



Cedar Hollow Apartments
 PO Box 102, Waterloo, NE 68069

Office: (402) 779-4311 Fax: (402) 779-3375 cedarhollow@costelloco.com



Dear Applicant,

Thank you for your interest in Cedar Hollow Apartments! Rent includes water, sewer, garbage, on-site laundry facilities, snow removal, lawn care, playground, 24 hour emergency maintenance and on-site management.

*** 12-month Lease is required * Student restrictions apply * Non-pet property ***

	Rent Range	Deposit	Average Utilities
1 BEDROOM	\$0 - \$645	\$488	\$64
2 BEDROOM	\$0 - \$671	\$528	\$64

Attached you will find the application packet. Please fill out completely and provide explanation where necessary; incomplete or missing information will delay the approval process. Within the application packet, you will find an *Authorization for Release of Information* form which is required for each person over the age of 18 in order for us to verify your information.

Our *Tenant Selection Plan* is also freely available to anyone who requests it. Please contact me for a copy if you wish, or find it posted at the property office.

We provide federally-funded affordable housing; therefore we are required to provide our units to applicants whose income is at or below certain income limits. The combined income for all household members must be below the limits listed here (these are updated annually).

	1 Person	2 People	3 People	4 People	5 People
Very Low	26,250	30,000	33,750	37,500	40,500
Low	42,000	48,000	54,000	60,000	64,800
Moderate	47,500	53,500	59,500	65,500	70,300

Costello Companies requires a criminal and credit background check for each adult over 18. You must provide a state or federal issued ID for each adult, as well as social security cards. The address(es) provided on your application will be compared to your credit report; if there is a discrepancy, additional documentation may be needed to verify your identity.

Occupancy Standards:

	Minimum	Maximum
1 Bedroom	1	3
2 Bedroom	2	5

(March 2017) "This Institution is an Equal Opportunity Provider and Employer."

To apply, you will need to turn in all of the following:

- An application fee **\$30** for each person 18 years of age or over (must be check or money order – NO CASH; this is non-refundable).
- The completed application (each person 18 years of age or over must sign all pages that require a signature, and fill out a separate *Screening Reports Sheet*, *Child Support Questionnaire* in reference to each minor in the household, and *Authorization to Release of Information* sheet).
- A copy of a driver's license or state-issued photo ID for each person 18 years of age or over.
- A copy of each household member's social security card.
- A copy of divorce decree, legal separation and court order(s) for child support are required if applicable.

If you have any questions about the information requested, please call or email and I will be happy to assist you! *The average time needed to process an application is 14-21 business days.*

Thank you!

Donna Sopcich

Cedar Hollow Apartments

PO Box 102

Waterloo, NE 68069

Office: (402) 447-4311 Fax: (402) 779-3375

cedarhollow@costelloco.com

“This Institution is an Equal Opportunity Provider & Employer”

“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <http://www.ascr.usda.gov/complaint> filing cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: program.intake@usda.gov. This institution is an equal opportunity provider.”



Date _____
Time _____

APPLICATION FOR
RURAL DEVELOPMENT 515 PROGRAM
OR TAX CREDIT PROGRAM AT
CEDAR HOLLOW APARTMENTS

Landlord _____
Credit Check/Criminal History _____

Return to: Cedar Hollow Apartments
PO Box 102
Waterloo, NE 68069

AN APPLICATION FEE OF \$ **30.00** IS REQUIRED TO ACCOMPANY
THIS APPLICATION PER ADULT HOUSEHOLD MEMBER (18 OR OLDER)

TDD# 1-800-833-7352

Applications are placed in order of date and time received.
*White-out is not acceptable – Please Print

Applicant

Co-Applicant

Name: _____ Name: _____
Current Physical Address: _____ Current Physical Address: _____
City: _____ State _____ Zip _____ City: _____ State _____ Zip _____
Phone: (Day) _____ (Cell) _____ Phone: (Day) _____ (Cell) _____
Email Address: _____ Email Address: _____
Drivers License Number & State _____ Drivers License Number & State _____
Current Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____
Have you ever used another name? (Y/N) _____ If so, please indicate Name _____
Bedroom Size Requested: One Bedroom _____ Two Bedroom _____ Three Bedroom _____
Handicap Unit: Wheelchair _____ Visual/Hearing _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Provide the following information for all persons who will be members of the household (Including yourself and co-applicant). Who will live with you at least 50% of the time during the next 12 months.

