



One Treehouse Circle, Easthampton, MA 01027 ■ Tel (413) 527 0836 ■ Fax (413) 527 3855 ■ TTY: 711

RENTAL APPLICATION
(Affordable Programs)

Please Print Clearly

| | |
|--|--|
| This is a Rental Application for: | Community Name: Treehouse at Easthampton |
| Please complete this application and return to: | Name: Treehouse at Easthampton Address: One Treehouse Circle Easthampton, MA 01027 |

Instructions for Head of Household:

1. Please complete all sections by printing in ink. Please do not leave any section blank, including sections which do not apply to you. For instance, if a section asks for Social Security Income and you do not have Social Security Income, you may write "None" or "N/A" (not applicable). If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout").
2. As head of household, you should complete the Rental Application in its entirety. Each additional household member 18 years of age and older who will live in the apartment must also sign and date the Rental Application.
3. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
4. As long as your application is on file with us, it is your responsibility to contact us whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your application).
5. After we receive your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Criteria. If there is no wait for an apartment and your application appears to be eligible, we will contact you to continue processing your application.



For Office Use Only
Place date/time stamp here

A. GENERAL INFORMATION

Yardi entry date: _____ / _____ / _____ by: _____

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

Number of BR's in current apt: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone, cable TV and Internet): \$ _____

Bedroom size requested: One BR Two BR Three BR Four BR Five BR
 Handicap Accessible

How did you hear about this Beacon Community? _____

Why have you selected/applied to live at a Beacon community? _____

Do you or any members of your household require any reasonable accommodations to be made to your apartment home? (i.e., wheelchair access, apparatus for the hearing impaired, etc.) Yes No

Do you have a Housing Choice Voucher (i.e. Section 8 Voucher)? Yes No (check one)

If yes, from which Housing Authority? _____ (please attach copy of your voucher).

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

| | Name | Relationship to head | Birth Date | Age | SS# | Student Y/N (If yes, note Part time or full time) |
|---------|------|----------------------|------------|-----|-----|--|
| Head | | | | | | |
| Co-Head | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

Please note if a member of the household is a Foster Child or Foster Adult, please note in the Relationship to Head column per the HUD Handbook 4350.3 Rev 3 Chapter 5.



| |
|--|
| Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, explain: |
| |

C. STUDENT ELIGIBILITY

STUDENT ELIGIBILITY FOR THE LOW INCOME HOUSING TAX CREDIT PROGRAM

| | | |
|--|------------------------------|-----------------------------|
| Will all of the persons in the household be or have been full time students during five calendar months of this calendar year, or the upcoming calendar year at an educational institution (other than a correspondence school) with regular faculty and students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, answer the following questions: | | |
| Are any full-time student(s) married and filing a joint tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the full time student a Title IV/TANF recipient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the full time student a single parent living with his/her minor child and the parent and child are not dependants on another's tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

STUDENT ELIGIBILITY FOR HUD PROGRAMS

| | | |
|---|------------------------------|-----------------------------|
| Is this household applying for Project Based Section 8, RAP, Rent Supp, Section 236, BMIR or Factored assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, no further questions are necessary to determine student eligibility, If yes, answer below. | | |
| Are any household members full or part time students enrolled in an accredited institution of higher education and applying for subsidy separate from their parent or guardian? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, additional documentation may be required to determine eligibility when an apartment is available. | | |

D. CRIMINAL & RENTAL HISTORY BACKGROUND

| | | |
|---|------------------------------|-----------------------------|
| Are you currently under eviction or have you been evicted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, describe: | | |
| Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any drug-related criminal offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of your household currently engaging in illegal use of drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a registration requirement under a state sex offender registration program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, in what state? | | |
| | | |
| If yes, is the registration a lifetime requirement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Note: Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program. | | |



E. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write "NA". **Do not leave any section BLANK. Attach appropriate documentation for each income source to this application** (e.g. Social Security benefits statement, pay stubs, if applicable, etc.).

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|--|--|
| | Social Security | \$ |
| | Social Security | \$ |
| | Social Security | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | Title IV/TANF | \$ |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | Adoption Subsidy | \$ |
| | Annuity Income | \$ |
| | Veteran's Benefits (list claim #) | \$ |
| | Disability Income | \$ |
| | Unemployment Compensation | \$ |
| | Worker's Compensation | \$ |
| | Military Pay | \$ |
| | Contributions to the Household (monetary or otherwise) | \$ |
| | Net Income from a Business | \$ |
| | Grants, Scholarships or other Financial Aid? | \$ |
| | For the student(s) receiving financial aid are they over age 23 with dependent children? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | For the student(s) receiving financial aid are they applying for Section 8 as part of their parent/guardian's household? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Interest Income (source) | \$ |
| | Rental Income from Real Estate | \$ |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |

Please attach your 4 most recent, consecutive pay stubs and/or other proof of income



| Household Member Name | Source of Income | Gross Monthly Amount |
|---|---|--|
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Alimony | |
| | Are you legally entitled to receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you are entitled to receive. | \$ |
| | Do you receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list amount you receive. | \$ |
| | Child Support | |
| | Are you legally entitled to receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list the amount you are entitled to receive. | \$ |
| | Do you receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you receive. | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) | | \$ |
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR | | \$ |
| Do you anticipate any changes to this income in the next 12 months? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is any member of the household legally entitled to receive income assistance? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes to any of the above, explain: | | |
| | | |
| | | |



F. ASSETS

List assets for ALL household members, 18 years or older.
 If your assets are too numerous to list here, please attach additional list.
 If a section doesn't apply, cross out or write NA.

| | | | | |
|---|-------|---------------|-------------------------|--------------------|
| Checking Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Savings Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Trust Account | # | Bank | Balance \$ | |
| Certificates of Deposit (CD) | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Credit Union | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Savings Bonds | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| Retirement Accounts (401k, 403b, IRA, etc) | # | Administrator | Value \$ | |
| | # | Administrator | Value \$ | |
| | # | Administrator | Value \$ | |
| Whole Life Insurance | # | | Cash Value \$ | |
| Whole Life Insurance | # | | Cash Value \$ | |
| Mutual Funds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Stocks | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| Bonds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Investment Property | | | | Appraised Value \$ |



| | |
|---|--|
| Real Estate Property: Do you own any property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, Type of property: | |
| Location of property: | |
| Appraised Market Value | \$ |
| Mortgage or outstanding loans balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |

| | |
|---|--|
| Have you sold/disposed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, Type of property | |
| Market value when sold/disposed | \$ |
| Amount sold/disposed for | \$ |
| Date of transaction | |

| | |
|--|--|
| Have you disposed of any other assets in the last 2 years (Example: given away money to relatives, set up Irrevocable Trust Accounts, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe the asset | |
| Date of disposition | |
| Amount disposed | \$ |

| | |
|--|--|
| Do you have any other assets not listed above (excluding personal property)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please list: | |
| | |
| | |

G. REFERENCE INFORMATION

| | | | | |
|------------------|-------------------|--|-------------|--|
| Current Landlord | Name: | | | |
| | Address: | | | |
| | Home Phone: | | Bus. Phone: | |
| | Dates of Tenancy: | | | |
| Prior Landlord | Name: | | | |
| | Address: | | | |
| | Home Phone: | | Bus. Phone: | |
| | Dates of Tenancy: | | | |
| Prior Landlord | Name: | | | |
| | Address: | | | |
| | Home Phone: | | Bus. Phone: | |
| | Dates of Tenancy: | | | |



| | |
|------------------------|----------|
| Credit Reference #1: | |
| Address: | |
| Account #: | Phone #: |
| Credit Reference #2: | |
| Address: | |
| Account #: | Phone #: |
| Personal Reference #1: | |
| Address: | |
| Relationship: | Phone #: |
| Personal Reference #2: | |
| Address: | |
| Relationship: | Phone #: |

| | |
|------------------------------|----------|
| In case of emergency notify: | |
| Name: | Address: |
| Relationship: | Phone #: |

H. DEMOGRAPHIC INFORMATION (Optional)
 These are optional questions, but are important for fair housing purposes.
 Please indicate appropriate category. Thank you.

Ethnicity of Head of Household # _____

1. Hispanic 2. Non-Hispanic 3. Declined to Report

Race of Head of Household # _____

1. American Indian or Alaskan Native 3. African American 5. Other
 2. Asian or Pacific Islander 4. Caucasian 6. Declined to Report

I. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

| | | |
|-----------------------------------|------------------|----|
| Type of Vehicle: | License Plate #: | |
| Year/Make: | Color: | |
| Type of Vehicle: | License Plate #: | |
| Year/Make: | Color: | |
| Is a pet a member of your family? | Yes | No |
| If yes, describe: | | |



J. OTHER INFORMATION

Community Eligibility

Elderly and/or Disability Eligibility (where applicable): For some applicable HUD-regulated communities, we are required by HUD to request the following information for the purpose of determining eligibility for admission and/or to give special considerations with regard to allowances in determining rent. Please check the box or boxes that apply.

Head of Household, Spouse or Co-Head is:

62 years of age or older

51- 61 years of age

Disabled

Enterprise Income Verification (EIV) System Notification

HUD's EIV System enables this community to cross reference resident-reported benefits and wage income to ensure the integrity of income and rent calculations. Please initial here that you have read this Notification. If you have any questions, you are encouraged to ask the management staff.

