EQUAL HOUSING OPPORTUNITY

APPLICATION COVER LETTER

Property _____ Location (City & State) _____

This property has a total of ___ units, ____1 bedroom units, ___ 2 bedroom units and ___3 bedroom units.

A completed Rental Application is required. Additionally, you are required to sign an Authorization for Release of Information form to provide written permission to allow the Management Representative to verify all household income. Please find these forms enclosed hereto.

Rents may be based on a percentage of adjusted family income or household income.

Residents must meet all eligibility guidelines as established by USDA Rural Development, HUD and Section 42 of the Internal Revenue Code as applicable to this property.

For applicants with a Head of Household, or a spouse of the Head of Household, who has attained the age of 62, or having handicaps or disabilities, please complete pages 1, 2 and 4 of the Rental Application. (Certain properties may be the age of 55 depending on ownership.)

For applicants of families or other households, please complete pages 1, 3 and 4 of the Rental Application.

At the time the application is received, it will be reviewed and processed. You will be notified if the application is approved and your name has been placed on the Waiting List(s) or if the application is incomplete and what items are necessary to complete it.

If any information on your application has changed while your name is on the Waiting List, please inform the Management Representative. You are required to update your application every six (6) months to remain on the Waiting List. While your name is on the Waiting List, you have the right to make inquiries regarding the status of your application. However, due to Federal Regulation prohibitions, the Waiting List is not open for review.

In order to prevent eligible applicants from unnecessary delays in obtaining housing, we purge our Waiting List every six (6) months. This enables the property to maintain an updated list. Any applicant removed from the list will be notified in writing at the last known address and will be afforded appeal rights.

When an apartment is available, you will be notified. If you choose to accept the vacancy, you will be required to:

1. Sign a Lease Agreement.
2. Pay a Security Deposit in advance, except, in the event, you will receive Rental Assistance or HUD (Section 8 Subsidy) and cannot pay the full amount of Security Deposit. Payment arrangements may be made and you will be required to sign a pay-out agreement.
3. Pay the first months rent in advance.
4. Have the utility companies turn the utilities on in your name and provide a receipt to management.
5. Complete a Move-In Inspection of the unit with management.

WARNING: Section 1001 of Title 18, U.S. Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than $10,000.00 or imprisoned not more than five (5) years, or both."

The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TDD).

EQUAL HOUSING OPPORTUNITY

COST SHEET FOR ACUTRAQ CREDIT CHECK

PROPERTY: _____

COST OF ACUTRAQ

For Tax Credit and Rural Development Properties

$14.50 Per Person

Person must be 18 years of age or older.

The cost of $14.50 for Credit Check, National Criminal Background Check, Social Security Number Trace and Score Card is required at time of application in the form of cash or a money order.

A personal check will not be accepted.

EQUAL HOUSING OPPORTUNITY

TENANT SELECTION CRITERIA
APARTMENT POLICY

Applicants will be eligible to live in properties managed by Professional Property Management, Inc. when the following requirements are met and all eligibility requirements set forth by USDA Rural Development, HUD, HOME or Tax Credit are met, if applicable:

1. Applications must be completed in full. Only completed applications will be processed. Incomplete applications will be returned for completion, therefore, delaying the possible application approval and move-in of an applicant. Applicants with zero income will not be considered for occupancy.

2. Maximum household size allowed is two (2) people per bedroom plus an additional person per 50 sq. feet of living space (living space excludes closets, stairways, kitchen, dining room, hallways and bathrooms).

   Occupancy Guidelines are as follows:
   1 bedroom apartment = 1 to 2 persons
   2 bedroom apartment = 2 to 4 persons
   3 bedroom apartment = 3 to 6 persons

   Authority may be granted to live in an over housed or under housed unit who do not meet the occupancy guidelines for a period not to exceed twelve (12) months, after which the Lease Agreement will convert to a month-to-month Lease Agreement.

