

APPLICANT:

INSTRUCTIONS FOR FILLING OUT APPLICATION PACKET

1. “Application:”
 - If there will be more than one person who is eighteen (18) or older (or considered emancipated per state statutes), the household must decide who will be considered “Head of Household”
 - Fill-in all spaces that pertain to the household. If a space does not pertain, indicate with N/A, do not leave blank

2. “Landlord Reference Letter:”
 - **Each** adult must provide landlord references, if residency pertains to a landlord, for the last five years
 - Fill-out the top left section only
 - *Do not give or send to the landlord, we will do this from the office*
 - Return with application packet

3. “Family/Friend Residency Letter:”
 - **Each** adult must provide residency references, if residency does not pertain to a landlord, for the last five years
 - Fill-out the top left section only
 - *Do not give or send to the family member or friend, we will do this from the office*
 - Return with application packet

4. “Applicant Declaration & Verification Consent Form:”
 - *Applicant Declaration Form:* A separate form needs to be filled out for **each** member of the household, No Exceptions
 - Fill-in all spaces. If a space does not apply to you, indicate with N/A
 - Parent/guardian will fill-out the form for anyone considered a dependent who will be residing in the unit. *Be sure to print the dependent’s name not yours under the Declaration portion.* The signature space is where you will sign your name on behalf of the dependent
 - Return with application packet
 - *Verification Consent Form:* A separate form needs to be filled out for **each** member of the household who has declared eligible immigration status on the Applicant Declaration form, (except for those 62 or older who have provided proof of age)
 - Under “Consent”, print the name of the household member
 - Signature Line: Parent/guardian will sign the form for the minor and check the box below the signature line. Do not forget to date the form
 - Return with application packet

5. “Student Self-Certification:”
 - A separate form needs to be filled out by **each** adult member of the household
 - Answer all questions that pertain to your circumstances
 - Return with application packet



****PLEASE NOTE****

WHEN YOU RETURN YOUR APPLICATION BE SURE TO BRING COPIES OF:

- Photo IDs for all household members eighteen (18) or older
- All household members will be required to provide a valid SSN with adequate documentation prior to move-in. The exception to this rule is for those individuals not contending eligible immigration status (note: household must have at least one household member who is a citizen or an eligible non-citizen to move in to the property). Live-in aides and foster children are also subject to the SSN requirements. To retain your place on the Waiting List, you have 90 days from the date you are offered an available unit to provide documentation of all applicable household member's SSN; failure to do so will result in removing the household from the Waiting List
- Alien registration documentation (if applicable)
- An application processing fee will be assessed at the time the application is returned

IF APPROVED TO MOVE-IN, THE FOLLOWING WILL BE REQUIRED:

- State Issued Birth Certificates for all household dependents by Move-in date
- On or by the day of Move-in: The utilities (electric and or gas) must be placed in an adult members name who will reside in the unit. The Resident Manager will call the utility company to verify this has been done. The Move-in will be rescheduled and the unit may be allocated to the next qualified applicant if the utilities are not transferred

ADDITIONAL INFORMATION:

- All types of income must be reported to and verified by the Resident Manager. Examples of income include: Seasonal work, contracted military work, salaried/hourly employment, waitressing, hairstyling, AVON/Mary Kay type work, Social Security, pensions, child support, gift/monetary income, etc.
- All types of assets must be reported to and verified by the Resident Manager. Examples of assets include: CDs, Life insurance, checking/savings account, stocks, bonds, money markets, property owned, coin/stamp collection, etc.

IF YOU NEED HELP OR HAVE A QUESTION, PLEASE CALL THE PROPERTY WHERE YOU RECEIVED THE APPLICATION PACKET FROM.

Property name: _____

Phone number: (____) ____ - _____



Application # _____	Studio _____	***Office Use Only***	Received Date: ____/____/____
_____	1 bedroom _____		Time: ____:____ am/pm
_____	2 bedroom _____		Initials: _____
_____	3 bedroom _____		
_____	4 bedroom _____	Unit # - Add on to Existing Household _____	

RENTAL APPLICATION

Applicant's Name: _____

Return to: _____

Mailing Address: _____

City, State, Zip _____

Phone #: (____) _____ - _____

Phone #: (____) _____ - _____

Message Phone: (____) _____ - _____

Fax #: (____) _____ - _____

Head of Household Application Instructions

- A household consisting of more than one adult (18 or older) must decide who will be considered the Head of Household
- All documents in the Application Packet must be returned signed, dated, and/or initialed where applicable by every adult
- Please use blue ink only. **Do not leave any sections blank.** If a section or space does not apply, enter "none" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information, write the correct information, and initial the change, do not use white out or other similar product
- It is important that all information on the Rental Application be legible, complete, and correct. False, incomplete, or misleading information will cause your application to be rejected
- As long as your application is on file with us, it is your responsibility to contact us whenever any of the information in the Rental Application (i.e. your address, telephone, income situation, or family size) changes. Failure to do so may result in your Rental Application to be rejected
- Forms for requesting reasonable accommodations and/or modifications are available at the office upon request

