

Tax Credit Application

Instructions:

This community is a Tax Credit Property. This means that in order to receive lowered rents applicants income must not exceed the maximum household limits set by Section 42 of the Internal Revenue Service.

- Please call Community Manager for an appointment to review and sign application if application was mailed or taken out of the office.
- All documents must be signed and dated in the presence of the Community Manager.
- Each household member 18 years of age or older must complete his/her own Ohio Housing Finance Agency Applicant/Tenant Sworn Income and Asset Statement and Student Status Certification.
- Social Security Cards for all household members and proper photo identification such as a driver's license or State ID card for each adult member must be available for review.
- Print legibly all entries using an ink pen, preferably blue.
- All items must be answered with relevant information.
- Corrections are to be made in the presence of the Community Manager by drawing one line through the incorrect information, then print the correct information above the error. Both the Applicant and Community Manager are to initial and date. White out of any type is prohibited.
- Application Fee: \$14/adult. Must be in the form of Money Order or Cashier's Check.
- Once approved and unit is available, security deposit must be paid within 3 days to reserve the unit for 10 business days. If the unit is not taken possession of within 10 business days, the deposit is forfeited.

Community Information:

Name: Cross Creek Meadows
Manager: Toya Valentine
Tel: 740-779-9777
Fax: 740-779-9782
Email: TValentine@CIMangementServices.com

Section One - General Information:

Please circle answers and complete lines with appropriate information.

1. Desired Move-In Date: _____ Rent Range: From \$ _____ to \$ _____
2. Why is this date important? _____
3. Preferred number of bedrooms:
One Bedroom Two Bedroom Three Bedroom Four Bedroom
Second choice: One Bedroom Two Bedroom Three Bedroom Four Bedroom
4. Would an apartment specifically designed for mobility, hearing or visual impairment benefit anyone in your household? Yes No - If yes, would you like more information: Yes No
5. If there is no availability at this time, do you wish to continue the application process and be placed on the wait list? Yes No
6. How did you hear about us? Drive By Newspaper Advertisement Internet/Website
Social Agency: _____ Current Resident: _____
Word of Mouth Other: _____
7. How many adults (18 years and older) are in your household? ____
8. Are there any members temporarily missing? Yes No - If yes, please explain who, the relationship and anticipated return date:

9. How many children (under the age of 18) in your household? ____ Do the child/children live with you at you at least 51% of the time? Yes No - If no, please explain: _____

10. Do you anticipate a change in your family size? Yes No - If yes, please explain:

11. Is there anyone living with you now that will not reside with you? Yes No - If yes, please explain:

12. Do you have a pet(s) or anticipate having a pet(s)? Yes No – If yes, how many? _____
If yes, please describe: _____
13. Has anyone in your household ever been evicted? Yes No - If yes, please complete below:
Who: _____ When: _____
Why: _____
14. Has anyone in your household ever been arrested, charged, indicted or convicted of any crime? Yes No – If yes, please complete below:
Who: _____ When: _____
Why: _____
15. Is anyone in the household subject to State lifetime sex offender registration in any state? Yes No
16. Please list all states where applicants have lived regardless of age:

Section Two - Household Members & Demographic Information:

Please complete information regarding each household member. Ethnicity and race are optional questions. Questions are asked to ensure non-discrimination. Information provided will not affect eligibility. CIMS manages several apartment communities with different funding sources. Some properties include units which are reserved for or provide a preference to people with disabilities. Answering the disability question is optional. However if you choose not to answer, management may not be able to accurately determine your eligibility for the unit or preference. Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

Head of Household

First Name		Last Name		Last 4 of SS#	Birth Date	Age
Student Status		Relationship to Head		Race	Ethnicity	Disabled
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/> Self		<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes
Gender		Cell Phone:		Telephone:	Email:	
<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female						
Current Street Address:				<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend		
Current City, State, Zip:						
Mortgage Holder or Landlord:				Telephone:		
Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?						
Move- In Date:		Reason for leaving:				
Vehicle Description:						
License Plate Number:						
Driver License and State:						

Household Member 2

First Name		Last Name		Last 4 of SS#	Birth Date	Age
Student Status		Relationship to Head		Race	Ethnicity	Disabled
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:		<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes
Gender		Cell Phone:		Telephone:	Email:	
<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female						
Vehicle Description:				<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend		
License Plate Number:						
Driver License and State:						
<input type="checkbox"/> Check here if same as Head of Household and do not complete below:						
Current Street Address:				<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend		
Current City, State, Zip						
Mortgage Holder or Landlord:				Telephone:		
Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?						
Move- In Date:		Reason for leaving:				