   Tenants will be required to vacate when an eligible person(s) is on a waiting list or when an appropriate size unit becomes available with a thirty (30) day written notice. It will be the tenant's financial responsibility when transferring from a unit to bring the apartment to "rental condition." This includes all cleaning, painting, carpet shampooing and anything in excess of normal wear and tear. In the event the property does not have the appropriate size unit to make a tenant eligible, the tenant will be required to vacate.

3. Rental units specially designed for persons with disabilities and the applicant does not have a person with a disability in the household are permitted to occupy the rental unit until management issues a 30 (thirty) day notice that a priority applicant is on the waiting list at which time the ineligible tenant must move to another suitably sized vacant unit.

4. Applicant must demonstrate the ability to pay rent, utilities, and reasonable living expenses. The following guidelines will be used to determine minimum income needed:
   a. Rent and utilities not to exceed 50% of monthly income of the household or
   b. Applicant must have adequate cash on hand or an available balance in a bank account to demonstrate the ability to pay basic rent, utilities and adequate living expenses for twelve (12) months.

5. **Applicant will be required to provide past landlord history for minimum of three (3) years. Applicant must provide full names of landlord, addresses, telephone numbers, and dates of occupancy on the Rental Application or the application will not be accepted.**
   a. **If there is no past landlord history, a notarized hand written statement must accompany the application stating this information. It must be signed by the applicant and person(s) residing with the applicant.**
   b. **If applicant's past residency has been as a homeowner, Management reserves the right to request a credit reference from the mortgage holder of the property.**

6. CREDIT HISTORY – A credit report will be run on each individual 18 years of age or older who will be residing in the apartment. A national credit-reporting agency will be processing the credit application. All credit reports will be evaluated on a percentage system based on all trade lines.
   Your APPLICATION FEE (non-refundable) will be: $14.50 per person.

TENANT SELECTION CRITERIA – CONTINUED

7. CRIMINAL BACKGROUND – A criminal background check will be run on each individual 18 years of age or older who will be residing in the apartment.

8. Applicants will be placed on the waiting list according to the date and time completed applications are received. Should the property receive an applicant defined as "*involuntarily displaced*" (refer to page 3) by USDA Rural Development or HUD, that applicant will be given priority over other applicants. Applicants who have a need for "special design features" of accessible units will be given first priority for units designed for persons with disabilities. Applicants will be notified of their status in a letter of approval prior to being placed on the waiting list.

9. Applicant must fill out all forms. Each household member must sign his/her own signature as requested on each form. Forged signatures or someone else signing for the specified household member may be grounds for ineligibility of an application or eviction of a tenant.

10. All adult household members must be present when Management requests a personal interview and must show positive identification when requested. Birth certificate or other proof of parental relationship or guardianship may be requested in order to verify eligibility for deductions for a minor child. Application may be made by other than personal appearance when written request is made to the property by persons currently residing more than fifty (50) miles from the property or from persons physically incapacitated at the time. Such condition shall require documentation.

11. All college students in Tax Credit, HUD and Rural Development properties will be required to furnish proof whether they are a full-time (five (5) months per year, twelve (12) credit hours per semester) or part-time student. All students must meet the following requirements in order to be eligible:
    a. Must be of legal age or otherwise legally able to enter into a binding contract under State Law.
    b. Must <u>not</u> be claimed as a dependent on parents' or legal guardian's tax return.
    c. The applicant must provide a notarized written statement when applicable, stating financial assistance is being provided by parents, legal guardians or others. Any such assistance may be considered as part of annual income.
    d. Student status for Tax Credit, HUD and Rural Development properties has several exceptions. Contact a Management Representative to discuss your specific situation.

12. Applicants will be required to furnish verification of persons with disability status if they wish to deduct expenses related to their disability from their income and/or if they wish to be considered eligible for occupancy in apartments designated as Elderly housing. Management's policy for verifying an individual's disability is as follows:
    a. The Rental Application requires the applicant(s) to indicate whether they or anyone in the family would benefit from special features for persons with disabilities.
    b. If yes, the applicant is advised that Management requires a document verifying disability such as a Social Security Statement or a statement from an independent third person, such as a physician, clergyman, or other person who has knowledge of the disability.