Household Information

- List all household members, beginning with the Head of Household, who will be residing in the apartment. Include Live-in Aids, foster children and/or foster adults

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Date of Birth mm/dd/yyyy	Age	Sex M/F	Social Security Number
	Self	/ /			- -
		/ /			- -
		/ /			- -
		/ /			- -
		/ /			- -
		/ /			- -
		/ /			- -

- List each household member who has attended, currently attends, or anticipates attending an educational institution as a full-time student for any part of a five month period in a calendar year, does not need to be consecutive months.

Household Member	Educational Institution	Has attended/Currently attends/Will attend



- | | <u>Yes</u>
<input type="checkbox"/> | <u>No</u>
<input type="checkbox"/> | <u>N/A</u>
<input type="checkbox"/> |
|--|---|---------------------------------------|--|
| 3. Are there any absent household members who under normal conditions would live with you?
(i.e. a spouse away in the military)
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you have minor children, do you have at least 50% physical custody?
If not or anticipated, please explain below. You may also be asked to prove the percentage of time minor(s) live with you
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does any household member plan on keeping a pet(s)?
(Pets are not allowed at a family property)
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does any household member have special housing needs that relates to a reasonable accommodation?
(i.e. Assistance/Companion Animal, grab bars, wheel chair ramp, etc)
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you currently own a housing voucher?
If so, you will need to provide documentation of such, including who the issuing agency is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you currently on a Waiting List to receive a housing voucher?
If so, you will need to provide documentation of such, including who the issuing agency is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Select the apartment size(s) you are applying for: | | | |
| | <input type="checkbox"/> Studio
<input type="checkbox"/> 1 bedroom
<input type="checkbox"/> 2 bedrooms
<input type="checkbox"/> 3 bedrooms
<input type="checkbox"/> 4 bedrooms | | |
| 10. How did you hear about this property? | <input type="checkbox"/> Television Ad <input type="checkbox"/> State or Federal Program
<input type="checkbox"/> Internet <input type="checkbox"/> Friend or Relative
<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Property Sign
<input type="checkbox"/> Flyer <input type="checkbox"/> Promotional Mailing
<input type="checkbox"/> Newspaper (name) _____
<input type="checkbox"/> Other _____ | | |

Income/Asset Information

11. What is the estimated **annual unearned** income of the household? \$ _____
(Include income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, child support, and any other income that is not employment income, for all household members)
12. What is the estimated **annual earned** income of the household? \$ _____
(Calculate below by including the anticipated annual earned income for the next 12 months for the head, spouse, co-head, and other adult members including full-time students who are at least 18 years of age)

Household Member	Hourly Wage	X	Hours Per Week	X	Weeks Per Year	=	Annual Earned Income	
	\$	X		X		=	\$	
	\$	X		X		=	\$	
	\$	X		X		=	\$	
	\$	X		X		=	\$	
	\$	X		X		=	\$	
	\$	X		X		=	\$	
	\$	X		X		=	\$	
Total							=	\$

13. Has any household member sold or given away assets for Less than fair market value within the past two years? Yes
 No
- Household member: _____ Value of Asset: \$ _____
- Type of Asset: _____ Value Received: \$ _____

14. List all assets of all household members, including bank accounts, stocks, bonds, land and real estate, etc.

Household Member	Type of Asset	Account Number/Asset Location	Current Value	% Interest Earned
			\$	
			\$	
			\$	
			\$	
			\$	

Rental History

In order to verify the household's residency history, we require that you provide us with detailed information below regarding where each adult member of the household has lived the past five years. If you owned a home or lived with family or someone else, list those locations. Include addresses where you were not listed on the lease or where you lived under a different name. Additional Rental History Sheets are available upon request.