Use for additional household members:

Household Member 3

First Name		Last Name		Last 4 of SS#	Birth Date	Age
Student Status	Relationship to Head	Race	Ethnicity	Disabled	Gender	
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female	

Household Member 4

First Name		Last Name		Last 4 of SS#	Birth Date	Age
Student Status	Relationship to Head	Race	Ethnicity	Disabled	Gender	
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female	

Household Member 5

First Name		Last Name		Last 4 of SS#	Birth Date	Age
Student Status	Relationship to Head	Race	Ethnicity	Disabled	Gender	
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female	

Household Member 6

First Name		Last Name		Last 4 of SS#	Birth Date	Age
Student Status	Relationship to Head	Race	Ethnicity	Disabled	Gender	
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female	

Section Three - Adult household member(s) residential history (Use back of application if necessary):

Has any household member lived at another address in the last two years? Yes No

If yes, complete for two years below:

Household Member Name(s):		
Street Address:		<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend
City, State, Zip		
Move-In Date:		Move-Out Date:
Reason for leaving:		
Mortgage Holder or Landlord:		Telephone:

Household Member Name(s):		
Street Address:		<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend
City, State, Zip		
Move-In Date:		Move-Out Date:
Reason for leaving:		
Mortgage Holder or Landlord:		Telephone:

Section Four - Emergency Contacts:

List a person who does not live in the household for each adult household member that may be contacted in case of an emergency:

Name: _____ Parent Son/Daughter Sibling Friend

Street Address: _____

City, State, Zip: _____

Primary Phone: _____ Cell Home Work

Secondary Phone: _____ Cell Home Work

Email: _____

Name: _____ Parent Son/Daughter Sibling Friend

Street Address: _____

City, State, Zip: _____

Primary Phone: _____ Cell Home Work

Secondary Phone: _____ Cell Home Work

Email: _____

Section Five - Certifications and Acknowledgements:

I certify that the information and statements provided are true and complete to the best of my knowledge and belief. I understand that providing false information or making false statements may be grounds for denial of my application and/or grounds for eviction if approved.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Management Receipt of Application:

I certify that I have visually inspected photo IDs of each adult person and every household members' social security card and found the information provided true and accurate.

I certify that I reviewed the information with the applicant(s) and all signatures and dates were signed in my presence.

Signature of Agent for Owner

Date/Time

Notifications: Community Investment Management Services manages several apartment communities with different funding sources. One or more of the following notifications may be required depending on the funding source. If you have questions, please consult your Community Manager.

- Warning: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or the obtaining of federal funds.
- Warning: 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. IRS, HUD and any owner (or any employee of IRS, 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 IRs, 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).
- We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, familial status, national origin, military status, disability or ancestry.
- This property is an equal opportunity provider.
- Apartments at this property were constructed as part of a federally funded project and an environmental review of the project was completed required under the National Environmental Policy Act. Community Investment Management Services maintains a copy for review by a prospective resident or current resident.



Student Certification



Applicant/Resident _____ Certification Date _____

TO BE COMPLETED BY ALL APPLICANTS/RESIDENTS OVER THE AGE OF 18

Are you a part or full-time student?

Yes No

"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 or those pursuing a GED. *If you are not sure, please mark "yes" and the property management company will verify your student status.*

If you answered NO, please skip the following questions and sign below.

If you answered Yes, please complete the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you a part-time student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a full-time student? (will you or have you attended school for five months or more this calendar year with a full-time status?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you disabled? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving Section 8 assistance as of November 30, 2005 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a graduate or professional student? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you over 23 years of age? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you a veteran of the United States military? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you receiving any financial assistance to pay for your education? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will you be living with your parents? (HUD/HOME, LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |
| If no: | | |
| a. Are your parents receiving or eligible to receive Section 8 assistance? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return? (HUD/HOME) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you married? (HUD/HOME, LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a dependent child? (HUD/HOME, LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Were you an orphan or a ward of the court through the age of 18? (HUD/HOME, LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Receiving assistance under Title IV of the Social Security Act – (e.g. TANF) (LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Enrolled in government-sponsored job training program (e.g. Job Corp, AmeriCorp) (LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |

Penalties for Misuse of this Form

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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, the PHA 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.