HOH Initials: _____ Co-Resident Initials: _____ Co-Resident Initials: _____

Federally Assisted Housing Requirement per 24 C.F.R. Part 5 Section 5.856

Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program.

- Do you have a registration requirement under a state sex offender registration program? _____
- If so, in what state? _____
- Is the registration requirement a lifetime requirement? _____

Implementation of the Violence Against Women and Justice Department Reauthorization Act of 2005

Are you a victim of domestic violence, dating violence or stalking? Yes No

If yes, please complete the Certification of Domestic Violence, Dating Violence or Stalking form (HUD-91066) which will be provided by the management staff upon request.



CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized apartment home in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true 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. All adult applicants, 18 or older, must sign application.

In consideration for being permitted to apply for this apartment, I Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, and character standing. Applicant authorizes any person, or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever.

Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors) or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

| | |
|--|------|
| (Signature of Resident) | Date |
| (Signature of Co-Resident) | Date |
| (Signature of Co-Resident) | Date |
| (Signature of Management Representative) | Date |

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 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).



**RENTAL APPLICATION
(Affordable Programs) -- Continued**

**OPTIONAL QUESTIONS TO ASCERTAIN IF AN
APPLICANT IS ELIGIBLE FOR PRIORITY STATUS
PLEASE INDICATE YES OR NO TO EACH QUESTION**

Priority for occupancy in the **senior units** will be for households 55 years of age or older who have completed the Berkshire Center for Families and Children “Senior MAPP” training.

Did you complete the Senior MAPP Training if 55 years of age or older and applying for a senior unit?

YES _____ No _____

Priority for occupancy in the **family units** will be given to households who have completed the Berkshire Center for Families and Children foster and adoption home study process including the MAPP training and either (i) have a DSS child in foster placement who they intend to adopt or (ii) are interested in adopting a DSS child and are ready for an immediate placement.

1st Priority: Are you a family with a DSS child in foster placement with intent to adopt.

YES _____ No _____

2nd Priority: Are you a family that is interested in adopting a DSS child, is ready for an immediate placement and a child has been identified and matched with the family.

YES _____ No _____

3rd Priority: Are you a family that is interested in adopting a DSS child, is ready for an immediate placement but a child has not yet been identified.

YES _____ No _____

4th Priority: Are you a family that has completed the adoption process of a DSS child.

YES _____ No _____

If all the units in the Community are not filled with priority households, units in the Community will then be made available to otherwise eligible non-priority households, in accordance with all income and age requirements and with the preferences as set forth below.

Treehouse at Easthampton shall use the following state or local preference categories in descending order in determining the order of an applicant’s placement on the waiting list:



1st Preference: Are you Homelessness due to Displacement by Natural Forces: An applicant, otherwise eligible and qualified, who has been displaced by:

- (i) fire not due to the negligence or intentional act of applicant or a household member;
- (ii) earthquake, flood or other natural cause; or
- (iii) a disaster declared or otherwise formally recognized under disaster relief laws.

YES _____ No _____

2nd Preference: Are you Homelessness due to Displacement by Public Action (Urban Renewal): An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within the three years prior to application, by:

- (i) any low rent housing project as defined in M.G. L. c. 121B, § 1, or
- (ii) a public slum clearance or urban renewal project initiated after January 1, 1947, or
- (iii) other public improvement.

YES _____ No _____

3rd Preference: Are you Homelessness due to Displacement by Public Action (Sanitary Code Violations): An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

- (i) neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings; and
- (ii) the applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

YES _____ No _____

Note: For purposes of this subsection, “enforcement” is interpreted as a formal condemnation of the apartment. Citation for code violations does not, without more, constitute a condemnation.

4th Preference: Are you Involuntary Displaced by Domestic Violence: “Domestic Violence” as defined in M.G.L. c. 209A means actual or threatened physical violence directed against one or more members of the applicant’s family by a spouse or other member of the applicant’s household. An applicant is involuntarily displaced by domestic violence if:

- (i) The applicant has vacated a housing unit because of domestic violence; or
- (ii) The applicant lives in a housing unit with a person who engages in domestic



violence.

YES _____ No _____

If the applicant is still living in the housing unit with a person who engages in domestic violence at the time of selection, the violence must have occurred within six months or be of a continuing nature.

Priority for Involuntary Displacement by Domestic Violence applies only to households with one or more children under the age of 18.

5th Preference: Are you an Easthampton residents who do not fall into any of the foregoing preference categories shall have a preference over non-Easthampton residents until 70% of the affordable units are occupied by Easthampton residents.

