



The CBM Group, Inc. ♦ Property Management

Welcome To

TELEPHONE
FAX
TTY/TDD: 711

“Dedicated to Quality Property Management”

We do business in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988) It is illegal to discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin in the sale or rental of housing or residential lots, in advertising the sale or rental of housing, in the financing of housing, in the provision of real estate brokerage services, in the appraisal of housing. Blockbusting is also illegal.

“This institution is an equal opportunity provider and employer.”

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.”

ANOTHER APARTMENT COMMUNITY PROUDLY MANAGED BY
CBM PROPERTY MANAGEMENT

1010 Racquet Club Drive, Suite 108 ♦ Auburn, CA 95603-3000
(530) 823-2477 ♦ FAX: (530) 823-2585



APPLICANT INFORMATION

These apartments provide housing for low income households under the USDA Rural Development Program. This property may also be subject to Home Program regulations such as: the *Home Investment Partnership Program*, *Tax Credit Program* or the *Housing Trust Funds Program*. This is an Equal Housing Opportunity complex and all are welcome to apply. We accept Section 8 certificates and vouchers.

For complexes with a senior designation, occupancy is limited to individuals who are 62 years of age or older or Disabled of any age. Pets are permitted at those complexes designated for seniors.

Our occupancy guidelines are as follows:

<u>Unit Size</u>	<u>Minimum</u>	<u>Maximum</u>
1 Bedroom	1 person	3 persons
2 Bedroom	2 persons	5 persons
3 Bedroom	3 persons	7 persons
4 Bedroom	4 persons	9 persons

To apply for an apartment you must complete an application. To complete an application, at minimum, the following information will be needed.

- A completed Application for Admission.
- Income and assets of the household members.
- Household Composition.
- Name(s) of all household members.
- Number in the household including unborn children and part-time household members (for the purpose of determining household size).
- Current and former address and landlord contact information.
- Date of birth of all household members.
- Student status.
- Prior and present landlord information.
- Consent to run credit, criminal background, and unlawful detainer (eviction) Check(all adult household members).
- Personal References (preferably business/professional acquaintances)
- Authorization and Consent to Release Information (signed by all adult household members).
- The application must be signed by all adults applying for occupancy.

You will be notified in writing that you have been placed on a waiting list. The Resident Manager can give you an estimate of when a unit may be available. The full application verification process will be postponed until your name is near the top of our waiting list.

This complex charges a \$25.00 application fee per adult household member, not to exceed a \$50 maximum per household.

The following is an **Itemization of the Expenses Incurred in Processing Each Application:**

ITEMIZATION OF APPLICATION FEE EXPENSES

Criminal Background Agency's Fee.....	\$27.50
Credit Reporting Agency's Fee.....	\$ 7.00
Eviction Background Agency's Fee.....	\$ 7.00

Total Application Processing Expenses.....	<u>\$41.50</u>
Amount that can be charged to Applicant.....	\$25.00**
<i>Amount that we currently charge to Applicant.....</i>	<i>\$00.00</i>

***If you are applying to move into one of our rent subsidized properties this fee may not apply to you. Please inquire with Management.**

****Currently this community does not charge an application fee.**



NOTICE TO ALL TENANTS/APPLICANTS OPTIONS FOR PERSONS WITH DISABILITIES

Attachment to Application for Admission

This apartment community is managed by The CBM Group, Inc. Property Management. CBM provides housing to qualified families and/or individuals. CBM Property Management does not discriminate against applicants or residents on the basis of race, creed, color, sex, religion, age, national origin, familial status, sexual orientation, political beliefs, or disability. In addition, CBM Property Management has a legal obligation to provide “reasonable accommodations” to applicants and tenants if they or any family members have a disability.

A reasonable accommodation is some modification or change that the Company can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program, as long as the change does not create discrimination elsewhere. Compliance actions may include reasonable accommodations as well as structural modifications to the apartment or premises, to the extent that these reasonable accommodations can be implemented without creating undue financial or administrative burdens to the property.

An applicant or current resident household that has a member with a disability must still be able to meet the essential obligations of the Tenant Screening Process. They must be able to pay rent in a timely manner, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, and to maintain sanitary and safe conditions in their living space. However, there is no requirement that they be able to perform these functions without assistance.

If you or a member of your family has a disability or and feel you might need or want a unit specially equipped with design features that are beneficial to wheelchair users, individuals with hearing/vision impairments or a reasonable accommodation that relates to their disability, please complete the **REASONABLE ACCOMMODATION / MODIFICATION VERIFICATION** form. You may request it at any time in the application process or after admission. This is your choice to make. If you would prefer not to discuss your situation with management, that is your right.

