

Application # \_\_\_\_\_

# RENTAL APPLICATION

Applicant

Co-Applicant

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Other names by which you have been known \_\_\_\_\_

Other names by which you have been known \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Current Address \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Alien Registration # \_\_\_\_\_

Alien Registration # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Widowed \_\_\_\_\_ Separated \_\_\_\_\_

Widowed \_\_\_\_\_ Separated \_\_\_\_\_

Will any of the persons listed above be full time students during your residency? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, who? \_\_\_\_\_

If yes, are all of these students eligible to file a joint tax return? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you or a member of your household benefit from a unit with accessibility features? YES \_\_\_\_\_ NO \_\_\_\_\_

Apartment size desired: Two Bedroom \_\_\_\_\_ Three Bedroom \_\_\_\_\_

Children's Full Names	Date of Birth	Age	Sex	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## EMPLOYMENT HISTORY

Applicant

Co-Applicant

Current Employer \_\_\_\_\_

Current Employer \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_

Job Title \_\_\_\_\_

How Long? \_\_\_\_\_ Gross Weekly Income \$ \_\_\_\_\_

How Long? \_\_\_\_\_ Gross Weekly Income \$ \_\_\_\_\_

Previous Employer \_\_\_\_\_

Previous Employer \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

How Long? \_\_\_\_\_ Job Title \_\_\_\_\_

How Long? \_\_\_\_\_ Job Title \_\_\_\_\_

## OTHER SOURCES OF INCOME & AMOUNTS

Social Security \$ \_\_\_\_\_

Supplemental Security Income \$ \_\_\_\_\_

ADC \$ \_\_\_\_\_

Child Support Award \$ \_\_\_\_\_

General Assistance \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_

Retirement/Pensions \$ \_\_\_\_\_

Grants/Scholarships \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

ASSETS: Do you have any assets such as checking, savings accounts, etc.? If so, please list: \_\_\_\_\_

Have you disposed of any assets within the previous 24 months? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list and state value received. \_\_\_\_\_ \$ \_\_\_\_\_

(OVER)



**MOST RECENT RENTAL ADDRESS** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Month/Year of Move In \_\_\_\_\_ Rent \$ \_\_\_\_\_ Is your rent past due? \_\_\_\_\_  
 If so, please explain: \_\_\_\_\_  
 Average cost of utilities: Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Is your bill past due? \_\_\_\_\_  
 If so, please explain: \_\_\_\_\_  
 Person's name used by Gas & Electric companies for billing: \_\_\_\_\_  
 Reason for moving: \_\_\_\_\_  
 Are you under **EVICTION**? \_\_\_\_\_ Reason for **EVICTION**: \_\_\_\_\_  
 Landlord \_\_\_\_\_ Telephone # of Landlord: \_\_\_\_\_

**PREVIOUS RENTAL ADDRESS** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Month/Year of Move In \_\_\_\_\_ Month/Year of Move Out \_\_\_\_\_ Rent \$ \_\_\_\_\_  
 Average cost of utilities: Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Was your bill past due? \_\_\_\_\_  
 If so, please explain: \_\_\_\_\_  
 Person's name used by Gas & Electric companies for billing: \_\_\_\_\_  
 Reason for moving: \_\_\_\_\_  
 Were you under **EVICTION**? \_\_\_\_\_ Reason for **EVICTION**: \_\_\_\_\_  
 Landlord \_\_\_\_\_ Telephone # of Landlord: \_\_\_\_\_

**DO YOU OWE ANY PREVIOUS LANDLORD ANY MONEY?** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Please explain: \_\_\_\_\_

**HAVE YOU EVER BEEN EVICTED?** \_\_\_\_\_ If so, please explain: \_\_\_\_\_

**CREDIT REFERENCES** (If no credit references, give two unrelated personal references)  

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone # _____	Telephone # _____
Account # _____	Account # _____

**HAVE YOU EVER DECLARED ANY FORM OF PERSONAL BANKRUPTCY?** \_\_\_\_\_ If so, year \_\_\_\_\_  
 Reason \_\_\_\_\_

(Related)	PERSONAL REFERENCES	(Not Related)
Name _____	Name _____	Name _____
Telephone # _____	Telephone # _____	Telephone # _____
Address _____	Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____
Relationship _____ How long known? _____	Relationship _____ How long known? _____	Relationship _____ How long known? _____

**DO YOU HAVE ANY PETS?** \_\_\_\_\_ **DO YOU HAVE A WATERBED?** \_\_\_\_\_  
 Type of Pet \_\_\_\_\_ **PLEASE NOTE: YOU MUST HAVE INSURANCE!!**

