CERTIFICATION & RECERTIFICATION CHECKLIST

APPLICATION (COMPLETELY FILLED OUT, <u>DONOT USE N/A</u>)
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 VERFICATION (CHECKING, SAVINGS, STOCK, BONDS, 401K) EXPRESS DEBIT CARD RECEIPT
STUDENT STATUS FORM
AUTHORIZATION OR RELEASE
DISPOSAL OF ASSET FOR ALL ADULT MEMBERS
CHILD SUPPORT CERTIFICATIONCHILD SUPPORT VERIFICATION
FINANCIAL AIDE VERIFICATION
PICTURE I. D. FOR ADULT HOUSEHOLD MEMBERS
BIRTH CERTIFICATES FOR ALL MINORS
SOCAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS
BACK GROUND CHECK FOR ALL ADULTS
LANDLORD CHECK
NAMEDATE RECEIVED
PROCESSED BY:
RETURN A COPY OF THIS FORM TO RESIDENT/APPLICANT INDICATING WHAT IS STILL NEEDED TO PROCESS RE/CERTIFICATION. ORIGNAL STAVE 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 14th ST

APPLICANT NAME	2222102	UNIT SIZE DATE HOUS REQUESTED REQUESTE				-
CURRENT ADDRESS		Em	ail			
Directions to Applicant: Answer all questions on this application. Enter "None" or "NA" for those questions which do not application 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 entity. Proof of identity, bit certificates, and social security cards must be provided for all household members expected to live in unit. Any person over the a of 18 must significant application. PART I. FAMILY COMPOSITION Name ALL People in Household *Last 4 Digits Date of Relation To Head Sex MI No. HEAD No. HEAD 1.						
to your household. Include all members who you anticipate will occupy the unit at least 30% of the time aluming the next 1 months, For financial information, please provide the names and addresses of people who can verify the information you provible the backs of the pages to record additional information if there isn't enough room for an entry. Proof of identity, bit certificates, and social security cards must be provided for all household members expected to live in unit. Any person over the a of 18 must sign/date application. PART I. FAMILY COMPOSITION PART I. FAMILY COMPOSITION						
Name ALL People in Household Last Name First No. 1. 2. 3. 4. 5. 6. *If benefits are drawn under a different Social Security number, please provide expected date of change Are there any temporary absent family members? □ Yes □ No If so, explain change and provide Name Date 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 □ Yes □ No If "yes", please explain	to your household. Include all members who months, For financial information, please pr Please use the backs of the pages to record adcertificates, and social security cards must be of 18 must sign/date application.	you anticipate will occupy the ovide the names and addresse Iditional information if there i provided for al household me	e unit at least 50% es of people who ca isn't enough room embers expected to	of the time auri n verify the info for an entry. P	ing ine r ormation roof of i	nexi 12 n you provide. identity, b <u>irth</u>
Name ALL People in Household Last Name First No. 1. 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 Sex Studen To Head Sex Studen No. HEAD If yes, list names and expected return dates. Name Date Name Name Date Name Date Name Name Date Name Date Name Date Name Name Date Name Date Name Date Name Name Name Date Name Name					1	Trans
1.	Last Name First	Social Security	1	1	Sex	Student
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?		110.		HEAD		
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						
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 □ 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 □ Yes □ No If "yes", please explain □	3.				<u> </u>	
*If benefits are drawn under a different Social Security number, please provide Do you expect a change in family size in the future?						
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Do you expect a change in family size in the future?	0.					
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 □	Do you expect a change in family siz	ze in the future? Yes	□ No If so, ex	plain change		
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Would any member of your household require or benefit from a handicapped/accessible unit? ☐ Yes ☐ No If "yes", please explain	Name	D	ate		_	
□ Yes □ No If "yes", please explain	Current Marital Status: ☐ Marrie	ed □ Divorced □ Separ	ated Widow	v □ Never N	⁄Aarrie	ď
□ Yes □ No If "yes", please explain	Would any member of your househ-	old require or benefit fr	om a handicap	ped/accessibl	le unit'	?
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			





