

PULLMAN ARTSPACE LOFTS

11137 S. Langley

Chicago, IL 60628

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

July 26, 2019

Dear Applicant:

Thank you for your interest in Pullman Artspace Lofts. We will begin to accept applications for studio, 1, and 2 bedroom units on July 29, 2019. 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. 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:

1000 E. 111th Street, 7th Floor (US Bank building)
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 Selection Committee. The Artist Selection Committee interview is the final step in the process for future residents of Pullman Artspace Lofts. The interview is an opportunity for applicants to

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL 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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PROGRAM ELIGIBILITY

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

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

All applications will be screened for Program Eligibility and Public Records Search Credit/Rental/Criminal history.

MAXIMUM ANNUAL INCOME

50% AMI				60% AMI	
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:

Applicant must meet the credit qualifications listed below. An applicant may be denied for delinquent amounts due to any utility company or liens-judgments.

A background/criminal check will be made on all applicants. Applicants will be automatically be denied if they are classified as sex offenders. Applicants will be denied if they are convicted of a felony, misdemeanor or any crime involving firearms, possession, sale, manufacturing or distribution of controlled substances (drug), prostitution, theft, fraud, physical violence to other persons, damage to property, endangerment to the health and safety of other persons, domestic violence, disorderly conduct/disturbing the peace, assault, battery, offenses against government agents (such as police, FBI, ect.) or any sex related crimes in the last five (5) years.

NO CO-SIGNERS will be allowed

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. Applicants with a discharged bankruptcy will be considered.
- * An applicant who has a foreclosure on their credit history will be considered if all other criteria are met. Applicants with a foreclosure within the last 3 years must pay an additional ½ months security deposit.

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REQUIRED DOCUMENTATION

You must bring the following items with you when you submit your initial application

- ❖ 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, make sure that you bring in CURRENT award letters, statements and if applicable paycheck stubs.

A non-refundable application fee: \$25.00 per adult person (age 18+) and \$40 for married couples. Reservation Deposit: \$300.00 (Certified Check or Money Order Only)

- Upon approval, you have 3 (three) business days to bring in the \$300 reservation deposit. This reservation deposit is applied toward the security deposit due upon move-in. Please make payable to Pullman Artspace Lofts.
- In the event the applicant decides to cancel their application (for any reason) after they have been notified of approval, the reservation deposit becomes non-refundable.

If management should cancel or deny the application, the full reservation deposit will be 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 type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input 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 owner's 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



No. of Bedrooms _____

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				

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 interfere 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

☐ ☐
YES NO
Are you employed or do you anticipate being employed in the next 12 months?

	TYPE	FREQUENCY	AMOUNT
Wages	\$	Company	
Overtime	\$	Contact	
Bonus	\$	Address	
Tips	\$	City, State, Zip	
Commissions	\$	Phone	
		Fax	

For Office Use Only

Sent	Rec'd	Amount
employer	emprior	
nonemp	seasonal	

Length of Time on Job _____ Yrs. _____ Mos. Occupation _____

☐ ☐
YES NO
Are you presently employed at more than one job (Not Self-Employed)?

	TYPE	FREQUENCY	AMOUNT
Wages	\$	Company	
Overtime	\$	Contact	
Bonus	\$	Address	
Tips	\$	City, State, Zip	
Commissions	\$	Phone	
		Fax	

Sent	Rec'd	Amount
employer		
seasonal		

Length of Time on Job _____ Yrs. _____ Mos. Occupation _____

☐ ☐
YES NO
Are you self employed?

Business Type _____

*selfemp

Annual Net Income \$ _____ How Long in Business _____

2 Yrs Tax Returns

☐ ☐
YES NO
Do you receive income from the Armed Forces including the reserves, or do you receive any special pay or allowances?

Regular	\$	Branch/Contact	
Special	\$	Address	
Allowances	\$	Phone	

Sent	Rec'd	Amount
militver		

☐ ☐
YES NO
Do you receive or have you applied for Unemployment Benefits, Severance Pay, Workers Compensation?

