List all others who will occupy the apartment					
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
OTHER INFORMATION					
Have you or any other occupant listed above ever:		Yes or No		Yes or No	
1) Been denied an apartment?				5) Been evicted or asked to move out?	
2) Broken a rental agreement or lease contract?				6) Been sued for damages to rental property?	
3) Filed bankruptcy?				7) Been convicted of a felony?	
4) Had legal action taken against you for nonpayment of a bill or rent?				8) Been a registered sex offender?	
If you answered "YES" to any of the above questions, #1-7, please explain:					
Are You An Artist? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you or any household member in need of an accessible unit or feature? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you receiving Section 8 Assistance		Agency Name		Contact Person & Phone Number	
In case of emergency, notify:		Relationship		Street Address	
Home Phone # (Include Area Code)		Work Phone#		City/State/Zip	

Have you been displaced by government disaster or a presidentially declared disaster? Yes No

In the event of serious illness or death of resident, I give permission to the management office to permit the following person to enter my apartment to remove and / or store all contents found in the dwelling, common areas or mailbox. _____

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained herein in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquiries shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fees and deposit as liquidated damages for owners time and expense of processing this application. No fees or application deposits are required for section 8 applicants.

(3) terminate residents right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a residents compliance with the lease rules and financial obligations. Owner and/or property manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

NOTICE OF NO AGENCY IS BEING PROVIDED AS REQUIRED BY ILLINOIS LAW

Ludwig & Company has previously entered into an agreement with the property owner to provide certain property management and real estate brokerage services to the property owner. Neither Ludwig & Company nor any of its employees will be acting as your agent but will instead be acting as the agent for the property owner.

Signature of Applicant or Occupancy Date

Signature of Applicant or Occupancy Date



**Pullman Artspace Lofts
APPLICANT QUESTIONNAIRE**



APPLICANT NAME(S) _____
 Current Address: _____
 City, State, Zip: _____
 Work Phone _____ Fax No _____

Present Address Is (circle one) **APARTMENT LEASED OWN HOME OTHER**
 Present Landlord/Mortgage Co.(Contact) _____
 Address _____
 City, State, Zip: _____

CO-APPLICANT NAME(S) _____
 Current Address: _____
 City, State, Zip: _____
 Work Phone _____ Fax No _____

Present Address Is (circle one) **APARTMENT LEASED OWN HOME OTHER**
 Present Landlord/Mortgage Co.(Contact) _____
 Address _____
 City, State, Zip: _____

EMERGENCY CONTACT

Name _____ Phone _____

List All Others Who Will Be Occupying Apartments?

Name	Social Security No	Date of Birth	Relationship To Head
1			
2			
3			
4			

No. of Bedrooms _____

Home Phone _____
 Date of Birth _____
 Social Security No. _____
 Drivers License or State ID _____
 Marital Status _____

Monthly Amt \$ _____
 Occupancy Dates _____
 Reason for moving _____

Home Phone _____
 Date of Birth _____
 Social Security No. _____
 Drivers License or State ID _____
 Marital Status _____

Monthly Amt \$ _____
 Occupancy Dates _____
 Reason for moving _____

CREDIT REFERENCE

Name _____
 Account No. _____
 Phone _____

Name _____
 Account No. _____
 Phone _____

ALL QUESTIONS MUST BE ANSWERED.....DO NOT LEAVE ANY BLANKS

Answer all questions 'YES or NO' by placing an "X" in the appropriate box. Please make sure you have answered every question completely. If you answer YES, include the dollar amount indicated. If the question does not apply, answer NO.

	YES	NO	If yes, explain/agency
Have you or anyone on this application been evicted from assisted housing last (3) years?			
Do you or anyone on this application have an alcohol substance abuse that intere with others health, safety, and right to peaceful enjoyment?			
Are you a current drug user?			
Is there anyone living with you now that will not be on the property?			
Do you expect any additions to your household in the next 12 months?			
Are there any absent household members who would normally live with you?			
Does an adult on this application have custody of every child listed?			
Will you have any pets other than service animals?			
Have you or anyone else on this application filed bankruptcy?			
Have you or anyone on this application been convicted of a felony?			
Have you or anyone else broken a rental agreement or lease contract?			
Have you or anyone else ever been convicted of dealing or manufacturing illegal drugs?			
Have you or anyone else on this application been sued for property damage?			
Are you or anyone else on this application a registered lifetime sex offender in any state?			
List all state(s) all person on this application have lived. 1) _____ 2) _____ 3) _____ 4) _____ 5) _____			

INCOME INFORMATION
EMPLOYMENT

Include All Income Received or Anticipated For the Upcoming 12 Months

		TYPE	FREQUENCY	AMOUNT										
<input type="checkbox"/>	<input type="checkbox"/>	Are you employed or do you anticipate being employed in the next 12 months?				For Office Use Only								
YES	NO	Wages	\$	Company	<table border="1" style="float: right; border-collapse: collapse;"><tr><th>Sent</th><th>Rec'd</th><th>Amount</th></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Sent	Rec'd	Amount						
Sent	Rec'd	Amount												
		Overtime	\$	Contact										
		Bonus	\$	Address										
		Tips	\$	City, State, Zip	employer									
		Commissions	\$	Phone	nonemp									
				Fax	emprior									
					seasonal									
		Length of Time on Job _____ Yrs. _____ Mos.		Occupation _____										