**IN CASE OF EMERGENCY PLEASE CONTACT:** \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Has any member of your household engaged in the illegal use of drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Has any member of your household ever been convicted of illegal possession, manufacture or distribution of illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

I/We hereby certify that the foregoing is true and correct to the best of our knowledge and belief, and I/We hereby authorize Rhove Management Corporation to make inquiries to verify any of the statements herein and to check my/our credit. I/We understand that falsification of any information requested may result in the rejection of the application. By signing this application, I/We authorize Rhove Management Corporation to use any credit reporting/agencing agency to verify my/our credit history and to validate the accuracy of all information reported in this application. Further, my/our signature(s) below authorizes Rhove Management Corporation and any credit reporting/agencing agency to exchange credit information and access my/our credit report during the term of the lease and anytime after lease termination in the event of a default of any obligation of the lease.

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_  
 Date of Application \_\_\_\_\_ Interviewed by: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

### CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation. I understand and agree that this authorization or the information obtained with it's use may be given to and used to administer and enforce program rules and policies. I also consent for the manager to release information from my file about my rental history, credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violations of my lease or occupancy policies.

### INFORMATION COVERED

I understand that previous or current information regarding myself or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status  
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:

Present and Previous Landlords  
(including Public Housing Agencies)  
Courts and Post Offices  
Schools and Colleges  
Law Enforcement Agencies  
Retirement Systems  
Utility Companies

Past and Present Employers  
Welfare Agencies  
State Unemployment Agencies  
Social Security Administration  
Support and Alimony Providers  
Banks and other Financial Institutions  
Credit Providers and Credit Bureaus

### CONDITIONS

I/We 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 a year and one month from the date signed. I/We understand I/We have a right to review my/our file and correct any information that I/We can prove is incorrect.

I/We hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me/us on a separate consent attached to a copy of this consent.

### SIGNATURES:

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



# RENTAL APPLICATION ADDENDUM

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## PLEASE NOTE:

By signing this addendum, you are authorizing your landlord/ management agent to use any credit reporting/screening agency to verify your credit history and to validate the accuracy of all information reported in your application. Further, your signature below authorizes your landlord/ management agent and any credit reporting/ screening agency to exchange credit information and access your credit report during the term of your lease and anytime after lease termination in the event of a default of any obligations of your lease.

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Applicant's Signature    Date

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Applicant's Signature    Date

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Applicant's Signature    Date

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Applicant's Signature    Date

---

Applicant's Signature    Date

---

Applicant's Signature    Date

**TO BE COMPLETED BY ALL APPLICANTS/TENANTS 18 AND OVER**

Applicant/Tenant: \_\_\_\_\_

Have you, are you or will you be a student this calendar year? (HUD/HOME, LIHTC) Yes No

“Student” includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses or those pursuing a GED. **If you are not sure, please mark “yes” and the property management company will verify your student status, as well as any exceptions that you claim.**

**If you answered NO, please skip the following questions and sign below.**

**If you answered Yes, please complete the following questions:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student? (Will you or have you attended school for five months or more this calendar year with a full-time status? The months do not need to be consecutive.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you married? (HUD/HOME, LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a single parent with a child(ren)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes:  |                          |                          |
| a. Are you a dependent of someone else? (LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is your child(ren) a dependent of someone other than a parent? (LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you receiving assistance under Title IV of the Social Security Act (e.g.TANF)? (LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you enrolled in a government-sponsored job training program (e.g. Job Corp, AmeriCorp)? (LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were you previously in foster care at any time through the age of 18? (LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |

**The following questions apply only to households applying for/assisted by a HUD or HOME program. If you are not applying for/assisted by a HUD or HOME program, please skip the remaining questions and sign below.**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 7. Are you disabled?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were you receiving Section 8 assistance as of November 30, 2005?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you over 23 years of age?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a dependent child(ren)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, does your child(ren) live with you at least 50% of the time?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you a veteran of the Armed Forces of the United States or currently serving on active duty in the Armed Forces other than training purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Will you be living with your parents?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are your parents receiving or eligible to receive Section 8 assistance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent’s tax return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you receive financial assistance from your parents?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy?              | <input type="checkbox"/> | <input type="checkbox"/> |
| If no:   |                          |                          |
| a. Were you an orphan or a ward of the court through age 18?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you a graduate or professional student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you receiving any financial aid to pay for your education?   | <input type="checkbox"/> | <input type="checkbox"/> |

Owner/owner agent is responsible for reviewing Student Independence Verification Requirements.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.*



# Applicant / Tenant Sworn Income and Asset Statement

NOTE: All household members 18 years of age or older are required to complete a separate income and asset statement. All applicable questions must be completed in their entirety.