Head of Household Name _____

<u>Current Residency</u>	<u>1st Previous Residency</u>	<u>2nd Previous Residency</u>
Property: _____	_____	_____
Address: _____	_____	_____
City, State, Zip _____	_____	_____
Phone: (____) _____ - _____	(____) _____ - _____	(____) _____ - _____
<u>Your Address</u>	<u>Your Address</u>	<u>Your Address</u>
Address: _____	_____	_____
From _____ To _____	_____ To _____	_____ To _____

Other Adult Name _____

<u>Current Residency</u>	<u>1st Previous Residency</u>	<u>2nd Previous Residency</u>
Property: _____	_____	_____
Address: _____	_____	_____
Phone: (____) _____ - _____	(____) _____ - _____	(____) _____ - _____
<u>Your Address</u>	<u>Your Address</u>	<u>Your Address</u>
Address: _____	_____	_____
From _____ To _____	_____ To _____	_____ To _____

Other Adult Name _____

<u>Current Residency</u>	<u>1st Previous Residency</u>	<u>2nd Previous Residency</u>
Property: _____	_____	_____
Address: _____	_____	_____
Phone: (____) _____ - _____	(____) _____ - _____	(____) _____ - _____
<u>Your Address</u>	<u>Your Address</u>	<u>Your Address</u>
Address: _____	_____	_____
From _____ To _____	_____ To _____	_____ To _____



15. Has any member of the household ever been evicted from rental housing or a rental space?

Yes No

Explanation: _____

Criminal History

NWRECC processes a criminal background screening on all adult household members, including live-in aides/attendants. Please complete the following information to assist us in determining what states you and all adult household members have lived in since the age of 18.

Head of Household *Name* _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____

Other Adult *Name* _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____

Other Adult *Name* _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____

Other Adult *Name* _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____

16. Have you or any household member ever been convicted of a felony?

Yes No

If yes, when? _____ / _____ / _____

Date parole or probation ends/ended? _____ / _____ / _____

Name of household member _____

17. Have you or any household member ever been convicted of a drug-related offense?

If yes, when? _____ / _____ / _____

Date parole or probation ends/ended? _____ / _____ / _____

Name of household member _____

18. Are you or any household member currently using, selling, distributing or in possession of an illegal drug or drug paraphernalia?

19. Are you or any household member subject to lifetime registration requirements under a State/Federal Sex Offender Registration program or are facing charges for a sexual offense?

Name of household member _____

20. Have you or any household member been convicted or are currently facing charges for any crime involving drugs, violence, theft, or fraud?

Name of household member _____

Explanation: _____



Adult Household Members Certification

I have read and understand the information in the Rental Application. I certify that all information given in this Rental Application and any and all attachments are true, complete, and accurate to the best of my knowledge. I understand that management is relying on this information to verify my household’s eligibility and that providing false or misleading information or making false statements may be grounds for denial of my application or termination of tenancy.

I authorize NWRECC personnel to verify the information contained within this application and other related documents. This will include using credit and criminal background screening services, contacting previous and current landlords, and other sources for credit & criminal history. This information may be released to appropriate Federal, State or local agencies for determination of eligibility.

I certify that only those persons listed in this application will occupy the apartment if my application is approved and move in occurs. I understand that any additions to the household may only be done with management’s approval through the application process. In order to keep this application current, I agree to notify management in writing regarding any change of address, telephone numbers, income, and household composition.

I understand the Resident Selection Plan is available to me upon request, that it summarizes the procedures for processing applications, and I also understand that I must meet the requirements set-forth in the Resident Selection Plan.

NOTE: If an apartment is available, or will be soon, we will collect more detailed information about you. This is called the Application Interview. During the interview, all information (i.e. income, assets, etc) will be verified using a 3rd party verifier or other means. Verifications are valid for 120 days from the date received by the site office. If you are not housed and it has been longer than 120 days, all the information will need to be re-verified. Please be aware that being placed on the Waiting List does not indicate that you are eligible to receive housing at this property. To remain on the Waiting List, your household must remain eligible.

Signature – Head of Household

_____/_____/_____
Date

Signature – Other Adult

_____/_____/_____
Date

Signature – Other Adult

_____/_____/_____
Date

Signature – Other Adult

_____/_____/_____
Date



ANNUAL CERTIFICATION OF STUDENT STATUS

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and annually during the Initial Compliance Period of the project (not applicable for the Extended Use Period).

