



Dear Applicant,

Thank you for considering a Boyd Management property for your new home. Our team strives to make your future housing decision as easy as possible. If you have any questions or comments, please feel free to contact us.

Please provide the following:

Application- every question must be answered or indicated N/A (not applicable) and submitted with a \$25 application fee in check or money order, only. No cash accepted. Applications submitted without the \$25 fee will be returned to applicant.

(Note: HUD properties do not require an application fee.)

Social Security card for each household member- we can make copies.

Birth Certificate for each household member- we can make copies.

Returning your application in person is preferred as it can be reviewed with you to ensure that it is complete. All members of the household, including minors, must be listed on the application.

Upon receipt of the above items, we will process and evaluate your application through our acceptance criteria which are designed to be a fair and reasonable way to provide equality to all applicants. Part of this process includes verifying your income and assets in compliance with federal and state program regulations governing this property. This specific information can be found in our Resident Selection Plan on the bulletin board in the office. Again, thank you for your consideration of our community.

_____ ***Apartments***

Office Address: _____

Office Hours: _____

Phone: _____ Fax: _____

Nationwide TTY Relay: 711 Email: _____



"This institution is an equal opportunity provider."



BMI RENTAL APPLICATION

Smoking Restrictions Apply at All BMI Properties



\$25 APPLICATION FEE APPLIES (except HUD) AND MUST BE PAID IN CHECK OR MONEY ORDER. NO CASH ACCEPTED.

Property Name	
Property Address	
Phone	
Fax	
Email Address	

BMI Staff to Check Appropriate Designation:

Program Type	Property Type
USDA RD	FAMILY
TCC- 9%	HFOP- HEAD OF HOUSEHOLD 55+
HUD-Requires No Application Fee	ELDERLY- 62+ AND/OR DISABLED

APPROVED PETS ARE ALLOWED AT THIS PROPERTY: YES NO
 An assistance animal is NOT a pet & is allowed when approved as a reasonable accommodation.

HEAD OF HOUSEHOLD (HOH) INFORMATION

First Name	Middle Initial	Last Name	Social Security #	Birth Date
Current Marital Status (check only one) <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
List Dgny "Any Other Names You Have Used In The Past			Cell Phone	Home/Alternate Phone
Current Mailing Address				
Email Address, if Available				Are you a Full Time Student YES NO
Date You Want to Move In	Total # of Persons in Household	Size of Desired Apartment		
F q"q Currently Hold a Housing Voucher	YES NO	If YES, Name of Housing Agency		

List All Additional Household Members, Not the HOH	Social Security #	Birth Date	Relationship to Applicant	Current Full Time Student
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

STUDENT INFORMATION- APPLIES TO ALL HOUSEHOLD MEMBERS

1. Is/Was any member of your household a full time or part time student, this includes K-12 & higher, within the current Jan-Dec calendar year?
 YES NO If YES, please list all that apply below:

Name	School/Location
Name	School/Location
Name	School/Location

2. Do you or any household member who lives with you and is not currently a student intend to become a full time or part time student during the next 12 months? (Includes grades Kindergarten - 12th grades and higher.) YES NO If YES, please list all that apply below:

Name of household member	
Date expected to become a student	
Name & location of school	
Name of household member	
Date expected to become a student	
Name & location of school	
Name of household member	
Date expected to become a student	
Name & location of school	

DO YOU NEED ANY ACCOMMODATIONS? SEE BELOW:

Both the owner and agent are committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations when they may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing community.

Please check the following statement(s) that applies to your household:

Yes, I/we are requesting reasonable accommodations for one or more members of our household based on a disability and I/we understand this request may be verified.

Yes, I/we are requesting a unit with accessible (handicap) features.