Name: \_\_\_\_\_

S.S.# (Last four digits): \_\_\_\_\_

Date: \_\_\_\_\_

Document **YES** answers with third party verification.

INCOME			
Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Job 1	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Job 2	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Self Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
<i>Includes digital income sources such as and others: App Based Driving Services (e.g. Uber, Lyft, Doordash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); Video-based platforms (e.g. Youtube Influencer)</i>			
Social Security	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
TANF/ AFDC	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Workers' Compensation	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
<b>Do you receive regular or periodic payments from:</b>		<b>Amount</b>	<b>Frequency</b>
Persons not Living in the Unit?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Holder/Provider: _____		_____	_____
Trust, Annuity or Other Claims?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Holder/Provider: _____		_____	_____
Peer-to-Peer Payment Systems? <i>(e.g. Paypal, Venmo, Blockchain, Square, etc.)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Holder/Provider: _____		_____	_____
Do you currently receive Assistance with your housing payment? <i>If yes; Agency Name? _____</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Do you HAVE a court-order (or agreement) for child support or alimony? <i>(This means there is an order for you to receive child support or alimony, not pay support to someone else)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	Ordered Amount: _____
Are you currently receiving child support or alimony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	Amount Received: _____
Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? List State _____ and County _____ where granted.	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	_____	_____
Are you a student (either full or part-time) enrolled in an institution of higher learning?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____

## ASSET SOURCES

YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Checking Account?	6 Month Avg. Balance	\$ _____	Interest Rate _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Certificates of Deposit (CD)?	Cash Value	\$ _____	Interest Rate _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Direct Express * Card? <i>(or any card where benefits or pay are deposited)</i>	Balance	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cash on Hand?	Amount	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Internet Based Funding? (e.g. Go Fund Me)	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have any Personal Property held as an Investment?*	Cash Value	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you own a Home, Rental Property or other Capital Investments? <i>(Market Value less unpaid balance and selling costs = Cash Value)</i>	Cash Value	\$ _____	

Current Status/Intention:  Keeping  Selling  Renting  Being Foreclosed  Giving Away

Notes: \_\_\_\_\_

YES  NO  Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)  
 When? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

YES  NO  Do you have Whole Life Insurance or Universal Life Insurance policies?  
 Cash Value \$ \_\_\_\_\_ Annual Earnings \$ \_\_\_\_\_

YES  NO  Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?  
 If yes, list items: \_\_\_\_\_ Date: \_\_\_\_\_

YES  NO  Are there minor children in the household that have any assets (Savings Account, Certificates of Deposit, Savings Bond(s), etc.)?  
 If yes, please provide:

Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____

YES  NO  Other: \_\_\_\_\_

**Total of Net Family Assets** \$ \_\_\_\_\_ (Total Value of Assets Listed Above)

*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.*

**The information provided on this form will be used to determine maximum income eligibility.**

Applicant/Tenant Signature	Date	Printed Name
Owner/Owner Agent Signature	Date	Printed Name

*Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.*





**To:** Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

**From:** Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

**Re:** Name \_\_\_\_\_ Address \_\_\_\_\_  
 SSN \_\_\_\_\_

**Release:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Resident \_\_\_\_\_

Date \_\_\_\_\_

**You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

The individual named above has applied for residency or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and will be kept in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. If this correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

**The Following Section To Be Completed By Employer:**

Employee Name: \_\_\_\_\_

Presently employed:  Yes. Date employed: \_\_\_\_\_  No. Last day of employment: \_\_\_\_\_

Is employee eligible for unemployment compensation?  Yes  No If yes, how long? \_\_\_\_\_ How much? \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ per: hour week bi-weekly month year \_\_\_\_\_ other (circle one) Date present rate effect: \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Total anticipated earnings for the next 12 calendar months: \$ \_\_\_\_\_

Overtime rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_ Total anticipated overtime earnings for the next 12 calendar months: \$ \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ per: hour week bi-weekly month year \_\_\_\_\_ other (circle one)

Prior year total earnings including overtime, commissions, bonuses, tips and other: \$ \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_ Date effective: \_\_\_\_\_

Does the employee have access to any portion of his/her pension or retirement plan account?  Yes  No

If yes, indicate the amount that may be withdrawn without retiring or terminating employment: \$ \_\_\_\_\_

Deductions for medical benefits: \$ \_\_\_\_\_

Name / Title of Person Supplying Information \_\_\_\_\_ Firm / Organization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Penalties for Misuse of this Form Title 28, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures of improper uses 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 willfully 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, the PHA 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 42 U.S.C. 208 (f) (1) and (h). Violation of these provisions are often as violations of 42 U.S.C. 408 (g) and h.