CBM/Site (05/01/07)
ALL



APPLICANT/TENANT AUTHORIZATION AND CONSENT FOR THE RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State or local agency, organization, business or individual to release to _____ any verify information or materials needed to complete and verify my application for participation in a federal, state or local housing program. I understand and agree that this authorization or the information obtained may be given to and used in administering, enforcing the program or property rules, regulations and policies and in determining eligibility for the housing program.

INFORMATION COVERED BY THIS CONSENT: I understand that, depending on program polices and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Student Status	Credit/Criminal Background

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but is not limited to:

Current and previous landlords	Current and previous employers	Veterans Administration
Public Housing Agencies	Welfare Agencies	Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that the Federal or State Agency that has responsibility for monitoring the housing program may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse action to be taken based on the information obtained and will have an opportunity to appeal such adverse action. The Federal or State monitoring agency may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies.


CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will remain in effect for twelve (12) months from the date signed below.

SIGNATURES: (use additional forms if necessary)

Tenant	Print Name	Date
Co-Tenant	Print Name	Date
Adult Member	Print Name	Date
Adult Member	Print Name	Date

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov.



Wage Match Notice to Tenants

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will receive wage and benefit information from the State Department of Labor (SDOL). This information will then be compared against information provided on your Tenant Certification (Form RD 3560-8) or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures (HUD-50059). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures are completed as accurately as possible. However, misunderstanding and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedure to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any further questions, please contact the owner or management agent of your housing development.

Borrower or Manager Signature

Date

Tenant/Applicant Signature

Date

Tenant/Applicant Signature

Date

"This intuition is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov.



**Tenant Acknowledgement of CBM Group, Inc.
Apartment Policies**

Approved applicant households are required to attend an individual meeting with the on-site staff to cover The CBM Group, Inc.’s expectations for conduct at the property, prior to occupancy. The items to be covered at the meeting include:

1. House Rules
2. Lease Agreement
3. All Lease Addendums, emphasizing:
 - a. Crime-Free Housing Addendum
 - b. Drug-Free Housing Addendum
 - c. Parking Permits and Parking Policy
4. Resident, residents household members, and all guest of resident and their household member are expected to follow the “Rules of the Road” for the property
5. Zero tolerance for drug, gang, or any other criminal activity
6. 3 strike policy for repeated minor Lease and House Rules violations
7. The rules are strict and will be enforced, and are in place to ensure the finest quality housing to our Residents
8. Lease Rider – Low Income Housing Tax Credit

I/We certify that should this rental application be approved, I/We will attend the required meeting with the on-site staff to cover the expectations of conduct for residency at the property.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

DEMOGRAPHIC INFORMATION

“The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, 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.”

Please check (✓) the applicable Ethnicity of each Applicant

ETHNICITY	APPLICANT # 1	APPLICANT # 2	APPLICANT # 3	APPLICANT # 4	APPLICANT # 5	APPLICANT # 6	APPLICANT # 7	APPLICANT # 8	APPLICANT # 9
Hispanic or Latino (any race)									
Not Hispanic or Latino									

Please check (✓) the applicable Race/National Origin of each Applicant

RACE/NATIONAL ORIGIN	APPLICANT # 1	APPLICANT # 2	APPLICANT # 3	APPLICANT # 4	APPLICANT # 5	APPLICANT # 6	APPLICANT # 7	APPLICANT # 8	APPLICANT # 9
(1) American Indian or Alaskan Native									
(2) Asian									
(3) Black or African American									
(4) Native Hawaiian or Other Pacific Islander									
(5) White									

Please check (✓) the applicable Gender of each Applicant

GENDER	APPLICANT # 1	APPLICANT # 2	APPLICANT # 3	APPLICANT # 4	APPLICANT # 5	APPLICANT # 6	APPLICANT # 7	APPLICANT # 8	APPLICANT # 9
Male									
Female									



APPLICATION FOR ADMISSION

Office Use Only
Date Received: _____
Time Received: _____
Apt. Size: 1 2 3 4

Office Use Only
Gross Income: _____
<input type="checkbox"/> Addition to Existing Household
Unit #: _____
Application # _____

APARTMENT SIZE REQUESTED: (Not all apartment sizes available at every location.) 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom
 Do you wish to have priority for an apartment with special design features for persons with disabilities? Yes No

HOUSEHOLD COMPOSITION

Legal Name of Head of Household	Social Security #	Driver's License #	Birth date (mm/dd/yy)	Full-Time Student during the Calendar Year
1.			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		City:	State:	Zip:
				Phone:

Legal Name of all others who will occupy the unit					
Name	Social Security #	Driver's License #	Birth date (mm/dd/yy)	Relationship to Head of Household	Full-Time Student during the Calendar Year
2.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

YES NO Do you anticipate any changes in household composition in the next 12 months? If yes, please explain: _____

STUDENT STATUS (Tax Credit Program)

YES NO Has **every** member of the household been a **full-time** student during five calendar months of this year?
 YES NO Will every member of the household be a full-time student during five calendar months in the next year?

