

Dear Applicant:

Thank you for your interest in our apartment community. Below please find additional information that is useful in understanding the application process.

**NOTE: This property may be a non-smoking facility in accordance with notice H2010-21 issued by the US Department of Housing and Urban Development (HUD) on September 15, 2010. If this property is designated Smoke Free, smoking is not permitted within the premises or in any apartment dwelling at any time. The rules and regulations are amended to reflect this policy.**

1. Complete the attached Application, Income and Expense Questionnaire, Student Questionnaire and the Special Unit Requirement Questionnaire and Working Preference Rule **in full**. Please complete in ink, not pencil, and do not use correction tape or fluid. If an error is made, please strike through and initial the correction. A complete mailing address and working phone number are required for correspondence. All applicants 18 or older must sign the application and complete the Student Questionnaire. The waiting period varies, however applicants will be contacted periodically to determine if they want to stay on the list. Make sure to report any changes in address, phone number, income or family size to the rental office, if they occur before contact is made for processing the application. **Please make sure that you have completed all sections of the application or write "N/A" in any box that does not pertain to you.**
2. Applicants will be contacted once their name gets to the top of the list. The contact is usually by mail. The contact letter will give a deadline date to respond. **If you do not respond, your application will be removed from the waiting list.** The letter will ask you to call the rental office for an interview date at which time management will process all background checks including credit, criminal, sex offender and landlord. Income, family size, and expenses will also be verified at this time. Prior to move in, all family members must provide documentation of Social Security Number. Documentation can include an original Social Security Card, a valid Driver's License with SSN OR ITIN, an ID card issued by a federal, state, or local agency, a medical insurance provider, or an employer or trade union, earnings statements or payroll stubs, bank statements, Form 1099, Benefit Award letters, Retirement Benefit letters, Life Insurance Policies, or Court Records. **You will need to furnish birth certificates and social security cards for each family member at the interview.**
3. If your application is approved, you will be informed as to the amount of security deposit and rent required. The security deposit and first month's rent are due on move-in day. Utilities must be connected in the applicant's name on or before move-in day. The utility companies will most likely require deposits and the applicant should contact them directly for amounts. **Keys for the apartment will not be issued without proof of utilities in your name.**

Westminster Company appreciates your interest in our community and look forward to receiving your application.

**IMPORTANT – Your completed documents MUST be returned directly to the property (or properties) that you are interested in. You may email, fax or mail completed documents.**

## RENTAL APPLICATION

*Rural Development Properties Only*

**Property Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Property Phone Number:** \_\_\_\_\_

Head of Household FIRST NAME		Head of Household MIDDLE NAME		Head of Household LAST NAME	
Head of Household SS#		If you have no Social Security Number, you claim you are exempt because <b>(Check One)</b> : <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10			
Present Address			City, State, Zip Code		Date of Birth
Driver's License Number/State ID Number	State of Issue	Marital Status	Email Address		
Home Phone #	Business Phone #		Mailing Address (if different from Present Address above)		
Name of Current Residence (for example-name of apts., family member you now live with...)			Current Landlord's Name		
Current Landlord's Address			City	State	Zip Code
Current Landlord's Phone #	Rent	Lived There Since	Reason for Moving		
Name of Previous Residence (for example-name of apts., family member you lived with...)			Previous Landlord's Name		
Previous Landlord's Address			City	State	Zip Code
Previous Landlord's Phone #	Rent	Lived There Since	Reason for Moving		

List ALL adults, including Head of Household (age 18 and over) who will live in the apartment. If more than four adults will live in the apartment, give details on a separate, signed sheet. Please provide ALL requested information for each adult.

1. FIRST NAME, MIDDLE NAME and LAST NAME	Relationship	Birth date	Social Security #	Occupation
2. FIRST NAME, MIDDLE NAME and LAST NAME	Relationship	Birth date	Social Security #	Occupation
3. FIRST NAME, MIDDLE NAME and LAST NAME	Relationship	Birth date	Social Security #	Occupation
4. FIRST NAME, MIDDLE NAME and LAST NAME	Relationship	Birth date	Social Security #	Occupation

List ALL children (under age 18) who will live in the apartment. If more than four children will live in the apartment, give details on a separate, signed sheet. Please provide ALL requested information for each child.