Member's Full Name	Relation to Head	Date of Birth	Age	Gender M/F	Social Security Number	Student (Y/N)	Who Claims this person as a dependent
	HEAD						

Do all of the above household members reside in the household 100% of the time? Yes No

If no, please list the household members that do not live in the household 100% of the time: _____

Does anyone live with you now who is not listed above? Yes No

Does anyone plan to live with you in the future who is not listed above? Yes No If yes, who: _____

Have any of the household members been students in the past 12 months? Yes No (need not be consecutive)
If yes: When _____ Where _____

Are any of the household members current students or planning on becoming a student in the next 12 months? Yes No
If yes: When _____ Where _____

If any of the applicants are students, have the applicants filed a joint tax return for Federal Income Tax purposes? Yes No

Are you or any other household member a current user or been convicted of using, dealing, or manufacturing a controlled substance? Yes No

If yes, has that person(s) successfully completed a controlled substance abuse recovery program or is presently enrolled in such a program. Name of Program _____(Provide a copy of certification of completion) Yes No

Have you or any member of your household been convicted of a felony? Yes No

If Yes, please explain _____

Have you or any member of your household been convicted of any crime involving physical violence to persons or property at any time, including any form of sexual assault, rape, or sexual contact? Yes No

If Yes, please explain _____

Are you or any member of your household required to register your address or other information pursuant to a Sex Offender Registration Law of any state? Yes No

If Yes, please list each State and explain the reason for the registration requirement _____

Are you Applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older or disabled as defined by Rural Development? Yes No

If Yes, do you realize you will be eligible for a \$400 and medical deduction? Yes No Please realize that your eligibility must be verified.

Do you have a Guardian or a Conservator? Yes No Name: _____

Do you own any pets? Yes No If Yes, describe _____

RENTAL HISTORY

list 3 years of consecutive landlord history
attach additional sheets if necessary

Applicant

Co-Applicant

Current Landlord _____

Landlord Phone Number _____

Rental Address _____

How long have you rented here _____

Present monthly rent _____

Date of Occupancy _____

Current Landlord _____

Landlord Phone Number _____

Rental Address _____

How long have you rented here _____

Present monthly rent _____

Date of Occupancy _____

Previous Landlord _____

Landlord Phone Number _____

Rental Address _____

How long did you rent here _____

Monthly rent _____

Dates of Occupancy _____

Previous Landlord _____

Landlord Phone Number _____

Rental Address _____

How long did you rent here _____

Monthly rent _____

Dates of Occupancy _____

Are you being evicted? Yes No

If yes why? _____

Have you ever been evicted? Yes No

If yes When _____ Where _____ Why _____

Have you ever received housing assistance from the Department of Housing and Urban Development (HUD), USDA Rural

Development or a Local Housing Authority? Yes No If yes, When _____ Where _____

ESTIMATED HOUSEHOLD INCOME FOR THE NEXT 12 MONTHS

Applicant

Co-Applicant

Employer Name _____
 Address _____

 Phone Number _____
 Rate per Hour _____ Hours per Week _____
 Annual Income _____
 How long employed at this job _____

Employer Name _____
 Address _____

 Phone Number _____
 Rate per Hour _____ Hours per Week _____
 Annual Income _____
 How long employed at this job _____

Other Income

Source	Monthly Amount - Applicant	Monthly Amount Co-Applicant	Annual Amount (Applicant)	Annual Amount (Co-Applicant)	Where Source is Located-County
Social Security					
SSI					
Public Ass(TANF/AFDC)					
Child Support					
Alimony					
Unemployment Benefits					
Disability Benefits					
Pensions					
Veterans Benefits					
Student Income (Grants, Scholarships, etc)					
Any Regular Contributions Monetary or not					
Bank Interest					
Income from Assets					
Other Income					
Total Gross Annual Income					

Assets

List assets for all household members

Cash on Hand: \$ _____

Other: _____

Checking Account : Average 6 months

Balance \$ _____

Account # _____

Financial Institution _____

Address _____

Savings Account: Amount \$ _____

Account # _____

Financial Institution _____

Address _____

Money Market Account: Amount \$ _____

Account # _____

Financial Institution _____

Address _____

Annuity Accounts: Amount \$ _____

Account # _____

Financial Institution _____

Address _____

Certificates/CDs: Amount \$ _____

Account # _____

Financial Institution _____

Address _____

IRA Accounts: Amount \$ _____

Account # _____

Financial Institution _____

Address _____

Revocable Trusts: Amount \$ _____
Account # _____
Financial Institution _____
Address _____

Bonds (stocks, securities, etc): Amount \$ _____
Account # _____
Financial Institution _____
Address _____

Do you or any household member own any Real Estate? Yes No If Yes:

Address _____

Market Value _____
Debt Owned _____

Amount of Annual Insurance Premium \$ _____

Amount of Most Recent Tax Bill \$ _____

Have you Sold/Disposed of Any Property or Other Assets in the Last 2 Years? Yes No If Yes:

Type _____

Market Value When Sold/Disposed of \$ _____

Amount Sold/Disposed of for \$ _____

Date of Transaction _____

Whole Life Insurance Policy # _____

Face Value \$ _____

Cash Value of Life Insurance Policy \$ _____

MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES

Child Care: complete **ONLY** for children 12 and younger paid for by the applicant

Provider Name _____

Address _____ City _____ State _____ Zip _____

\$ _____ per week How many weeks per year _____

Projected Medical Expenses for 12-month period (complete this part **ONLY** if Head of Household or Co-Tenant is 62 or older, or disabled)

Medicare Premiums \$ _____

Medical (Health) Insurance Coverage \$ _____ Name & Address of Insurance Company _____

Physician Name & Address _____

Pharmacy Name & Address _____

Medical Bills or outstanding costs you are making Monthly Payments for: _____

Disabled Assistance Expenses: Attendant care and/or apparatus expense that enables disabled applicants or others in the household to work. Complete **ONLY** if Disabled Expenses allow someone in the household to work.

List Type of Expenses, Weekly Amount, Paid to whom:

List any cars, trucks or other vehicles owned by you. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle)

Year _____ Make _____ Model _____ Color _____ License No. _____

Year _____ Make _____ Model _____ Color _____ License No. _____

References

Please provide the name, address, and the telephone number of two personal references (credit, educational, professional, non family or friends)

Applicant

Co-Applicant

1. _____

1. _____

Signature and Consent

I/We hereby certify that the housing that I/We am applying for will be my/our permanent residence and I/We will not maintain a separate subsidized rental unit in a different location. I/We understand that I/We must pay a security deposit for this apartment. I/We understand that my/our eligibility for housing will be based on Rural Development, Section 8 or Tax Credit income limits and by the properties selection criteria. I/We certify that the statements contained in this application are true and complete to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I/We do hereby authorize release of any information contained herewith to determine my/our eligibility for this housing. I/We do hereby authorize representatives of the property to contact any agencies, police departments, offices, groups or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our application for housing. I/We further agree to release and hold harmless the landlord from any damages or liability resulting from the use of such information. I/We further acknowledge that any material false statement or misrepresentation in this Application shall constitute the basis for termination of the Lease Agreement, which shall require the Applicant(s) to immediately vacate the apartment unit without the right to cure.

WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

USDA RURAL DEVELOPMENT IN NEBRASKA HAS AN AGREEMENT WITH THE DEPARTMENT OF LABOR TO PROVIDE WAGE MATCHING INFORMATION FOR THE PURPOSE OF DETECTION OF FRAUDULENT STATEMENTS REGARDING INCOME.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Race: (Optional – See below)

- White Black/African American Native Hawaiian/Pacific Islander
 Asian American Indian/Alaskan native

Ethnic Group: (Optional – See below)

- Hispanic or Latino Non-Hispanic or Latino Gender
 Male Female

The information solicited on this application regarding sex and race (ethnic group) is requested by the apartment owner in order to assure the Federal Government, acting through USDA Rural Development, that the Federal laws prohibiting discrimination against resident applicants on the basis of race, color, national origin, sex, age, or 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/national origin and sex of individual applicants on the basis of visual observation or surname.

"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: program.intake@usda.gov. This institution is an equal opportunity provider."



ASSET CERTIFICATION

Include assets of children – All individuals 18 years of age and over must sign this form

Real Estate owned _____ \$ _____ Debt \$ _____

Table with columns: Asset Name, Cash Value, Interest Rate, Annual Income. Rows include Cash on hand, Business assets, Savings Bonds, Stocks, Retirement Funds, Annuities, Money Market Certification, etc.

Bank Name: _____
Address: _____

MUST CHECK BOX 1 OR 2

- 1. Within the past two (2) years, I/we have sold or given away assets...
2. I/We have not sold or given away assets...
3. I/We do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5000 and the annual income from the net family assets is \$_____.

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge.

I/We certify that all assets, income producing or otherwise, except for necessary items of personal property such as furniture and automobiles, are listed above.

Applicant/Resident Signature _____

Applicant/Co-Resident/18 or Over Household Member _____

Date Signed _____

WARNING: SECTION 1001 OF TITLE 18, UNITED STATE CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICITON OF ANY DEPARTMENT OR AGENCY OF THE UNTIED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP. A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED NOT MORE THAN 5 YEARS, OR BOTH"



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INCOME CERTIFICATION

* All individuals 18 years of age and over must sign this form.

Sources of Income/Explanation of Income Annual Amount

	Resident	Co-Resident/18 or Over Household Member
Social Security _____/month X 12 months	\$ _____	\$ _____
SSI Benefits _____/month X 12 months	_____	_____
Employment ____/hour X ____/(hrs/wk) X 52	_____	_____
Employment ____/hour X ____/(hrs/wk) X 52	_____	_____
Employment _____ per month X 12 months	_____	_____
Employment _____ bi monthly X 24 periods	_____	_____
Employment _____ bi weekly X 26 periods	_____	_____
Employment _____ bonuses and tips	_____	_____

Name and address of all employers:

Pension _____/month X 12 months	_____	_____
Pension _____/month X 12 months	_____	_____
Child Support _____/month X 12 months	_____	_____
Alimony _____/month X 12 months	_____	_____
Unemployment Benefits _____/week X 52 weeks	_____	_____
Disability Benefits _____/week X 52 weeks	_____	_____
Disability Benefits _____/month X 12 months	_____	_____
Welfare Benefits _____/month X 12 months	_____	_____
Military Pay _____/month X 12 months	_____	_____
Gift Income _____/month X 12 months	_____	_____
Bank/Interest (Savings)	_____	_____
Bank/Interest (IRA, Money Markets, etc.)	_____	_____
Bank/Interest (Checking)	_____	_____
Income from Assets (Stocks, Bonds, Trusts)	_____	_____
Income from Assets (Real Estate)	_____	_____
Other Income _____	_____	_____
Total Income	\$ _____	\$ _____

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Applicant/Co-Resident/18 or Over Household Member

Date

Note: Rural Development in Nebraska has an agreement with the Dept. of Labor to provide wage matching information for the purpose of detection of fraudulent statements regarding income.

Warning: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."



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CHILD SUPPORT CERTIFICATION

I do not have any children or my children are not living with me.

I am not receiving child support because:

Have you gone to court and received a court order to receive child support:
Yes No

I have taken the following steps to receive the child support I am court ordered to receive (if NO steps have been taken, then child support must be counted in full)

I am court ordered to receive child support, but payment is behind and not made on a regular basis. (Sporadic payments are to be counted as income.)

I receive \$ per month for my child named from
from the Child Support Enforcement Agency
Named
Address
Docket #

I receive \$ per month for my child named from
from the Child Support Enforcement Agency
Named
Address
Docket #

I receive \$ per month for my child named from
from the Child Support Enforcement Agency
Named
Address
Docket #

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Applicant/Co-Resident/18 or Over Household Member

Date



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STUDENT STATUS CERTIFICATION

This Annual Student Certification is being delivered in connection with the undersigned’s application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____
Building Address: _____

Check A, B, or C, as applicable (note that “student” includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. Household contains at least one occupant who is not a student and has not been/will not be a student for five or more months out of the current and/or upcoming calendar year...
B. Household contains all students, but is qualified because the following occupant(s) is/are a PART TIME student(s)...
C. Household contains all FULL TIME students for five or more months out of the current and/or upcoming calendar year...
1. Are the students married and entitled to file a joint tax return?
2. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual...
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), formally known as Aid to Families with Dependant Children (AFDC)...
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act...
5. Does the household consist of at least one student who was previously under foster care?

Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If question 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

All household members age 18 or older must sign and date.

Applicant/Resident Signature _____ Date _____ Applicant/Co-Resident _____ Date _____



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DISPOSAL OF ASSETS CERTIFICATION

I have not disposed of any assets in the last two years (24 months) from the effective date of my certification.

I, _____, hereby certify that during the last two years (24 months) from the effective date of my resident certification, that I have disposed of the following asset(s) as identified below: (i.e., real estate, financial gifts, etc.)

Table with 5 columns: Asset Description, Date of Disposal, *Market Value, **Cash Value, Actual Amount Received. The table contains 5 empty rows for data entry.

If you state an actual amount received, where is the money now? _____

*Market Value is the price that an interested, but not desperate, buyer would be willing to pay and that an interested, but not desperate, seller would be willing to accept on the open market.

**Cash value is the Market Value of the asset less reasonable costs incurred to sell or convert that asset to cash. Reasonable costs include: Penalties for withdrawing funds before maturity; Broker or legal fees for the sale or conversion of assets; Settlement costs for real estate transactions; Any outstanding debt on the asset.

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

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Resident Signature: _____ Date: _____

Co-Resident Signature: _____ Date: _____



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Exempt Income Certification

The following income is not included in your household's annual income but must be certified by you whether or not you are receiving it:

- 1) Food Stamps \$_____monthly amount receiving. _____ Yes _____ No
- 2) Child(ren) income that are under the age of 18 years of age. _____ Yes _____ No
- 3) Payments for the care of foster children or foster adults. _____ Yes _____ No
- 4) Amounts received for training programs and stipends. _____ Yes _____ No
- 5) Lump-sum payments such as inheritances, insurance payments under health and accident insurance. _____ Yes _____ No
- 6) Amounts received under training programs funded by HUD. _____ Yes _____ No
- 7) Amounts for a person with a disability that are disregards for a limited time because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS). _____ Yes _____ No
- 8) Amounts for a person other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred to allow participation in a specific program. _____ Yes _____ No
- 9) Amounts received under a resident service stipend. Stipend not to exceed \$200 per month. _____ Yes _____ No
- 10) Incremental earnings for participation in qualifying State or local employment training programs. Program must have clearly defined goals and objectives and are only excluded while participating in the employment training program. _____ Yes _____ No
- 11) Temporary, nonrecurring or sporadic income. _____ Yes _____ No
- 12) Adoption assistance payments in excess of \$480 per adopted child. _____ Yes _____ No
- 13) Lump sum payments from social security. _____ Yes _____ No
- 14) State or local refunds or rebates for taxes paid. _____ Yes _____ No
- 15) State agency money received for a developmental disability and is living at home to offset the cost of services and equipment to keep the family member at home. _____ Yes _____ No

Applicant/Resident Signature _____

Date _____

Applicant/Co-Resident/18 or Over Household Member _____ Date _____

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AUTHORIZATION FOR RELEASE OF INFORMATION



ALL adult household members must sign a separate form.

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Costello Property Management dba: Cedar Hollow (203)** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development (RD) in administering and enforcing program rules and policies. I also consent for HUD or RD or the PHA to release information from my file about my rental history to HUD or RD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED: I understand that, depending on program policies 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 & RENTAL ACTIVITY**
- CREDIT AND CRIMINAL ACTIVITY** **MEDICAL OR CHILD CARE ALLOWANCES**

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

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:

- | | | | |
|--|---|---|-----------------------------|
| TRIBAL, LOCAL, STATE, & FEDERAL | SOCIAL SECURITY ADMINISTRATION | STATE UNEMPLOYMENT AGENCIES | SCHOOLS AND COLLEGES |
| COURTS AND POST OFFICES | MEDICAL & CHILD CARE PROVIDERS | UTILITY COMPANIES | WELFARE AGENCIES |
| LAW ENFORCEMENT AGENCIES | SUPPORT & ALIMONY PROVIDERS | VETERANS ADMINISTRATION | LANDLORDS |
| CREDIT PROVIDERS & BUREAUS | PAST & PRESENT EMPLOYERS | BANKS & OTHER FINANCIAL INSTITUTIONS | |
| PUBLIC HOUSING AGENCIES | RETIREMENT SYSTEMS | | |

A \$30.00 APPLICATION FEE FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3rd party provider to obtain all credit and criminal records. Each application is screened against the property specific criteria above. Should your application be declined you may contact Screening Reports, Inc. at 1-866-389-4042.

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or RD, or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or RD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

For information requested from financial institutions, Costello Property Management certifies that it handles all information gathered in compliance with the applicable provisions of the Right to Financial Privacy Act of 1978. "This Institution is an Equal Opportunity Provider & Employer."

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

DISCLOSURE: "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."*

CONDITIONS: I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. I UNDERSTAND I HAVE A RIGHT TO REVIEW MY FILE AND CORRECT ANY INFORMATION THAT I CAN PROVE IS INCORRECT.

SIGNATURES

Head of Household

(Print Name)

Date

Authorized Representative of Costello Property Management

Donna Sopcich, Manager

(Print Name and Title)

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



AUTHORIZATION FOR RELEASE OF INFORMATION



ALL adult household members must sign a separate form.

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Costello Property Management dba: Cedar Hollow (203)** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development (RD) in administering and enforcing program rules and policies. I also consent for HUD or RD or the PHA to release information from my file about my rental history to HUD or RD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED: I understand that, depending on program policies 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 & RENTAL ACTIVITY**
- CREDIT AND CRIMINAL ACTIVITY** **MEDICAL OR CHILD CARE ALLOWANCES**

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

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:

- TRIBAL, LOCAL, STATE, & FEDERAL** **SOCIAL SECURITY ADMINISTRATION** **STATE UNEMPLOYMENT AGENCIES** **SCHOOLS AND COLLEGES**
- COURTS AND POST OFFICES** **MEDICAL & CHILD CARE PROVIDERS** **UTILITY COMPANIES** **WELFARE AGENCIES**
- LAW ENFORCEMENT AGENCIES** **SUPPORT & ALIMONY PROVIDERS** **VETERANS ADMINISTRATION** **LANDLORDS**
- CREDIT PROVIDERS & BUREAUS** **PAST & PRESENT EMPLOYERS** **BANKS & OTHER FINANCIAL INSTITUTIONS**
- PUBLIC HOUSING AGENCIES** **RETIREMENT SYSTEMS**

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SIGNATURES

Head of Household	(Print Name)	Date
Authorized Representative of Costello Property Management	<u>Donna Sopcich, Manager</u> (Print Name and Title)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

**Race and Ethnic Data
Reporting Form**

(for RD properties)

Cedar Hollow {203} PO Box 102
Name of Property **Project No.** **Address of Property**
 Waterloo, NE 68069

Cedar Hollow LP/Costello Property Mgmt
Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. 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 finish it, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.

Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	
Gender	Select One
Male	
Female	

_____ I do not wish to furnish this information.

There is no penalty for persons who do not complete the form.

Signature

Date

**Race and Ethnic Data
Reporting Form**

(for RD properties)

Cedar Hollow {203}		PO Box 102
Name of Property	Project No.	Waterloo, NE 68069
		Address of Property
Cedar Hollow LP/Costello Property Mgmt		
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member
Date (mm/dd/yyyy): _____		

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. 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 finish it, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.

Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	
Gender	Select One
Male	
Female	

_____ I do not wish to furnish this information.

There is no penalty for persons who do not complete the form.

Signature

Date



Screening Reports, Inc.

729 N Route 83 Suite 321

Bensenville, IL 60106

Toll-Free Phone (866) 389-4042

Toll-Free Fax (866) 389-4043

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on application. I have personally filled in and/or reviewed all information listed on application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature(s) below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

_____	_____	_____	_____
Applicant Signature	Social Security #	Birthday	Today's Date
_____	_____	_____	
Legal First Name (please print)	Legal Full Middle Name (print)	Legal Last Name (please print)	
_____	_____	_____	_____
Physical Street Address (no PO Box accepted)	City	State	Zip Code
_____	Cedar Hollow		
Monthly Income	Community Billed		

For Office Use: Complete from State ID

No Photo

_____	_____	_____
Birthdate	Soc. Sec #	Verified By

Legal Last Name		
_____	_____	
Legal First Name	Middle Full Name	

Referred By: (please check one)

<input type="checkbox"/> Apartments.com	<input type="checkbox"/> Costello Website
<input type="checkbox"/> Drive By	<input type="checkbox"/> Local Newspaper
<input type="checkbox"/> Other	<input type="checkbox"/> Previous Resident
<input type="checkbox"/> Current Resident	<input type="checkbox"/> Renter's Guide
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Online
<input type="checkbox"/> Outreach Group	<input type="checkbox"/> Other: _____





Resident Selection Policy

1. **Policy.** The following policies shall constitute the RESIDENT Selection Policies. All previous policies, procedures, and actions shall be null and void and hereby are repealed.

2. **Occupancy.** The primary purpose of the Rural Development Housing Program is to provide a decent living environment for people of low and moderate income.

<u>NUMBER OF BEDROOMS</u>	<u>OCCUPANT DENSITY RANGE</u>	
	Minimum	Maximum
1	1	2
2	2	4
3	3	6

An apartment unit is considered to be overcrowded when the household size exceeds the number of occupants permitted by the "Occupancy Policy" established by the property, the local fire marshal, or city code.

If, because of a physical or mental disability of a household member or person associated with that household, a family may need a unit that is larger than the units suggested by the above guidelines and a reasonable accommodation may be made in accordance with Rural Development HB-2-3560 page 6-20.

3. **Unit Transfer Policy.** Current residents that request a written transfer to a different sized unit will take precedence over the applicants on the application list.

4. **Application.** It is the applicant's responsibility to notify the Site Manager of any changes on the application form so that accurate information concerning the applicant is on file with the property at all times.

5. **Notification to Applicant.** At the time of submission an applicant will be notified in writing that he or she has been placed on a waiting list, that the application is being processed for a unit or the application has been denied. If an application is incomplete an applicant will have 5 days to complete the application or they will be denied. The applicant's name shall be placed on the appropriate waiting list chronologically by date and time. Once a unit becomes available, the Site Manager will decide who is entitled to that unit based on income levels (very low, low, or moderate) and priorities. Even when there is subsidy, zero income households will be rejected unless all income is specifically exempt. The manager will notify the applicant, either personally, by telephone contact using the telephone number set forth in the application, or by written notice sent to the address shown on the application that a unit is available. If the applicant does not respond to phone calls to set up an interview, attend a scheduled interview (unless due to emergency)(response time is 5 days) or if the applicant is unable to be located after reasonable attempts,(reasonable attempts is 5 days) the applicant's name will be removed from the waiting list. If the applicant cannot accept the unit at the time of notification, the reason for not accepting the apartment unit will be documented with the application. If the Site Manager determines that hardship exists for reasons such as health problems, or the project rent exceeds 30% of the adjusted monthly income without Rental Assistance, then, the applicant's name will remain on the waiting list in chronological order. An applicant whose name has been removed from the waiting list may reapply.

6. **Letter of Priority Entitlement** (LOPE). A letter issued by the Agency providing an applicant with priority entitlement to rental units in other Agency financed housing projects for 120 days from the date of the LOPE. Persons displaced by Agency action, or displaced persons in a federally declared disaster area have priority over all other applicants of the individual applicant's income group.

7. **Application Fee:** An application fee of **\$30.00** will be collected for a credit report and a criminal history report on all persons over the age of 18.

8. **References.** Landlord references are required on all applications. The landlord's name, address, phone number and the address and dates that the applicant has rented from each landlord are required. If the applicant has no landlord reference character references will be required. Acceptable character references will be, for example, an employer, banker, or teacher. Relatives or friends of the applicant will not be acceptable as a reference.

9. **Credit History.** A credit report is required. If an applicant is rejected due to unfavorable credit, the applicant may provide documentation that they have corrected the credit problem and the application will be reconsidered. Note that these are our current rental criteria; nothing contained in these requirements shall constitute a guarantee or representation by the property that all residents and occupants currently residing at this property have met these requirements. There may be residents and occupants that have resided at this property prior to these requirements going into effect; additionally, our ability to verify whether these requirements have been met is limited to the information we receive from various resident credit reporting services and other third party sources.

Rental History must be satisfactory. Rent paid on time, lease obligation fulfilled, residence left in satisfactory condition. Any applicant with outstanding debt to a landlord and/or eviction judgment will be DECLINED.

Credit. Established retail, credit rating in "good standing" with a Fico/Beacon Score of 500 or Above. Any bankruptcy, collections items (excluding Medical Debt or Student Loans). Any open judgments, collections or delinquencies in current living expenses.

Check Writing History: A search of current check writing history will be performed. Unsatisfactory history will require payment of all future rents and deposits by certified funds or money order for the term of residency.

Social Security. A search of your name and social security number will be performed. If your SSN is in question you will be asked to provide documentation from the Social Security Administration to verify your identity.

10. **Criminal History.** A criminal history report from the Law Enforcement Department appropriate for the property is required. You **may be** denied for the following reasons:

- 1) **History of Criminal Activity:** If there is known criminal activity, which involves crimes of physical violence to persons or property that would be detrimental to the safety of other residents or disturb their peaceful occupancy of the premise.
- 2) **Violent Behavior:** Evidence of acts of violence, which would constitute a danger or disruption to the property or the residents.
- 3) **Confirmed Drug or Alcohol Addiction or Abuse:** Evidence or confirmed conviction for illegal possession, distribution or use of controlled substances or the misuse of alcohol. If the individual has completed treatment by a professional agency they shall not be considered ineligible if such agency confirms they are rehabilitated.
- 4) **Household Eviction:** Any household containing a member(s) who was evicted in the last three years from federally assisted housing for drug-related criminal activity.
- 5) **Current Drug Use:** A household in which any member is currently engaged in illegal use of drugs or which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.
- 6) **Rape, Prostitution or Sexual Deviation:** Evidence or confirmed convictions for the offenses of rape, prostitution, indecent exposure, sodomy, carnal abuse, impairing the morals of a minor or similar crimes indicating sexual deviation.
- 7) **Convicted Felon:** A history of being a convicted felon.

- 8) **Sex Offender Registration:** The applicant or any member of the applicant's household is required to report their address or other information under the provision of the Sex Offender Registration Act of any State.

11. **Waiting List.** All applicants will be selected from a waiting list identifying the category on the basis of the applicant's filing date of his or her application, unit size needed, the family income level, and if a handicap unit is needed. Since existing residents who no longer meet the occupancy policy standards must move to a unit of appropriate size in the project when one becomes available, such resident shall have priority over all applicants.