If yes to either question above, please answer the following questions:

- YES NO Are **all** members of the household married and either file or are entitled to file a joint tax return?
- YES NO Does the household consist entirely of a single parent and his or her minor children?
 YES NO If Yes, is the parent a dependant of a third party?
 YES NO Are the children a dependant of a third party (other than the other parent)?
- YES NO Does at least one member of the household receives assistance under Title IV of the Social Security Act (AFDC, TANF, CalWORKS, etc.)?
- YES NO Is at least one member enrolled in a job training program receiving assistance under the Work Investment Act (WIA) formerly known as the Job Training Partnership Act (JTPA), or similar federal, state or local laws?
- YES NO Is at least one member of the household under the age of 24 and has exited the Foster Care system within the previous 6 years?

STUDENT STATUS (HUD Section 8 Applicants Only)

YES NO Is any adult applicant enrolled as either a **part-time** or **full-time** student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential? If yes, list the student applicants below and check all boxes that apply to each student applicant.

Student # 1

Check all that apply

- Student is age 24 or older
- Student is a Veteran
- Student is married
- Student has a dependant child *

Student # 2

Check all that apply

- Student is age 24 or older
- Student is a Veteran
- Student is married
- Student has a dependant child *

Student # 3

Check all that apply

- Student is age 24 or older
- Student is a Veteran
- Student is married
- Student has a dependant child *

Student # 4

Check all that apply

- Student is age 24 or older
- Student is a Veteran
- Student is married
- Student has a dependant child *

*Note: Dependant child must reside in the unit



GENERAL INFORMATION

- YES NO Do you own a pet? If yes, please be advised that pets are not allowed unless this is a designated pet friendly complex.
- YES NO Do you have any water-filled furniture? If yes, please be advised that you will be required to provide evidence of insurance.
- YES NO Do you wish to have priority for an apartment with special design features for persons with disabilities?
- YES NO Do you or anyone in your household request "Reasonable Accommodations" to be made?
- YES NO Is at least one member of the household 55 years of age or older at the time of this application? (Applies to Cottonwood Senior and Hale Mohalu Senior Apartments Only)
- YES NO Do you have a Section 8 Certificate or Voucher or any other form of tenant based subsidy?
- YES NO Do you have a Letter of Priority Entitlement issued by a Federal Agency due to displacement from another property?
- YES NO Do you have a waterbed? (If yes, please be advised that you will be required to provide evidence of waterbed insurance)
- YES NO Have you or any member of your household ever been convicted of a felony?
- YES NO Have you or any member of your household ever been evicted from any housing?
- YES NO Have you or any member of your household ever had your assistance or tenancy in a subsidized housing program terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures?

LANDLORD HISTORY (Management's policy is to have **5 years** of continuous landlord history. If additional space is needed, please use the back page of this application or attach an additional sheet.)

1. (Head of Household) Current

Address: _____
Street Apt. # City State Zip

Phone: _____ Dates you lived here: _____

CURRENT LANDLORD: _____ **Address:** _____

Phone: _____ **If apt., name of complex:** _____

Reason you want to move: _____

Amount of rent you are paying: \$ _____ Are you being, or have you been evicted? Yes No If yes, explain: _____

PREVIOUS

ADDRESS: _____
Street Apt. # City State Zip

If apt., name of complex: _____ **Dates you lived here:** _____

Previous Landlord: _____ **Reason for Moving:** _____

Address: _____ **Phone:** _____

ALL ADULT APPLICANTS MUST PROVIDE CURRENT AND PREVIOUS ADDRESSES.

2. (Applicant #2) Current

Address: _____
Street Apt. # City State Zip

Phone: _____ **Dates you lived here:** _____

CURRENT LANDLORD: _____ **Address:** _____

Phone: _____ **apt., name of complex:** _____

Reason you want to move: _____

Amount of rent you are paying: \$ _____ Are you being, or have you been evicted? Yes No If yes, explain: _____

PREVIOUS

ADDRESS: _____
Street Apt. # City State Zip

If apt., name of complex: _____ **Dates you lived here:** _____

Previous Landlord: _____ **Reason for Moving:** _____

Address: _____ **Phone:** _____

3. (Applicant #3) Current Address:

Street Apt. # City State Zip

Phone: Dates you lived here:

CURRENT LANDLORD: Address:

Phone: If apt., name of complex:

Reason you want to move:

Amount of rent you are paying: \$ Are you being, or have you been evicted? Yes No If yes, explain:

PREVIOUS ADDRESS:

Street Apt. # City State Zip

If apt., name of complex: Dates you lived here:

Previous Landlord: Reason for Moving:

Address: Phone:

4. (Applicant #3) Current Address:

Street Apt. # City State Zip

Phone: Dates you lived here:

CURRENT LANDLORD: Address:

Phone: If apt., name of complex:

Reason you want to move:

Amount of rent you are paying: \$ Are you being, or have you been evicted? Yes No If yes, explain:

PREVIOUS ADDRESS:

Street Apt. # City State Zip

If apt., name of complex: Dates you lived here:

Previous Landlord: Reason for Moving:

Address: Phone:

PERSONAL REFERENCES (do not list relatives – preferably business/professional acquaintances):

Name	Address	Phone #	Relationship
(Applicant #1) (1)			
(2)			
(Applicant #2) (1)			
(2)			
(Applicant #3) (1)			
(2)			
(Applicant #4) (1)			
(2)			

EMERGENCY CONTACT PERSON(S):

Name	Address	Phone #	Relationship
(Applicant #1) Name			
Name	Address	Phone #	Relationship
(Applicant #2) Name			
Name	Address	Phone #	Relationship
Applicant #3) Name			
Name	Address	Phone #	Relationship
Applicant #4) Name			
Name	Address	Phone #	Relationship



AUTOMOBILE(S):

Make: _____ Color: _____ Year: _____ License Plate #: _____

Make: _____ Color: _____ Year: _____ License Plate #: _____

Make: _____ Color: _____ Year: _____ License Plate #: _____

Make: _____ Color: _____ Year: _____ License Plate #: _____

Per the terms of the lease agreement at this complex, trailers, boats, campers, mopeds and motorcycles are not permitted.

HOUSEHOLD FINANCIAL OBLIGATIONS: ALL credit card payments, car payments, child support, alimony, loans, etc.

NOTE: THIS SECTION MUST BE COMPLETED.

Payable To: (company name)	Monthly Payment

Payable To: (company name)	Monthly Payment

INCOME: Do you or any member of your household anticipate receiving income from any of the following sources during the next 12 months? (Please mark every question YES or NO. If you answer any questions with a YES, complete the blanks on the right.)

	Yes	No	Amount Received (per time period)	Received By Which Household Member	Source of Income (name, address & phone)
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Disability Benefits (worker's compensation disability income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Monetary Gifts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Pension or Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
School Grants or Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Social Security / SSI	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____



INCOME (cont.):

Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Veteran's Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Military Pay	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____

Does an outside party pay your utility or phone bills or other household expenses? Yes No If yes, amount paid per month \$ _____

Name and address of outside party: _____
Name Address City State Zip

ASSETS: Assets include cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc.) and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.). Please mark every question either YES or NO. If you answer with a YES, complete the blanks on the right. Do not include necessary personal property such as furniture, automobiles and clothing.

	Yes	No	Name on Account	Account #	Balance/Value	Bank (name & address)
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Money Market Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Certificate/Time Deposit	<input type="checkbox"/>	<input type="checkbox"/>				
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>				
Trust Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>				
IRA/Keough/Life Insurance or other retirement account	<input type="checkbox"/>	<input type="checkbox"/>				
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>				
Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>				
Equity in a business	<input type="checkbox"/>	<input type="checkbox"/>				
Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>	Amount \$ _____			
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>				



ASSETS (Cont.):

YES NO Have you received or do you expect to receive any LUMP SUM payments such as inheritances, lottery winnings, insurance settlements or an amount other than your monthly allotment from Social Security, Public Assistance or Disability?

If yes, source of lump sum payment: _____ Amount of lump sum payment \$ _____

Source address: _____ When did you receive payment? _____

YES NO In the last TWO years have you sold, given away or disposed of assets for less than "fair market value" (example: real estate and other items held for investment purposes such as gems, jewelry, coins or collections)? If yes, type of asset: _____ Amount received _____

Name of party who acquired asset: _____ Address: _____

YES NO Was this due to a divorce, separation, bankruptcy or foreclosure?

SIGNATURE/CERTIFICATION

I/We hereby certify that the unit applied for will be the household's permanent residence.
I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.
I/We understand that I/we must pay a security deposit for this unit.
I/We understand that my/our eligibility for housing will be based on the Low Income Housing Tax Credit Program income limits and tenant selection criteria.
I/We certify that all information in this Application is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to rejection of this Application or termination of tenancy after occupancy.

I/We understand the responsibility, as applicant, to keep Management notified of any changes. This includes any changes in household size, current address and contact information, income and/or assets.

I/We authorize the owner to obtain credit and criminal background reports, verify income and assets and to contact current and previous landlords.

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

"This intuition is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov.



How did you hear about our community?

Newspaper Ad Phone Book/Yellow Pages Tenant Referral Internet Other: