



Dear Applicant:

Thank you for inquiring about our apartments.

Points to remember when completing our application:

- ✦ **A \$20 application fee MUST be paid for EACH member of the household over the age of 18 BEFORE the application will be processed.**
 - The application fee is payable via check, money order, or on-line at 1800RENTNOW.net (click on the "Pay Rent" button)
- ✦ **Applications WILL NOT be processed if they are missing the application fee and/or any information.**
 - Which location(s) are you applying for? Please list the properties or locations at the top of the application. A list for reference is included with this application.
 - If any of the information does not apply to you, please enter "**NA**" (not applicable) in the appropriate box so we do not mistake it as *missed information*.
- ✦ **Page 2 of the application must be signed and dated BY THE APPLICANT in the lower right hand box.**
- ✦ **The Income Verification Checklist must be INDIVIDUALLY filled out and signed by EACH member of the household over the age of 18.**
 - Be sure to check the appropriate source(s) of your income and supply ALL NAMES, ADDRESSES, and PHONE NUMBERS. This is required information for Housing and Urban Development and/or Rural Development so that income sources can be verified independently by the landlord.
- ✦ **Our office WILL NOT contact you by phone for any missing information. *Any missing information will delay or completely stop your application process.***
- ✦ **You will receive a letter within 7 to 10 BUSINESS DAYS regarding if you have been accepted or denied.**
- ✦ **Our office WILL NOT verify the following by phone:**
 - Receipt of your application
 - Estimated time until your application receives approval/denial
 - Your place on the waiting list
- ✦ **Please do NOT call the office about the status; *this slows the application process down.***
- ✦ **Once your application has been added to the waitlist, it is VERY IMPORTANT you contact our office immediately of any changes in your address or phone number.**

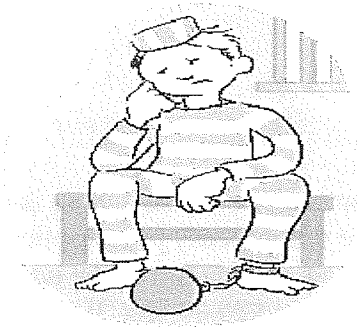
If you have any other questions about the application, please feel free to call the number listed below, Monday through Friday, 8:00 am to 5:00 pm. Hearing impaired individuals can contact us by calling (800) 526-0844 for relay service.

We look forward to help you find your new home!

Sincerely,

Terra Properties

APPLYING OR RECERTIFYING FOR
RURAL DEVELOPMENT RENTAL ASSISTANCE?



THINK ABOUT THIS. . . IS **FRAUD** WORTH IT?

Do You Realize. . .?

If you commit **Fraud** to obtain assisted housing from Rural Development, you could be:

- ✓ Evicted from your apartment
- ✓ Required to repay all overpaid rental assistance you received
- ✓ Fined up to \$10,000
- ✓ Imprisoned for up to five years
- ✓ Prohibited from receiving future assistance
- ✓ Subject to State and Local government penalties

Do you know . . .?

You are committing **FRAUD** if you sign a form knowing that you provided false or misleading information. The information you provide on housing assistance application and recertification forms will be checked. The local housing agency or Rural Development will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is **FRAUD**.

So Be Careful . . .

When you fill out your application or yearly recertification for housing; make sure your answers to the questions are accurate and honest. **All** boxes should be marked with a yes or no and if marked yes, all information requested should be filled in.

You must include:

- ✓ All sources of income and changes in income you or any members of the household receive; such as wages, welfare payments, social security, pensions, retirement, etc.
- ✓ Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.
- ✓ Any increase in income, such as wages from a new job or an expected pay raise or bonus
- ✓ All assets, such as bank accounts, savings bonds, CD's, stocks, real estate, etc., that are owned by you or any member of the household.

- ✓ All income from your assets such as interest from bank accounts, stock dividends, etc.
- ✓ Any business or asset (your home) that you sold in the last two years for less than fair market value.
- ✓ The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household

ASK QUESTIONS . . .

If you don't understand something on the application or recertification forms always ask questions. It's better to be safe than sorry.

REPORT FRAUD! . . .

If you know of anyone who provided false information on a Rural Development assistance application or recertification or if anyone tells you to provide false information, report that person to our office. You can reach us toll free @ 800-736-8669 Monday through Friday from 8 a.m. to 5 p.m. Central Time. You can also fax information to 618-654-1480 or email to mail@terra-properties.com

"Terra Properties is an equal opportunity employer and provider."





PROPERTIES

Multi-Family Complexes- Income Based Apartments

AVA	AVA APTS – 302 S RUSSELL & 301 S. 5 TH ST.
COULTERVILLE	COULTERVILLE APTS. – 7 TH & CEDAR STS
GIRARD	HERITAGE NORTH – 114 W MOUND
GIRARD	HERITAGE WEST – (1), 213/ (2), 215 BRENDA LANE
HIGHLAND	DAFFODIL – (1-8) 1330 DAFFODIL, (9-24) 1340 DAFFODIL LANE
HIGHLAND	SOUTHWEST APTS – 701 & 705 13 TH ST
HIGHLAND	TOWN & COUNTRY APTS – 1410 & 1510 30TH ST
LITCHFIELD	MAPLE ST I & MAPLE ST II- 1213 N. MAPLE STREET
MASCOUTAH	LINCOLNSHIRE – 230 LAURA STREET
NEW BADEN	COUNTRY PLACE I – 407-425 EAST POOS DRIVE
NEW BADEN	COUNTRY PLACE II – 412-422 POOS DRIVE
PINCKNEYVILLE	ORCHARD APTS. - 705 VIRGINIA CT.
ST JACOB	WESTGLEN APTS – 215 JACOB STREET
TRENTON	OAKLAND APTS – 116 N. OAK STREET
TROY	SILVERCREEK APTS – 402, 408, 414, 420, 424 MEADOW DRIVE
VANDALIA	VANDALIA HEIGHTS APTS – 1928, 1922, 1916, 1910, 1904 W. RANDOLPH, & 220 N. ADAMS

Restricted 62+, Handicap, Disabled only. (Must meet 1 of the 3 restrictions). Income Based Apartments

CARLYLE	WESTLAKE APTS – 2110 WEST LAKE DRIVE
HIGHLAND	NORTHTOWN EAST – 85 SUPPIGER LANE
HIGHLAND	PLAZA GARDEN APTS – 200 SUPPIGER LANE
HIGHLAND	SENIOR PLAZA APTS – 2676 EAGLE WAY
OKAWVILLE	OKAWVILLE SENIOR APTS – 302 & 304 N. MILL STREET
PATOKA	PATOKA SENIOR APTS – NORTH OAK STREET
TROY	IDLEWOOD – 601 & 527 LOWER MARINE RD
VALMEYER	VALMEYER SENIOR APTS – 100, 104, & 112 EAST WOODLAND RIDGE

Conventional Units- Rented at a Base Price, *not* income based.

*ALTON	ALBY HOUSE- 3108 ALBY STREET
*CARLYLE	SUNSET APTS – 2191 FRANKLIN
*HIGHLAND	CHASE WAY DUPLEX- 85 CHASE WAY
*HIGHLAND	MULBERRY ST – 919 MULBERRY ST
*HIGHLAND	PLAZA 19 APTS – 325 SUPPIGER LANE
*HIGHLAND	PLAZA NORTH (CONDO)- 120 SUPPIGER LANE, #205
*HIGHLAND	VALENTINE HOME- 38 VALENTINE LANE
*MASCOUTAH	MASCOUTAH APTS – 31 SOUTH COUNTY ROAD
*TROY	RIGGIN HOUSE- 410 RIGGIN ROAD
*VANDALIA	J & J I & II APARTMENTS- 1405 7 TH STREET & 710 FLETCHER

110 EXECUTIVE DRIVE

HIGHLAND IL 62249

618 654 7033

FAX: 618 654 1480

www.1800RENTNOW.NET

MAIL@TERRA-PROPERTIES.COM



Terra Properties is an equal opportunity provider and employer

Check out our new Facebook Page!



Which location(s) are you applying for??

(See attached list  on left page.)

