



THANK YOU for selecting Belmont Management
for your *new* home!

To assist you in completing the application process, the following list is provided for your convenience. All items listed below must be provided to complete your application.

Please bring the following items with you to complete your application:

- ☐ Photo Identification of all household members 18 years and older.
- ☐ Birth certificates for household members under 18 years of age.
- ☐ Social Security Cards for ALL HOUSEHOLD MEMBERS.
- ☐ Check or Money Order for \$_____ screening fee (Non-Refundable)
Note: One screening fee per applicant 18 years and older.
- ☐ A SEPARATE Security Deposit Check, Cashier's Check, or Money Order for \$_____.

Note: This Apartment Community has a strict NO CASH policy. This is for your protection as well as ours. Please understand that ALL payments MUST be made in the form of personal check, cashier's check, or money order.

Thank you!

WARNING: Section 1001 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a Federal Agency. "This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."



APPLICANT INFORMATION

Name of Apartment Community

City/State

This community consists of _____ apartments:

_____ 1-bedroom apartments, _____ 2-bedroom apartments, _____ 3-bedroom apartments, _____ and 4-bedroom apartments

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

Residents must meet eligibility guidelines as established by USDA/RD, HUD, or IRS Section 42 requirements.

A completed written application is required for admission to the community. A completed application is the form provided to you by this community and will include the following information:

1. Name, age, and relationship of all household members. Social security numbers must be disclosed for all household members.
2. Amount and source of all household income, to include name, mailing address and telephone numbers of all employers.
3. Name, mailing address and telephone number of anyone who provides childcare for dependent minors of the applicant household.
4. For those applicants with a head of household, or spouse of the head of household, who have attained the age of 62 years, or having handicaps or disabilities, the names, mailing addresses, and telephone numbers of doctors, pharmacies, individuals or organizations providing health care services are required.
5. Name, address and telephone number of at least two (2) previous places where the applicant household has had a rental agreement.
6. Indicate whether applicant requests either a handicap/disability adjustment to income or a special handicapped accessible apartment or both.
7. Certification that the apartment applied for will be the applicant household's primary residence and the household will not maintain a separate subsidized rental apartment in a different location.
8. Signature and date.

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All applications are placed on the Waiting List. Residents are selected from that Waiting List on a first come/first served basis. An eligible applicant will be further selected on a first-come, first-served basis from selected category of income, in the order of very low income, low income, and moderate income.

You are required to provide written permission to allow the resident manager to verify all household income.

At the time the application is received, it will be placed on the Waiting List and reviewed. You will be notified either: (a) the application is complete with priority established, OR, (b) the application is not complete and the items needed to complete the application in order to establish priority.

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Belmont Management Co. Inc. uses an empirically derived, statistically sound, credit scoring system to evaluate your consumer credit report. Credit scoring is based on real data and statistics, so it treats all applicants objectively. Your consumer credit report contains information about you and your credit experiences, such as your bill-payment history, the number and type of accounts that you have, late payments, collection actions, outstanding debt, and the age of your accounts. Based upon your credit score, your application will either be accepted or rejected. If your application is rejected, you will be given the name, address and telephone number of the consumer reporting agencies, which provided your consumer information to us. An applicant rejected for unsatisfactory credit is encouraged to obtain a copy of the credit report, correct any erroneous information that may be on the report and submit a new application to this community for further consideration.

After verification information has been received, you will be notified of your household's eligibility. If it is determined that your household is ineligible, you will be notified and given the right to appeal the decision according to 7 CFR 3560.160.

If any information contained in your application changes while your name is on the Waiting List, you are required to inform the Resident Manager of such change.

While your name is on the Waiting List, you have the right to inquire 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 community to maintain an updated Waiting List of applicants. Any applicant removed from the Waiting List will be notified in writing at their last known address and will be afforded appeal rights.

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

1. Sign a written lease.
2. Pay a security deposit in advance. In the event you will receive rental assistance or HUD Section 8 subsidy and cannot pay the full amount of security deposit, a payment agreement may be signed not to exceed a period of 90 days.
3. Pay the first month's rent in advance.
4. Have the utility companies turn the utilities on in your name, and provide a receipt to management to this effect.
5. Complete a move-in inspection of the apartment with the Resident Manager.

