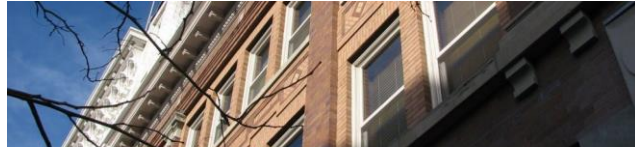


Acme Hotel



Property Address: 107 N. 28th Street, Billings, MT 59101

Office Address: 801 South 28th St., Office, Billings, MT 59101

Phone: (406) 208-9773 / Fax: (406)252-9512

Email: acme@tamarackpm.com / Website: <http://acme.tamarackpm.com/>

Dear Applicant,

Thank you for your interest in Acme Hotel Apartments. We offer Section 8 rental assistance on some of our apartments.

When you complete your application to live at Acme Hotel, please keep the following things in mind:

1. We require that you submit a complete application. Please be sure to fill out all areas of the application completely, including where you have lived for the last three years. If your application is not complete, we will try to contact you to get the missing information or we will return it to you.
2. Everyone who will live with you and is over the age of 18 must sign the application.
3. Please provide complete contact information for your landlord and housing references, but do not have them complete the attached forms. We will request the information directly from them.
4. In order to expedite your application, we recommend that you schedule an appointment to review your completed application with our staff.
5. We recommend you bring the following items with you when you return your application:
 - a. Driver's license or state issued ID, Social security card and birth certificate
 - b. Last six month's worth of bank statements (if applicable)
 - c. A current Direct Express receipt (if you do not have a bank account & receive social security benefits)
 - d. A current social security benefit letter.
 - i. Social Security – your award letter received at the end of last year is fine.
 - ii. Social Security Disability Income – this award letter should be dated recently.
 - e. Contact information for all other forms of income, assets or medical expenses that you may have.
 - f. If you are claiming a Displacement Preference, bring your letter indicating your have been displaced due to government action or presidentially declared disaster.

Please return the entire application package to our office. You may submit your application in person, through mail, email, fax, or by dropping it at the office. We look forward to meeting you!

Sincerely,

Debbie Blanchard
Property Manager



Rental Application

TPMC 05-01.A (HUD)
Rev. 10/1/2015

Applicant's Name: _____

 Mailing Address: _____

 Home Phone: _____
 Cell Phone: _____

 Message Phone: _____

Return to: Acme Hotel
c/o Southern Lights
 801 South 28th Street, Office
 Billings, MT 59101
 Phone #: (406) 208-9773
 Fax #: (406) 252-9512
 Email: acme@tamarackpm.com
 Office Hours: Monday & Tuesday, 9am – 1pm

Instructions: It is important that all information on the Rental Application be legible, complete and correct. False, incomplete, or misleading information will cause your application to be rejected. It is your responsibility to notify us when any of the information contained in this application changes (i.e. contact information, family size, income amounts, etc.). Failure to do so may result in your Rental Application being rejected. It is your responsibility to contact us within 48 hours after we call you about an apartment. This property does not discriminate on the basis of disability status in the admission or access to, or treatment of employment in, its federally assisted programs and activities. You may contact our 504 Coordinator, Kathy Kaufman – Operations Specialist at 2929 3rd Avenue North, Suite 538; Billings, MT 59101; kkaufman@tamarackpm.com; (406) 252-3773 / TTY 711 for assistance. Language interpreters and/or translated documents are available upon request. Intérpretes de la lengua y documentos traducidos están disponibles a petición. Alternate formats are available upon request.

Household Information

List all individuals that are applying to live in this apartment. Include live-in aide / attendants. ⁽¹⁾ Response Optional

Name <i>First, Middle Initial, Last</i>	Aliases <i>Maiden/other legal names</i>	Date of Birth	Age	Social Security Number	Is the Individual A Student? (Y/N)	Disabled? (Y/N) ⁽¹⁾

Select the apartment size(s) & accessibility features you wish to apply for:

- Efficiency (1-2 person household) 2 Bedroom (2-4 person household)
 1 Bedroom (1-2 person household)
 Mobility Accessible Unit Vision Accessible Unit Hearing Accessible Unit

What preference(s) do you wish to apply for? (See Resident Selection Plan for preference descriptions.)

- Displacement Working Family Elderly Household (must be 62+)
 Extremely Low Income⁽²⁾ Very Low Income⁽³⁾

⁽²⁾ Household income falls below the 30% income limit

⁽³⁾ Household income falls below the 50% income limit.

Where did you hear about this Property?



Questionnaire

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Do you anticipate adding any new members to your household in the next twelve months? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you have minor children, do you have full legal custody? If no , what percent of the time are they with you? _____ % of the time
<input type="checkbox"/>	<input type="checkbox"/>		Do you or any household member have special housing needs or need a reasonable accommodation or modification to live here? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>		If approved for move-in, will this be your household's only residence? If no, explain:
<input type="checkbox"/>	<input type="checkbox"/>		Are you currently receiving rental assistance where you are living?
<input type="checkbox"/>	<input type="checkbox"/>		Have you had bed bugs in your current dwelling in the last six months? (This question is being asked so that we will be prepared to work with you to eliminate this problem, not to disqualify your application.)
<input type="checkbox"/>	<input type="checkbox"/>		Do you have a Voucher (i.e. rent assistance through a Housing Authority or similar agency) that you would like to use at this property?
<input type="checkbox"/>	<input type="checkbox"/>		Do you understand that this property has a no pet policy?
<input type="checkbox"/>			Do you understand that this property has a no smoking policy?
<input type="checkbox"/>	<input type="checkbox"/>		Have you or any member of your household had your assistance or tenancy in a subsidized housing program terminated for a program violation or cause in the last three years? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>		Do you or any member of your household owe money to a prior landlord, HUD or a utility company? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes , are you currently making payments to the satisfaction of the landlord, HUD or utility company?
<input type="checkbox"/>	<input type="checkbox"/>		Has any member of your household been evicted from housing for drug-related or other criminal activity in the last three years?
<input type="checkbox"/>	<input type="checkbox"/>		Is any member of your household subject to a state sex offender or violent offender lifetime registration requirement?
<input type="checkbox"/>	<input type="checkbox"/>		Is any member of your household currently using, selling, distributing or in possession of an illegal drug (under state or federal laws) or illegal drug paraphernalia or facing drug related charges?
<input type="checkbox"/>	<input type="checkbox"/>		Other than minor traffic violations, are there any criminal convictions (misdemeanor or felony) or pending charges not already disclosed for any household members? If yes, provide a complete list:
Name:	Year:	Crime:	City/State:
Name:	Year:	Crime:	City/State:
Name:	Year:	Crime:	City/State:
Name:	Year:	Crime:	City/State:



Household Income & Asset Information

Please disclose all income & benefits (before deductions) received by members of your household on a recurring basis:

Household Member	Source / Type of Income & Benefits	Amount Received (before deductions)		Frequency	Monthly Income
		\$	per		
		\$	per		\$
		\$	per		\$
		\$	per		\$
		\$	per		\$
		\$	per		\$
Total					\$

Please disclose all assets owned in full or in part by members of your household:

Household Member	Type of Asset	Bank Name / Asset Location	Current Value
			\$
			\$
			\$
			\$

References

We will verify the most recent 3 consecutive years of addresses / rental history for the **head of household, co-head and all other adult household members**. Please make sure each member accounts for this entire period of time. If we are unable to verify the information you have given us through third parties, you may be asked to provide evidence of what you are disclosing (see the Resident Selection Plan for details). Additional Reference Forms may be obtained from the office.

Head of Household		Your Name: _____	
	Current Address	Previous Address	Previous Address
Street Address:	_____	_____	_____
City, State Zip:	_____	_____	_____
From / To (dates):	_____	_____	_____
Rent / Own / Other:	_____	_____	_____

The Co-Head & other remaining adult members share the same history as the Head of Household. Skip to next section.

Co-Head / Other Adult		Your Name: _____	
	Current Address	Previous Address	Previous Address
Street Address:	_____	_____	_____
City, State Zip:	_____	_____	_____
From / To (dates):	_____	_____	_____
Rent / Own / Other:	_____	_____	_____



Criminal Background Checks

We are required by HUD to perform criminal background checks during the application stage to determine if any member of your household, including live-in aides/attendants, is subject to a lifetime registration requirement under any State sex offender registration program, or is otherwise ineligible under our Resident Selection Plan. Criminal background checks must be performed in this state and in all states where all household members have resided. Please provide a complete list of all states in which each household member (including minors) has resided. Mon

Household Member Name (Include Middle Initial)	States where member has lived	Household Member Name (Include Middle Initial)	States where member has lived

Statements by all Household Members

I / We certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury, denial of my / our application and / or termination of tenancy. I / We hereby authorize the landlord and / or agents to verify the information and obtain credit reports, criminal background, unlawful detainer, prior eviction information, prior landlord references and employment / asset verification through third party sources, which may be released to appropriate Federal, state or local agencies. **Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.**

I / We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. I / We understand that if management attempts to contact me / us about an apartment and I / we do not respond within 48 hours, they will move to the next household on the waiting list. I / We also understand if I / we do not respond to management's attempts to update the Waiting List(s), usually in March and September, I / we will be removed from the Waiting List. I / We have reviewed the Resident Selection Plan, which summarizes the procedures for processing applications, and understand it is available to me / us upon request. I / We certify we have been provided with and understand the documents titled, "Is Fraud Worth It" and the "Supplement to Application for Federally Assisted Housing."

NOTE: The Department of Housing and Urban Development (HUD) has determined that if an applicant will be placed on a waiting list (as opposed to being immediately offered an apartment), the Owner may use a brief form of application that provides the minimum information needed to determine if the applicant should be put on the waiting list. If apartments are available (or will be soon), we must collect more detailed information from you during the Application Interview and verify all information. Verifications are valid for 120 days from the date received by the site office and those over 120 days old will have to be re-verified before move-in. **Please be aware that being placed on the waiting list does not indicate that you are eligible to receive housing at this property.** Only after all required information has been received and verified can you be determined eligible. Failure to remain eligible as determined by the Resident Selection Plan will result in your Rental Application being rejected.