1. FIRST NAME, MIDDLE NAME and LAST NAME	Foster Child?	Sex	Birth date	Social Security #	Name of School
2. FIRST NAME, MIDDLE NAME and LAST NAME	Yes ( ) No ( )	Male ( ) Female ( ) Wish Not to Disclose ( )	Birth date	Social Security #	Name of School
3. FIRST NAME, MIDDLE NAME and LAST NAME	Yes ( ) No ( )	Male ( ) Female ( ) Wish Not to Disclose ( )	Birth date	Social Security #	Name of School
4. FIRST NAME, MIDDLE NAME and LAST NAME	Yes ( ) No ( )	Male ( ) Female ( ) Wish Not to Disclose ( )	Birth date	Social Security #	Name of School



How did you hear about this property? \_\_\_\_\_

- YES  NO Will the unit you are applying for be your permanent residence and you will not maintain a separate subsidized rental unit?
- YES  NO Have you been displaced by a government action or a presidentially declared disaster?
- YES  NO Are you a student at an institute of higher education? (If yes, "Questionnaire for Student Household" (PM-001a) must be completed.
- YES  NO Are you (or any member of your household) subject to a lifetime state sex offender registration program in ANY state?

Please list all states applicant and household members have lived in:

\_\_\_\_\_

YES  NO I (or any member of my household) am related to or have a personal relationship with an employee of Westminster Company and/or the site at which I am applying for residence. If yes, please disclose relationship below:

Employee Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

- Specially designed smoke alarm systems are available upon request.
- Specially designed units are available upon request.
- An allowance for disabled households is available.

In consideration for being permitted to apply for this apartment, I, the Applicant, do represent all information in this application to be true and accurate and that the owner/manager/agent may rely on this information when investigating accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remise and forever discharges from any action whatsoever, in law any equity all owners, managers and employees or agents, both of landlord and their credit checking agencies in connections of processing, investigating, or credit checking this application, and will hold them harmless of any suit or reprisal whatsoever. I understand that the credit report/screening report (rental history, arrest and/or conviction records and retail credit history) will be done through bureau contracted with the apartment community.

Applicant's Signature	Receiving Site Staff Signature	
Co-Applicant's Signature	Date Signed	
Date Signed	Date Received	Time Received

**Ethnicity and Racial Data Self Certification**

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.

**HEAD OF HOUSEHOLD:**

Sex (check one):  MALE  FEMALE

Ethnic Classification (check one):  HISPANIC OR LATINO  NOT HISPANIC OR LATINO

Racial Categories (check all that apply):  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

**CO-HEAD OF HOUSEHOLD:**

Sex (check one):  MALE  FEMALE

Ethnic Classification (check one):  HISPANIC OR LATINO  NOT HISPANIC OR LATINO

Racial Categories (check all that apply):  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White



*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](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 by mail to US Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, DC 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Any applicant or tenant, or prospective applicant or tenant who believes he/she has been discriminated against may file a complaint in person with, or by mail to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development (HUD), Washington, DC 20410, or any HUD office.*



### Income and Expense Questionnaire

<b>Property Name:</b>	<b>Resident/Applicant Name:</b>
<b>Apartment #:</b>	<b>Date:</b>
<b>Home Phone #:</b>	<b>Work Phone #:</b>
<b>Primary Language Spoken in Home:</b>	

**PLEASE NOTE:** When you provide us with a wireless telephone number or land line number, you are giving Westminster Company or our representatives your prior express consent to call that number.

Family Member Name	Birth Date	Occupation	Driver's License or State ID #	Student (Full or Part Time)?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you expect any changes in your family size during the next year?  YES  NO  
 If yes, please explain. \_\_\_\_\_

Are there any Live In Care Attendants who are part of the household?  YES  NO  
 If yes, whom? Please explain. \_\_\_\_\_

Will all of the above family members live in the apartment full time?  YES  NO  
 If no, please explain. \_\_\_\_\_

Has any household member had a change in their Social Security Number since the household's last recertification?  
 YES  NO

Are you or any other household members subject to a lifetime registration requirement under a State Sex Offender Registration program?  YES  NO

Please list the **TOTAL** income of all members of your household:

Name of Recipient			
All Wages combined(including self employment, FT, PT & Temporary)			
Overtime Pay			
Commissions, Fees, Tips and/or Bonuses			
Military Pay			
Social Security (Adult)/SSI			
Social Security (Child)/SSI			
Disability			
TANF (Welfare)			
Unemployment Benefits			
Alimony/Child Support			



Do you or any member of your household have income from any of the following? If YES, please state amount.

		Amount (\$)	Per (Week, Month, etc.)
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Worker's Compensation	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Severance Pay	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Payments from Insurance Policies/Annuities	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Retirement Benefits	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Pension Benefits	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Disability or Death Benefits	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Educational Grants	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Scholarships	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Veteran's Administration Benefits	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Caretaking of Children	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Caretaking of Elderly	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Recurring Gift/Cash Contributions	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Work for Someone Who Pays You in Cash	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Other: _____	

Have you received or do you expect to receive any lump sum payments such as inheritances, insurance settlements, Social Security Benefits, etc.?  YES  NO

If yes, please explain. \_\_\_\_\_

Are you currently paying either of the following so that you or another adult member of your household can work, look for work, or attend school?