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DETERMINATION OF ELIGIBILITY FOR OCCUPANCY, RENTS, AND DWELLING SIZE IN RURAL RENTAL HOUSING COMMUNITIES

Eligibility for occupancy, the amount of rental payments and the size of the dwelling will be determined for each applicant before occupying an apartment and within and during each twelve-month period thereafter. For each such determination, each applicant will complete and submit to management the name and age of applicant and others in household, current income of applicant and all household members. Applicants will supply all required information to owner so managing agent may conduct such determinations and re-determination.

Although 11 months have not expired since the previous rental or eligibility determination, the managing agent may require the applicant to provide information necessary to make a rental and/or eligibility determination whenever the managing agent has a reasonable basis to believe that the facts, upon which the prior determination was made, have changed.

Based upon the managing agent's verification of the information contained in the "Application to Lease," a determination will first be made whether the applicant is eligible for occupancy. If an applicant is found to be eligible, a further determination will be made concerning the dwelling size and the amount of the rental payments.

An applicant's eligibility for occupancy will be determined in accordance with state and local regulations.

The dwelling size will be determined in accordance with the following schedule:

| Number of Bedrooms | Occupants | |
|--------------------|------------|------------|
| | <u>Min</u> | <u>Max</u> |
| 1 | 1 | 3 |
| 2 | 2* | 5 |
| 3 | 3 | 7 |
| 4 | 4 | 8 |

* An Elderly, Disabled, or Handicapped one occupant household **may qualify** to occupy a 2-bedroom apartment.

Where applicable, rental amounts will be computed in accordance with government regulations.

In the event that the information supplied by the applicant, is no longer true and correct, the applicant shall immediately notify the Resident Manager and the Resident Manager will immediately conduct a re-determination of eligibility, rent and/or dwelling size, whichever is applicable.

Applicant may request a re-determination of rents whenever applicant experiences a decline in income and such decline would cause a reduction in applicant's total expected income for the next 12 months. If a rental decrease is appropriate, the adjustment will be effective the first day of the following month, if the tenant certification is received by the corporate office on or before the 31st of the current month.

If applicant's income increases and/or a rental increase is otherwise approved, then the rental increase will be effective as of the first day of the following month, provided applicant has received 30-day notice. If it is found that applicant has misrepresented to the owner facts upon which applicant's rent is based, then the rent shall be immediately adjusted and shall be retroactive.

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If the Resident Manager determines that the size of the dwelling is no longer appropriate to applicant's needs, the Resident Manager may amend applicant's lease by written notice to applicant that applicant will be required to move to another apartment within the community in which he/she lives within thirty days or at the end of the lease term, which ever is longer. When another apartment of the appropriate size is not available in the community, the household may remain in the apartment as long as there are no eligible applicants on Waiting List.

Oklahoma Properties : Oklahoma Housing Finance Agency prohibits the housing of person(s) convicted of a Felony or engaged in any illegal or criminal activities as set forth in this section, if the owner, or managers of the Development, or any of their Affiliates, have knowledge of or about, or by reasonable inquiry should have known of the same. The prohibition on housing shall apply to any person who:

Currently engaged in, has been convicted of using, distributing, or manufacturing methamphetamine or has engaged in Drug Related Criminal Activity. Housing of such persons shall be prohibited for a period of 3 years from the date of conviction, or end of the incarceration whichever is most recent.

Currently engaged in, has been convicted of Violent Criminal Activity. Housing of such person shall be prohibited for a period of 10 years from the date of the conviction or the end of the incarceration, whichever is most recent.

Convicted of any other felonious activities other than drug related or violent shall be prohibited for a period of 3 years from conviction or end of incarceration whichever is most recent.

Convicted Felon subject to lifetime sex registration requirement under a Federal or State sex offender registration program.

Sex Offender not subject to lifetime registration is prohibited for 10 yrs from date of arrest, conviction or end of incarceration (whichever is later) or the period of required registration as a sex offender, whichever is greater.

By signing this addendum and acknowledging the Felony rule you understand that if you are involved in any type of criminal activity it is your responsibility to notify management. If management discovers residents of this

property have been involved in criminal activity as set forth in this section it is the responsibility of the agents of Belmont Management Company to immediately give residents involved in felonious activity a Notice to Vacate. Please keep in mind that the management company's criminal activity rules and regulations may Supersede Oklahoma Housing Finance Agencies felony rule.