		TYPE	FREQUENCY	AMOUNT										
<input type="checkbox"/>	<input type="checkbox"/>	Are you presently employed at more than one job (Not Self-Employed)?				For Office Use Only								
YES	NO	Wages	\$	Company	<table border="1" style="float: right; border-collapse: collapse;"><tr><th>Sent</th><th>Rec'd</th><th>Amount</th></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Sent	Rec'd	Amount						
Sent	Rec'd	Amount												
		Overtime	\$	Contact										
		Bonus	\$	Address	employer									
		Tips	\$	City, State, Zip	seasonal									
		Commissions	\$	Phone										
				Fax										
		Length of Time on Job _____ Yrs. _____ Mos.		Occupation _____										

<input type="checkbox"/>	<input type="checkbox"/>	Are you self employed?	Business Type	_____	*selfemp
YES	NO	Annual Net Income \$ _____	How Long in Business	_____	2 Yrs Tax Returns

		TYPE	FREQUENCY	AMOUNT										
<input type="checkbox"/>	<input type="checkbox"/>	Do you receive income from the Armed Forces including the reserves, or do you receive any special pay or allowances?				For Office Use Only								
YES	NO	Regular	\$	Branch/Contact	<table border="1" style="float: right; border-collapse: collapse;"><tr><th>Sent</th><th>Rec'd</th><th>Amount</th></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Sent	Rec'd	Amount						
Sent	Rec'd	Amount												
		Special	\$	Address	militar									
		Allowances	\$	Phone										

		TYPE	FREQUENCY	AMOUNT										
<input type="checkbox"/>	<input type="checkbox"/>	Do you receive or have you applied for Unemployment Benefits, Severance Pay, Workers Compensation? (circle)				For Office Use Only								
YES	NO	Unemployment	\$	Branch/Contact	<table border="1" style="float: right; border-collapse: collapse;"><tr><th>Sent</th><th>Rec'd</th><th>Amount</th></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Sent	Rec'd	Amount						
Sent	Rec'd	Amount												
		Workers Comp	\$	Address										
		Severance	\$	Phone	unemp									
					other									

CHILD SUPPORT / ALIMONY

Amount

		TYPE	FREQUENCY	AMOUNT										
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a court order or private agreement for receiving Child or Spousal Support?				For Office Use Only								
YES	NO	Child Support	\$	Court Branch/Payee	<table border="1" style="float: right; border-collapse: collapse;"><tr><th>Sent</th><th>Rec'd</th><th>Amount</th></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Sent	Rec'd	Amount						
Sent	Rec'd	Amount												
		Spousal Support	\$	Address										
				Phone	childsup									
					childnon									

Copies of all court orders must be attached. Support will be counted whether or not it is received, unless legal action has been taken to remedy. Support that is not ordered by the courts but received from a private party is also counted.

PUBLIC AID

		TYPE	FREQUENCY	AMOUNT										
<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving AFDC (Aid for Dependent Children) or other public assistance?				For Office Use Only								
YES	NO	Public Aid	\$	Caseworker	<table border="1" style="float: right; border-collapse: collapse;"><tr><th>Sent</th><th>Rec'd</th><th>Amount</th></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Sent	Rec'd	Amount						
Sent	Rec'd	Amount												
				Address	publicver									

SOCIAL SECURITY

		TYPE	FREQUENCY	AMOUNT										
<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving Social Security Income?				For Office Use Only								
YES	NO	SSA	\$		<table border="1" style="float: right; border-collapse: collapse;"><tr><th>Sent</th><th>Rec'd</th><th>Amount</th></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Sent	Rec'd	Amount						
Sent	Rec'd	Amount												
		SSI	\$		socsecver									
		SSD	\$											

VETERANS, PENSION, RETIREMENT or ANNUITY BENEFITS

Do you receive any retirement benefits? YES NO Type \$ Rec'd From Address City, State, Zip

Table with columns: Sent, Rec'd, Amount

vetver other

OTHER INCOME

Do you receive any of the following types of income & from whom?

Regular payments or gifts from anyone outside your household? Regular payments from any type of settlement? Regular payments-inheritances, lottery winnings or trust funds? Regular payments from rental property or other real estate? Are you receiving any other form of periodic income?

Table with columns: Sent, Rec'd, Amount

other

ASSET INFORMATION

Include All Assets Held by You or Minor Children & Income Derived

Please circle the type of account Checking, Savings Account or Prepaid Debit Card? CD's, Money Markets, Mutual Funds or Treasury Bills?

Table with columns: Sent, Rec'd, Amount

bankver

Stocks, Bonds or Securities? Pensions, IRAs, Keogh, 401K or other retirement accounts? Trust Funds, Life Insurance or other funds?