Applicant's Personal Information

(Information regarding Head of Household)

Equal Housing Opportunity

FULL NAME (first, middle initial last)		BIRTH DATE	DOES APPLICANT CURRENTLY RENT OWN	OFFICE USE ONLY
STREET ADDRESS (including apt. #)		HOME/CELL NUMBER		
CITY		WORK TELEPHONE NUMBER	FOR HOW LONG?	
STATE	ZIP CODE	SOCIAL SECURITY NUMBER	MONTHLY PAYMENT	
REASON FOR MOVING:			DRIVER'S LICENSE NUMBER	APPLICANT'S E-MAIL ADDRESS

LANDLORD REFERENCES (Information regarding Head of Household)

NAME OF PRESENT LANDLORD	OFFICE USE ONLY
PRESENT LANDLORD'S TELEPHONE NUMBER	
NAME OF PREVIOUS LANDLORD	
PREVIOUS LANDLORD'S TELEPHONE NUMBER	

INCOME SOURCE INFORMATION (Information Regarding Head of Household)

EMPLOYER/INCOME SOURCE'S NAME	SUPERVISOR'S NAME	OFFICE USE ONLY
EMPLOYER'S STREET ADDRESS	SUPERVISOR'S TELEPHONE NUMBER	
CITY	STATE ZIP CODE	
POSITION	LENGTH OF EMPLOYMENT	

CO-APPLICANT'S INFORMATION (Information regarding persons other than Head of Household and his/her children)

FULL NAME (first, middle initial, last)	BIRTH DATE	SOCIAL SECURITY NUMBER	CO-APPLICANT'S CELL NUMBER
EMPLOYER/INCOME SOURCE'S NAME	SUPERVISOR'S NAME	OFFICE USE ONLY	
EMPLOYER'S STREET ADDRESS	SUPERVISOR'S TELEPHONE NUMBER		
CITY	STATE ZIP CODE		
POSITION	LENGTH OF EMPLOYMENT		

CHILDREN'S INFORMATION (Complete only for children who will occupy unit)

CHILD'S FULL NAME (first, middle initial, last)	BIRTH DATE	SOCIAL SECURITY NUMBER
CHILD'S FULL NAME (first, middle initial, last)	BIRTH DATE	SOCIAL SECURITY NUMBER
CHILD'S FULL NAME (first, middle initial, last)	BIRTH DATE	SOCIAL SECURITY NUMBER

HOUSEHOLD INCOME INFORMATION

APPROXIMATE **TOTAL GROSS ANNUAL** INCOME FROM **ALL** HOUSEHOLD MEMBERS FROM **ALL** SOURCES (INCLUDE WAGES, RENT, PUBLIC ASSISTANCE, UNEMPLOYMENT AND WORKER'S COMPENSATION, ALIMONY, CHILD SUPPORT, INTEREST, DIVIDENDS, SOCIAL SECURITY, PENSION BENEFITS, AND ANY OTHER HOUSEHOLD INCOME.

TOTAL \$



HOUSEHOLD ASSET INFORMATION

APPROXIMATE **TOTAL GROSS** VALUE FROM **ALL** HOUSEHOLD MEMBERS ASSETS
(INCLUDE CHECKING, SAVINGS, TRUST ACCOUNTS, CD'S SAVINGS BONDS, REAL PROPERTY, AND ANY OTHER HOUSEHOLD ASSET)

TOTAL \$

REFERENCE INFORMATION

(Relatives may **NOT** be used)

PERSONAL REFERENCE NAME (For Applicant)	DAYTIME TELEPHONE NUMBER	OFFICE USE ONLY
PERSONAL REFERENCE NAME (For Applicant)	DAYTIME TELEPHONE NUMBER	
PERSONAL REFERENCE NAME (For Co-Applicant)	DAYTIME TELEPHONE NUMBER	
PERSONAL REFERENCE NAME (For Co-Applicant)	DAYTIME TELEPHONE NUMBER	