Signature of Head of Household

Date

Signature of Co-Head

Date

Signature of Co-Head

Date

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RESIDENT SELECTION SUMMARY
USDA/RD and HUD/USDA-RD COMMUNITY

1. Applicants must complete, date and sign the application form provided by the community.
2. Proof of identity will be required on all applicants.
3. Applications must be presented in person, except in the situation of an applicant being incapacitated at the time.

REASONS FOR DENIAL OF HOUSING

1. An incomplete application that is not made complete in the time frame required.
2. Does not meet income guidelines.
3. False statements, either orally, or in writing.
4. A history of violence to person(s), or property in the past three years.
5. A history of non-payment of rent or financial obligations in the past three years. Belmont Management Co. Inc. uses an empirically derived, statistically sound, credit scoring system to evaluate your consumer credit report. Credit scoring is based on real data and statistics, so it treats all applicants objectively.

Your consumer credit report contains information about you and your credit experiences, such as your bill payment history, the number and type of accounts that you have, late payments, collection actions, outstanding debt, and the age of your accounts. Based upon your credit score, your application will either be accepted or rejected. If your application is rejected, you will be given the name, address and telephone number of the consumer reporting agencies, which provided your consumer information to us. An applicant rejected for unsatisfactory credit is encouraged to obtain a copy of the credit report, correct any erroneous information that may be on the report and submit a new application to this community for further consideration.

6. A history of disturbance of neighbors, destruction of property, or living or housekeeping habits which adversely affect the health, safety or welfare of other residents in the past three years.
7. Eviction from a rental property in the past three years.
8. 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, other residents or the viability of the community, within the past five years. This includes, but is not limited to, the possession, sale or use of illegal substances.
9. State sex offender lifetime registration requirement (HUD only)
10. Does not meet the Eligibility Guidelines of the IRS Section 42 Code regarding Income Qualifications and Full Time Student Households.
11. **Oklahoma Properties :** Oklahoma Housing Finance Agency prohibits the housing of person(s) convicted of a Felony or engaged in any illegal or criminal activities as set forth in this section, if the owner, or managers of the

Development, or any of their Affiliates, have knowledge of or about, or by reasonable inquiry should have known of the same. The prohibition on housing shall apply to any person who is:

- Currently engaged in, has been convicted of using, distributing, or manufacturing methamphetamine or has engaged in Drug Related Criminal Activity. Housing of such persons shall be prohibited for a period of 3 years from the date of conviction, or end of the incarceration whichever is most recent.

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- Currently engaged in, has been convicted of Violent Criminal Activity. Housing of such person shall be prohibited for a period of 10 years from the date of the conviction or the end of the incarceration, whichever is most recent.
- Convicted of any other felonious activities other than drug related or violent shall be prohibited for a period of 3 years from conviction or end of incarceration whichever is most recent.
- Convicted Felon subject to lifetime sex registration requirement under a Federal or State sex offender registration program.
- Sex Offender not subject to lifetime registration is prohibited for 10 yrs from date of arrest, conviction or end of incarceration (whichever is later) or the period of required registration as a sex offender, whichever is greater.

VERIFICATION REQUIREMENTS FOR RESIDENCY

1. Identification.
2. References.
3. Information to determine eligibility.
4. Verification of all sources of income or the lack thereof.
5. Verification of past financial history.
6. Prior landlord reference.
7. Police Record of arrest and convictions.
8. Social security numbers, certification, or alternative verifications, except for individuals who do not content eligible immigration status.
9. Interviews to assure all requirements are met for verification.
10. An orientation for all adult members of the household.

Household size must be appropriate for the available apartment size. Management Policy includes making available Reasonable Accommodations and Reasonable Modifications for a handicapped or disabled applicant with a written request. Each application will be placed on the apartment community Waiting List.

THIS IS A SUMMARY ONLY:
A DETAILED RESIDENT SELECTION PLAN IS AVAILABLE FOR YOUR REVIEW

Signature of Head of Household

Date

Signature of Co-Head

Date

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WAITING LIST PROCEDURE

Applications will be accepted from any and all interested persons during normal business hours. An application must be the application form provided by the community. The application must be made in person, by the person seeking the rental unit, at the property office, except when written request is made to the property by persons physically incapacitated at the time. In an effort to accommodate persons with disabilities, applications may be sent and received via mail. The Waiting List will be updated every six (6) months.