13. Any person wishing to join an existing household must make separate application and must be eligible for housing in this property as a separate household.

14. The Head of Household and the Co-Tenant (if any) must be legally of age and able to enter into a Lease Agreement. The property will not honor any Lease Agreement with an under-age or otherwise legally unable to enter into a binding contract under state law tenant.

15. An applicant will be offered an apartment of appropriate size and type. If more than one such apartment is vacant, the applicant will be given a choice. If the applicant turns down the vacancy offered, the applicant may remain at the same position on the waiting list to be offered an apartment again. If the applicant turns

down the second vacancy offered, the applicant will be placed at the bottom of the waiting list. The new eligibility date is the date the applicant turned down the second offer.

16. Rental assistance will be assigned in accordance with Exhibit 8-2 of HB-2-3560, when applicable.

17. Applicants may be ineligible if:
    a. Application is incomplete.
    b. Family composition does not conform to units available on property.
    c. Household income exceeds USDA Rural Development, HUD or Tax Credit "income limits" for the programs available on the property.
    d. Applicant provided false information necessary in the determination of eligibility.
    e. Past performance in meeting financial obligations, including past rent and credit history, and past performance shows inability to fulfill a one (1) year lease or a poor history of job stability (minimum six (6) months).
    f. Applicant has no present guaranteed income.
    g. Applicant has a record of the disturbance of neighbors, destruction of property, living or housekeeping habits which adversely affect the health, safety, or welfare of other tenants.
    h. Applicant has a history of criminal activity involving crimes of physical violence to persons or property or other criminal acts which adversely affect the health, safety, or welfare of themselves or other tenants or the viability of the property. This includes but is not limited to the possession, sale or use of illegal substances.
    i. Applicant is presently on parole or probation for any criminal, civil, domestic action, etc. This is also valid for up to 24 months from the time parole or probation expires.

18. Management will make reasonable accommodations and allow reasonable modifications for persons with disabilities, under the Federal Law. Modification is a physical change required to allow a person full enjoyment of the premises.

    Also, in order to assist on optimum communications with applicants, tenants and members of the public that have sight or hearing impairments, the Management Agent will utilize the state relay service operated by "Arkansas Relay Service." The Management Agent will provide sign language interpreters for the hearing impaired if requested. Other accommodations will be available for the visually impaired, inclusive of audiotapes of company/project policies and forms. Assistance will be given for completing the application. The Management Agent provides handicapped accessible interview rooms.

TERMS:

1. *Involuntarily displaced* by having vacated or will vacate because of:
    a. A disaster, such as a fire or flood, which results in the uninhabitable condition of an applicant's unit; or
    b. Activity carried on by an agency of the United States or by any state or local governmental body or agency in connection with code enforcement or a public improvement or development program; or
    c. Action by a housing owner that results in an applicant's having to vacate his unit, where:
        1. The reason for owner's action is beyond an applicant's ability to control or prevent;
        2. The action occurs despite an applicant's having met all previously imposed conditions of occupancy; and
        3. The action taken is other than a rent increase.
    d. As a result of actual or threatened physical violence directed against the applicant or one or more members of the applicant's family by a spouse or other member of the applicant's household; or
    e. The applicant lives in a housing unit with such an individual who engages in violence.

Management will not discriminate on the basis of race, color, creed, national origin, religion, sex, age (except eligibility requirements), familial status, or person with disabilities in any phase of the occupancy process. The

occupancy process includes, but is not necessary limited to, application processing, leasing, transfers, delivery of Management and services, access to common facilities, and termination of occupancy.

Any applicant/tenant who thinks his/her rights have been violated under the Fair Housing and Equal Opportunity laws should contact the HUD Regional Office, Attn.: Fair Housing and Equal Opportunity, PO Box 2778, Little Rock, AR 72203, or call toll free 1-800-424-8590.

