

**CERTIFICATION & RECERTIFICATION CHECKLIST**

\_\_\_ APPLICATION (COMPLETELY FILLED OUT, DONOT USE N/A)

\_\_\_ RECERT APPLICATION

\_\_\_ SWORN INCOME AND ASSET STATEMENT (CHECKLIST FOR ALL ADULTS 18 AND OVER)

\_\_\_ VERIFICATION FROM ALL INCOME SOURCES(FIA, FINANCIAL AIDE, EMPLOYMENT, SOC. SEC., PENSION, UNEMPLOYMENT, CHILD SUPPORT, OTHER.)

\_\_\_ ASSET VERIFICATION (CHECKING, SAVINGS, STOCK, BONDS, 401K) EXPRESS DEBIT CARD RECEIPT

\_\_\_ STUDENT STATUS FORM

\_\_\_ AUTHORIZATION OR RELEASE

\_\_\_ DISPOSAL OF ASSET FOR ALL ADULT MEMBERS

\_\_\_ CHILD SUPPORT CERTIFICATION \_\_ CHILD SUPPORT VERIFICATION

\_\_\_ FINANCIAL AIDE VERIFICATION

\_\_\_ PICTURE I. D. FOR ADULT HOUSEHOLD MEMBERS

\_\_\_ BIRTH CERTIFICATES FOR ALL MINORS

\_\_\_ SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS

\_\_\_ BACK GROUND CHECK FOR ALL ADULTS

\_\_\_ LANDLORD CHECK

NAME \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

**RETURN A COPY OF THIS FORM TO RESIDENT/APPLICANT INDICATING WHAT IS STILL NEEDED TO PROCESS RE/CERTIFICATION. ORIGINAL STAYS IN FILE.**

# INITIAL TENANT APPLICATION

Property Name Please select from the following New Cheney Flats or Uptown Arts Center

Property ADDRESS New Cheney - 10 Southard Ave, Uptown Arts Center - 336 14<sup>th</sup> ST

DATE OF APPLICATION \_\_\_\_\_ UNIT SIZE REQUESTED \_\_\_\_\_ DATE HOUSING REQUESTED \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ Email \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ ALTERNATE PHONE NO. \_\_\_\_\_

*Directions to Applicant: Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to your household. Include all members who you anticipate will occupy the unit at least 50% of the time during the next 12 months. For financial information, please provide the names and addresses of people who can verify the information you provide. Please use the backs of the pages to record additional information if there isn't enough room for an entry. Proof of identity, birth certificates, and social security cards must be provided for all household members expected to live in unit. Any person over the age of 18 must sign/date application.*

## PART I. FAMILY COMPOSITION

Name ALL People in Household		*Last 4 Digits Social Security No.	Date of Birth	Relation To Head	Sex	Full Time Student
Last Name	First					
1.				HEAD		
2.						
3.						
4.						
5.						
6.						

\*If benefits are drawn under a different Social Security number, please provide \_\_\_\_\_

Do you expect a change in family size in the future?  Yes  No If so, explain change and provide expected date of change \_\_\_\_\_

Are there any temporary absent family members?  Yes  No If yes, list names and expected return dates.

Name _____	Date _____
Name _____	Date _____

Current Marital Status:  Married  Divorced  Separated  Widow  Never Married

Would any member of your household require or benefit from a handicapped/accessible unit?  
 Yes  No If "yes", please explain \_\_\_\_\_



## STUDENT STATUS

*If all members of household answer YES to being a full-time student, please indicate your status below:*

- I. Receiving assistance under Title IV of the Social Security Act – (e.g. TANF)  Yes  No
- II. Previously under the care and placement responsibility of the local County children services agency (e.g. foster care)  Yes  No
- III. Enrolled in a government-sponsored job training program.  Yes  No
- IV. Married and eligible to file a joint income tax return  Yes  No
- V. A single parent household with at least one dependent child. The parent is not dependent of another individual and the child is only a dependent of the other, non-resident parent.  Yes  No
- VI. A single parent household with at least one dependent child. The parent is not dependent of another individual and the child is only a dependent of the other, non-resident parent.  Yes  No

Verify all yes answers with third-party documentation.