			STUDI	ENT STATUS		Allege Address
				C. II there at adopt)	nlagga indicate vour	status below:
If all members of	f household	answer <u>YE</u>	S to bein	ig a full-time student, j	(a a TANE) DV	s 🗆 No
Receiving as	ssistance un	der Title L	V of the	Social Security Act – responsibility of the lo	cal County)))
				Topious and	· DY	es 🗆 No
children ser				troining program.	\Box Y	es 🗆 No
				training program.		es 🗆 No
Married an	d eligible to	file a join old with a	t mcome t least or	e tax return ne dependent child. T		
. A single pa	rent housed	ald with a	t least or	ne dependent child. T	he 🗆 Y	es □ No
(. A single pa	rent nouseu ot dependen	oto who a it of anoth	er indivi	dual and the child is	only	•
a depender	it of the oth	er, non-res	sident pa	rent.		
	Von	for all week	angwerg i	with third-party docu	mentation.	
	<u>yei</u> .	ily air yes a	ALEGIT OX D			
A STATE OF THE PARTY OF THE PAR			PART	II. INCOME		
***************************************						PHONE
PERSON RECI		TYPI		NAME OF EMPLOYER	CITY/STATE ZIP CODE	NUMBER
INCOM	Œ	INCO	DIVLE	EMILOTEK	211 0022	
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				·		
			PAR	T III. ASSETS		
And the second s					CITY/STATE	ACCOUNT NUMB
TYPE OF	NAME(ACCO			TE OF FINANCIAL INSTITUTION	ZIP CODE	ACCOUNTION
ACCOUNT	ACCO	UNI				
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		•				
			T			





	PART	TIV. EMPLOY	MENT I	HISTORY	
Applicant:	Current Employer			Start Da	te
**	Address of Employer				
	Supervisor		Cor	itact Phone No.	
	Second Employer			Start/End	Date
	Address of Employer				
	Supervisor		Co	ontact Phone No),
Co-Applic	cant: Current Employer			Sta	t Date
~~	Supervisor		Co	ntact Phone No	•
	Address of Employer				
	Second Employer				
	Address of Employer				
	Supervisor		C	ontact Phone N	0.
Other:	Current Employer		Security to a second to the se	Start Da	te
	Supervisor		Cor	itact Phone No.	
	Address of Employer				
	Second Employer			Start/End	Date
	Address of Employer				
	Supervisor		(Contact Phone N	Vo
	PART	T V. LANDLO	ORD RE	EFERENCE	S
a. Pr	esent Landlord			From	To
. A	ddress	City	St	Zip Code	Phone No.
b. Pi	revious Landlord (if less th	an 5 years at pre	sent		
$\overline{\mathbf{A}}$	ddress	City	St	Zip Code	Phone No.
		City	St		



Address



Phone No.

St

City

Zip Code

	PART V. GENERAL INFORM	ATION
1.	Have you ever been evicted? If yes, explain	□ Yes □ No
2.	Have you ever been convicted of a felony? If yes, explain	□ Yes □ No
3.	Have you ever filed for bankruptcy? If yes, explain dates	□ Yes □ No
4.	Have you ever received rental assistance? If yes, with what agency? a. Has your assistance ever been terminated for fraud, received rental assistance.	☐ Yes ☐ No
	a. Has your assistance ever been terminated for fraud, recompliance of paperwork?b. If yes, explain	□ Yes □ No
5.	Will this be your only place of residency? If no, what will be your alternate address?	□ Yes □ No
6.	Do you live or have you ever lived in subsidized housing? If yes, where? W	☐ Yes ☐ No Then?
7.	Have you, or your spouse/co-applicant ever been evicted rental housing due to fraud, non-payment of rent, failure	or otherwise involuntarily removed from to cooperate with rules and regulations,
		□ Yes □ No
8	. Have you or any member of household ever been convict distribution of an illegal drug or other illegal controlled s	
9	. Do you have any pets?	□ Yes □ No
1	0. Are you currently homeless or living in a shelter?	□ Yes □ No
1	1. What is the condition of your current housing? (Check a	
		Living with parents
	☐ No Indoor Plumbing/Kitchen ☐ Currently	homeless