*** All approved applications must be updated every six (6) months to remain on the active waiting list. ***

Head of Household Signature	Date
Co-Head of Household Signature	Date
Site Manager Signature	Date

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EQUAL HOUSING OPPORTUNITY

RENTAL APPLICATION

Complex(s) Applying For:

_____

_____

Do Not Mark In This Space
Date Rec'd: ____/____/____
Time: _____
Application Number: _____

Please fill out this application completely, leaving no blank spaces. If the question does not apply to you, please indicate with "NONE".

	Full Name	Birth Date	How Related	SS#
Head of Household:				
Co-Head:				
Other Members who				
will live in this				
apartment:				

Copies of birth certificates or other proof of age may be required on all household members prior to initial occupancy.

Current Telephone # (_____) _____

Current Address: _____
(Address) (City) (State) (Zip Code)

How Long at this Address: _____ Rent Paid: $_____ Are Utilities Included: YES ☐ NO ☐

Landlord: _____ Address: _____ Telephone: (___) _____

Have you notified your present landlord you are moving? YES ☐ NO ☐

May we contact your present landlord for a reference? YES ☐ NO ☐ If not, please explain _____

Reason for moving: _____

Have you ever been evicted? YES ☐ NO ☐ If yes, please explain: _____

If you have NOT lived at the above current address 3 YEARS OR MORE, you MUST complete the following section.

List your residential history for the past three years leading up to your current residence status below:

Residence Address	Landlord Name / Address /Telephone	FROM TO (Include Month & Year)

Marital Status (check one): ☐ Single ☐ Married ☐ Divorced ☐ Separated

Would you or anyone in your family benefit from special features for persons with disabilities? YES ☐ NO ☐

Are you applying for persons with disabilities status? YES ☐ NO ☐
Management will provide reasonable accommodations to persons with disabilities, unless doing so would cause undue administrative/financial burden.

Do you or any members of your household require an apartment that permits smoking? YES ☐ NO ☐
Smoking is not permitted in designated non-smoking apartments.

Have you or any member of your household, ever been arrested? YES ☐ NO ☐ Have you ever had, or do you currently have a police record? YES ☐ NO ☐ Have you ever been convicted of a Felony? YES ☐ NO ☐ If yes to any of the above, please explain in detail: _____

Are you now in a Government subsidized rental unit? YES ☐ NO ☐

Do you have a pet? YES ☐ NO ☐ If yes, will the pet be staying with you? YES ☐ NO ☐

Make/Model of vehicle: _____ License Plate #: _____

Make/Model of vehicle: _____ License Plate #: _____

Persons over 62 years old or Persons with Disabilities Applicants Must Complete Pages 2, 3 & 5; All Others Complete Pages 2, 4 & 5.

TAX CREDIT:

☐ Check here if there are or have been any full-time students in your household in the current calendar year. If so, please complete items A – F. (Full Time is five (5) months per year, twelve (12) credit hours per semester.)

☐ If not, please sign and date below at "Applicant/Resident Signature."

STATEMENT OF APPLICANT/RESIDENT:

A. _____At least one (1) member of the household receives assistance under the Title IV of the Social Security Act (i.e. payment under AFDC).

B. _____At least one (1) member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency.

C. _____The Head of Household is a single parent with children and neither the parent nor the children is dependant of another individual. A current Tax Return must be attached for each year of residency.

D. _____The members of the household are married and file a joint Federal Income Tax Return. A current Tax Return must be attached for each year of residency.

E. _____The household is not made up entirely of full-time students. Names of non-student household members:

_____ _____

_____ _____

F. _____None of the exceptions listed above are applicable and the entire household is comprised of full-time students.

HUD/RURAL DEVELOPMENT:

☐ Check here if any household member is an adult student (full or part time) under age 24?
(Full Time is five (5) months per year, twelve (12) credit hours per semester.)

If "yes" to the above, list which household member(s): _____

If "yes" to the above, is the adult student(s) (Check all that apply):

- ☐ A dependent of a parent who is living in the unit
- ☐ A veteran
- ☐ Married
- ☐ A parent with a dependent child living in the unit
- ☐ A disabled individual who was receiving HUD rental assistance prior to November 30, 2005
- ☐ Independent from your parents, including that you have lived on your own for at least one year and are not a dependent on their tax return.