Signature _____ Date _____





Applicant / Tenant Sworn Income and Asset Statement

NOTE: All household members 18 years of age or older are required to complete a separate income statement. All applicable questions must be completed in their entirety.

Name: _____ S.S. # (Last 4 digits): _____

Date: _____

Document Yes answer with third party verification.

Income Source	I have or I receive the following: (Check YES or NO)		Monthly Amount	Notes
	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Job 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Job 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Self Employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
TANF / AFDC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Unemployment Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Workers Compensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Educational Financial Assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____

Do you receive regular or periodic payments from:

Persons not living in the Unit Yes No Amount _____ Frequency _____
 Holder / Provider _____

Trust, Annuity, or Other Claims Yes No Amount _____ Frequency _____
 Holder / Provider _____

Do you currently receive Assistance with your housing payment? Yes No
If yes, Agency Name: _____

Do you **HAVE** court-ordered or an agreement for child support or alimony? Yes No ORDERED AMOUNT \$ _____

(This means there is an order for you to receive child support or alimony, not pay support to someone else)

Are you currently receiving child support or alimony? Yes No AMOUNT RECEIVED \$ _____

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? Yes No N/A

List State _____ and County _____ where granted.

Are you a student (either full or part-time) enrolled in an institution of higher learning? Yes No

Applicant / Tenant Sworn Income and Asset Statement



Asset Source

Yes No

<input type="checkbox"/> <input type="checkbox"/> Do you have a Checking Account?	6 Month Avg. Balance:	\$ _____	Interest Rate: _____
<input type="checkbox"/> <input type="checkbox"/> Do you have a Savings / Holiday Account?	Balance:	\$ _____	Interest Rate: _____
<input type="checkbox"/> <input type="checkbox"/> Do you have a Certificate of Deposit (CD)?	Cash Value:	\$ _____	Interest Rate: _____
<input type="checkbox"/> <input type="checkbox"/> Do you have a Direct Express ® Card? (or any card where benefits or pay are deposited)	Balance:	\$ _____	
<input type="checkbox"/> <input type="checkbox"/> Do you have Cash on Hand?	Amount:	\$ _____	
<input type="checkbox"/> <input type="checkbox"/> Do you have Stock, Bonds, or Annuities?	Balance:	\$ _____	Annual Earnings: \$ _____
<input type="checkbox"/> <input type="checkbox"/> Do you have Money market or Mutual Funds?	Balance:	\$ _____	Annual Earnings: \$ _____
<input type="checkbox"/> <input type="checkbox"/> Do you have IRA, 401K, or Keogh Accounts?	Balance:	\$ _____	Annual Earnings: \$ _____
<input type="checkbox"/> <input type="checkbox"/> Do you have Treasury Bills?	Balance:	\$ _____	Annual Earnings: \$ _____
<input type="checkbox"/> <input type="checkbox"/> Do you have a Safety Deposit Box? What is held in the box? _____			Cash Value: \$ _____
<input type="checkbox"/> <input type="checkbox"/> Do you own any Personal Property held as on Investment?*			Cash Value: \$ _____
<input type="checkbox"/> <input type="checkbox"/> Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash Value)			Cash Value: \$ _____
Current Status / Intention: <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Being Foreclosed <input type="checkbox"/> Giving Away			
Notes: _____			
<input type="checkbox"/> <input type="checkbox"/> Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)	When _____	Amount _____	
<input type="checkbox"/> <input type="checkbox"/> Do you have Whole Life Insurance or Universal Life? Insurance Policies?		Cash Value \$ _____	Annual Earnings \$ _____
<input type="checkbox"/> <input type="checkbox"/> Have you sold, given away, or otherwise transferred ownership of assets within the last (2) years? If yes, list items: _____			Date: _____
<input type="checkbox"/> <input type="checkbox"/> Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bond(s), etc.)? If yes, please provide;	Type: _____	Value: \$ _____	Where Held _____ Annual Yield \$ _____
	Type: _____	Value: \$ _____	Where Held _____ Annual Yield \$ _____
	Type: _____	Value: \$ _____	Where Held _____ Annual Yield \$ _____

Total of Net Family Assets \$ _____ (Total Value of Assets Listed Above)

Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, furniture, daily-use autos, clothing, assets of an active business, or special equipment used by the disabled. **The information provided on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.