		PART VI E	EMERGE	ICY CO	NTACTS .	
1.	Contact Name			Ph	one No Relationship	
	Address	City	St	Zip	Relationship	
2.	Contact Name			Ph	one No	
	Address		St	Zip	Relationship	
3	Contact Name			Pho	one No.	
٠.	Address		St		Relationship	
etions	for all morn hove of th	Lawaahald who		war a warif	on the energy recition /L/ Venta	
elopm e stat	nent, all of whom are ements may be groun	listed above. I/W ds for terminatio	e understan n of my/ore	id that pro residency	in the above section 42 rental oviding false information or 1. I/We further understand the crification of my/our income	nakir 1at as
elopm e state t of th ets. I	nent, all of whom are ements may be groun ne qualification proce	listed above. I/W ds for terminatio ss I/we may be re all of the above i	e understan n of my/ore equired to au nformation	id that pro residency ithorize vo must be ol	oviding false information or in the second of the second flower income the second in order to establish the second in order to establish	nakir 1at as and
velopm se stat ct of th ets. I ntinue	nent, all of whom are ements may be groun he qualification proced. We understand that deligibility for the Lo	listed above. I/W ds for terminatio ss I/we may be re all of the above in ow Income Housi	/e understand on of my/ore equired to au nformation mg TAX creemakes it a c	d that pro residency athorize ve must be ol dit Progra	oviding false information or a large of the further understand the crification of my/our income btained in order to establish m. Tense to make willful, false	nakin nat as and my
relopm se stat et of th ets. I atinue	nent, all of whom are ements may be groun he qualification proced. We understand that deligibility for the Lo	listed above. I/W ds for terminatio ss I/we may be re all of the above in ow Income Housi	/e understand on of my/ore equired to au nformation mg TAX creemakes it a c	d that pro residency athorize ve must be ol dit Progra	oviding false information or a life of the further understand the fire of my/our income btained in order to establish m.	nakin aat as and my
elopm e state et of the ets. Intinue ARNI temen	nent, all of whom are ements may be groun he qualification proced. We understand that deligibility for the Lo	listed above. I/W ds for terminations I/We may be resulted all of the above in the above in the interest ow Income Housing Title 18 U.S. code on of any material	/e understand on of my/ore equired to au nformation mg TAX creemakes it a c	d that pro residency athorize ve must be ol dit Progra	oviding false information or a large of the further understand the crification of my/our income btained in order to establish m. Tense to make willful, false	nakir nat as and my
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elopm e stat et of th ets. I dtinue	nent, all of whom are ements may be groun he qualification proced. We understand that he deligibility for the London 1001 of Thats or misrepresentation.	listed above. I/W ds for terminations I/We may be reall of the above in the above in the interest ow Income Housing Title 18 U.S. code on of any material ousehold	/e understand on of my/ore equired to au nformation mg TAX creemakes it a c	d that pro residency athorize ve must be ol dit Progra	oviding false information or a large of the further understand the crification of my/our income btained in order to establish m. Tense to make willful, false se of obtaining federal funds.	nakir nat as and my







Applicant / Tenant Sworn Income

and Asset Statement

ame:	•	S,S,# (S.S.# (Last four digits):				
		Date:					
ocument <u>YES</u> answers with third party	verification.						
	INC	OME					
Income Sources	I have or receive the follow	wing: Monthly	/ Amount	,	Notes		
lucome sources	(Check YES or NO)	Worlding	MIIOUII		NOTOS		
lob1	YES NO	· · · · · · · · · · · · · · · · · · ·			AND THE RESERVE OF THE PARTY OF		
ob 2	YES 🗌 NO 🗌						
Self Employment	YES ☐ NO ☐	<u> </u>					
Includes digital income sources such a App Based Driving Services (e.g. Video-based platforms (e.g. Youtu	Uber, Lyft, Doordash); Sales with E-co						
Social Security	YES NO 🗌						
Supplemental Security Income (SSI)	YES 🗌 NO 🗌	•					
Pension / Veteran's Administration	YES □ NO □						
TANF/ AFDC	YES ☐ NO ☐						
Unemployment Benefits	YES □ NO □						
Workers Compensation	YES 🔲 NO 🗀 .						
Educational Financial Assistance	YES □ NO □						
Other:	YES ☐ NO ☐						
Do you receive regular or periodic payments from:		An	nount		Frequency		
Persons not Living in the Unit?	YES □ NO □ Holder/Provider						
Trust, Annuity or Other Claims?	YES □ NO □ Holder/Provider	<i>-</i>					
Peer-to-Peer Payment systems? (e.g. Paypal, Venmo, Blockchain, Square, e	YES ☐ NO ☐ tc.) Holder/Provider	ANAMANAAAA					
Do you currently receive Assistance wit If yes; Agency Name?		YES 🗌	№ □				
Do you HAVE court-ordered or an agree (This means there is an order for you to r support to someone else)	ment for child support or alimony eceive child support or alimony, not p	y? YES ☐ oay	NO 🗌		Ordered Amount:		
Are you currently receiving child sup	port or alimony?	YES 🗌	№ □	_	Amount Received;		
Have reasonable efforts to collect the courts or agencies responsible for er List State and County	nforcing payments, been made? where grante	11.0	NO 🗆	N/A 🔳			
Are you a student (either full or part-tin higher learning?	ne) enrolled in an institution of	YES 🗀	NO 🗆				



Applicant / Tenant Sworn Income

and Asset Statement

		ASSET SOU	RCES			
			6 Month Avg.			,
S NO D	o you have a Checking Account?		Balance	\$	Interest Rate	
-	o you have a Savings/Holiday Acc	ount?	Balance	\$	Interest Rate	<u></u>
	Do you have a Certificate of Deposit		Cash Value	\$	Interest Rate	
	Do you have a Direct Express ° Carc					
))	or any card where benefits or pay a	are deposited)	Balance	\$	Interest Rate	
	Do you have Cash on Hand?		Amount	\$		
,	Do you have Cryptocurrency? (e.g.	Bitcoin)	Cash Value	\$		\$
	Do you have Internet Based Fundir	ng? (e.g. Go Fund Me)	Cash Value	\$	_ Annual Earnings	\$
	Do you have Stocks, Bonds or Anni		Cash Value	\$	_ Annual Earnings	\$
	Do you have Money Market or Mut		Cash Value	\$	Annual Earnings	\$
ES NO D	Do you have IRA, 401K, or Keogh A		Cash Value	\$	_ Annual Earnings	\$
ES NO	Do you have Treasury Bills?		Cash Value	\$	_ Annual Earnings	\$
ES NO D	Do you have a Safety Deposit Box'	? What is held in the Box?			Cash Value	\$
ES NO D	Do you have any Personal Propert				Cash Value	\$
ES NO D	Do vou own a Home, Rental Prope	erty or other Capital Invest	ments?		Cash Value	φ
	(Market Value less unpaid balance	e and selling costs = Cash V	alue)			Φ
	Current Status/Intention: ☐ Kee	ping 🗆 Selling 🗀 Renti	ng 🛚 Being For	eclosed L. Givin	g Away	•
YES NO NO NO NO NO NO NO N	Do you have Whole Life Insuranc Insurance policies? Have you sold, given away or oth	nerwise transferred owne	Cash Value rship of assets w	vithin the last two	Annual Earnings (2) years?	\$
AE2 [] NO []	If upe list items:			Date:		
YES 🗌 NO 🔲	Are there minor children in the h	nousehold that have any	assets (Savings A	ccount, Certifica	te of Deposit, Savings	Bond(s), etc.)?
110 110 111	If yes, please provide:					
	'J P'	alue: \$	_ Where Held: _ 		Annual Yield: Annual Yield:	
	13901	alue: \$	Whara Haldi		Annual Yield:	
	Type: variable Type: variable Varia	alue: ֆ <u> </u>	Where Held: _		Annual Yield:	
a L. f Nati Comil		Š	(Total Value of A	ssets Listed Abov	e)	
otal of Net Famil	y naseta v held as an investment may include, b	ut is not limited to gem or c	: oin collections, art.	antique cars, etc. i	Do not include necessar	y personal proper
*Personal property	r neid as an investment may include, b ited to, household furniture, daily-use	autos, clothing, assets of an	active business, o	special equipment	for use by the disabled	
uch as, purnorum	provided on this form will be use	d to determine maximu	n income eligibi	lity.		
	s that the inform	matian provided herein	s true and accur	ate to the best o	f my knowledge. The	undersigned
further understa	of perjury, i certily that the information inds that providing false represet of the application or lease agreet	ntation herein constitute	es fraud. False, n	nisleading or inc	omplete information	may result in
Signatures:						
Signature of Appl	icant/Lessee	Date				
Ç						
	nent Agent Signature	Date		-		



Student Certification

TO BE COMPLETED BY ALL APPLICANTS/RESIDENTS OVER THE AGE OF 18		
Resident:	<u>Yes</u>	No
part or full-time student?		
includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universitie, , trade, or mechanical schools, but does not include those attending on-the- job training courses or those pursuing a GED. <i>If you are n</i> park "yes" and the property management company will verify your student status.	es, iot s ui	re,
<u>If you answered NO, please skip the following questions and sign below.</u>		
nswered Yes, please complete the following questions:	<u>Ves</u>	M
Are you a part-time student?	لــا	L
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?)		
Are you disabled? a. If yes, were you receiving Section 8 assistance as of November 30, 2005		[
Are you a graduate or professional student?		į
Are you over 23 years of age?		[
Are you a veteran of the United States military?		;
Are you receiving any financial assistance to pay for your education?		
Will you be living with your parents?		
If no: a. Are your parents receiving or eligible to receive Section 8 assistance? b. Are you claimed as a dependent on your parent's tax return?		
Are you married?		
Do you have a dependent child?		
Were you an orphan or a ward of the court through the age of 18?		
Receiving assistance under Title IV of the Social Security Act (e.g.TANF)	. 🛘	
Enrolled in government-sponsored job training program (e.g. Job Corp, AmeriCorp)		
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.	, 🗆	
ture Date		
	part or full-time student? includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universitis, trade, or mechanical schools, but does not include those attending on-the-job training courses or those pursuing a GED. If you are a task "yes" and the property management company will verify your student status. If you answered NO, please skip the following questions and sign below. Inswered Ves., please complete the following questions: Are you a part-time student? Are you a part-time student? (Will you or have you attended school for five months or more this calendar year with a full-time status?) Are you disabled? a. If yes, were you receiving Section 8 assistance as of November 30, 2005 Are you a graduate or professional student? Are you are vereaving any financial assistance to pay for your education? Will you be living with your parents? If no: a. Are your parents receiving or eligible to receive Section 8 assistance? b. Are you parents receiving or eligible to receive Section 8 assistance? c. Are you married? Do you have a dependent child? Were you an orphan or a ward of the court through the age of 18? Receiving assistance under Title IV of the Social Security Act (e.g.TANF) Enrolled in government-sponsored job training program (e.g. Job Corp, AmeriCorp) The Individual has been verified during the school year in which the application is submitted as either an unaccompanied youth when	Part or full-time student?

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 cast. 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
	·		
	b		
Signature of Applicant	/Resident		Date
Signature of Applicant	/Resident		Date
Signature of Witness		·····	Date
**Both head and spous separate forms must be	se must execute this completed.	form. In the case	e of non-married adults,
WARNING: Section willful, false statement of or obtaining federa	its or misrepresenta	S. code makes it ition of any mate	a criminal offense to make erial fact involving the use

AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE: The <u>New Cheney Flats</u> or <u>Uptown Arts Center</u> 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

го:		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 N	UMBER:
RE:		SSN #:	
ADDRESS:			
	applied for housing under a program which re- etermining this person's eligibility or level of be		ing owner to verify all information
	peration in providing the following information prompt return of this information will help t		
PLEASE ANSWER	R THE FOLLOWING QUESTIONS REGARDING T	HE APPLICANT	S RENTAL HISTORY:
Current Land	llord 🔲 Previous Landlord 🔲 Friend or F	Relative, relatio	nship
Other:			
Dates of Applica	int's Residency: From:	To:_	
Is the Applicant	currently on a lease? Yes No		
Lease expiration	n:		
1. Rent Pa	<u>iyment</u>		
A.	Amount of monthly rent:		
В.	Does (did) applicant pay rent on time?		Yes No
C.	Has (had) s/he ever paid late? How late?	How often?	Yes No
D.	Does the applicant owe a balance? If yes, have arrangements been made to clea If yes, are payments current?	r this balance?	Yes No Yes No Yes No
2. Caring	<u>for the Unit</u>		,
A.	Has (had) the applicant damaged the apartm	ent or commor	n areas? Yes No
В.	Has (had) the applicant paid for the damage?)	Yes No
3. <u>Genera</u>	<u>al</u>		
A.	Did the applicant commit any lease or comm	unity violations	S? Yes No
	If yes, explain:		



В.	Does (did) the applicant, family members or guests interfere with/bother or behave in an abusive manner towards the neighbors or Landlord? Describe:	Yes No
C.	Did the Landlord ever try to evict the applicant? If yes, explain:	Yes No
D.	Did the applicant have a co-signer, guarantor, or roommate? If so, were there any negative responses the Landlord gave to the above questions, due to the conduct of the co-signer, guarantor or	☐ Yes ☐ No
	roommate? If yes, explain:	Yes No
Signature of L	andlord:Dat	· ·e:
	ımber:	
(Name of aut	Date project staff: Telephone verification)	e:
	IAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE TION IS LEFT BLANK.	ORGANIZATION SUPPLYING
information th	eby authorize the release of the requested information. Information obtained at is no older than 12 months. There are circumstances which would require the search of the would be authorized by me on a separate consent attached to	he owner to verify information
Applicant/Re	sident 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.

	PRIMARY CONTACT PERSON
Name	
Address	Phone No
	SECONDARY CONTACT PERSON
Name	
	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 cast. 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 I	DIPOSED	DATE VALUE	FAIR MARKET SOLD FOR
			· · · · · · · · · · · · · · · · · · ·
Signature of Applicant/Reside	ent		Date
Signature of Applicant/Reside	ent		Date
Signature of Witness			Date
**Both head and spouse must separate forms must be compl	execute this fo	orm. In the cas	se of non-married adults,
WARNING: Section 1001 of willful, false statements or most or obtaining federal funds	usrepresentat	. code makes i ion of any mat	t a criminal offense to make erial fact involving the use

Employment Verification



Name:			From:	Name:	Torrey Hill Apar	tments, LI	<u>.C</u>
Address:				Address:	336 14th Street		
					Toledo, OH 4360)4	
Phone:		Fax:		Phone:	419-246-9393	Fax:	419-241-4654
Name:			Ad	dress:			
SSN:							
DDIV.							•
Release: I her	eby authorize the release of t	he requested information.	Information obtain	ed under this cor	nsent is limited to inform	nation that is	no older than 12 mc
There are circu a copy of this c	mstances that would require	the owner to verify informa	ation that is up to 5	years old, whic	h would be authorized b	y me on a se	parate consent attach
							
Applicant / R	esident ive to sign this form if cithe	er the requesting organiza	tion or the organi	Date zation supplyin	g the information is lef	t blank.	
have any ques The Follow	to ramily's engionity for the preciate your prompt responsitions, please feel free to contract ving Section To Be Co	act our office. Thank you mpleted By Employe	for your cooperations:)n,	oracii dus 101111 to out 1	un numbon a	appour acceso.
	Name:			Job Title			
	imployed: \square Yes,				o, Last Day of Emp		
Is employe	e eligible for unemploy	ment compensation?			ves, how long?		low much?
Current Wa	ages/Salary: \$	per: hour w	reek bi-week	month year	of	ther (ci	rcle one)
	nt rate effective:						
	C	eek:	Total anticipat	ed earnings f	or the payt 12 calen	dar month	ie \$
Average #	of regular nours per we		-	od omnings r	Of the next 12 cares	dai monu.	12 A
-	of regular nours per we Rate: \$	per hour	•		# of overtime hour		-
Overtime I		<u> </u>	_				.
Overtime I	Rate: \$	gs for the next 12 cale	_	Average	# of overtime hour	s per week	.
Overtime I Total antic	Rate: \$ ipated overtime earningons, bonuses, tips, other	gs for the next 12 cale	ndar months: er: hour week	Average \$ bi-week m	# of overtime hour	s per week	.
Overtime I Total antic Commissio Prior year	Rate: \$ ipated overtime earning ons, bonuses, tips, other total earnings including	gs for the next 12 cale r: \$ pe g overtime, commission	ndar months: er: hour week ons, bonuses, tij	Average \$ bi-week mos and other:	# of overtime hour	s per week	ther (circle on
Overtime I Total antic Commission Prior year List any ar	Rate: \$ ipated overtime earning ons, bonuses, tips, other total earnings including nticipated change in the	gs for the next 12 cale r: \$ pe g overtime, commission e employee's rate of pa	ndar months: er: hour week ons, bonuses, tip	Average \$ bi-week most and other: xt 12 months	# of overtime hour	s per week of	ther (circle on
Overtime I Total antic Commission Prior year List any ar Does the e	Rate: \$ ipated overtime earning ons, bonuses, tips, other total earnings including atticipated change in the amployee have access t	gs for the next 12 cale r: \$ pe g overtime, commissic e employee's rate of pa to any portion of his/h	ndar months: er: hour week ons, bonuses, tip ry within the ne er pension or re	Average \$ bi-week mos and other: ext 12 months	# of overtime hour onth year \$:; account?	s per week	ther (circle on
Overtime I Total antic Commission Prior year List any and Does the e	Rate: \$ ipated overtime earning ons, bonuses, tips, other total earnings including nticipated change in the	gs for the next 12 cale r: \$ pe g overtime, commission e employee's rate of pa to any portion of his/he hay be withdrawn with	ndar months: er: hour week ons, bonuses, tip ry within the ne er pension or re	Average \$ bi-week most and other: ext 12 months etirement planterminating en	# of overtime hour onth year \$:; account?; mployment: \$	s per week	ther (circle on
Overtime I Total antic Commission Prior year List any ar Does the e If yes, indi-	Rate: \$ ipated overtime earning ons, bonuses, tips, other total earnings including atticipated change in the amployee have access t icate the amount that m	gs for the next 12 cale r: \$ pe g overtime, commission e employee's rate of pa to any portion of his/he hay be withdrawn with \$	ndar months: or: hour week ons, bonuses, tip y within the ne er pension or re nout retiring or to	Average bi-week mos and other: ext 12 months etirement planterminating en	# of overtime hour onth year \$:; account?; mployment: \$	s per week	ther (circle one
Overtime I Total antic Commission Prior year List any ar Does the e If yes, indi-	Rate: \$ ipated overtime earning ons, bonuses, tips, other total earnings including atticipated change in the amployee have access t icate the amount that m as for medical benefits:	gs for the next 12 cale r: \$ pe g overtime, commission e employee's rate of pa to any portion of his/he hay be withdrawn with \$	ndar months: or: hour week ons, bonuses, tip y within the ne er pension or re nout retiring or to	Average bi-week mos and other: ext 12 months etirement planterminating en	# of overtime hour onth year \$:; account? Y mployment: \$	s per week	ther (circle on

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PC-E02

Rev. 12-09

Bank Account Verification



Name:			Name:	Torrey Hill Ap		
Address:			Address:	336 14th ST S	STE 100	
				Toledo, OH 4	3604	
Phone:	Fax:		Phone:	419-246-9693	3 Fax:	
Name:		A	ddress:			
SSN:						
older than 12 mor	vauthorize the release of the requested nths. There are circumstances that won a separate consent attached to a cop	ould require the ow	mation obtained mer to verify in	i under this consent is nformation that is up	s limited to informati to 5 years old, whi	on that is no
Applicant / Res	ident		Date			anlı
You do not have	to sign this form if either the request med above has applied for residency of	ing organization o	r the organiza	tion supplying the in	niormation is left bit	ank. Jenartment c
information you confidence. We correspondence is	an Development, 0.5. Department of gulations require the housing owner to provide will be used only for the put are required to complete our verificates being conducted via fax, please return office. Thank you for your cooperate	pose of determining tion process in a sl n this form to our f	g the family's	engionity for the pre d and would apprecis	ogram and win be a ste vour prompt resp	onse. If th
information you confidence. We correspondence is free to contact ou	provide will be used only for the pur are required to complete our verifica s being conducted via fax, please retur ar office. Thank you for your cooperat Being Requested:	pose of determining tion process in a sling this form to our fion.	g the family's	engionny for the production of	ate your prompt responded have any question	onse. If the
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Child Support Certification

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

A) I do not have a <u>COURT</u>	<u>ORDER</u> for ch	ild support for	the followi	ng children:
Child's Name				Age:
Child's Name	and the second s			Age:
Child's Name				Age:
Do you receive any volunta	ry support tha	t is not court or	dered?	Yes No
Child's Name	Age:	Amount \$	per mont	h/week (circle one)
Child's Name	Age:	Amount \$	per mont	h/week (circle one)
Child's Name	Age:	_Amount \$	per mont	h/week (circle one)
Please provide the name and	address of the p	erson who can v	erify volunta	ry child support:
Name:	Addre	SS:		
B) I have a COURT ORD				
Child's Name	Age:	Amount \$	per mon	th/week (circle one)
Child's Name	. Age:	Amount \$	per mon	th/week (circle one)
Child's Name	Age:	Amount \$	per mon	th/week (circle one)
I am currently receiving the	ie following an	lounts of court	oruereu ch	th hypok (circle one)
Child's Name	Age:	Amount \$	per mon	th/week (circle one)
Child's Name	Age:	Amount \$	per mon	th/week (circle one)
Child's Name	Age:	Amount \$	per mon	ith/week (circle one)
If you have court-ordered	support, pleas	e provide the f	ollowing:	
1 The State	and (County		of the Child
Support Enforcement Agend	cy that administ	ers your child su	pport.	
2. A copy of the current cou	rt order.			
3. A copy of any other court	action taken to	collect child sup	port amount	s due to you.
Under penalties of perjury, I of the best of my knowledge. The representation herein constitu- the termination of the applica	e undersigned fu tes fraud. False, i	rther understands nisleading or inco	that providill	g raise
Signature:			Date:	

Child Support Verification



Address: 336 14th ST STE 100 Toledo, OH 43604 Phone: Fax: Phone: Address: 336 14th ST STE 100 Toledo, OH 43604 Phone: 4192469693 Fex: 4192414654 Release: hereby authorize the release of the requested information. Information obtained under this concent is limited to information that is 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 You do not have to sign this form If either the requesting organization or the organization supplying the information is left blank. You do not have to sign this form If either the requesting organization or the organization supplying the information is left blank. You do not have to sign this form If either the requesting organization or the organization supplying the information is left blank. You do not have to sign this form If either the requesting organization or the organization supplying the information is left to list blank. You do not have to sign this form If either the requesting organization or the organization supplying the information is left to list blank. State. Federal regulations require the broasing owner to annually verify the family's income and other is sood which is administered by a fine the used only for the purpose of determing the family selegibility of the program and will be kept in art information up provide will be used only for the purpose of determing the family selegibility of the program of will be kept in art information up provide will be used only for the purpose of determing the family selegibility of the program of will be kept in art 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: Custodian: Custodian: Custodian: Custodian: Custodian: Custodian: Payment record for pest pu	: (Name:		From	: Name:	Torrey Hill Apartments, LLC
Phone: Pax: Phone: Address: Name: Address: Phone: 4192469693 Fax: 4192414654		Address:	•		Address:	336 14th ST STE 100
Name: Address: Name: Address: Address:						Toledo, OH 43604
Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is a 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 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 shove has applied for residency or is currently residing in a community that was developed under the U.S. Department. The individual named shove has applied for residency or is currently residing in a community bett was developed under the U.S. Department. The individual named shove has applied for residency or is currently residing in a community bett was developed under the U.S. Department. The individual named shove has applied for residency or is currently residing in a community of the two selections of the U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code is administered by it Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code is a distinct or information related to eligibility. The program and will be kept in stri information you provide will be used only for the purpose of determining the family's income and other information related to eligibility. The program is a supposed to the provide of the purpose of determining the family sinceme and other information related to eligibility. The program and would appreciate your prompt response. If the confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. If the confidence is being conducted in fax, please return this form to our fax number as it appears above. If you have any questions, please return this form to our fax number as it appears above. If you have any questions, p		Phone:	Fax:		Phone:	4192469693 Fax: 4192414654
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. Date	: :	Name:			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. Date		SSN.				
Applicant / Resident 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 Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the Housing or Section 42 of the IRS code which is administered by the Housing or Section 42 of the IRS code which is administered by the Housing or Section 42 of the IRS code which is administered by the IR		5511.				
Applicant? Resident 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 Agriculture (Rural Housing) or Section 42 of the tells code which is administered by it Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the tells code with its administered by it Housing and Urban Development, U.S. Department or annually verify the family's income and other information related to eligibility. This information you provide will be used only for the purpose of determining the family's ligibility for the program and will be kept in strict contractory on the complete our verification process in a short time period and would appreciate your prompt response. If it contridence, we are required to complete our verification process in a short time period and well appreciate your prompt response. If it contridence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please for 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: Custodian: State: County: Case #: 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 coppayment record for past 12 months.) Amount of court ordered payment Period of Person Supplying Information Firm / Organization		authorized by me on	a separate consent attached t	to a copy of this consent		
The individual named above has applied for residency or is currently residing in a community that was developed unter the Ost. Negative Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) income and other information related to eligibility. It State. Federal regulations require the housing owner to annually verify the family's eligibility for the program and will be kept in stri information you provide will be used only for the purpose of determining the family's eligibility for the program and will be kept in stri information you provide will be used only for the purpose of determining the family's eligibility for the program and will be kept in stri information you provide will be kept in stri information you provide will be kept in stri information group required to complete our verification process in a short time period and would appreciate your prompt response. If the correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please fere to contact our office. 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: Custodian: Custodian: Currently there is no court order directing payments through this office. 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 cop payment record for past 12 months.) Amount of court ordered payment Firm / Organization Name / Title of Person Supplying Information Firm / Organization				requesting organizatio	or the organiza	tion supplying the information is left blank.
State: Case #: 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 coppayment 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:		information you pro confidence. We are correspondence is be free to contact our of	vide will be used only for required to complete our ing conducted via fax, plea fice. Thank you for your o	the purpose of determine verification process in a use return this form to or	Ing me manny b	d and would appreciate your prompt response. If this
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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 department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to a misdemeanor and fined not more than \$5,000. Any person, who knowingly or 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 information or information collected based on the consent properties subject to a misdemeanor and fined not more than \$5,000. Any willingly requests, obtains or disclosures any information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or 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 applicant or participant affected by negligent 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).

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