I/We hereby certify that the statement above is true and complete to the best of my/our knowledge.

Applicant/Resident Printed Name	Applicant/Resident Signature	Date
Applicant/Resident Printed Name	Applicant/Resident Signature	Date

TO BE COMPLETED BY MANAGEMENT REPRESENTATIVE

_____The unit may be eligible, if all other Tax Credit eligibility requirements are met (Items A, B, C, D or E applies).
_____The unit is not eligible (Item F applies).
I have verified and processed documentation supporting the applicant's/resident's statement. Nothing has been provided causing me to believe this information is inaccurate.

Management Representative	Title	____/____/____ Date

THIS PAGE APPLIES TO PERSONS OVER 62 YEARS OLD OR PERSONS WITH DISABILITIES ONLY

CURRENT SOURCE OF INCOME:

Please check all income sources that apply:

Social Security	_____	Amount: $_____	Mo. _____	/or Yr. _____
Social Security	_____	Amount: $_____	Mo. _____	/or Yr. _____
SSI Disability	_____	Amount: $_____	Mo. _____	/or Yr. _____
Pension	_____	Amount: $_____	Mo. _____	/or Yr. _____
Pension	_____	Amount: $_____	Mo. _____	/or Yr. _____
Part-Time Emp.	_____	Amount: $_____	Mo. _____	/or Yr. _____
Other Income	_____	Amount: $_____	Mo. _____	/or Yr. _____

Do you have a Checking Account? YES ☐ NO ☐ Current Bal: $_____ Interest Rate _____%

Name of Bank: _____ Bank Telephone Number: _____

Do you have a Savings Account? YES ☐ NO ☐ Current Bal: $_____ Interest Rate _____%

Name of Bank: _____ Bank Telephone Number: _____

Do you have CD's? YES ☐ NO ☐ Value: $_____ Interest Rate _____%

Value: $_____ Interest Rate _____%

Do you own a house or other real estate? YES ☐ NO ☐

If yes, list full address and asset value of property: _____

Is there income (rent, etc.) from this property? YES ☐ NO ☐ Amount $_____

List any other assets you may have such as stocks, bonds, mutual funds, IRA's (include value and annual interest earned):

_____

Have you DISPOSED of any assets during the last two years? YES ☐ NO ☐

If yes, complete the following: Asset Value: $_____

Date of Disposal: _____/_____/_____

MEDICAL EXPENSES:

Do you take prescriptions which are not paid by insurance? YES ☐ NO ☐

If yes, give an estimated amount you pay: $_____ Per Mo. _____ or Yr. _____

Do you have the Medicare Premium deducted from your Social Security? YES ☐ NO ☐

If yes, amount:: $ _____ Per Mo. _____ or Yr. _____

Do you pay a Premium for Supplementary Insurance? YES ☐ NO ☐

If yes, amount:: $ _____ Per Mo. _____ or Yr. _____ or Qtrly. _____

Do you ANTICIPATE any healthcare related expenses for the next 12 months, which are NOT covered by health insurance (eye care, dental, in home health care)? Include over the counter medical supplies (Depends, needles, etc.).

YES ☐ NO ☐ If yes, complete the following:

Description: _____ Amount: $_____ Frequency: _____

Description: _____ Amount: $_____ Frequency: _____

Description: _____ Amount: $_____ Frequency: _____

Description: _____ Amount: $_____ Frequency: _____

Use this space for any additional information you feel necessary to report: _____

_____

_____

_____

_____

THIS PAGE IS FOR FAMILIES / HOUSEHOLDS / OTHER

CURRENT SOURCE OF INCOME: Please complete all income sources that apply:

Head of Household PRESENT Employment:

Employment: From ____/____/____ To ____/____/____ Amount: $_____ Hrly: _____ Wkly: _____

Name of Employer: _____

Address: _____ Telephone #: (____) _____

Co-Head of Household PRESENT Employment:

Employment: From ____/____/____ To ____/____/____ Amount: $_____ Hrly: _____ Wkly: _____

Name of Employer: _____

Address: _____ Telephone #: (____) _____

If you have not been employed by the above employer for 3 YEARS OR MORE, you MUST complete the following. List your employment history leading UP TO your current place of employment below for all employed members of household.