ADDITIONAL INFORMATION

- HAS THE HEAD OF HOUSEHOLD OR CO-APPLICANT EVER RENTED FROM TERRA PROPERTIES BEFORE? ☐ NO ☐ YES
IF YES, WHERE? _____ WHEN? _____
- HAS THE HEAD OF HOUSEHOLD OR CO-APPLICANT EVER BEEN EVICTED FROM ANY RESIDENCE? ☐ NO ☐ YES
IF YES, WHY? _____
- HAS THE HEAD OF HOUSEHOLD OR CO-APPLICANT EVER BEEN CONVICTED OF OR PLEADED GUILTY OR "NO CONTEST" TO A FELONY (WHETHER OR NOT RESULTING IN A CONVICTION)? ☐ NO ☐ YES
IF YES, WHAT? _____
- HAS THE HEAD OF HOUSEHOLD OR CO-APPLICANT EVER BEEN CONVICTED OF OR PLEADED GUILTY OR "NO CONTEST" TO A MISDEMEANOR INVOLVING SEXUAL MISCONDUCT (WHETHER OR NOT RESULTING IN A CONVICTION)? ☐ NO ☐ YES
- HAS THE HEAD OF HOUSEHOLD OR CO-APPLICANT EVER BEEN EVICTED OR CONVICTED OF SALE, DISTRIBUTION, OR POSSESSION OF ILLEGAL DRUGS? ☐ NO ☐ YES
- HAVE YOU EVER BEEN BANNED FROM A PROPERTY MANAGED BY TERRA PROPERTIES OR ANY OTHER PROPERTY? ☐ YES
_____ NO (IF YES, PLEASE LIST THE PROPERTY HERE _____ AND WHAT YEAR? _____)
- ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD CURRENTLY ENGAGED IN ALCOHOL ABUSE THAT MAY THREATEN THE SAFETY OF THE RESIDENTS OR STAFF OR HINDER THE PEACE AND ENJOYMENT OF THE PROPERTY? ☐ NO ☐ YES
- IS THE HEAD OF HOUSEHOLD A STUDENT? ☐ NO ☐ YES IF YES, ☐ PART-TIME ☐ FULL-TIME
- IS THE CO-APPLICANT A STUDENT? ☐ NO ☐ YES IF YES, ☐ PART-TIME ☐ FULL-TIME
- DO YOU REQUEST A HANDICAP/DISABILITY ADJUSTMENT TO YOUR INCOME? ☐ NO ☐ YES
- DO YOU REQUEST A SPECIAL HANDICAPPED ACCESSIBLE UNIT? ☐ NO ☐ YES
- HOW DID YOU LEARN ABOUT THESE APARTMENTS? _____
- WHEN WOULD YOU LIKE TO MOVE INTO A UNIT? _____
- DO YOU HAVE A PET? ☐ NO ☐ YES IF YES, ARE YOU WILLING TO GIVE IT UP? ☐ NO ☐ YES

TERMS AND REQUIREMENTS

<ul style="list-style-type: none">APPLICANT CERTIFIES ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE.APPLICANT UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW.APPLICANT GRANTS PERMISSION TO VERIFY ANY INFORMATION DEEMED NECESSARY FOR THE EVALUATION OF THE APPLICATION FROM ALL APPLICABLE SOURCES.APPLICANT GRANTS PERMISSION TO VERIFY CREDIT THROUGH CREDIT BUREAU.APPLICANT HAS NO OBLIGATION TO RENT UNIT IF APPLICATION IS ACCEPTED AND APPROVED.APPLICANT CERTIFIES THAT UNIT APPLIED FOR WILL BE PERMANENT RESIDENCE AND HE/SHE WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.APPLICANT AGREES TO NOTIFY TERRA PROPERTIES OF ANY CHANGES IN ADDRESS, PHONE NUMBER, FAMILY NUMBER, OR FAMILY INCOME.ALL INFORMATION ABOVE OR RECEIVED FROM OTHER SOURCES WILL REMAIN CONFIDENTIAL	<p>(By typing your name here you are electronically signing this form.)</p> <hr/> <p>APPLICANT'S SIGNATURE (By typing your name here you are electronically signing this form.)</p> <hr/> <p>CO-APPLICANT'S SIGNATURE</p> <hr/> <p>DATE OF APPLICATION</p>
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RACE, NATIONAL ORIGIN AND SEX DESIGNATION OF APPLICANT (Head of Household ONLY)

The Information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development that federal laws prohibiting discrimination against tenant applicants on the basis of race, color, or national origin, religion, sex, familial status, age, and handicap 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 gender of individual applicants on the basis of visual observation or surname.

☐ White ☐ Black Non-Hispanic ☐ Asian, Pacific Islander ☐ Male
☐ American Indian/Alaskan Native ☐ Hispanic ☐ Other ☐ Female



P R O P E R T I E S

APPLICANT SCREENING VERIFICATION

APPLICANT'S NOTE: Please list any address (es) (current *and* previous) where you live (d) and the name(s), address (es) and phone number(s) of your landlord(s) below. You must also sign this form at the bottom of the page. **DO NOT FORWARD THIS FORM TO YOUR LANDLORD(S)** It must be returned, signed, with your application before it will be processed.