(circle)

Unemployment	\$	Branch/Contact	
Workers Comp	\$	Address	
Severance	\$	Phone	

Sent	Rec'd	Amount
unemp		
other		

CHILD SUPPORT / ALIMONY

Amount

☐ ☐
YES NO
Do you have a court order or private agreement for receiving Child or Spousal Support?

		Court Branch/Payee	
Child Support	\$	Address	
Spousal Support	\$	Phone	

Sent	Rec'd	Amount
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
☐ ☐
YES NO
Are you receiving AFDC (Aid for Dependent Children) or other public assistance?

		Caseworker	
Public Aid	\$	Address	

Sent	Rec'd	Amount
publicver		

SOCIAL SECURITY
☐ ☐
YES NO
Are you receiving Social Security Income?

SSA	\$	
SSI	\$	
SSD	\$	

Sent	Rec'd	Amount
socsecver		

VETERANS, PENSION, RETIREMENT or ANNUITY BENEFITS☐ ☐

Do you receive any retirement benefits?

YES NO

Type _____ \$

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount
<input type="checkbox"/>	<input type="checkbox"/>	

vet/ver other

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

YES NO

☐ ☐

Regular payments or gifts from anyone outside your household?

\$ _____

Rec'd From _____

Sent	Rec'd	Amount
<input type="checkbox"/>	<input type="checkbox"/>	

☐ ☐

Regular payments from any type of settlement?

\$ _____

Address _____

☐ ☐

Regular payments-inheritances, lottery winnings or trust funds?

\$ _____

City, State, Zip _____

other

☐ ☐

Regular payments from rental property or other real estate?

\$ _____

☐ ☐

Are you receiving any other form of periodic income?

\$ _____

ASSET INFORMATION*Include All Assets Held by You or Minor Children & Income Derived*☐ ☐

YES NO

Please circle the type of account

Checking, Savings Account or Prepaid Debit Card?

Cash Value

\$ _____

Account # _____

Bank Name: _____

Sent	Rec'd	Amount
<input type="checkbox"/>	<input type="checkbox"/>	

☐ ☐

YES NO

CD's, Money Markets, Mutual Funds or Treasury Bills?

Cash Value

\$ _____

Account # _____

Address _____

City, State, Zip _____

bank/ver

☐ ☐

YES NO

Stocks, Bonds or Securities?

\$ _____

Rec'd From _____

Sent	Rec'd	Amount
<input type="checkbox"/>	<input type="checkbox"/>	

☐ ☐

YES NO

Pensions, IRAs, Keogh, 401K or other retirement accounts?

\$ _____

Address _____

☐ ☐

YES NO

Trust Funds, Life Insurance or other funds?

\$ _____

City, State, Zip _____

asset/ver

☐ ☐

YES NO

Please circle the type of account

Real Estate, rental property, land contract for deed or other real estate buildings?

Cash Value

\$ _____

Address or Legal Description: _____

Rec'd From _____

Sent	Rec'd	Amount
<input type="checkbox"/>	<input type="checkbox"/>	

Address _____

realestate/ver

City, State, Zip _____

☐ ☐

YES NO

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.

Description: _____

\$ _____

Rec'd From _____

Address _____

Sent	Rec'd	Amount
<input type="checkbox"/>	<input type="checkbox"/>	

City, State, Zip _____

asset/ver

☐ ☐
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
<input type="checkbox"/>	<input type="checkbox"/>	

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
<input type="checkbox"/>	<input type="checkbox"/>	

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)?

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

☐ ☐
YES NO

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

To: ATTN: _____
Company: _____
Address: _____
City, State, Zip _____
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
Student Status

Identity and Marital Status
Medical Allowances

Residences and Rental Activity
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
State Unemployment Agencies
Credit Providers & Bureaus
Social Security Administration
Medical Agencies

Welfare Agencies
Veteran's Administration
Internal Revenue Service
Utility Companies
Personal References

Law Enforcement Agencies
Retirement Systems
Previous Landlords (Including PHA's)
Banks & Other Financial Institutions
Past & Present Employers

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 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.