Head of Household PREVIOUS Employment:

Employer: _____ Address: _____ From _____ To _____

Employer: _____ Address: _____ From _____ To _____

Employer: _____ Address: _____ From _____ To _____

Employer: _____ Address: _____ From _____ To _____

Co-Head of Household PREVIOUS Employment:

Employer: _____ Address: _____ From _____ To _____

Employer: _____ Address: _____ From _____ To _____

Employer: _____ Address: _____ From _____ To _____

Employer: _____ Address: _____ From _____ To _____

Unemployment: _____ Amount: $_____ Mo: _____/or Wkly: _____

Child Support: _____ Amount: $_____ Mo: _____/or Wkly: _____

Alimony: _____ Amount: $_____ Mo: _____/or Wkly: _____

AFDC: _____ Amount: $_____ Mo: _____/or Wkly: _____

Social Security: _____ Amount: $_____ Mo: _____/or Wkly: _____

Grants/Loans: _____ Amount: $_____ Mo: _____/or Wkly: _____

Armed Forces: _____ Amount: $_____ Mo: _____/or Wkly: _____

Other Income: _____ Amount: $_____ Mo: _____/or Wkly: _____

Do you have a checking Account? YES ☐ NO ☐ Current Bal: $_____ Interest Rate _____%

Do you have a Savings Account? YES ☐ NO ☐ Current Bal: $_____ Interest Rate _____%

Do you own a house or other real estate? YES ☐ NO ☐

If yes, list full address and asset value of property: _____

Is there income (rent, etc.) from this property? YES ☐ NO ☐ Amount $_____

List any other assets you may have such as stocks, bonds, mutual funds, IRA's (include value/annual interest earned):

_____

Have you DISPOSED of any assets during the last two years? YES ☐ NO ☐

If yes, complete the following: Asset Value: $_____ Date of Disposal: ____/____/____

CHILDCARE EXPENSES:

Do you pay for baby-sitting due to employment or schooling? YES ☐ NO ☐ If yes, complete the following:

Care Provider's Name: _____ Per Week $_____

Address: _____ Per Month $_____

_____ Telephone No. (____) _____

Use this space for any additional information you feel necessary to report: _____

_____

_____

EVERYONE MUST COMPLETE THIS PAGE

CREDIT REFERENCES Your application fee covers the cost of a credit check that is performed through **Acutraq Rental Screening** with the personal information you provide.

PERSONAL REFERENCES (Give two (2) persons **NOT** related to you, that you have known one (1) year or more.)

Name: _____ Name: _____

Address: _____ Address: _____

Telephone No: (____)_____ Telephone No: (____)_____

How did you hear about this apartment community? _____

I/We, the applicant(s), certify that the housing I/we will occupy is/will be my/our permanent residence. I/We further certify that I/we do not and will not maintain a separate subsidized rental unit in a different location.

I/We, the applicant(s), agree to give management/owner the authority to investigate my / our credit rating, my/our current and past rental record, my/our police record, and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on this form will disqualify me from consideration for leasing and may be grounds for eviction.

I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge.

_____ ____/____/____
Signature of Head of Household Date

_____ ____/____/____
Signature of Co-Head Date

NOTE: Applicant(s) will be notified in writing whether or not he/she have been selected for immediate occupancy, placed on a waiting list, or ineligible.