Date: _____	Applicant's Name: _____
Address: _____	Address: _____
Landlord's Name: _____	Landlord's Name: _____
Address: _____	Address: _____
Are you related to the Landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, in what way? _____

Dear Sir or Madam:

Our tenant selection policy obliges us to verify certain information about all members of families applying for occupancy at our apartments. To comply with this requirement, we ask your cooperation in supplying information on the tenant history of the family named above. This information will be used only in determining whether the family can be accepted for occupancy.

Your prompt return of this information is appreciated. For your convenience, a self-addressed stamped envelope is enclosed.

Should you have any questions, Please feel free to call 1-800-736-8669

Sincerely,
Terra Properties

The undersigned understands that the information released pursuant to the authority herein granted shall be for the confidential use of Terra Properties, its successors and/or assigns. This information may be used for purposes of evaluation any tenant application submitted by the undersigned. A photocopy of this authorization may be deemed to be equivalent of the original and may be used as a duplicate original.

I have read this information on the purposes and use of information that is verified and consent to the release of information for these purposes and uses.

(By typing your name here you are electronically signing this form.)

Signature of Applicant

DATE

110 Executive Drive
Highland, IL 62249
618-654-7033
Fax: 618-654-1480
E-Mail: mail@terra-properties.com



PROPERTIES

APPLICANT

PERSONAL HISTORY

Name in Full (Last, First, Middle)
List all other names you have used including nicknames
Current Address
Previous Address
Social Security Number
Place of Birth (City, State, County)
Date of Birth Month Date Year
Do you currently hold a valid Illinois Driver's License? () Yes () No Driver's License #
Have you ever been issued a State (s) License # driver's license by a state other than Illinois? () Yes () No
List all of the States you have lived in since 1996

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, hereby authorize a review of and full disclosure of all records concerning myself by any local or county police department, or County Clerks office or reliable public agencies, whether the said records are of public, private, or confidential nature. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, will be considered in determining my eligibility as a caretaker for any complex managed by Terra Properties.

(By typing your name here you are electronically signing this form.)

Applicant's Signature	Date
-----------------------	------

110 Executive Drive
Highland, IL 62249
618-654-7033
Fax: 618-654-1480
E-Mail: mail@terra-properties.com



PROPERTIES

CO-APPLICANT

PERSONAL HISTORY

Name in Full (Last, First, Middle)		
List all other names you have used including nicknames		
Current Address		
Previous Address		
Social Security Number		
Place of Birth (City, State, County)		
Date of Birth		
Month	Date	Year
Do you currently hold a valid Illinois Driver's License?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License #		
Have you ever been issued a State (s) License #		
driver's license by a state other than		
Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List all of the States you have lived in since 1996.		

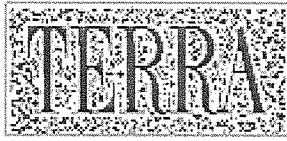
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I, hereby authorize a review of and full disclosure of all records concerning myself by any local or county police department, or County Clerk's office or reliable public agencies, whether the said records are of public, private, or confidential nature. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, will be considered in determining my eligibility for an apartment managed by Terra Properties.

(By typing your name here you are electronically signing this form.)

Applicant's Signature	Date
-----------------------	------

110 Executive Drive
Highland, IL 62249
618-654-7033
Fax: 618-654-1480
E-Mail: mail@terra-properties.com



P R O P E R T I E S

Verification Authorization

To Whom It May Concern:

I, the undersigned, hereby authorize you to release to Terra Properties, its successors and/or assigns any information in your possession including but not limited to the following:

EMPLOYMENT VERIFICATION: Employment history, dates of employment, job titles, gross income, hours worked and probability of continued employment.

UNEMPLOYMENT VERIFICATION: Date of unemployment, gross weekly payment and maximum benefit balance.

PUBLIC ASSISTANCE: Monthly benefit of AFDC and pass through child support/alimony, if any.

SOCIAL SECURITY: Type of social security, current gross monthly benefit and deductions for Medicare, if any.