**To:** Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

**From:** Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

**Re:** Name \_\_\_\_\_ Address \_\_\_\_\_  
 SSN \_\_\_\_\_

**Release:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_

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**Information Being Requested:**

Checking Account(s)

Account Number(s)	Average 6 Month Balance	Date Account Opened	Annual Interest Rate
_____	_____	_____	_____
_____	_____	_____	_____

Savings Account / Certificate Of Deposits (CD) Individual Retirement Account (IRA)

Type of Account	Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty	Date Account Opened
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name / Title of Person Supplying Information \_\_\_\_\_ Firm / Organization \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Penalties for Misuse of this Form Title 28, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and wrongfully making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures of improper uses of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully 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, the PHA 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 42 U.S.C. 208 (1) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 1, g and h.

# PIN OAK APARTMENTS

3501 PIN OAK DRIVE, LORAIN, OHIO 44052 Ph (440) 288-1041 Fax (440) 288-1041

## LANDLORD REFERENCE

DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

LANDLORD: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Current/Previous Landlord: Are you related to applicant? \_\_\_\_\_ #of persons living in unit \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

Date of Applicant's Residence: From \_\_\_\_\_ To \_\_\_\_\_

Is/Was Applicant current on rent? \_\_\_\_\_ Amount of Rent? \_\_\_\_\_ Current Balance owed? \_\_\_\_\_

Any utilities included in rent? \_\_\_\_\_ If yes, what is included? \_\_\_\_\_ Ever disconnected? \_\_\_\_\_

Has the Applicant ever been late/NSF checks? \_\_\_\_\_ How late? \_\_\_\_\_ How often? \_\_\_\_\_

Does/Did the applicant keep the apartment clean? \_\_\_\_\_ Does/did Applicant have bed bugs? \_\_\_\_\_

Has the Applicant damaged the unit? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_ Has the Applicant paid for damages? \_\_\_\_\_

Do you know of any criminal activity with them? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does/did the Applicant have any pets? \_\_\_\_\_

Will you / did you keep any of the security deposit? \_\_\_\_\_

Does/Did the applicant permit people other than those on the lease to live in the unit? \_\_\_\_\_

Has the Applicant, family members, or visitors damaged or vandalized the grounds, halls, parking areas, or other common areas? \_\_\_\_\_

Does/Did the applicant interfere with the rights and quiet environment of other residents? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Has/Did the Applicant given any false information? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

If currently under a lease, will the Applicant be held to that lease? \_\_\_\_\_ Is notice required? \_\_\_\_\_

If so, how many days? \_\_\_\_\_ Was notice given prior to vacating? \_\_\_\_\_ Date given? \_\_\_\_\_

Would you rent to this Applicant again? \_\_\_\_\_ If not, why? \_\_\_\_\_

Currently under eviction? \_\_\_\_\_ Previously under eviction? \_\_\_\_\_

Any other comments about this Applicant? \_\_\_\_\_

Signature of Landlord's Agent: \_\_\_\_\_

Name of Landlord's Agent (please print): \_\_\_\_\_

Name of Apartment Community: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax this form to 440-288-1041 or mail to Pin Oak Apartments, 3501 Pin Oak Drive, Lorain, Ohio 44052

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DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

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Name of Apartment Community: \_\_\_\_\_

Date: \_\_\_\_\_

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# FABCO

Recording the past-protecting the future

FEDERAL ADJUSTMENT BUREAU, INC  
"A Private Corporation Since 1943"

## Rental Consent Agreement

The undersigned does hereby consent that all information stated on the application may be verified and processed through FABCO, (a profile Reporting Agency). 4640 Executive Dr. Columbus, Ohio 43220. This may also include a credit and police report. I also authorize current and/or employment history. I release all parties from any liability in connection with the provision and use of such information.

In signing this rental application, I certify that all information is complete and accurate. If any misrepresentation, omission, or falsification is discovered, it will constitute grounds for denial. I also agree that all information pertaining to my rental history can be released for future reference verification.

Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you in a bankruptcy action at present? Yes? \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested (except for misdemeanor traffic violations)? Yes \_\_\_\_\_  
No \_\_\_\_\_

You have the right to make a written request within a reasonable period of time after receipt of this disclosure, to receive additional information about the nature and scope of this investigation.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Co-Applicant Signature Date