For Office Use Only:

Date Rec'd: _____ Time: _____ SM Initials: _____

App. Fee Paid, Batch #: _____



GENERAL INFORMATION

- A.** Utilities may be the residents' responsibility, and if so, arrangements must be made with the appropriate utility company/companies prior to move-in. If a deposit is required by the utility company, the amount could vary widely, as there are no strict regulations on what service providers can charge.
- B.** I/We understand that a security deposit for the apartment must be paid prior to move in, and this will hold the selected unit for a two week period. This deposit becomes non-refundable after a 72 hour waiting period. If you do not move in within a two week period after the deposit is received and when management advises unit is ready for occupancy, your security deposit will be forfeited. The selected unit will go back on the market and offered to the next eligible applicant.
- C.** I/We understand that a credit, criminal and residency history verification will be performed on all adult household members to process the application.
- D.** I/We understand that the SS# and verification of citizenship or eligible immigration status must be provided for each household member.
- E.** I/We understand that the management company, acting on behalf of the owner, is required to verify your income and assets in compliance with program regulations governing this property. Information contained on this application may be used, as well as, verification of information from third party sources. You, and all adult members, are required to complete and sign the release form attached to this application. After verifications are received, if the household income exceeds the program qualifying income limit or other eligibility requirements are not met, this application will be denied. Changes in household composition, income, assets, and/or student status changes during this verification period, you should immediately report to the manager and your application may need updating. Approved applicants that remain on the waiting list for a period that exceeds 120 days must have all eligibility requirements re-verified upon notification. Should the re-verification process deem a previously approved applicant now ineligible, the applicant will be denied.
- F.** By signing this application, you are stating that should you move into this complex, this unit will become your primary place of residence and you will not maintain a separate place of residence, whether subsidized or not.

HEAD OF HOUSEHOLD (HOH) INFORMATION

RESIDENCY HISTORY

(Must Show a Minimum of Last 2 Years of Residency, Complete All 3 Residency Sections Only if Needed for 2 Years of History)

	Current Residence	Previous Residence	Previous Residence
Street Address			
City, State, Zip			
Check Which Applies	Own Rent Other	Own Rent Other	Own Rent Other
If "Other", Explain			
Owner/Landlord Name			
Owner/Landlord Phone #			
Reason for Leaving			
Dates of Residency	From: _____ - To: _____	From: _____ - To: _____	From: _____ - To: _____

WAGES

Income from Employment

Income from 2nd Employment/Seasonal Job, if Applicable

Current Employer		
Complete Address		
Employers Phone & FAX		
Name of Supervisor		
Gross Pay- BEFORE TAXES	\$ _____	\$ _____
Pay Frequency	wkly every other wk twice mthly mthly other: _____	wkly every other wk twice mthly mthly other: _____
Date you were Hired	mm/dd/yyyy: _____	mm/dd/yyyy: _____

BENEFITS & OTHER INCOME

(This includes Social Security, Retirement/Pension, SSI, Disability, Net Income from Operation of a Business, Child Support, Alimony, Unemployment, Regularly Recurring Monetary Gifts from Family/Friends, TANF, Etc.)

Answer each section >	Income Source	Additional Income Source	Additional Income Source
Source of Income			
Complete Address			
Phone Number			
Gross Amount	\$ _____	\$ _____	\$ _____
Frequency	wkly mthly other: _____	wkly mthly other: _____	wkly mthly other: _____
Is it Court Ordered?	YES NO	YES NO	(check one) YES NO

ASSETS

(This includes anything of cash value you have access to. Anything not mentioned below, like 401K, stocks, bonds, CD's, money markets, list under "Other Assets".)

	Answer All	If YES, Name of Bank/Card/Asset	Last 4 Digits of Account Number
Savings Account	YES NO		XXXXX _____
Checking Account	YES NO		XXXXX _____
Prepaid or Payroll Cards	YES NO		XXXXX _____
Any Other Assets?	YES NO	If YES, explain:	
Real Estate	YES NO	If YES, what type?	Land Home Mobile Home Other : _____
If YES, List Real Estate Address			
Life Insurance Policy	YES NO		

CO-TENANT (Co-HOH) INFORMATION

First Name	Middle Initial	Last Name	Cell Phone	Alternate Phone
Current Marital Status (check only one) >			Never Married	Married
List Other Names You Have Used In The Past			Divorced	Separated
			Widowed	Email Address, if Available