## PART II. INCOME

PERSON RECEIVING INCOME	TYPE OF INCOME	NAME OF EMPLOYER	CITY/STATE ZIP CODE	PHONE NUMBER

## PART III. ASSETS

TYPE OF ACCOUNT	NAME(S) ON ACCOUNT	NAME OF FINANCIAL INSTITUTION	CITY/STATE ZIP CODE	ACCOUNT NUMBER



PART IV. EMPLOYMENT HISTORY

Applicant: Current Employer \_\_\_\_\_ Start Date \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Contact Phone No. \_\_\_\_\_  
Second Employer \_\_\_\_\_ Start/End Date \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Co-Applicant: Current Employer \_\_\_\_\_ Start Date \_\_\_\_\_  
Supervisor \_\_\_\_\_ Contact Phone No. \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Second Employer \_\_\_\_\_ Start/End Date \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Other: Current Employer \_\_\_\_\_ Start Date \_\_\_\_\_  
Supervisor \_\_\_\_\_ Contact Phone No. \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Second Employer \_\_\_\_\_ Start/End Date \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

PART V. LANDLORD REFERENCES

a. Present Landlord \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

b. Previous Landlord (if less than 5 years at present) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

c. Previous Landlord (if less than 5 years at present) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_



---

---

PART V. GENERAL INFORMATION

---

---

1. Have you ever been evicted?  Yes  No  
If yes, explain \_\_\_\_\_
2. Have you ever been convicted of a felony?  Yes  No  
If yes, explain \_\_\_\_\_
3. Have you ever filed for bankruptcy?  Yes  No  
If yes, explain dates \_\_\_\_\_
4. Have you ever received rental assistance?  Yes  No  
If yes, with what agency? \_\_\_\_\_  
a. Has your assistance ever been terminated for fraud, non-payment of rent or due to non-compliance of paperwork?  Yes  No  
b. If yes, explain \_\_\_\_\_
5. Will this be your only place of residency?  Yes  No  
If no, what will be your alternate address? \_\_\_\_\_
6. Do you live or have you ever lived in subsidized housing?  Yes  No  
If yes, where? \_\_\_\_\_ When? \_\_\_\_\_
7. Have you, or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with rules and regulations, recertification procedures, or for any other reason?  Yes  No  
If yes, please explain \_\_\_\_\_
8. Have you or any member of household ever been convicted of the illegal manufacture or distribution of an illegal drug or other illegal controlled substance?  Yes  No
9. Do you have any pets?  Yes  No
10. Are you currently homeless or living in a shelter?  Yes  No
11. What is the condition of your current housing? (Check all that apply below)  
 Standard       Unsafe or unhealthy       Living with parents  
 No Indoor Plumbing/Kitchen       Currently homeless



---

---

**PART VI EMERGENCY CONTACTS**

---

---

1. Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_
2. Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_
3. Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

---

---

**PART VII AFFIRMATION**

---

---

I/We, the undersigned, state that I/we have read and fully and truthfully answered each of the preceding questions for all members of the household who are to occupy a unit in the above section 42 rental development, all of whom are listed above. I/We understand that providing false information or making false statements may be grounds for termination of my/ore residency. I/We further understand that as part of the qualification process I/we may be required to authorize verification of my/our income and assets. I/We understand that all of the above information must be obtained in order to establish my continued eligibility for the Low Income Housing TAX credit Program.

---

---

**WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of obtaining federal funds.**

---

---

-----  
SIGNATURE OF HEAD OF HOUSEHOLD

-----  
DATE

-----  
SIGNATURE OF CO-HEAD OF HOUSEHOLD

-----  
DATE

-----  
SIGNATURE OF APPLICANT

-----  
DATE

-----  
SIGNATURE OF APPLICANT

-----  
DATE



NOTE: All household members 18 years of age or older are required to complete a separate income 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"/>	_____	_____
Pension / Veteran's Administration	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
TANF/ AFDC	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Unemployment Benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Workers Compensation	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Educational Financial Assistance	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Other:	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____

Do you receive regular or periodic payments from:

Persons not Living in the Unit? YES  NO   
Holder/Provider

Trust, Annuity or Other Claims? YES  NO   
Holder/Provider

Peer-to-Peer Payment systems? YES  NO   
(e.g. Paypal, Venmo, Blockchain, Square, etc.) Holder/Provider

Do you currently receive Assistance with your housing payment? YES  NO   
If yes; Agency Name? \_\_\_\_\_

Do you HAVE court-ordered or an agreement for child support or alimony? YES  NO  Ordered Amount: \_\_\_\_\_  
(This means there is an order for you to receive child support or alimony, not pay support to someone else)

Are you currently receiving child support or alimony? YES  NO  Amount Received: \_\_\_\_\_

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? YES  NO  N/A   
List State \_\_\_\_\_ and County \_\_\_\_\_ where granted.

