

APARTMENT APPLICATION



Contact Information: Barbara Bennett, Property Manager
Main Office Number: 603-330-0379 Fax: 603-330-0396
Email: linscottcourt@metrocast.net

I N S T R U C T I O N S

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION WILL NOT BE ACCEPTED. DO NOT USE WHITE OUT. IF YOU MAKE A MISTAKE, DRAW A LINE THROUGH THE ERROR AND INITIAL IT.

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer "NO" on that question.
2. **SIGNATURES are required** by all adult applicants.
3. **COPIES OF SOCIAL SECURITY CARDS,** birth certificates, copy of picture i.d. for all adults on the application, proof of income and most recent bank statement(s) are required for everyone on the application.
4. **CRIMINAL RECORD CHECKS** are required for each adult applicant (forms are enclosed).
5. **RETURN YOUR APPLICATION TO:**

**Attn: Barbara Bennett, Property Manager
Linscott Court Apartments
20 Columbus Ave, #114
Rochester NH 03867**

NOTE: PETS ARE ONLY ALLOWED FOR PERSONS WITH DISABILITIES WHO REQUIRE A SERVICE ANIMAL (documentation is required).

Your application is being returned because:

- You did not complete all areas or you did not sign the application.**

Please return your application along with the information that was missing if you want to be considered for an apartment.



Managed By Rochester Housing Authority



APARTMENT APPLICATION



Linscott Court
20 Columbus Avenue
Rochester, NH 03867

Emerson Court
31 Emerson Avenue
Rochester, NH 03867

Marsh View
Brock Street
Rochester, NH 03867

Please check this box if you would like your application to be considered for Project Based Voucher Rental Assistance.

Contact Information: Barbara Bennett, Property Manager
Office Number: 603-330-0379 Fax: 603-330-0396
Email: linscottcourt@metrocast.net

Housing Tax Credit Program

Applicant Questionnaire

Household Information

Starting with Head of Household, list all household members that are applying to live in this apartment with you.

| Name First, Middle, Last | Full-Time Student Y/N | Relationship to Head of Household | M/F | Social Security Number | Birth Date Mth/day/yr |
|-------------------------------------|-----------------------------|---|-----|---------------------------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Current Address: _____ | | | | | |
| Work / Day Time Phone: _____ | | Cell / Evening Phone: () - | | | |

WHAT SIZE APARTMENT ARE YOU APPLYING FOR? 1BR 2BR 3BR

- YES NO 1. Do you, or any member of your household request handicap accessible unit? (special unit design)
- YES NO 2. Do you expect any additions to the household within the next twelve months?
Name and Relationship: _____
Explanation: _____
- YES NO 3. Is there anyone living with you now who won't be living with you at this property?
Name and Relationship: _____
Explanation: _____
- YES NO 4. Do you have child(ren) under the age of 18? (If yes, please explain if the children will not be living with you at this property.)
Explanation: _____
- YES NO 5. Are there any absent household members who under normal conditions would live with you? (For example, a spouse in the military.)
Explanation: _____

- YES NO 6. Does your household have or anticipate having any pets other than those used as service animals?
Explanation: _____
- YES NO 7. Have you or anyone else named on this application filed for bankruptcy?
Explanation: _____
- YES NO 8. Have you or anyone else named on this application been convicted of a felony?
Explanation: _____
- YES NO 9. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?
Explanation: _____
- YES NO 10. Have you or anyone else named on this application been convicted of property damage?
Explanation: _____
- YES NO 11. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____

Housing References

List the past THREE years of housing references. *(If additional space is required, use a separate sheet of paper)*

| | Current Landlord's Name/ Address/Phone | Your Address | Own/Rent | Dates |
|----------|--|---|-------------------------------|------------|
| Name: | _____ | _____ | <input type="checkbox"/> Own | _____ From |
| Address: | _____ _____ | _____ _____ | <input type="checkbox"/> Rent | _____ To |
| Phone: | _____ | Are you related to this person? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, state relationship: _____ | | |

| | Previous Landlord's Name/ Address/Phone | Your Address | Own/Rent | Dates |
|----------|---|---|-------------------------------|------------|
| Name: | _____ | _____ | <input type="checkbox"/> Own | _____ From |
| Address: | _____ _____ | _____ _____ | <input type="checkbox"/> Rent | _____ To |
| Phone: | _____ | Are you related to this person? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, state relationship: _____ | | |

| | | | | |
|----------|----------------|---|-------------------------------|------------|
| Name: | _____ | _____ | <input type="checkbox"/> Own | _____ From |
| Address: | _____ _____ | _____ _____ | <input type="checkbox"/> Rent | _____ To |
| Phone: | _____ | Are you related to this person? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, state relationship: _____ | | |