RESIDENCY HISTORY

(Must Show a Minimum of Last 2 Years of Residency, Complete All 3 Residency Sections Only if Needed for 2 Years of History)

	Current Residence			Previous Residence			Previous Residence		
Street Address									
City, State, Zip									
Check Which Applies	Own	Rent	Other	Own	Rent	Other	Own	Rent	Other
If "Other", Explain									
Owner/Landlord Name									
Owner/Landlord Phone #									
Reason for Leaving									
Dates of Residency	From: _____	- To: _____		From: _____	- To: _____		From: _____	- To: _____	

WAGES

Income from Employment

Income from 2nd Employment/Seasonal Job, if Applicable

Current Employer										
Complete Address										
Employers Phone & FAX										
Name of Supervisor										
Gross Pay- BEFORE TAXES	\$ _____					\$ _____				
Pay Frequency	wkly	every other wk	twice mthly	mthly	other: _____	wkly	every other wk	twice mthly	mthly	other: _____
Date you were Hired	mm/dd/yyyy: _____					mm/dd/yyyy: _____				

BENEFITS & OTHER INCOME

(This includes Social Security, Retirement/Pension, SSI, Disability, Net Income from Operation of a Business, Child Support, Alimony, Unemployment, Regularly Recurring Monetary Gifts from Family/Friends, TANF, Etc.)

Answer each section >	Income Source	Additional Income Source	Additional Income Source
Source of Income			
Complete Address			
Phone Number			
Gross Amount	\$ _____	\$ _____	\$ _____
Frequency	wkly mthly other: _____	wkly mthly other: _____	wkly mthly other: _____
Is it Court Ordered?	YES NO	YES NO	YES NO

ASSETS

(This includes anything of cash value you have access to. Anything not mentioned below, like 401K, stocks, bonds, CD's, money markets, list under "Other Assets".)

	Answer All	If YES, Name of Bank/Card/Asset	Last 4 of Account Number
Savings Account	YES NO		XXXXX _____
Checking Account	YES NO		XXXXX _____
Prepaid or Payroll Cards	YES NO		XXXXX _____
Any Other Assets?	YES NO	If YES, explain	
Real Estate	YES NO	If YES, what type?	Land Home Mobile Home Other: _____
If YES, List Real Estate Address:			
Life Insurance Policy	YES NO		

ADDITIONAL ADULT INFORMATION

First Name	Middle Initial	Last Name	Cell Phone	Alternate Phone
Current Marital Status (check only one) >>>			Never Married	Married
			Divorced	Separated
			Widowed	
List Any Other Names You Have Used In The Past:			Email Address, if Available:	

RESIDENCY HISTORY

(Must Show a Minimum of Last 2 Years of Residency; Complete All 3 Residency Sections Only if Needed for 2 Years of History)

	Current Residence			Previous Residence			Previous Residence		
Street Address									
City, State, Zip									
Check Which Applies	Own	Rent	Other	Own	Rent	Other	Own	Rent	Other
If "Other", Explain									
Owner/Landlord Name									
Owner/Landlord Phone #									
Reason for Leaving									
Dates of Residency	From: _____	- To: _____		From: _____	- To: _____		From: _____	- To: _____	

WAGES

Income from Employment

Income from 2nd Employment/Seasonal Job, if Applicable

Current Employer										
Complete Address										
Employers Phone & FAX										
Name of Supervisor										
Gross Pay- BEFORE TAXES	\$ _____				\$ _____					
Pay Frequency	wkly	every other wk	twice mthly	mthly	other: _____	wkly	every other wk	twice mthly	mthly	other: _____
Date you were Hired	mm/dd/yyyy: _____				mm/dd/yyyy: _____					

BENEFITS & OTHER INCOME

(This includes Social Security, Retirement/Pension, SSI, Disability, Net Income from Operation of a Business, Child Support, Alimony, Unemployment, Regularly Recurring Monetary Gifts from Family/Friends, TANF, Etc.)