When a prospective resident files an application for occupancy, the Resident Manager will place the prospect's name chronologically, by date and time, on the community Waiting List. A completed application is a written document prescribed by the community providing sufficient information for the Resident Manager to complete the steps necessary to determine eligibility. All applicants whose applications are not complete will be notified in writing within ten (10) days of receipt of the application advising the items necessary to complete the application. When the information needed to make the application complete is received, the date and time the application is completed column will be entered on the Waiting List in order to establish priority. An applicant who has submitted a completed application will be notified in writing of the status of the application.

If a prospective resident is determined ineligible, they will be notified in writing advising the reasons for the ineligibility and given their appeal rights. All ineligible applications, with the exception of the following, will be removed from the Waiting List and placed in an inactive file. An applicant applying for occupancy at a tax credit property, that does not meet the tax credit requirements, will be notified of a Postponement of Eligibility. Their name will remain on the Waiting List in its original position. The determination of eligibility will be conducted in accordance with the community's Resident Selection Plan.

A Waiting List with income levels identify extremely low (HUD only), very low, low, moderate, or ineligible will be maintained. Selections are to be made from the Waiting List for the particular unit size and/or unit type in which a vacancy exists. An eligible applicant will be further selected on a first-come, first-served basis from the selected category of priority in the following order:

1. Extremely low (as required to meet income targeting requirements as noted in the Resident Selection Plan at Section 8 HAP Communities only)
2. Very low income
3. Low income, up to 60% of median income in tax credit properties
4. Low income
5. Moderate income
6. Ineligible

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If a selected applicant cannot accept the apartment at the time an apartment is offered, the reason for not accepting the apartment will be documented in the project records and confirmed with the applicant in writing. The applicant's name will then be removed from the Waiting List with written notice to the applicant, unless management determines that hardship exists for reasons such as documented health problems or community rent exceeds 30 percent of adjusted monthly income without Rental Assistance, in which case the applicant's name will remain on the list in chronological order. An applicant whose name has been removed from the Waiting List may reapply.

At Rural Development communities, any applicant on the Waiting List with a Letter of Priority Entitlement (LOPE) issued by USDA/RD will be given top priority on the Waiting List, within an income group for the category or apartment size for which the applicant qualifies.

An applicant that meets the handicap or disability requirements has priority for specially designed handicapped accessible apartments. However, in the event there are no applicants on the Waiting List in this category, a specially designed handicapped accessible apartment may be temporarily leased to households not needing the special features. The resident must agree to transfer to an appropriate apartment, if and when it becomes available in the community, once an applicant meeting the handicap or disability requirements, needing the features of a handicapped accessible apartment, is on the Waiting List and ready to move in. The cost of the move will be mutually determined between the community and the resident.

To protect the privacy of all prospective residents, the Waiting List is not open for review by the applicants, residents, or the public.

| | |
|---|---------------|
| _____ Signature of Head of Household | _____ Date |
| _____ Signature of Co-Head | _____ Date |
| _____ Signature of Co-Head | _____ Date |

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HEARING IMPAIRED APPLICANTS MAY CALL FOR RENTAL INFORMATION BY USING THE FOLLOWING NUMBERS:

| | | | |
|------------------|-------------------------|------------------|-------------------------|
| ARKANSAS: | 800-285-1131 TDD | TEXAS: | 800-735-2988 TDD |
| | 800-285-1121 TTY | | 800-735-2989 TTY |
| MISSOURI: | 800-735-2466 TDD | COLORADO: | 800-659-3656 TTD |
| | 800-735-2966 TTY | | 800-659-2625 TTY |
| OKLAHOMA: | 800-522-8506 TDD | KANSAS: | 800-766-3777 TDD |
| | 800-722-0353 TTY | | 800-766-3777 TTY |

For office use only:

Date Received: _____ Time Received: _____ Application #: _____

APPLICATION FOR RENTAL

Please complete this application in its entirety. This information will provide the basis for our selection of the best neighbors for you and all residents. If accepted as a resident, this application will become part of your permanent resident file.

Do Not Use "N/A" or Not Applicable.