Are you a student (either full or part-time) enrolled in an institution of higher learning? YES  NO

## 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 Savings/Holiday Account?	Balance	\$ _____	Interest Rate	_____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Certificate of Deposit (CD)?	Cash Value	\$ _____	Interest Rate	_____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Direct Express <sup>®</sup> Card? <i>(or any card where benefits or pay are deposited)</i>	Balance	\$ _____	Interest Rate	_____
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 Cryptocurrency? (e.g. Bitcoin)	Cash Value	\$ _____	Annual Earnings	\$ _____
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 Stocks, Bonds or Annuities?	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 IRA, 401K, or Keogh Accounts?	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 a Safety Deposit Box? What is held in the Box? _____			Cash Value	\$ _____
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, Certificate 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: _____

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.

Under penalties 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.

Signatures:

\_\_\_\_\_  
Signature of Applicant/Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Management Agent Signature

\_\_\_\_\_  
Date



**TO BE COMPLETED BY ALL APPLICANTS/RESIDENTS OVER THE AGE OF 18**

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

Yes No

Are you a part or full-time student?

"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.**

**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 part-time student?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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?)                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you disabled?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving Section 8 assistance as of November 30, 2005   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a graduate or professional student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you over 23 years of age?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you a veteran of the United States military?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you receiving any financial assistance to pay for your education?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will you be living with your parents?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If no:   | <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"/> |
| 9. Are you married?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a dependent child?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Were you an orphan or a ward of the court through the age of 18?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Receiving assistance under Title IV of the Social Security Act (e.g.TANF)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Enrolled in government-sponsored job training program (e.g. Job Corp, AmeriCorp)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The Individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth. | <input type="checkbox"/> | <input type="checkbox"/> |

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Under penalties 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.*

DISPOSAL OF ASSETS CERTIFICATION

I hereby certify that I (circle one) HAVE/HAVE NOT disposed of any assets for less than fair market value in the past two (2) years.

**Fair Market Value** is the market value of the assets minus reasonable costs incurred in selling or converting the asset to cash. Such costs include:

- a. penalties for withdrawing funds before maturity
- b. broker/legal fees for the sale of assets
- c. settlement costs for real estate transactions

List any assets disposed of within the past two (2) years for less than fair market value:

ASSETS	DIPOSED	DATE VALUE	FAIR MARKET SOLD FOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\*\*Both head and spouse must execute this form. In the case of non-married adults, separate forms must be completed.

**WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.**

# AUTHORIZATION FOR RELEASE OF INFORMATION

**PURPOSE:** The New Cheney Flats or Uptown Arts Center may use this authorization and the information obtained with it to administer and enforce rules and policies related to the Rental of property owned and/or managed by the above-named organization.

**AUTHORIZATION:** I authorize the above-named organization to obtain information About me or my family that is pertinent to the rental of property owned and/or managed by the organization.

## INFORMATION COVERED – INQUIRIES MAY BE MADE ABOUT:

Child care expenses	Handicapped Assistance Expenses
Credit History	Identity and Marital Status
Criminal Activity	Medical Expenses
Family Composition	Social Security Numbers
Employment/Income/Pensions/Assets	Residences and Rental History
Federal/State/Tribal/Local Benefits	

## INDIVIDUALS/ORGANIZATIONS THAT MAY RELEASE INFORMATION:

**Any individual organization including any governmental organization may be asked to release information.** For example, information may be requested from:

Banks and other Financial Institutions	Utility companies
Courts	Welfare Agencies
Law Enforcement Agencies	Providers of: Alimony
Credit Bureaus	Child Care
Employers, Present and Past	Child Support
Landlords	Credit
Schools and colleges	Handicapped Assistance
US Social Security Administration	Medical Care
US Department of Veterans Affairs	Pensions/Annuities

## COMPUTER MATCHING NOTICE & CONSENT:

I agree that the above named organization may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The government agencies include: US Office of Personnel Management; US Social Security Administration; US Department of Defense; US Postal Service; State Employment Security Agencies; and State Welfare and Food Stamp Agencies. The match will be used to verify information supplies by the family.

**CONDITIONS:** I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I understand I may be denied occupancy or rental property owned and/or managed by Torrey Hill Apartments, LLC.