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

| | Tag/License Plate # | State Issued | Make/Model/Year |
|-------------------|---------------------|--------------|-----------------|
| Vehicle #1 | _____ | _____ | _____ |
| Vehicle #2 | _____ | _____ | _____ |

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship _____ Years Known _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned such as a grant or benefit, it is counted for all household members including minors. (such as SSI)

Include all income anticipated for the next 12 months.
Do YOU or ANYONE in your household receive OR expect to receive income from:

| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 12. Employment wages or salaries? <i>(include overtime, tips, bonuses, commissions and payments received in cash.)</i> | | | | | | | | | | | | |
|--------------------------|----------------------|--------------------------|----|---|------------------|----------------------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | | | | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Household Member</th> <th style="width: 40%; text-align: center;">Name of Company</th> <th style="width: 30%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Household Member | Name of Company | Amount | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 13. Self-employment? <i>(include overtime, tips, bonuses, commissions and payments received in cash.)</i> | | | | | | | | | | | | |
| | | | | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Household Member</th> <th style="width: 40%; text-align: center;">Type of Business</th> <th style="width: 30%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Household Member | Type of Business | Amount | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 14. Regular pay as a member of the Armed Forces/Military? | | | | | | | | | | | | |
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| _____ | _____ | _____ | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 15. Unemployment benefits or workman's compensation? | | | | | | | | | | | | |
| | | | | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Household Member</th> <th style="width: 40%; text-align: center;">Case Worker</th> <th style="width: 30%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Household Member | Case Worker | Amount | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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|--------------------------|--------------------|--------------------------|----|--|-------------------------|--------------------|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 16. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)? | | | | | | | | | | | | |
| | | | | <table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">Case Worker</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | Household Member | Case Worker | Amount | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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|--------------------------|--------------------|--------------------------|----|--|-------------------------|--------------------|---------------|-------|-------|-------|-------|-------|-------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 17. a) Child Support or Alimony? <i>(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, but received directly from payer.)</i> | | | | | | | | | |
| | | | | <table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">Case Worker</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | Household Member | Case Worker | Amount | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |

b) How is the support received? (Check all that apply)

| | | |
|--------------------------|----------------------------------|-----------------------|
| <input type="checkbox"/> | Child Support Enforcement Agency | Name of Agency: _____ |
| <input type="checkbox"/> | Court of Law | Name of Court: _____ |
| <input type="checkbox"/> | Directly from individual | Name of Person: _____ |
| <input type="checkbox"/> | Other | Explain: _____ |

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

Explanation: _____

| | | | | | | | | | | | | | |
|--------------------------|-------------------|--------------------------|----|---|-------------------------|-------------------|---------------|-------|-------|-------|-------|-------|-------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 18. Social Security, SSI, or any other payments from Social Security Administration? | | | | | | | | | |
| | | | | <table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">SSA Office</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | Household Member | SSA Office | Amount | _____ | _____ | _____ | _____ | _____ | _____ |
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|--------------------------|--------------------------|--------------------------|----|--|-------------------------|--------------------------|---------------|-------|-------|-------|-------|-------|-------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 19. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities? | | | | | | | | | |
| | | | | <table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">Source of Benefit</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | Household Member | Source of Benefit | Amount | _____ | _____ | _____ | _____ | _____ | _____ |
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|--------------------------|--------------------------|--------------------------|----|--|-------------------------|--------------------------|---------------|-------|-------|-------|-------|-------|-------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 20. Regular payments from a severance package? | | | | | | | | | |
| | | | | <table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">Source of Benefit</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | Household Member | Source of Benefit | Amount | _____ | _____ | _____ | _____ | _____ | _____ |
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|--------------------------|--------------------------|--------------------------|----|--|-------------------------|--------------------------|---------------|-------|-------|-------|-------|-------|-------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 21. Regular payments from any type of settlement? (for example, insurance settlements.) | | | | | | | | | |
| | | | | <table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">Source of Benefit</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | Household Member | Source of Benefit | Amount | _____ | _____ | _____ | _____ | _____ | _____ |
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|--------------------------|--------------------------|--------------------------|----|--|-------------------------|--------------------------|---------------|-------|-------|-------|-------|-------|-------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 22. Regular payments or gifts or payments from anyone outside of household? (this includes anyone supplementing your income or paying any of your bills) | | | | | | | | | |
| | | | | <table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">Source of Benefit</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | Household Member | Source of Benefit | Amount | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |

YES NO 23. Regular payments from lottery winnings or inheritances?

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

YES NO 24. Regular payments from rental property or other types of real estate transactions?

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

YES NO 25. Any other sources of income not listed?

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

YES NO 26. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Expense Information

| | | | | | |
|--------------------------|-----|--------------------------|----|--|-------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | A. Elderly, Handicapped and disabled households only | _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Medical Insurance | _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Doctors Insurance | _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Medications, etc. | _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | B. Childcare Expenses | _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Working | _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Looking for work | _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | School | _____ |

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS. (attach additional page if necessary)

Do YOU or ANYONE in your household have:

YES NO 27. Checking or Savings Account?

| Household Member | Financial Institute | Type of Acct. | Balance in Acct. |
|------------------|---------------------|---------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

YES NO

28. CD's, money market accounts, or treasury bills?

| Household Member | Financial Institute | Amount |
|------------------|---------------------|--------|
| | | |
| | | |
| | | |

YES NO

29. Stocks, bonds, or securities?

| Household Member | Financial Institute | Amount |
|------------------|---------------------|--------|
| | | |
| | | |
| | | |
| | | |

YES NO

30. Trust Funds?

| Household Member | Financial Institute | Amount |
|------------------|---------------------|--------|
| | | |
| | | |
| | | |

YES NO

31. Pensions, IRAs, Keogh or other retirement accounts?

| Household Member | Financial Institute | Amount |
|------------------|---------------------|--------|
| | | |
| | | |
| | | |

YES NO

32. Whole and Universal life insurance policy?

| Household Member | Insurance Carrier | Amount |
|------------------|-------------------|--------|
| | | |
| | | |
| | | |

YES NO

33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
(this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

| Household Member | Address of Property | Amount |
|------------------|---------------------|--------|
| | | |
| | | |
| | | |

YES NO

34. Personal property held as an investment? *(this includes paintings, coin/stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture, or clothing.)*

| Household Member | Description of Property | Amount |
|------------------|-------------------------|--------|
| | | |
| | | |
| | | |

YES NO

35. A safe deposit box?

| Household Member | Financial Institute | Description/ Amount |
|------------------|---------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

YES NO

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

Household member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES NO

37. Are you or any other ADULT household members claiming zero income?

Household member: _____

Explanation: _____

YES NO

38. **Will every member of the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school with regular faculty and students?**

If you answered YES, complete the following:

| | |
|---|--|
| 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 |
| Are any full-time student(s) a Title IV (AFDC/TANF) recipient? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's' tax return? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has any household member previously been under the care and placement of the foster care program under Title IV of the Social Security Act? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

YES NO

39. Will you or any other ADULT household members require a live-in care attendant to live independently?

Name of attendant: _____

Relationship (if one): _____

YES NO

40. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

YES NO 41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
 Expected Date: _____
 Name of Agency: _____
 Contact Person: _____

YES NO 42. Have you or any member of your household been evicted from a public housing authority?
 If yes, when? _____
 Name of Agency: _____
 Contact Person: _____

YES NO 43. Do you or any member of your household owe money to a landlord or public housing authority?
 If yes, when? _____
 Name of Agency: _____
 Contact Person: _____

Please check one or more:

44. How were you referred to this apartment complex?
 Current resident: (please give name) _____ Drive by building
 Newspaper ad: (please give name) _____ Cable TV Ad
 Internet/website: (please give name) _____ Other: _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

 Signature of Head of Household

 Date

 Signature of other household member 18 years or older

 Date

 Signature of other household member 18 years or older

 Date

*****For Office Use Only*****

Date of Interview: _____ By: _____