1. APPLICANT NAMES

Head of Household (Name, Age and Social Security Number)

Co-Head of Household (Name, Age and Social Security Number)

2. CURRENT ADDRESS INFORMATION

Street Address (Including Street, City, Town and Zip Code)

Length of time at this residence: _____ Phone Number: _____

3. Marital Status

Please check one:

Resident:

☐ Married ☐ Widowed ☐ Divorced ☐ Legally Separated ☐ Separated ☐ Never Been Married

Co-Resident:

☐ Married ☐ Widowed ☐ Divorced ☐ Legally Separated ☐ Separated ☐ Never Been Married

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4. STARTING WITH HEAD OF HOUSEHOLD LIST LEGAL NAMES OF ALL MEMBERS WHO WILL LIVE IN THIS APARTMENT:

| Full Legal Name | Relationship | Birthdate | Age | Occupation | Social Security # |
|-----------------|--------------|-----------|-----|------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

5. GENERAL INFORMATION:

Do you expect any additions to the household within the next twelve months? ☐ Yes ☐ No

If Yes, please list name, relationship and explanation? _____

Are there any absent household members who under normal conditions would live with you? ☐ Yes ☐ No

If Yes, please list name, relationship and explanation? _____

Are you a US citizen or eligible non-citizen? ☐ Yes ☐ No

Are you now residing in government subsidized housing or receiving government assistance? ☐ Yes ☐ No

Do you have a pet? ☐ Yes ☐ No If Yes, describe: _____

Are you applying for a 1br ☐ 2br ☐ 3br ☐ 4br ☐ other? _____

Is the Head or Co-Head Resident currently a student? ☐ Yes ☐ No If yes, are you: ☐ Full-time ☐ Part-time

If you are a student are you enrolled in an institute of higher education? ☐ Yes ☐ No

If yes, please list the name, address & phone of school: _____

Do you wish to claim the \$400.00 deduction for handicap or disabled status? ☐ Yes ☐ No

Do you request an apartment with special design features for individuals with handicaps/or disabilities? ☐ Yes ☐ No

Do you request any accommodations for individuals with handicaps or disabilities? ☐ Yes ☐ No

If yes, please describe: _____

If you are not 62 years of age or older, are you applying for occupancy in an elderly project based upon your status as an individual with a handicap or disability? ☐ Yes ☐ No

6. NAME, ADDRESS, AND PHONE NUMBER OF CURRENT LANDLORD OR RESIDENCE:

From: _____ **To:** _____

HOH: _____

Co-HOH: _____

How many persons reside in your home? _____ How many bedrooms does your home have? _____

Have you given your present landlord 30-day notice that you will be moving? ☐ Yes ☐ No

If yes, when? _____

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Please explain your reason for moving: _____
Current Rent Amount: _____

7. NAME, ADDRESS, AND TELEPHONE NUMBER OF TWO PREVIOUS LANDLORDS OR RESIDENCE:

From _____ To _____
From _____ To _____

8. HAVE YOU OR THE CO-RESIDENT EVER BEEN:

1. Have you ever been evicted from an apartment? ☐ Yes ☐ No
2. Have you ever been asked to vacate an apartment? ☐ Yes ☐ No
3. Have you ever been sued for non-payment of rent? ☐ Yes ☐ No
4. Have you ever been arrested for a felony? ☐ Yes ☐ No
If yes, what was the charge? _____
5. If arrested for a felony, did the arrest result in a conviction? ☐ Yes ☐ No
If yes, what was the date of conviction? _____ If no, is the case still pending? ☐ Yes ☐ No
6. If the case is not pending, were you acquitted of the charge? ☐ Yes ☐ No
7. If you were convicted of the felony, were any adults in household incarcerated? ☐ Yes ☐ No
If yes, what was the date of your release? _____
8. Are you or the co-resident a current user of a controlled substance, or ever been convicted of the same?
☐ Yes ☐ No
9. Have you or the co-resident ever been convicted of the illegal manufacture or distribution of a controlled substance?
☐ Yes ☐ No

If the answer to any of the above questions is yes, please explain: _____

If the answer to question number 8 or 9 is yes, have you/co-resident successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? ☐ Yes ☐ No

9. CURRENT SOURCE OF ALL INCOME FOR ALL HOUSEHOLD MEMBERS:

(List all sources of income, failure to list all income sources could result in your application being denied)