PENSION: Gross monthly amount received and deductions for medical insurance, if any.

VERIFICATION OF ASSETS: Bank accounts of record, balances, types of account and interest earned. Stock and mutual fund accounts, market values and dividends earned. Value of any Real Estate, less debts against them. Cash value of whole and universal life insurance policies.

CHILDCARE EXPENSE: Weekly dollar amount spent for child care expense and name of provider.

RECURRING CONTRIBUTIONS AND GIFTS: Dollar value of gift received and name of person making gift and frequency.

WORKERS' COMPENSATION: Start dates of benefits received, gross compensation and maximum benefit income.

RENTAL INCOME: Monthly rent paid to applicant/tenant.

MISCELLANEOUS INFORMATION: Any information and data normally and customarily deemed necessary for the evaluation of this applicant/tenant.

The undersigned understands that the information released pursuant to the authority herein granted shall be for the confidential use of Terra Properties, its successors and/or assigns. This information may be used for purposes of evaluating any tenant application submitted by the undersigned, as well as in servicing any annual recertification as required by the rules and regulations of the Rural Economic & Community Development. As such, this authorization shall remain in full force as long as the undersigned is a resident in an apartment managed by Terra Properties. A photocopy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

I have read this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

(By typing your name here you are electronically signing this form.)

Printed Name of Applicant/Tenant

Signature of Applicant/Tenant

SS # _____

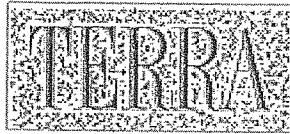
110 EXECUTIVE DRIVE
HIGHLAND, IL 62249
618.654.7033
FAX: 618.654.1480
www.1800rentnow.net
mail@terra-properties.com

Date: _____



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PROPERTIES

VERIFICATION CHECKLIST

PLEASE FILL OUT ENTIRELY, BE SURE TO CHECK YES OR NO APPROPRIATELY ON ALL 14 ITEMS
(By typing your name here you are electronically signing this form.)

Applicant/Resident Print Name Signature
Current Address Apt. #
Current Phone Number(s) _____

List all members, including yourself, who will be residing in your apartment:

<u>Name: (First - Last)</u>	<u>Birthdate:</u>	<u>Male/female</u>	<u>Social Security #:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you or any members of your household full-time students carrying a full course load (as defined by the educational institution) or part-time students for at least 5 months per calendar year (include any children attending elementary, middle, and high schools)?

_____ YES OR _____ NO If yes, how many? _____

If yes, is at least one member of the household (Check all that apply):

_____ A single parent with dependent child (ren) and neither parent nor child (ren) is being Claimed as a dependent by anyone else?

_____ Married and filing a joint tax return?

_____ On welfare or enrolled in a federal, state, or local job training program?

EMERGENCY CONTACT – Someone we can contact, in case of an emergency, if we cannot contact you.

Name: _____ Phone #: _____
Address: _____ Alternate #: _____
Relationship: _____

110 EXECUTIVE DRIVE
HIGHLAND, IL 62249
618 654 7033
FAX: 618 654 1480

www.1800rentnow.net
mail@terra-properties.com

Check all sources of income that apply and provide requested information:

1. ☐ Yes ☐ No Employment Income (List ALL CURRENT places of employment below and complete in detail.)

Name _____
Address _____
City, State, Zip _____
Supervisor _____
Telephone _____
**FAX #: _____

Name _____
Address _____
City, State, Zip _____
Supervisor _____
Telephone _____
**FAX #: _____

Name _____
Address _____
City, State, Zip _____
Supervisor _____
Telephone _____
**FAX #: _____

Name _____
Address _____
City, State, Zip _____
Supervisor _____
Telephone _____
**FAX #: _____

2. ☐ Yes ☐ No Unemployment Income (If yes, please include copy of letter from unemployment office)
Monthly Amount(s) _____

3. ☐ Yes ☐ No Public Aid, General Relief, AFDC, or Temporary Assistance for Needy Families (TANF)
PLEASE NOTE: If you currently receive benefits of any kind, you MUST provide a CURRENT copy of what you're receiving.