12. **Eligibility Requirement.** In determining eligibility of an applicant for admission to the property, all criteria or documentation will be applied uniformly for all applicants considered for occupancy. The following criteria will be considered, to wit:

(a) Prior landlord references to determine if the prospective resident was meeting rent obligations, care, living, and maintenance requirements of the unit rented, and other terms of previous rental agreements.

(b) Credit report to reflect the applicant's past record of meeting rent and/or financial obligations.

(c) Criminal history report to reflect the applicant's past criminal record.

(d) The applicant's financial status to determine the applicant's ability to meet other basic living expenses and the rental charge, taking into consideration any subsidy assistance that could be made available to the applicant.

(e) Self-affidavit verifying pregnancy for correct unit size selection.

(f) Student status verification.

Any applicant household may be rejected due to:

(1) A history of unjustified and/or chronic payment of rent and/or financial obligations.

(2) A history of living or housekeeping habits that would affect the health and safety of the applicant's household or other individuals within the unit or housing property or whose residency would result in physical damage to the property of others.

(3) A history of disturbance of neighbors or destruction of property.

(4) A history of criminal activity involving crimes of physical violence to persons or property, illegal use of alcohol or the use, manufacturing or distributing of controlled substances. This criteria may be waived if the applicant has successfully completed a controlled substance abuse program or alcohol treatment center. Proof of completion and compliance with all after care treatment must be provided.

(5) A history of violating the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs.

(6) A failure to meet the legal requirements to rent a unit, including age. In the State of Nebraska, applicant must be the age of 18 years to execute the Lease Agreement.

(7) Conviction of a felony.

(8) Being required to register the address or other information of the applicant or a member of the applicant's household under the provisions of the Sex

Offender Registration Act of any State.

13. **Students.** An eligible student must meet the following criteria:

1. Be of legal age in accordance with the applicable state law (18 in the State of Nebraska).
2. Has established a household separate and distinct from the person's parents or legal guardian for at least a year.
3. Is no longer claimed as a dependent by the person's parents or legal guardians pursuant to Internal Revenue Service regulations.
4. Applicant signs a written statement indicating whether or not the person's parents, legal guardians, or others provide any financial assistance and this financial assistance is considered as part of current annual income and is verified in writing.
5. Dependent Students are now eligible if they declare their parents income. But their parents and students combined income must qualify (even though they will not be living there).

LIHTC Program Requirements

If this apartment community falls under Section 42 of the IRS Tax Code as a Low Income Housing Tax Credit (LIHTC) property. As such, each household must qualify under the guidelines pertaining to that program. Requirements that apply to initial qualification primarily include, but are not limited to, applicable income limits and full time student status. Any household whose total income is over current applicable income limits will be deemed ineligible. **Any household made up entirely of full time students also may not qualify, unless they fall under a program-allowed exemption.**

DESIGNATED ELDERLY HOUSING

If this apartment community has been designated as a Federal Elderly Housing Community, they are exempt from renting to no-elderly families with children.

Important notices

(a) Once an applicant has placed a deposit on a unit the applicant agrees that if, for any reason, he/she fails to sign a lease and assume occupancy of the unit the deposit fee will be retained by the property as liquidated damages to compensate the property for the removal of said unit from the rental market.

(b) The information regarding race, national origin and sex designation solicited in the applications for renting a unit is required in order to assure the federal government, acting through the Rural Development, that federal laws prohibiting discrimination against resident applicant on the basis of race, color, national origin, sex, age, or disability are complied with. The applicant is not required to furnish this information, but is encouraged to do so. This information will not be used in evaluating the application, or to discriminate against the applicant in any way. However, if the applicant chooses not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: program.intake@usda.gov. This institution is an equal opportunity provider."

The attached affidavit must be signed and returned with the application.

This is to certify that the applicant and co-applicant have read and understand the Resident Selection Policy for the Apartment complex.

I/We have read and understand the Resident Selection Policy and acknowledge that I/we have received a copy of the Resident Selection Policy.

I/We have read and understand the Nebraska Wage Match Notice and acknowledge that I/we have received a copy of the Nebraska Wage Match Notice.

I/We have read and understand the Things You Should Know About USDA Rural Rental Housing and Acknowledge that I/We have received a copy of the Things You Should know About USDA Rural Rental Housing.

Applicant

Co-Applicant

Date



"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: program.intake@usda.gov. This institution is an equal opportunity provider."



USDA Wage Match Notification Notice to Applicants / Residents

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, misunderstandings 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 Procedures to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any questions, please contact the owner or management agent servicing your housing development. All household members 18 years of age or older must sign.

Borrower or Manager Signature	Date
Applicant/Resident Signature	Date
Applicant/Resident Signature	Date
Applicant/Resident Signature	Date

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Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

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To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.