“Easthampton residents” shall include any person with a permanent residency in Easthampton at the time of application, children or parents of current Easthampton residents, employees of the City of Easthampton, or a person whose physical place of employment is in Easthampton at the time of application.

YES _____ No _____

6th Preference: Are you a Minority non-Easthampton residents shall have a preference until the Development has achieved its affirmative action goal.

YES _____ No _____

7th Preference: Are you any other non-Easthampton resident.

YES _____ No _____

Head of household must initial verifying the Priority status selection here:

(initial above)

Applicants on the waiting list with the highest priority and preferences will be selected before those who meet lower priority and preferences.



VERIFICATION OF LANDLORD HISTORY

ALL APPLICANTS: PLEASE SIGN 2ND PAGE ONLY. FORM TO BE FILLED IN BY TREEHOUSE AT EASTHAMPTON'S STAFF.

DATE: _____

TO: _____

FROM: Treehouse at Easthampton
One Treehouse Circle
Easthampton, MA 01027
PH: 413-527-0836 /Fax: 413-527-3855

SUBJECT: Verification of Information Supplied by the Applicant Shown Below for Housing Assistance

NAME _____
SSN _____
ADDRESS _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the Property Manager of the property shown at the top of this form. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelop for this purpose. The applicant/resident has consented to this release of information as shown here.

INFORMATION BEING REQUESTED BY LANDLORD/PREVIOUS LANDLORD

1. How long did the referenced applicant reside at this address?
2. How many bedrooms? _____; how many persons lived in the unit? _____
3. What was the monthly rent? \$_____. Please circle which utilities were included in the monthly rent: Gas/Electric/Water
4. Was the applicant ever late in the payment of the monthly rent? _____? If yes, and after the 5th day of the month, how many times was the applicant late over the past twelve (12) months?

5. What living conditions did the applicant maintain? Please check.

_____ Acceptable housekeeping (safe and sanitary)
_____ Unacceptable housekeeping. Please describe (including but not limited to pest infestation, hoarding, etc.):



6. Was the applicant destructive to the apartment/home or the surrounding public areas? _____ . If yes, please explain:

7. Did you receive any resident complaints in reference to the applicant? _____. If yes, please explain:

8. Did the applicant give a proper vacate notice? _____. What was the reason given for vacating?

9. Would you re-rent to the applicant in the future? _____ If not, why:

10. Additional Comments:

Print Name and Title of Person Supplying the Information
Name of Agency/Organization

Signature of Person Supplying the Information Date Telephone Number with Area Code

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE I hereby authorize the release of the requested information.

Signature of Applicant Date

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 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).



Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and you need:

- A ***change or waiver in the rules or policies*** of the community to afford equal access and full enjoyment of your apartment home, the common facilities or to participate in special programs located at the community;
- A ***physical modification*** in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your apartment home or use of the facilities located at the community; or
- A ***more effective means of communication*** to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange **and** this request will provide you with improved use of your apartment home or the common facilities of the community, then we will try to fulfill your request.

You may make this request in writing by completing a **Reasonable Accommodation Request Form** or some other type of permanent and comprehensible document (e.g., a tape cassette) which answers all the questions on the Request Form. If you need assistance completing the Request Form, we can put you in touch with group(s) that can better assist you. If you require additional information about our procedures, we will be happy to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of our receipt of a Reasonable Accommodation Request unless there is a problem getting the information we require to verify the appropriateness of the request. If we require additional time, we will notify you and explain the reason for the delay. We will let you know if we require additional information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If for any reason we are unable to fulfill your accommodation request, we will provide you with an explanation. You will then have ten (10) working days from the date of denial to provide additional information before we consider the matter closed.

You may obtain a Reasonable Accommodation Request Form at the management office. If you have a disability and have any comments on your experience at the community, please contact the onsite Property Manager who will make arrangements for you to be contacted to discuss your experience.



Applicant/Resident Signature

Date

Do Not Write Below this LINE – MANAGEMENT USE ONLY

Application Processing

Approved: _____ Approved by: _____ Waitlist(s): _____
Date Signature Title
(Approval is only for waiting list placement, final eligibility will be determined at move in).

Disapproved: _____ Disapproved by: _____ Reason: _____
Date Signature Title

Applicant notified in writing on (date): _____ (written notification attached)

Appeal Processing

Applicant appealed decision on (date): _____ (written notification attached)

Applicant notified of informal conference on (date) _____ by _____
(written notification attached)

Applicant appeal reviewed by: _____
Signature Title Date

Appeal decision: _____ Approved _____ Disapproved

Applicant notified in writing on (date) _____ (written notification attached)