Answer each section">	Income Source	Additional Income Source	Additional Income Source
Source of Income			
Complete Address			
Phone Number			
Gross Amount	\$ _____	\$ _____	\$ _____
Frequency	wkly mthly other: _____	wkly mthly other: _____	wkly mthly other: _____
Is it Court Ordered?	YES NO	YES NO	YES NO

ASSETS

(This includes anything of cash value you have access to. Anything not mentioned below, like 401K, stocks, bonds, CD's, money markets, list under "Other Assets".)

	Answer All	If YES, Name of Bank/Card/Asset	Last 4 Digits of Account Number
Savings Account	YES NO		XXXXX _____
Checking Account	YES NO		XXXXX _____
Prepaid/Payroll Cards	YES NO		XXXXX _____
Any Other Assets?	YES NO	If YES, explain:	
Real Estate	YES NO	If YES, what type?	Land Home Mobile Home Other: _____
If YES, Address of Real Estate:			
Life Insurance Policy	YES NO		

MINORS IN THE HOUSEHOLD

MINOR MEMBER INFO:	Minor HH Member #1			Minor HH Member #2			Minor HH Member #3		
Name of Minor									
Gender	MALE	FEMALE	DECLINE TO REPORT	MALE	FEMALE	DECLINE TO REPORT	MALE	FEMALE	DECLINE TO REPORT
Do you receive Child Support? Or, have you ever filed for it?	YES	NO		YES	NO		YES	NO	

CHILDCARE INFO: Childcare Expenses are considered at RD/HUD properties, only- list for each Minor Household Member individually (12 years of age and under, only)									
Do you pay for childcare yourself?	YES	NO		YES	NO		YES	NO	
Paid To/ Name of Childcare									
PhoneNumber									
Street Address									
City, State, Zip									

MINOR MEMBER INFO:	Minor HH Member #4			Minor HH Member #5			Minor HH Member #6		
Name of Minor									
Gender	MALE	FEMALE	DECLINE TO REPORT	MALE	FEMALE	DECLINE TO REPORT	MALE	FEMALE	DECLINE TO REPORT
Do you receive Child Support? Or, have you ever filed for it?	YES	NO		YES	NO		YES	NO	

CHILDCARE INFO: Childcare Expenses are considered for RD/HUD properties, only- list for each Minor Household Member individually (12 years of age and under, only)									
Do you pay for childcare yourself?	YES	NO		YES	NO		YES	NO	
Paid To/ Name of Childcare									
PhoneNumber									
Street Address									
City, State, Zip									

ASSETS for the MINORS in the HOUSEHOLD

	Answer All	If YES, Name of Bank/Asset	Account Holder Name	Last 4 Digits of Account Number
Savings Account	YES NO			XXXXX
Checking Account	YES NO			XXXXX
Other Assets? (please explain)	YES NO			

QUESTIONS FOR THE ENTIRE HOUSEHOLD

- A. Are you and all members of the household a United States citizen?..... YES NO
- B. In specific federally funded properties, there are certain benefits for those who meet the definition of elderly or persons with disabilities. To determine if any member of the household qualifies, answer the following:
- * 1. is at least 62 years old..... YES NO
 - * 2. meets the definition of persons with disabilities..... YES NO
 - 3. The applicant understands pets are only allowed for qualified households with prior written approval and a signed Pet Regulations/ Attachment at Elderly/Disabled, Housing for Older Persons (55+) and Elderly (all members of household are 62+) designated properties, and that a pet deposit may be required and/or pet fees may apply.
Most all of our "family" properties have a no pet policy! Assistance animals are not considered pets and, upon an approved reasonable accommodation request for a disability, they may be allowed on any property and a deposit will not be charged.
 - 4. Do you have a pet?..... YES NO
 - 5. Do you have an assistance animal?..... YES NO