Property Name: _____ BIN: _____ Unit #: _____

Household Occupants: _____

THIS FORM IS TO BE COMPLETED BY APPLICANTS OR TENANTS ONLY

You have applied for, or currently reside in, a rental housing unit located in a development operating under Section 42 of the Internal Revenue Code. Provisions of the Code require certification and/or verification of student status to assist in determining program eligibility. Please check A, B, or C as it applies to your household:

- A. **Household contains at least one occupant who is not a student, has not been a student, and will not be a student for any part of 5 months or more during the current and/or upcoming calendar year** (months need not be consecutive). If this item is checked, no further action is necessary.
- B. **Household contains all students, but is qualified because the following occupant, _____, is a part-time student.** Verification of part-time student status (form OHCS.6) is required for at least one household member.
- C. **Household contains all full-time students for any part of 5 months or more during the current and/or upcoming calendar year** (months need not be consecutive). If "C" applies, complete questions 1-5 below:
1. Is at least one student receiving assistance under Title IV of the Social Security Act (i.e. AFDC, TANF, etc.)? Yes No
 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? If yes, attach documentation of previous participation. Yes No
 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? If yes, attach documentation of current participation. Yes No
 4. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than the other (or absent) parent? If yes, attach third party documentation (i.e. tax return or a court order establishing custody). Yes No
 5. Are the students married and entitled to file a joint tax return? If yes, attach a copy of the marriage license or the most recently filed tax return. Yes No

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant / Tenant	Date	Signature of Applicant / Tenant	Date
Signature of Applicant / Tenant	Date	Signature of Applicant / Tenant	Date

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

LANDLORD REFERENCE LETTER

By signing below, I authorize _____
 (Name of Property/Landlord)
 to release information regarding my rental history to Northwest Real Estate Capital Corp and to the property named to the right

Please return the following information within 10 days to:

Applicant's Name (print) _____

Applicant's Address at time of residency – City, State, Zip Code _____

Applicant's Signature _____ Date ____/____/____

Office Number: (____) _____ - _____

Fax Number: (____) _____ - _____

Landlord: Current Previous **Rent:** \$ _____ **Date of tenancy:** from _____ to _____

YES NO

- 1. Is this a HUD Section 8 property?
- 2. Are you a relative or friend of the applicant? If yes, what is your relationship? _____
- 3. Was this individual listed on the Lease?
- 4. Was the rent paid on time? If no, how many times was it late? _____
- 5. Is there an outstanding balance? If yes, what is the balance? \$ _____
Have payment terms been met? _____
- 6. Did the household keep the unit in a clean, safe and sanitary condition?
If no, please describe: _____
- 7. Did the household or their guests alter, damage or vandalize the unit or common areas?
If yes, please describe: _____
- 8. Did the household receive any lease violation notices?
If yes, please describe: _____
- 9. Would you rent to this individual again?
- 10. Do you recommend this individual to us as a future resident?

Overall, how would you rate this individual? Excellent Good Fair Poor

Other comments: _____

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).

Landlord signature _____

Date ____/____/____

Phone (____) _____ - _____



FAMILY/FRIEND RESIDENCY REFERENCE

By signing below, I authorize _____
(Name of Family/Friend)
to release information regarding my residential history to Northwest
Real Estate Capital Corp and to the property named to the right

Please return the following information within 10 days to:

Applicant's Name (print)

Applicant's Address at time of residency – City, State, Zip Code

_____/_____/_____
Applicant's Signature Date

Office Number: (_____) _____ - _____

Fax Number: (_____) _____ - _____

Please list the dates of residency the individual named above resided with you in the last 5 years

From ____/____/____ to ____/____/____
Mo Yr Mo Yr

From ____/____/____ to ____/____/____
Mo Yr Mo Yr

From ____/____/____ to ____/____/____
Mo Yr Mo Yr

What is your relationship to the individual named above? _____

YES **NO**

- 1. Do you reside at an apartment complex or have an established lease?
- 2. If answered Yes to # 1, is the individual listed on the lease?
- 3. If answered Yes to # 1, what is the name of the apartment complex? _____

Name

_____/_____/_____
Date

(_____) _____ - _____
Phone



2. Sign and date below if the individual listed on page 1 is a non-citizen but with eligible immigration status. Submit copies of your immigration documentation. If signing on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below

NOTE: If the individual is 62 years of age or older, the individual will only need to submit a proof of age document in addition to signing and dating below.

Signature

_____/_____/_____
Date

Check here if adult signed for child

If for any reason the required documents listed on page 4 are not currently available, complete the Request for Extension block below.

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted **2** above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

_____/_____/_____
Date

Check here if adult signed for child

3. Sign and date below if the individual listed on page 1 is not contending eligible immigration status. By not contending eligible immigration status, the individual understands that he/she is not eligible for financial assistance. No further information is required. If signing on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below

Signature

_____/_____/_____
Date

Check here if adult signed for child



INSTRUCTIONS: Complete this form for each non-citizen family member who declared eligible immigration status on the Applicant Declaration form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(Print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose.

Signature

_____/_____/_____
Date

Check here if adult signed for child

DHS CONSENT OF VERIFICATION