Are you currently employed? ☐ Yes ☐ No Full Time Part Time Self Employed

Do you have more than one job? ☐ Yes ☐ No

Have you agreed to accept new or additional employment? ☐ Yes ☐ No

Head of Household:

Current Employer: _____ Position: _____

Employers Address, City, State, Zip: _____

Employers Telephone Number: _____ Employers Fax Number: _____

Hourly Wage: _____ per _____ Hours worked per week: _____

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Do you receive Tips? ☐ Yes ☐ No If Yes, How much per month? _____

Do you receive Bonuses or Commission? ☐ Yes ☐ No If Yes, How much per month? _____

Co-Head of Household

Current Employer: _____ Position: _____

Employers Address, City, State, Zip: _____

Employers Telephone Number: _____ Employers Fax Number: _____

Hourly Wage: _____ per _____ Hours worked per week: _____

Do you receive Tips? ☐ Yes ☐ No If Yes, How much per month? _____

Do you receive Bonuses or Commission? ☐ Yes ☐ No If Yes, How much per month? _____

If there are additional household members working please use extra page provided to list employment information.

A: Do you or co-resident receive regular pay as a member of the Armed Forces? ? ☐ Yes ☐ No

If yes please list annual amount : _____

B: If unemployed, you must complete a Statement of Unemployment.

Are you or co-resident receiving Unemployment Benefits? ☐ Yes ☐ No, If yes please list amount: _____

C. Do you or co-resident receive workman's compensation benefits? ☐ Yes ☐ No,

If yes please list amount: _____

D. Do you or co-resident receive any form of Public Assistance? ? ☐ Yes ☐ No,

If yes please list amount: _____ Examples: General Assistance, TANF, Aid to Aged, Aid to the Disabled, Aid to the Blind,, etc.

E. Do you or co-resident receive Social Security, SSI, or any other payment from the Social Security Administration?

☐ Yes ☐ No, If Yes, please list amount received: _____

F. Do you or co-resident receive regular payments from a Veteran's Benefit, Pension, or Retirement Benefit?

☐ Yes ☐ No If Yes, please list amount received: _____

G. Do you or co-resident receive any regular payments from any type of settlement? ☐ Yes ☐ No

☐ Yes ☐ No If Yes, please list amount received: _____

H. Do you or co-resident receive monetary contributions from anyone outside the household? ? ☐ Yes ☐ No

If Yes, please list amount received: _____

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I. Do you or co-resident receive any regular payments from rental property or other types of real estate transactions?

☐ Yes ☐ No If Yes, please list amount received: _____

J. Are you or co-resident currently receiving Alimony? ☐ Yes ☐ No

If Yes, please list amount: _____

Do you have legal documentation? ☐ Yes ☐ No If Yes, please provide .

K. Do you or co-resident currently receive any other income sources or types not listed ?

☐ Yes ☐ No If Yes, please list source and amount: _____

L. If you or co-resident are a student do you receive any form of student assistance? ☐ Yes ☐ No

If yes please list source and amount: _____

I/We, the applicant consent to release wage matching to RHS, HUD, and the Borrower upon request.

_____ Initials

10. **EMPLOYMENT/SOURCE OF INCOME LAST THREE YEARS:** (For any family member now or previously employed BUT the information provided above does not go back three years, provide the following)

| Name of Household Member | Name & Address of Employer or Name of Agency Providing Income | From | To | Pay at Departure |
|--------------------------|---|------|----|------------------|
| _____ | _____ | \$ | \$ | |
| _____ | _____ | \$ | \$ | |
| _____ | _____ | \$ | \$ | |

11. **CHILD SUPPORT INFORMATION:** If there are no minors in the household please initial: _____

Full Name of Child: _____

Do you receive Child Support? ☐ Yes ☐ No If Yes, Monthly Amount: _____

Full Name of Child: _____

Do you receive Child Support ? ☐ Yes ☐ No If Yes, Monthly Amount: _____

Full Name of Child: _____

Do you receive Child Support? ☐ Yes ☐ No If Yes, Monthly Amount: _____

Full Name of Child: _____

Do you receive Child Support ? ☐ Yes ☐ No If Yes, Monthly Amount: _____

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Full Name of Child: _____
Do you receive Child Support? ☐ Yes ☐ No If Yes, Monthly Amount: _____