Signatures:

Signature of Applicant / Lessee _____
Date

Owner / Management Agent Signature _____
Date

I&A Income, Asset and Higher Education Contact Information

*Types of Income include but are not limited to: Employment, Social Security, SSI, Pensions, Unemployment Benefits, Worker's Compensation, Child Support, Alimony and Monetary Gifts.

Types of Assets include but are not limited to: Checking, Savings, Certificates of Deposit, Annuities, Stocks, Bonds, Money Market/Mutual Funds, Whole/Universal Life Insurance, IRA, Keogh and 401K. Please also give information for any mortgages or home loans.

Applicant / Tenant Name: _____

Type of Income: Employment SS Pension Other

Company: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Account Number: _____

Type of Asset*: Chkg/Svgs/CD/MM Wh./Universal Life Other Assets

Company: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Account Number: _____

Type of Asset*: Other Assets Mortgage for Real Estate

Company: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Account Number: _____

College/University/Etc: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Student ID: _____

Applicant 2nd Party Verification Checklist

All information in the application packet has to be third party verified or the proper due diligence evidenced in trying to obtain third party verifications. Providing the following documents will assist in obtaining third party verifications or used after proper due diligence has been completed. This should expedite the application processing.

Employment:

_____ Most current and consecutive four (4) paystubs.

Self-Employment:

_____ Most current tax return which include Form 1040 and Schedule C.

Social Security:

_____ New Benefit Social Security letter. If not available, Social Security letter to include Gross Amount, Deductions, Net Amount. If other than the Social Security New Benefit letter, the letter must be dated within 120 days of move-in.

Social Security (SSI and/or Disability):

_____ Social Security letter to include Gross Amount, Deductions, Net Amount. The letter must be dated within 120 days of move-in.

Pension:

_____ Most recent award letter or four (4) most current pay stubs or most recent quarterly pension account statement.

Unemployment/Workers Compensation:

_____ Most current four (4) paystubs or records from agency stating payment amounts and dates or benefit notification letter.

Checking:

_____ Most current and consecutive six (6) statements.

Savings, CDs, Stock, Bonds, Annuities, Money Market, Mutual Fund, IR, 401K, Keogh Accounts, Whole/Universal Life Insurance:

_____ Most Current Statement

Home/Property:

_____ Mortgage Statement if applicable

ID:

_____ Photo ID

_____ Social Security Card

Please return requested documents to one of the following:

Address: Cross Creek Meadows II
18 Legend Drive
Chillicothe, OH 45601

Fax: 740-779-9782

Email: TValentine@CIMangementServices.com

Community Investment Management Services (CIMS)

Authorization for Release of Information

Purpose: Community Investment Management Services, Inc. (CIMS) may use this authorization and the information obtained with it to administer and enforce rules and policies related to the rental of property owned and/or managed by the above named organization.

Authorization: I authorize the above named organization to obtain information about my family or me that is pertinent to the rental of property owned and/or managed by the organization.

Information Inquiries May Be Made About:

Credit History	Identity of Marital Status
Criminal History	Family Composition
Social Security Numbers	Employment/Income/Pension/Assets
Residential and Rental History	Federal/State/Tribal/Local Benefits
Disability/Impairments	

Individuals/Organizations That May Release Information: Any individual or organization, including any governmental organization, may be asked to release information. For example information may be requested from:

Banks and Other Financial Institutions	Utility Companies
Courts	Welfare Agencies
Law Enforcement Agencies	Providers of: Alimony
Credit Bureaus	Child Support
Employers, Present and Past	Credit/Landlords
Handicapped Assistance	Pensions/Annuities
Schools and Colleges	U.S. Department of Veteran Affairs
U.S. Social Security Administration	SERS, OPERS
Medical/Non-Medical Professional	

Computer Matching Notice and Consent: I agree that the above named organization may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or Local agencies. The government agencies include: U.S. Office of Personnel Management; U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Security Agencies and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I understand I may be denied occupancy of rental property owned and/or managed by Community Investment Management Services, Inc. I understand my signature grants authorization for 18 months.

Printed Name	Signature	Social Security No.	Date
Printed Name	Signature	Social Security No.	Date
Printed Name	Signature	Social Security No.	Date

NOTE: All persons over the age of 18 must sign this form.