MEDICAL EXPENSES FOR ELDERLY/DISABLED AT RD & HUD PROPERTIES

* 6. If you answered YES to #1 or #2 above, and you have applied to a RD or HUD property, you may qualify for a medical expense deduction for the entire household if the head, spouse of co-head is at least 62 years old or is a person with disabilities or if any member is disabled. Only out-of-pocket expenses that are not reimbursed are considered and they must exceed 3% of total household income for the deduction. **Please answer the following questions regarding medical expenses paid in the past 12 months or anticipated over the next 12 months, if you answered YES to #1 or #2 above.**

	YES	NO		YES	NO
Medical Health Insurance	YES	NO	Medical expense deductions are for elderly & disabled households at RD & HUD properties, only!	Vision Care & Eyeglasses	YES NO
Supplemental Health Insurance	YES	NO		Dentist & Dentures	YES NO
Doctors & Specialists	YES	NO		Medical Equipment & Supplies	YES NO
Hospitals	YES	NO		Medical Debt Payments	YES NO
Prescriptions & OTC Medications	YES	NO		Other Medical Expenses	YES NO

QUESTIONS FOR THE ENTIRE HOUSEHOLD, continued

- C. Are you or any member of the household registered as a sex offender?..... YES NO
- D. 1. Do you or any member of the household have a pending criminal charge?..... YES NO
 2. Have you or any member of the household been convicted of a crime?..... YES NO
 If YES to either question above, please explain: _____
- E. Certify/answer if any members of the household:
 1. are a current illegal user of a controlled substance..... YES NO
 2. have a previous conviction for illegal use of controlled substances..... YES NO
 3. have been convicted of the illegal manufacturing or distribution of a controlled substance..... YES NO
 > If you answered YES to any of the above 3 statements, please answer the statements below:
 4. have successfully completed a controlled substance abuse recovery program & provided proof..... YES NO
 5. are presently enrolled in a controlled substance abuse program & provided proof..... YES NO

SIGNATURES/ACKNOWLEDGEMENT- Must be signed and dated by all members of the household age 18 & older:

TENANT AND ALL ADULT HOUSEHOLD MEMBERS CERTIFY THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT AND UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INFORMATION IS PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY.

Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

Self-Identify Information:

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, sexual orientation, reprisal, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Race: (check all that apply)	Applicant	Co-Applicant	Ethnicity:	Applicant	Co-Applicant
1. American Indian/Alaska Native			A. Hispanic or Latino		
2. Asian			B. Not Hispanic or Latino		
3. Black or African American			Gender:	Applicant	Co-Applicant
4. Native Hawaiian or Other Pacific Islander			Male		
5. White			Female		



If this is your first time submitting this application, please stop, do not go any further. You have already given your signature and acknowledgment when you signed above. The section below is for updates only.

THE SECTION BELOW IS FOR UPDATED APPLICATIONS THAT ARE OVER 120 DAYS OLD, ONLY!

UPDATED SIGNATURE/ACKNOWLEDGMENT FOR UPDATED APPLICATIONS, ONLY- Must be signed and dated by all adult applicants.

APPLICANT AND ALL ADULT HOUSEHOLD MEMBERS CERTIFY THAT ALL INFORMATION ON THIS APPLICATION HAS BEEN UPDATED TO BE TRUE AND CORRECT AND UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INFORMATION IS PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY.

Updated Signature		Updated on	
Updated Signature		Updated on	
Updated Signature		Updated on	
Updated Signature		Updated on	



"This institution is an equal opportunity provider."

TTY Relay #: 711





CERTIFICATION QUESTIONNAIRE

HOUSEHOLD MEMBER'S NAME		RELATIONSHIP to HOH	DATE OF BIRTH	STUDENT
HEAD OF HOUSEHOLD (HOH):		Head of Household		YES NO
Select one: MARRIED NEVER MARRIED SEPARATED WIDOWED DIVORCED				
ADDITIONAL ADULT:				YES NO
Select one: MARRIED NEVER MARRIED SEPARATED WIDOWED DIVORCED				
ADDITIONAL ADULT:				YES NO
Select one: MARRIED NEVER MARRIED SEPARATED WIDOWED DIVORCED				
ADDITIONAL ADULT:				YES NO
Select one: MARRIED NEVER MARRIED SEPARATED WIDOWED DIVORCED				
MINOR HH MEMBER:		MY/OUR CHILD -OR- I/WE HAVE GUARDIANSHIP		YES NO
MINOR HH MEMBER:		MY/OUR CHILD -OR- I/WE HAVE GUARDIANSHIP		YES NO
MINOR HH MEMBER:		MY/OUR CHILD -OR- I/WE HAVE GUARDIANSHIP		YES NO
MINOR HH MEMBER:		MY/OUR CHILD -OR- I/WE HAVE GUARDIANSHIP		YES NO