---

SIGNATURE HEAD OF HOUSEHOLD

---

DATE



# LANDLORD VERIFICATION

TO: RETURN TO: Torrey Hill Apartments, LLC  
336 14th ST STE 100  
Toledo, OH 43604  
P (419)246-9693 F (419)241-4654  
OFFICE@ARKTOLEDO.COM

PHONE/FAX NUMBER:

RE: SSN #:  
ADDRESS:

This person has applied for housing under a program which requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance.

### PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE APPLICANT'S RENTAL HISTORY:

- Current Landlord     Previous Landlord     Friend or Relative, relationship \_\_\_\_\_  
 Other: \_\_\_\_\_

Dates of Applicant's Residency: From: \_\_\_\_\_ To: \_\_\_\_\_

Is the Applicant currently on a lease?     Yes     No

Lease expiration: \_\_\_\_\_

#### 1. Rent Payment

- A. Amount of monthly rent: \_\_\_\_\_
- B. Does (did) applicant pay rent on time?     Yes     No
- C. Has (had) s/he ever paid late?     Yes     No  
How late? \_\_\_\_\_ How often? \_\_\_\_\_
- D. Does the applicant owe a balance?     Yes     No  
If yes, have arrangements been made to clear this balance?     Yes     No  
If yes, are payments current?     Yes     No

#### 2. Caring for the Unit

- A. Has (had) the applicant damaged the apartment or common areas?     Yes     No
- B. Has (had) the applicant paid for the damage?     Yes     No

#### 3. General

- A. Did the applicant commit any lease or community violations?     Yes     No
- If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

B. Does (did) the applicant, family members or guests interfere with/bother or behave in an abusive manner towards the neighbors or Landlord?

Yes  No

Describe:

C. Did the Landlord ever try to evict the applicant?

Yes  No

If yes, explain:

D. Did the applicant have a co-signer, guarantor, or roommate?

Yes  No

If so, were there any negative responses the Landlord gave to the above questions, due to the conduct of the co-signer, guarantor or roommate?

Yes  No

If yes, explain:

Signature of Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

(Name of authorized project staff: Telephone verification)

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

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 which 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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).



## PERSONAL WAIVER

This document is designed to protect the resident as well as the owner in case of an emergency regarding illness and/or death to the head-of-household. It is required that you complete the information requested below after carefully reading the information to designate to Management who is allowed to enter your unit in case of emergency requirements.

### DO I NEED TO PROVIDE OFFICIAL NOTIFICATION?

Next of kin must Acquire a written notice of the tenant's death and must present it to Management before allowing entrance. This notice is important when it comes to recouping any financial loss, assisting family members and transitioning the property for new occupants.

Also, open the lines of communication with the sick or deceased tenant's named person to enter so you can discuss transitioning the rental property back to Management. A lease agreement terminates automatically upon a head of household's death, (unless other arrangements and/or adults are listed on lease and are discussed with Management) so other occupants don't have a legal right to occupy the property or remove the tenant's possessions without going through the proper steps.

<b>PRIMARY CONTACT PERSON</b>	
Name _____	Relationship _____
Address _____	Phone No. _____
<b>SECONDARY CONTACT PERSON</b>	
Name _____	Relationship _____
Address _____	Phone No. _____

### What Are My Immediate Responsibilities?

Once Management is informed of a tenant's death, Management have the right to secure the property from any potential theft of possessions. If the tenant lives alone, Management will change the locks to make sure the unit is secured against any friends or family members who also have keys. If family members approach Management about entering the property, and they are listed below as a person to enter, Management will attend with person and list all items removed from unit. Make a list of anything removed, such as clothes for the deceased or photos for a memorial service. Once Management is satisfied with submitted paperwork keys will be surrendered.

HH TENANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS (Management) \_\_\_\_\_

## DISPOSAL OF ASSETS CERTIFICATION

I hereby certify that I (circle one) HAVE/HAVE NOT disposed of any assets for less than fair market value in the past two (2) years.

**Fair Market Value** is the market value of the assets minus reasonable costs incurred in selling or converting the asset to cash. Such costs include:

- a. penalties for withdrawing funds before maturity
- b. broker/legal fees for the sale of assets
- c. settlement costs for real estate transactions

List any assets disposed of within the past two (2) years for less than fair market value:

ASSETS	DIPOSED	DATE VALUE	FAIR MARKET SOLD FOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\*\*Both head and spouse must execute this form. In the case of non-married adults, separate forms must be completed.

**WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.**

## Employment Verification



<b>To:</b> Name: _____ Address: _____ _____ Phone: _____ Fax: _____	<b>From:</b> Name: <u>Torrey Hill Apartments, LLC</u> Address: <u>336 14th Street</u> <u>Toledo, OH 43604</u> Phone: <u>419-246-9393</u> Fax: <u>419-241-4654</u>
---	---

<b>RE:</b> Name: _____ SSN: _____	Address: _____ _____
---	-------------------------

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

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-week month year \_\_\_\_\_ other (circle one)

Date present rate effective: \_\_\_\_\_

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-week 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: \_\_\_\_\_ ; Effective date \_\_\_\_\_

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 # _____ E-mail _____

Penalties for misusing this content: 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 \$3,000. 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).





# Bank Account Verification



<b>To:</b> Name: _____ Address: _____ _____ Phone: _____ Fax: _____	<b>From:</b> Name: <u>Torrey Hill Apartments, LLC</u> Address: <u>336 14th ST STE 100</u> <u>Toledo, OH 43604</u> Phone: <u>419-246-9693</u> Fax: _____
---	---

<b>RE:</b> Name: _____ SSN: _____	Address: _____ _____ _____
---	----------------------------------

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.

**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 # _____	E-mail _____
---------------	-------------	--------------

Penalties for misusing this content: 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).

# Child Support Certification

Please complete the appropriate question(s) for each of your children

**A) I do not have a COURT ORDER for child support for the following children:**

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_

**Do you receive any voluntary support that is not court ordered?** Yes \_\_\_ No \_\_\_

Child's Name \_\_\_\_\_ Age: \_\_\_ Amount \$ \_\_\_\_\_ per month/week (circle one)

Child's Name \_\_\_\_\_ Age: \_\_\_ Amount \$ \_\_\_\_\_ per month/week (circle one)

Child's Name \_\_\_\_\_ Age: \_\_\_ Amount \$ \_\_\_\_\_ per month/week (circle one)

**Please provide the name and address of the person who can verify voluntary child support:**

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

**B) I have a COURT ORDER for child support for the following children:**

Child's Name \_\_\_\_\_ Age: \_\_\_ Amount \$ \_\_\_\_\_ per month/week (circle one)

Child's Name \_\_\_\_\_ Age: \_\_\_ Amount \$ \_\_\_\_\_ per month/week (circle one)

Child's Name \_\_\_\_\_ Age: \_\_\_ Amount \$ \_\_\_\_\_ per month/week (circle one)

**I am currently receiving the following amounts of court ordered child support:**

Child's Name \_\_\_\_\_ Age: \_\_\_ Amount \$ \_\_\_\_\_ per month/week (circle one)

Child's Name \_\_\_\_\_ Age: \_\_\_ Amount \$ \_\_\_\_\_ per month/week (circle one)

Child's Name \_\_\_\_\_ Age: \_\_\_ Amount \$ \_\_\_\_\_ per month/week (circle one)

**If you have court-ordered support, please provide the following:**

1. The State \_\_\_\_\_ and County \_\_\_\_\_ of the Child Support Enforcement Agency that administers your child support.

2. A copy of the current court order.

3. A copy of any other court action taken to collect child support amounts due to you.

Under penalties 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.

Signature: \_\_\_\_\_

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

# Child Support Verification



<b>To:</b> Name: _____ Address: _____ _____ Phone: _____ Fax: _____	<b>From:</b> Name: <u>Torrey Hill Apartments, LLC</u> Address: <u>336 14th ST STE 100</u> <u>Toledo, OH 43604</u> Phone: <u>4192469693</u> Fax: <u>4192414654</u>
---	---

<b>RE:</b> Name: _____ SSN: _____	Address: _____ _____
---	-------------------------

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.

**Information Being Requested:**  
 This is a request for a record of child support payments made through the Child Support Division in the case referenced below:

Child's Name: \_\_\_\_\_

Non-Custodial Parent: \_\_\_\_\_ Custodian: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Case #: \_\_\_\_\_ Account #: \_\_\_\_\_

Check one

Currently there is no court order directing payments through this office.

There is a court order. However, there have been no record of payments received, or disbursed through this office to date.

There is a court order through this office. Payments are directed to this office and disbursed. (If checked, please attach a copy of payment record for past 12 months.) Amount of court ordered payment \_\_\_\_\_ per \_\_\_\_\_.

Has there been any effort, by Custodian, to pursue enforcement of payments?  Yes  No

If Yes, date of most recent effort: \_\_\_\_\_

Name / Title of Person Supplying Information	Firm / Organization
Signature	Date
Phone #	Fax #
	E-mail

Penalties for misusing this content: 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).

PC-E10  
 Rev. 12-09