		Amount (\$)	Per (Week, Month, etc.)
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Child Care	
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Care of Disabled Persons	

Do you or any other member of your household own or have money in any of the following types of assets? If yes, please supply value.

		Value (\$)
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Checking Account
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Savings Account
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Savings Certificate (CD)
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Stocks/Bonds
<input type="checkbox"/>	YES <input type="checkbox"/> NO	IRAs/Retirement Accounts
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Money Market Funds
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Safety Deposit Box (Bank or at home)
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Rental Property
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Other Real Estate
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Mortgages/Deed of Trust
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Revocable Trust
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Annuities
<input type="checkbox"/>	YES <input type="checkbox"/> NO	Other Financial Assets: _____

Do you or any member of your household have any coin or stamp collections, antique cars, jewelry or gems held as an investment (does not include personal jewelry)?  YES  NO

Have you or any other member of your household disposed of any of the above types of assets at less than fair market value during the past two years?  YES  NO

If yes, please explain. \_\_\_\_\_



**Please describe any automobiles owned by members of your household:**

Automobile Make	Year	Model	Color	License Tag	Tag State

- 1.) I hereby certify that I do not individually receive income from any of the following sources:
- Wages (includes wages and tips paid in cash)
  - Income from a business (includes hair, nail, & other salon services performed in your unit)
  - Rental income from real or personal property
  - Interest or dividends from assets
  - Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
  - Unemployment or disability payments
  - Public assistance payments
  - Periodic allowances such as alimony or child support
  - Sales from self employed resources (Avon, Mary Kay, etc.)
  - Babysitting
  - Gifts (money, bills paid by third party, supplies such as diapers) from persons not living in the unit
  - Any other source not named above
- 2.) I currently have no income of any kind and there is no change expected in my financial status or employment status during the next 12 months.
- 3.) I will be using the following sources of funds to pay for rent, food and other necessities:

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**ALL HOUSEHOLDS** must answer **all** questions below. If you answer "YES" to any of the questions, the additional information must also be completed.

1.	Do you own a vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Car Payment \$ _____ Monthly Auto Insurance \$ _____ Monthly Gas Expense \$ _____ Source of income for payment of car expense: _____
2.	Do you have internet at home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much do you spend? \$ _____ Source of income for payment of internet expense: _____
3.	Have you purchased any clothing for yourself or members of the household during the past 30 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much did you spend? \$ _____ Source of income for payment of clothing expense: _____
4.	Have you or a member of the household incurred any medical expenses in the past 30 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much did you spend? \$ _____ Source of income for payment of medical expense: _____
5.	Do you have telephone service in your apartment? Do you have a cell phone?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Phone Cost: \$ _____ Monthly Cell Phone Cost: \$ _____ Source of income for payment of phone expense: _____
6.	Do you subscribe to cable television?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Cable TV Cost: \$ _____ Source of income for payment of cable tv expense: _____
7.	Do you have any school age children?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much did you spend in the past 30 days for school related costs (books, paper, pencils, lunches, fees)? \$ _____ Source of income for payment of school expenses: _____

8.	Do you or other household members receive cash contributions for sources or persons outside the household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly cash contribution? \$ _____ Source of income for cash contribution: _____
9.	What was the total food cost for your family for the past 30 days? Source of income for food cost:	\$ _____
10.	How much did you spend during the past 30 days for items such as soap, detergent, toothpaste, cigarettes, alcohol, deodorant, shampoo, etc.? Source of income for cost of above items:	\$ _____
11.	What were your utility costs for the past 30 days? Source of income for utility costs:	\$ _____

**The following MEDICAL EXPENSE section applies ONLY to elderly/disabled/handicapped households.**

**For the next 12 month period, do you expect to have any of the following out of pocket medical or dental expenses? If yes, please specify amount(s). DO NOT INCLUDE AMOUNTS COVERED BY INSURANCE.**

<input type="checkbox"/> YES <input type="checkbox"/> NO		Amount (\$)	Per (Week, Month, etc.)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Doctor Bills		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Bills		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hospital Bills		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Pharmacy Expense		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Prescribed Equipment		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Eyeglasses		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Non-prescription medication with Dr.'s order		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Insurance/Supplemental Insurance		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other: _____		

Have you incurred any one time medical bills, but not claimed them, in the 12 month period preceding your anniversary date?  YES  NO

Do you participate in the Medicare Prescription Drug Discount Card program?  YES  NO  
If yes, do you pay a premium?  YES  NO How much? \_\_\_\_\_ per \_\_\_\_\_

I certify that the information given on this form is correct and complete. I understand that failure to report all income for rent purposes is fraud and may result in termination of my lease, federal prosecution, or both.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date





## Questionnaire for Student Household (to be completed by all household members over the age of 18)

To be a student household, you must meet special HUD rules. So that we can determine if you meet these rules, please answer the following questions. After you've completed this questionnaire, we will verify the information that you have provided.