Do you or any other household member have any of the following? Check YES or NO for each item listed below and for each member.

<u>ASSETS:</u>	Head of Household		MINORS		Additional Adult		Additional Adult		Additional Adult	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Cash on hand, in wallet/purse/coin bank, etc..	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Checking Account	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Savings Account	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Pay Card: _____	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Cash held in Safe Deposit	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Certificate of Deposits/Money Market Funds	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Stocks and Bonds	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
IRA/Keogh/401K/Co Retirement Accounts	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Severance Pay	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Family Trust Funds	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Life Insurance Policy(s)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
House/Real Estate/Land	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Rental Property(s)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Personal Property Held as an Investment	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Lottery or other Winnings/Lump Sum Receipts	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Insurance/Worker's Comp Settlements	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Social Security/VA Disability Settlements	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Other: _____	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Have you disposed of any assets for less than fair market value in the past 2 years?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
<u>INCOME:</u>										
Wages/Salary from Employment	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Do you expect any significant changes in 12 mths?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Unemployment Compensation	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Income from a Business or Profession	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Social Security (SS)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Supplemental Security Income (SSI)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
AFDC or Public Assistance (not food stamps)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Child Support	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Retirement/Pension/Annuities Income	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Disability/Death Benefits	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Alimony	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Regularly Recurring Monetary Gifts	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Other: _____	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

I/WE CERTIFY THAT ALL INFORMATION IN THIS CERTIFICATION IS TRUE AND CORRECT AND UNDERSTAND THAT FALSIFYING ANSWERS IS PUNISHABLE BY LAW AND WILL LEAD TO DENIAL OF APPLICATION OR TERMINATION OF TENANCY.

SIGNATURE: _____ (APPLICANT/RESIDENT) DATE: _____

SIGNATURE: _____ (ADDITIONAL ADULT) DATE: _____

SIGNATURE: _____ (ADDITIONAL ADULT) DATE: _____

SIGNATURE: _____ (ADDITIONAL ADULT) DATE: _____



"This institution is an equal opportunity provider."





Tggcug'('Eqpugpv

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release information required, without liability, to Boyd Management Incorporated for the purpose of possible and/or continued occupancy.

I/We understand that previous and/or current information may be needed. I/We understand that this authorization cannot be used to obtain any information about applicants/household members that is not pertinent to household eligibility for possible and/or continued occupancy.

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

Credit/Criminal Record Providers	Welfare/Unemployment Agencies	Life Insurance/Annuity Companies
Past/Present Employers	Retirement/Pension Income	Child Support Agencies/Providers
Previous/Current Landlords	Social Security/VA Administration	Alimony Providers
Banking/Financial Institutions	Child Care Providers	Tax Assessment Records
Utility Suppliers	Medical Providers/Suppliers	School/Educational Institutions

Eqpf kktpu

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand I/we have a right to review and correct any information received.

Signatures

(Must be signed by all applicants/household members age 18 and older.)

_____	_____	_____	_____
Applicant/Resident Signature	(Print Name)	Last 4 of SS #	Date
_____	_____	_____	_____
Applicant/Resident Signature	(Print Name)	Last 4 of SS #	Date
_____	_____	_____	_____
Applicant/Resident Signature	(Print Name)	Last 4 of SS #	Date
_____	_____	_____	_____
Applicant/Resident Signature	(Print Name)	Last 4 of SS #	Date

Property Name: _____
 Phone #: _____ Fax #: _____
 Email Address: _____



"This institution is an equal opportunity provider."