Office location where benefits are received: _____
Telephone Number _____

4. ☐ Yes ☐ No Social Security Income (If yes, please include current benefit statement from SS Office)

Check type(s) of Benefits:

A. Social Security Retirement _____ GROSS monthly amount \$ _____
Disability _____ Widow(er) _____ Child (ren) _____

B. Supplemental Security Income, including State Supplement
Old Age _____ Disability _____ Blind _____
GROSS MONTHLY AMOUNT \$ _____

5. ☐ Yes ☐ No Pension: If yes, please include a copy of statement of benefits from company issuing pension

Source(s) _____
Monthly Amount(s) _____
Institution Name _____
Address _____
City, State, Zip _____

Source(s) _____
Monthly Amount(s) _____
Institution Name _____
Address _____
City, State, Zip _____

6. ☐ Yes ☐ No

Assets: ***THIS INCLUDES ALL ASSETS FOR ALL HOUSEHOLD MEMBERS.***

(Assets include cash on hand, **checking, savings accounts**, cash value of whole life insurance, Stocks, bonds, IRA's, Keoghs, securities, trust funds, treasury bills, money market accounts, CD's, (If more space is necessary, please attach a separate piece of paper)

Institution _____	Institution _____
Type of account _____	Type of account _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____

Institution _____	Institution _____
Type of account _____	Type of account _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____

☐ Yes ☐ No

Do you own any type of Real Estate? (Ex: house, trailer, land, etc.)

If you answered yes, you MUST provide a current copy of the tax bill showing fair market value.

Type of Real Estate Owned _____
Name of Mortgage Holder _____
Address _____
City, State, Zip _____
If mortgage is paid, please list market value of property. _____

☐ Yes ☐ No

Do you OWN a vehicle? If yes, please answer the following questions:

Make / Model of vehicle: _____
License plate number: _____ State: _____
Year of the vehicle: _____ Color: _____

☐ Yes ☐ No

Have you or any other household member disposed of or given away any asset(s) for LESS than Fair market value within the past 2 years?

Household Member: _____ Amount: _____
Explanation: _____

7. ☐ Yes ☐ No

Child Support/Alimony?

Monthly Amount \$ _____

<u>Eligible Child</u>	<u>Payor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How is the support received? (Check all that apply) Name of Agency: _____

☐ Child Support Enforcement Agency _____
☐ Court of law _____ Name of Court: _____
☐ Directly from individual _____ Name of Person: _____
☐ Other _____ Explain: _____

If support/alimony is court-ordered but not actually received, are you taking legal action to remedy? Explanation: _____

*****If you have had a court date you MUST provide a current copy of this information, showing the most recent date and what support is ordered to be paid, even if you are not receiving it. *****

8. ☐ Yes ☐ No Child Care Expenses Is this expense necessary for you to work? _____
To go to school full time? _____

9. ☐ Yes ☐ No Medical Expenses (Check this only if you are 62 years of age or older or disabled)
****Please provide current statements or receipts for the past year showing what you have paid.
We cannot use any bills that show what you owe, unless proof of payment is attached. ****

10. ☐ Yes ☐ No Recurring Gifts from Family/Friends

Is this gift necessary for you to go to school full time? _____

Name of source _____

Address _____

City, State, Zip _____

Amount of gift _____ Weekly _____ Monthly _____

10A. Yes ☐ No Are any of your bills being paid by others outside the household?

If yes, what bill(s)? _____

Who is paying bill(s)? _____

How much are these bill(s)? _____

11. ☐ Yes ☐ No Scholarship or grant money?

If yes, what school _____ How much? _____

****Does anyone contribute to your tuition (Such as family, sponsors, etc.?) _____**

12. ☐ Yes ☐ No Are you receiving a Workers' Compensation Benefit, Long term, or Short term Disability?

Monthly Amount(s) _____

Institution Name _____

Address _____

City, State, Zip _____

13. ☐ Yes ☐ No Rental Income from your own property

Monthly amount received _____

Name of Tenant _____

Address of property _____

4. ☐ Yes ☐ No Other Income (Use the space below to list any other income that is not mentioned above.)

Amount received _____ Source _____

Address _____

I declare and affirm under penalty of perjury that the statements made herein and the information provided is true and correct to the best of my knowledge, information and belief. I certify that the information provided on this verification checklist is accurate and that if it changes, I will report those changes immediately to the office.

(By typing your name here you are electronically signing this form.)

Signature of Resident/Applicant

Date