Full Name of Child: _____
Do you receive Child Support ? ☐ Yes ☐ No If Yes, Monthly Amount: _____

12. ASSETS: (List all assets, which include, but are not limited to, sums in checking accounts, savings accounts, safe deposit boxes, and cash on hand, stocks & bonds, certificates of deposit, real estate, and or other capital investments) **IF YOU DO NOT HAVE ANY ASSETS PLEASE INITIAL HERE** _____

| Type of Account | Financial Institution | Account # | Phone Number | Interest | % |
|-------------------------|-----------------------|-----------|--------------|--|---|
| Checking | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Checking | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Savings | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Savings | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Payroll | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| SS Debit Cards | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Certificates of Deposit | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Money Market Accounts: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stocks, Bonds: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Mutual Funds: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Securities: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Trust Fund: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| IRA's: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Annuities: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 401K: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Real Estate: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Rental Property: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Whole Life Insurance: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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Securities: ☐ Yes ☐ No

Any other Type
Of Asset Not Listed: ☐ Yes ☐ No

If you own any type of Real Estate please list the Full Address:

Do you receive any type of income off of the above listed Real Estate? ☐ Yes ☐ No

If, Yes please list amount: _____

DISPOSAL OF ASSETS:

Have you disposed of any assets during the last two years? ☐ Yes ☐ No

If yes, Please complete the following:

| Asset(s) | Market Value | Monetary Value Received | Date of Disposal |
|----------|--------------|-------------------------|------------------|
|----------|--------------|-------------------------|------------------|

13. CHILD CARE EXPENSES:

Do you pay for childcare due to employment or schooling? ☐ Yes ☐ No

Do you pay for childcare for the purpose of seeking employment? (HUD communities only) ☐ Yes ☐ No

If yes, list child care provider names, address and phone number:

_____ Per Week _____

_____ Per Month _____

14. MEDICAL EXPENSES: (Elderly and Handicapped Households Only):

Are you receiving Medicare benefits? ☐ Yes ☐ No

Are you receiving Medical Assistance through Welfare Dept.? ☐ Yes ☐ No

Do you pay for any medical insurance / hospitalization, such as Blue Cross, etc.? ☐ Yes ☐ No

If yes, give name of Insurance company and Policy number:

Name of Insurance: _____

Policy number: _____

Is this a payroll deduction? ☐ Yes ☐ No If Yes, how often and how much? _____

If paid directly by you, indicate amount of premium and frequency of payment. _____

Do you take Prescription drugs on a Regular basis? ☐ Yes ☐ No. If Yes, provide 12 months of receipts.

Do you anticipate any health care related expenses for the next twelve (12) months, which are NOT covered by health insurance? ☐ Yes ☐ No If Yes, explain: _____

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**15. HANDICAP ASSISTANCE EXPENSE**

Does the household pay for attendant care or auxiliary apparatus to enable a family member (including the handicapped or disabled member) to be employed? ☐ Yes ☐ No

If yes, estimate expense for the coming year: _____

Specify whether attendant care or apparatus: _____

Additional information will be gathered on a separate form.

16. AUTOMOBILE(S):

| Make | Model | Year | License Plate # | Drivers License # |
|------|-------|------|-----------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

17. PERSONAL REFERENCES:

(Other than Family)

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

18. CREDIT REFERENCES:

| Name | Address | Account # | Amount of Payment |
|------|---------|-----------|-------------------|
| | | | |
| | | | |
| | | | |

19. In case of an emergency, please notify:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

In case of a serious illness, accident or death is this person authorized to enter and remove all of resident's property?

☐ Yes ☐ No

20. Where did you hear about this apartment community? _____

21. I understand that in order to remain on the waiting list, I will be required to update my application when notified by management. _____ Initials

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22. I/We, the applicant certify that the housing I/we will occupy is/will be my primary residence. I further certify that I do/will not maintain a separate subsidized rental apartment in a different location. _____Initials

NOTE:

1. After formal processing of this application has begun, the information reported and verified will be updated every 120 days PRIOR to move-in.
2. A police check may be completed.
3. Copies of birth certificates or other proof of age documents will be required on all household members prior to initial occupancy.
4. Copies of social security cards will be required for all household members prior to initial occupancy.