Table with columns: Sent, Rec'd, Amount

assetver

Please circle the type of account Real Estate, rental property, land contract for deed or other real estate buildings?

Table with columns: Sent, Rec'd, Amount

realestatever

Personal property held as an investment? This includes paints, coin or stamp collections, artwork, collector or show cars, antiques. Do not include personal items such as cars, furniture, etc.

Table with columns: Sent, Rec'd, Amount

assetver

YES NO

Have you disposed of or given away any asset for Less than its fair market value within the past 2 years?

Explain:

Fair Market Value \$ _____

Given To _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

Disposal of Asset

YES NO

Have you received any lump sum payments in the past 2 years, or anticipate any in the next year?

Where is it now?

\$ _____

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

lumpsumcer

YES NO

OTHER ASSETS: Specify _____

\$ _____

STUDENT STATUS

Do you receive any of the following types of income & from whom?

YES NO

Are you currently a part or full-time student, have been one during five calendar months of this year or expect to be one in the next 12 months?
If YES, please continue.

YES NO

Are you a single parent with minor children who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?

YES NO

Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other federal, state & local laws?

YES NO

Are you married, filing a joint tax return with your spouse?

YES NO

Do you receive TANF, AFDC (Aid for Dependent Children) or title IV recipient?

YES NO

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?

YES NO

Please provide the name of the educational instituon where you are or will be a student.

Date Graduated or left school: _____

I understand that the owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Low Income Housing Tax Credit (LIHTC) Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material representation is made, I could be subject to prosecution and/or that my application will be denied and/or my tenancy be terminated. And falsification or misrepresentation of information will be considered a material breach of the Lease Agreement. I hereby swear that to the best of my knowledge, the above information is true, correct, and complete.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I agree to provide all necessary information, including source names, addresses and account numbers whenever applicable. I understand that my occupancy is contingent upon meeting management's Resident Selection Criteria and the LIHTC Program requirements. I further certify that I do not expect any changes in the information provided or on the attached Application. I will notify management should any information change unexpectedly. Failure to do so may result in the cancellation of my application for occupancy.

I / We certify that answers given herein are true and complete to the best of my/our knowledge. I / We authorize verification or investigation of all statements contained herein via consumer, credit reports, rental and / or criminal history reports and any other means. Failure to answer any of the inquiries shall be cause for rejecting this application. False information will lead to rejection of this application and we retain the right to forfeit all deposits as liquidated damages for our processing time and expense.

_____ Applicant Signature	_____ Date	_____ Applicant Signature	_____ Date
------------------------------	---------------	------------------------------	---------------

Date Received _____ Time Received _____ Received by: _____



AUTHORIZATION TO RELEASE INFORMATION

To Be Completed by the Office Staff:

From: Pullman Artspace Lofts	To: ATTN:	_____
11137 S. Langley	Company:	_____
Chicago, IL 60628	Address:	_____
Phone: 847-445-2349	City,State,Zip	_____
Fax: 708-748-5171	Phone	_____
	Fax	_____

The undersigned individual(s) have applied for residency at our apartment community. The property is operated under the Internal Revenue Service LIHTC program. We are required to obtain written confirmation of the income of all applicants and other household members. In order to comply with the Federal regulations in regards to all assets, income and allowances, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information may be needed. Verifications and inquiries that may be requested, include but are not limited to the following:

- | | | |
|------------------------------|-----------------------------|--------------------------------|
| Credit and Criminal Activity | Identity and Marital Status | Residences and Rental Activity |
| Student Status | Medical Allowances | Employment, Income & Assets |

The groups or individuals that may be asked to release an/or verify the above information (depending on the program requirements) include but are not limited to the following:

- | | | |
|--------------------------------|--------------------------|--------------------------------------|
| Courts & Post Offices | Welfare Agencies | Law Enforcement Agencies |
| State Unemployment Agencies | Veteran's Administration | Retirement Systems |
| Credit Providers & Bureaus | Internal Revenue Service | Previous Landlords (Including PHA's) |
| Social Security Administration | Utility Companies | Banks & Other Financial Institutions |
| Medical Agencies | Personal References | Past & Present Employers |

I/We agree that a photocopy of this authorization maybe used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/We understand that I/We have the right to review my/our file and correct any information that can be proven to be incorrect.

The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the LIHTC program.

Applicant/Resident	Co-Applicant/Co-Resident
Print Name _____	Date _____
Signature _____	_____
Social Security No. _____	_____

NON PART OR FULL TIME STUDENT CERTIFICATION

I, _____, duly state that I am not currently a part or full time student, I do not anticipate being a part or full time student in the next 12 months and I have not been a student nor will I be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). I promise to notify management immediately of any actual or anticipated change in my student status. I am aware that I will no longer qualify to live at the above listed apartment community in a Section 42 - Affordable apartment if I should become a full-time student.

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the Lease Agreement and subject to penalties including, but not limited to immediate termination of my Lease.

Signature of Applicant/Resident

Date

Signature of Witness

Printed Name Witness

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