I/We understand in order to remain active on the waiting list, I/we will be required to update my application every six (6) months upon notification from management. _____ (Initials)

FAMILY HOUSEHOLD COMPOSITION:

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: A. Hispanic or Latino ☐ B. Not Hispanic or Latino ☐

Race: (Mark one or more) 1. American Indian/Alaska Native ☐ 2. Asian ☐ 3. Black or African American ☐

4. Native Hawaiian or Other Pacific Islander ☐ 5. White ☐

Gender: Male ☐ Female ☐

FINAL STATUS OF APPLICATION:

This application was (Check One): Accepted ☐ Ineligible ☐

_____ ____/____/____
Management Representative Date

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EQUAL HOUSING OPPORTUNITY

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low Income Public and Indian Housing assistance programs. I understand that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administrating and enforcing rules and polices. I also consent for HUD, credit bureaus, collection agencies, or future landlords to release information which includes records on my payment history and any violations of my Lease or Occupancy Policies.

I give my full consent to Professional Property Management to obtain a Credit Report through ACUTRAQ. I understand and agree that this report will become the property of the named apartment complex herein and will not be discussed with anyone, including myself. In the event I am declined due to the information found in the Credit Report, I will receive notification from the apartment complex, by mail, including instructions how to obtain a free copy of my credit report. Professional Property Management or the property is not in any way responsible for the findings on the credit report.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquires that may be requested, include but are not limited to:

Identity and Marital Status
Medical or Child Care Allowances
Residences and Rental Activity
Employment, Income and Assets
Credit and Criminal Activity

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (Including Public Housing Agencies)
Courts and Post Offices
Law Enforcement Agencies
Medical and Child Care Providers
Retirement Systems
Utility Companies
Credit Providers and Credit Bureaus
Past and Present Employers
State Employment Security Divisions
Social Security Administration
Child Support and Alimony Providers
Veterans Administration
Banks and other Financial Institutions
Schools, University's and Colleges

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the Management office and will stay in effect for one year and one month from the date signed. I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

_____	_____	____/____/____
Head of Household	(Print Name)	Date
_____	_____	____/____/____
Spouse	(Print Name)	Date
_____	_____	____/____/____
Adult Member	(Print Name)	Date
_____	_____	____/____/____
Adult Member	(Print Name)	Date

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

The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TDD).

LEASE ADDENDUM FOR DRUG FREE HOUSING

EQUAL HOUSING OPPORTUNITY

In consideration of the execution or renewal of Lease Agreement of the dwelling unit identified in the Lease Agreement, Owner and Resident agree as follows:

1) Resident, any members of the resident's household, or a guest or other person under the resident's control shall not engage in criminal activity, including drug related criminal activity, on or near the complex premises. "Drug related criminal activity" refers to the illegal manufacture, sale, distribution, use or possession with the intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in Section 102 of the Controlled Substance Act – 21 U.S.C. 802).

2) Resident, any member of the resident's household, or a guest or other person under the resident's control **shall not engage in any act intended to facilitate criminal activity**, including drug related criminal activity on or near the complex premises.

3) Resident, or any member of the resident's household, or a guest or other person under the resident's control **shall not permit the dwelling unit to be used for, or facilitate criminal activity**, including drug related criminal activity on or near the complex premises.

4) Resident, or any member of the resident's household will not engage in the manufacture, sale, or distribution of drugs at any location, whether on or near the complex premises or otherwise.

5) Resident, any member of the resident's household, or a guest or other person under the resident's control **shall not engage in any acts of violence, including**, but not limited to, the unlawful discharge of firearms on or near the complex premises.

6) VIOLATION OF THE ABOVE PROVISIONS SHALL BE MATERIAL VIOLATION OF THE LEASE AGREEMENT AND GOOD CAUSE FOR TERMINATION OF TENANCY. A single violation of any of the provisions of this Addendum shall be deemed a serious violation and a material noncompliance with the Lease Agreement. It is understood and agreed that a single violation shall be good cause for termination of tenancy. Unless, otherwise, provided by the law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.

7) In case of conflict between the provisions of this Addendum and any other provisions of the Lease Agreement, the provisions of the Addendum shall govern.

8) This Lease Agreement Addendum is incorporated into the Lease Agreement executed or renewed this day between Owner and Resident.

_____ ____/____/____

Resident Signature Date

_____ ____/____/____

Co-Resident Signature Date

_____ ____/____/____

Management Representative Date

_____ _____

Property Name Apartment No.