Signature – Head of Household Date

Signature – Other Adult Date

Signature – Other Adult Date

Attachments:

Race and Ethnic Data Reporting Form
Supplement to Application for Federally Assisted Housing

For Office Use Only: **Application #** _____

Signature – Site Employee Date
Date Received: _____ Time Received: _____



Race and Ethnic Data Reporting FormU.S. Department of Housing and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Acme Hotel	n/a	107 N. 28th St., Billings, MT 59101
Name of Property	Project No.	Address of Property

Tamarack Property Mgmt. Co.	Section 8
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.

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)

Acme Hotel **n/a** **107 N. 28th St., Billings, MT 59101**
Name of Property Project No. Address of Property

Tamarack Property Mgmt. Co. **Section 8**
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.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

LANDLORD REFERENCE LETTER

Landlord name: _____
 Mailing address: _____

 City, State, Zip _____
 Phone Number: _____
 Fax Number: _____
 Email Address: _____

Please return **RIGHT AWAY** to:
Acme Hotel

c/o Southern Lights Office
801 South 28th Street
Billings, MT 59101
(406)208-9773
(406)252-9512
acme@tamarackpm.com

I have applied for housing with Acme Hotel. This property is managed by Tamarack Property Management Co., and a reference from former landlords is required. **Please provide the following information to the above address and/or fax to the number shown right away.** Thank you for your cooperation!

 Applicant's name (print)

 Renter's street address

 Applicant's signature

 Leaseholder's Name (if different from Applicant)

 Date

APPLICANT – STOP HERE & RETURN THIS FORM TO: Acme Hotel

Landlord – Please complete the following information. This information will not be released to the applicant.

Current Landlord Prior Landlord Date of Move-In: _____ Date of Move-Out: _____

Monthly Rent: \$ _____ Which utilities were included in the rent? Water/Sewer Gas
 Electricity All

Yes No Please consider the last 12 months of occupancy when answering the following:

 Was the rent paid on time? If no, how many Pay or Quit notices were issued? _____ Pay or Quit notices

 Did this family receive regular monthly rental assistance (i.e. Section 8, Voucher, etc.)?

 Did this household have a history of disruptive behavior?

 Did this household have poor housekeeping practices?

Please exclude Pay or Quit Notices from the following lease violation questions:

 Did this household receive 3 or more lease violations in the last 12 months of occupancy?

 Did this household receive 2 or more lease violations for the same violation in the last 12 months of occupancy?

 Did you terminate this household's lease for cause?

 Would you rent to this household again?

 Does this household currently owe you money? If so, how much? \$ _____

 If yes, is the household currently making payments to your satisfaction?

Other Comments (continue on back if needed):

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the US to any matter with its jurisdiction.

Telephone verification by site staff:

 Landlord signature Date Phone Number Initials / Date



Application Number: _____

HOUSING REFERENCE

Contact Name: _____
Mailing address: _____
City, State, Zip _____
Phone Number: _____
Fax Number: _____
Email Address: _____

Please return **RIGHT AWAY** to:
Acme Hotel
c/o Southern Lights Office
801 South 28th Street
Billings, MT 59101
(406)208-9773
(406)252-9512
acme@tamarackpm.com

I have applied for housing with Acme Hotel. This property is managed by Tamarack Property Management Co., and a reference documenting my housing history is required. **Please provide the following information to the above address and/or fax to the number shown right away.** Thank you for your cooperation!

Applicant's Name (print)

Other Household Members

Applicant's Signature

From:

To:

Period of time requiring verification:

APPLICANT – STOP HERE & RETURN THIS FORM TO: Acme Hotel

VERIFIER

Instructions: The Applicant has indicated they do not have landlord / rental history during the period of time referenced above, or their prior landlord has not responded to our request for verification. The Applicant has indicated that you are able to verify where they were staying during this undocumented period time. Please complete the following information to the best of your knowledge.

Your Name: _____ **Company (if applicable)** _____

How do you know the Applicant? _____

- Yes No **Did the Applicant have a history of disruptive behavior?** _____
- Yes No **Did the Applicant have a history of poor housekeeping habits?** _____
- Yes No **Would you recommend the Applicant as a renter?** _____

Which type of housing situation are you verifying? (You may select more than one.)

	From (month/year)	To (month/year)
<input type="checkbox"/> Applicant was homeless with no known accommodations		
<input type="checkbox"/> Applicant was homeless and was staying in a shelter		
<input type="checkbox"/> Applicant stayed in my home		
<input type="checkbox"/> Applicant stayed with friends or family (not me)		
<input type="checkbox"/> Applicant was hospitalized or in a care facility		
<input type="checkbox"/> Applicant was away at school		
<input type="checkbox"/> Applicant was away on military assignment		
<input type="checkbox"/> Applicant was incarcerated		
<input type="checkbox"/> Applicant reported the following address to me:		

Telephone verification by site staff:

Verifier Signature

Date

Phone Number

Initials / Date