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_

1. Are you a student (Full Time or Part Time) at an institution of higher education?  YES  NO  
*\*Institutes of higher education include post-secondary vocational institution; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

2. If you answered YES to question one, please complete the following questions:  
 (If you answered NO to question one, please skip the following questions and sign below.)

- Are you 24 years old or older?  YES  NO
  - Are you a veteran of the United States military?  YES  NO
  - Are you married?  YES  NO
  - Do you have legal dependents other than a spouse?  YES  NO
- If yes, please provide names and ages: \_\_\_\_\_

- Were you disabled and receiving assistance as of November 30, 2005?  YES  NO

3. If you answered NO to all questions in #2, please complete the following questions:

- Are your parents eligible for Section 8 Assistance?  YES  NO  
 - If yes, please complete PM-470
- Have you maintained a separate household from your parents or legal guardians for at least 1 year before applying at this site and you are NOT claimed as a dependent on your parent's most recent tax return?  YES  NO

4. Do you receive educational financial support (grants, scholarships, educational entitlements, work/study programs or financial aid packages)?  YES  NO  
**If yes, sign PM-508.**

**If you are a person with a handicap or disability, please contact us so that we can determine whether there are mitigating circumstances that should be considered in your case, or whether reasonable accommodations would allow us to continue processing your application.**

If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If we determine at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated. WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

**I do hereby swear and attest that all the information given above is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

- This applicant:  **QUALIFIES** as a student household and is eligible for assistance.  
 **DOES NOT QUALIFY** as a student household and is not eligible for assistance.  
 **N/A** – Applicant/Resident is not a student household.



## WORKING PREFERENCE RULE

Effective 08/01/2017

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

The Quality Housing and Work Responsibility Act of 1998 (QHWRA), gives admission preferences in certain circumstances. Please check **all** of the following that apply to your household:

- One or more of the following household members (Head of Household, Co-Head or Spouse) are employed at least 25 hours per week, and have been for at least 6 consecutive months. There can be no more than a 30-day lapse between employers. In the event of a lapse, employment will be verified by both the current and former employers. **Proof in the form of check stubs, letter from employer on Company Letterhead, income verification, or other requested as needed must be received prior to assigning the "Working Family" preference. Your preference will be updated effective the date verified proof is received;**
- The Head of Household, Co-Head or Spouse is 62 years of age or older;
- The Head of Household, Co-Head or Spouse get State or Federal benefit payments due to being unable to work (including Social Security Disability Benefits and Supplemental Security Income Disability Benefits);
- I do not qualify for any of the above preferences.

In order to be eligible for priority admission, I understand that I must qualify for one of the above preferences at the time of application, interview and move-in. I further understand that if any information provided above is found to be false at time of Interview or Move In, my position on the waiting list **may** change.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Westminster Company Agent Signature Date

If your circumstances change and you find you are not qualified for any of the above or you find out that you are qualified for the above, please let us know immediately, as this will affect your status on the waiting list.

OFFICE USE ONLY

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Date Preference Verification(s) Received



## SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

Applicant/Resident Name: \_\_\_\_\_

I choose not to complete this form.

1. Please check all that apply. Do you, or does any member of your family have a condition that requires:

- |  |  |
|--|--|
| <input type="checkbox"/> Physical modifications to a typical apartment | <input type="checkbox"/> Unit for Vision-Impaired  |
| <input type="checkbox"/> A separate bedroom                            | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> A barrier-free apartment                      | <input type="checkbox"/> BR/Bath on 1st floor      |
| <input type="checkbox"/> One-level unit                                |  |

2. Can you and all your family members go up and down stairs unassisted?

Yes       No

If No, please indicate how we should accommodate your family: \_\_\_\_\_

\_\_\_\_\_

3. Will you or any of your family members require a live-in aide to assist you?

Yes       No

If Yes, please explain. \_\_\_\_\_

\_\_\_\_\_

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. \_\_\_\_\_

\_\_\_\_\_

5. What is the name of the family member who needs the features identified above?

\_\_\_\_\_

6. What health professional should be contacted to verify your need for the features you have identified above?

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date