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EQUAL HOUSING OPPORTUNITY

SWORN STATEMENT OF ASSETS

PLEASE COMPLETE A SEPARATE FORM FOR EACH HOUSEHOLD MEMBER.

Property: _____ Apt # _____

Applicant/Resident: _____ Move-In/Re-Cert Date: _____/_____/_____

Effective Date: _____/_____/_____ (Circle Applicable) Basic Rent Carrying Rental Assistance HUD

This form is to be filled out by the applicant/resident and may be used to support the income Certification or Recertification of a household's assets and income. Third Party verification is required for all income and assets declared.

A separate form is required for each non-related adult household member.

ELIGIBILITY:	YES	NO
1. I have a household member who is absent from the home due to:		
Employment		
Military Service		
Placement in foster care		
Temporarily in nursing home or hospital		
Permanently confined to nursing home		
Away at school		
Other (please explain):		
2. I have a live-in attendant		
3. Expected changes in household are:		
Baby due on (date):		
Adopting a child(ren) on (date):		
Obtaining custody of a child(ren) on (date):		
Obtaining joint custody of a child(ren) on (date):		
Receiving a foster child(ren) on (date):		
A. Income		
1. Are you or any other members of the household currently receiving income from any of the following sources:		
Wages/Salaries		
Wages earned through a government program such as Senior Aides, Older American Community Service Employment Program, AmeriCorps. If yes, which program:		
Tips, bonuses or commissions		
Overtime pay		
Income from operation of a business		
Social Security		
Disability/SSI		
Death Benefits		
Pension/Retirement Funds		
Annuities or non-revocable trust		
Unemployment		

Income (continued)	YES	NO
Military pay		
Workman's Compensation		
Public Assistant/TANF		
Alimony		
Child Support		
Income from rent or sale of property		
Periodic payment from lottery winnings		
Regular recurring contributions from persons or agencies outside of household		
Insurance policies		
Severance pay		
Other (please explain):		
2. Are there any adult members of the household (18 years of age or older) receiving income not listed above? If yes, specify the source of the income.		
B. Assets:		
1. Do you or any other members of the household have any of the following:		
Checking Account(s)		
Savings Account(s)		
Certificates of Deposit(s)		
Money Market Funds		
IRA/Keogh Account(s)		
Stocks		
Bonds		
Treasury Bills		
Trust Funds (If yes, do you have access to the funds and is the trust irrevocable?)		
Real Estate		
Whole Life or Universal Life Insurance Policy (Term Insurance not included)		
Cash in safety deposit box/home/in-hand (If yes, list amount) $		
Assets held in another state or foreign country		
Other (please explain):		
2. Have you or any other member(s) of the household received any lump sum payments, such as:		
Inheritance		
Lottery winnings		
Insurance settlements		
Other (please explain):		
3. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years?		
4. Do you or any other household members have any assets that are held jointly with another person?		

	YES	NO
C. Deductions:		
1. Are there any full-time students 18 years of age or older in the household?		
2. Does any household member qualify for an elderly deduction (age 62 or older or a person with disabilities)?		
3. Do you have medical expenses that are not paid for by an outside source such as insurance (applicable to elderly/disabled only)?		
4. Do you have disability expenses that are not paid for by an outside source?		
If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?		
5. Do you have attendant care expenses?		
If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?		
6. Do you currently pay for childcare services for any children under the age of 13 residing in your household?		
If yes, is this service necessary in order for you to be employed or to attend school?		
If yes, are any of these expenses reimbursed by an outside source?		

I do hereby certify on _____/_____/_____, under penalty of perjury that the information provided on this form is true and accurate to the best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of within two (2) years and that I have no other assets than those listed on this form (other than personal property *not* held as an investment). I understand that the management agent will verify all income and assets with my respective employer, agency, banking institution or other agent that may be necessary to determine my eligibility.

Applicant/Resident Signature	Applicant/Co-Resident Signature	Date
		/ /
Printed Name of Applicant/Resident	Printed Name of Applicant/Co-Resident	

WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offence to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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