Belmont Management Co. Inc. uses an empirically derived, statistically sound, credit scoring system to evaluate your consumer credit report. Credit scoring is based on real data and statistics, so it treats all applicants objectively. Your consumer credit report contains information about you and your credit experiences, such as your bill payment history, the number and type of accounts that you have, late payments, collection actions, outstanding debt, and the age of your accounts. Based upon your credit score, your application will either be accepted or rejected. If your application is rejected, you will be given the name, address and telephone number of the consumer reporting agencies, which provided your consumer information to us. An applicant rejected for unsatisfactory credit is encouraged to obtain a copy of the credit report, correct any erroneous information that may be on the report and submit a new application to this community for further consideration.

I/We the applicant(s) agree to give the management/owner the authority to investigate my/our credit rating, my/our current and past rental record and all other information necessary to determine eligibility. I/we understand that any misrepresentation of information on this form will disqualify me/us 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.

WARNING: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter, within the jurisdiction of any department of 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 no more than \$10,000.00 or imprisoned no more than five years, or both.

Signature of Head of Household

Date

Signature of Co-Head

Date

Signature of Co-Head

Date

For Statistical purposes only, we request that you please check only one of the following:

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Designate Ethnicity: ☐ Hispanic / Latino (a) ☐ Not Hispanic or Latino (b)

Also designate race: ☐ American Indian / Alaska Native (1) ☐ Asian (2) ☐ Black or African American (3)

☐ Native Hawaiian or other Pacific-Islander (4) ☐ White (5)

Gender: ☐ Male ☐ Female

“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, which 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.”

ADDITIONAL PAGE FOR EMPLOYEMENT INCOME:

Other Household Member:

Name of Household Member: _____

Current Employer: _____ Position: _____

Employers Address, City, State, Zip: _____

Employers Telephone Number: _____ Employers Fax Number: _____

Hourly Wage: _____ per _____ Hours worked per week: _____

Do you receive Tips? ☐ Yes ☐ No If Yes, How much per month? _____

Do you receive Bonuses or Commission? ☐ Yes ☐ No If Yes, How much per month? _____

Other Household Member:

Name of Household Member: _____

Current Employer: _____ Position: _____

Employers Address, City, State, Zip: _____

Employers Telephone Number: _____ Employers Fax Number: _____

Hourly Wage: _____ per _____ Hours worked per week: _____

Do you receive Tips? ☐ Yes ☐ No If Yes, How much per month? _____

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Do you receive Bonuses or Commission? ☐ Yes ☐ No If Yes, How much per month? _____

Other Household Member:

Name of Household Member: _____

Current Employer: _____ Position: _____

Employers Address, City, State, Zip: _____

Employers Telephone Number: _____ Employers Fax Number: _____

Hourly Wage: _____ per _____ Hours worked per week: _____

Do you receive Tips? ☐ Yes ☐ No If Yes, How much per month? _____

Do you receive Bonuses or Commission? ☐ Yes ☐ No If Yes, How much per month? _____

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 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 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 numbers 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). **

1. _____ does not discriminate on the basis of disability status in the
(Owner or project name)
admission or access to, or treatment or employment in, its federally assisted programs and activities.
2. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name

Address

City State Zip

() _____

Telephone – Voice

() _____

Telephone – TTY

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Revised: 04/14/14



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, and/or to maintain my continued assistance under the USDA/RD, Section 8-HAP, and/or the IRS Section 42 programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the apartment community administering and enforcing program rules and policies.

INFORMATION COVERED

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

| | |
|----------------------------------|-------------------------------|
| Identity and Marital Status | Employment, Income and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental 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) includes, but are not limited to:

| | |
|--|--------------------------------|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers |
| Courts and Post Offices | Welfare Agencies |
| Schools and Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | Social Security Administration |
| Medical and Child Care Providers | Support and Alimony |
| Providers | |
| Retirement Systems | Veterans Administration |
| Utility Companies | Banks/Financial Institutions |
| Credit Providers and Credit Bureaus | |

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 a 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 regarding the above information.

SIGNATURES

| | | |
|---|---------------------|---------------|
| _____ Signature of Head of Household | _____ Print Name | _____ Date |
| _____ Signature of Co-Head | _____ Print Name | _____ Date |
| _____ Signature of Co-Head | _____ Print Name | _____ Date |

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