

Two Rivers Apartments

411 Elm Street Newport KY 41071

Phone: (859) 431-2166

Email: tworivers@romarmanagement.com

Dear Interested Applicant:

Thank you for your interest in Two Rivers Apartments. Two Rivers has 71 one-bedroom apartments for Senior Citizens. 7 Units at Two Rivers are handicap accessible with roll in showers and handicap accessible kitchens. Two Rivers apartments are rent subsidized, and residents pay 30% of their income for rent and all utilities are included except for basic cable. Two Rivers offers an option to each resident to sign up for online portal access to pay your rent each month by automatic withdrawal and submit work orders.

Two Rivers is a "housing only setting" with no licensed services for applicants 62 years of age and older. To be eligible annual income must be below \$33,450 for one person and \$38,200 for two persons.

Each apartment is equipped with a refrigerator and range. All units have individually controlled air conditioning and heating units.

A calendar of monthly activities is offered along with a Senior Support Specialist onsite to help with aging in place. Two Rivers offers a beautiful view of the Cincinnati Skyline from a 5th floor patio and the skyline can be seen from certain units. A coin operated laundry room is located on the 1st floor and community rooms to watch TV, play cards or board games. All units have pull cords for emergencies in the bathrooms and bedrooms. Two Rivers has full time maintenance staff, onsite property manager and resident manager.

Two Rivers is a non-smoking building I have attached the Police background check, Enterprise Income Verification and Non-Smoking Policy for you to sign and return with your application.

In order to expedite the processing of your application for qualification with the Section 202 program guidelines you must provide the following documents listed below with your application.

We would be glad to make copies of the following.

- Birth Certificate
- Social Security Card
- Photo ID

Thank you
Lisa Burke
Community Manager
Two Rivers
Newport Commons



We encourage and support an affirmative housing program in which there are no barriers to obtaining housing because of race, religion, sex, handicap, familial status, or national origin.

INITIAL APPLICATION DATE _____
(OFFICE USE ONLY)

TIME _____
(OFFICE USE ONLY)

APPLICATION FOR ADMISSION

TWO RIVERS

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

TELEPHONE (____) _____

NAMES AND TELEPHONE OF TWO PERSONS WE CAN CONTACT IF UNABLE TO REACH YOU:

1. _____
NAME RELATIONSHIP TELEPHONE

2. _____
NAME RELATIONSHIP TELEPHONE

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. LIST THE HEAD OF HOUSEHOLD AND ALL MEMBERS WHO WILL BE LIVING IN THE UNIT

NAME	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NUMBER	DISABILITY

2. RACE OF HEAD OF HOUSEHOLD: (for statistical purposes only)

____ WHITE ____ BLACK ____ AMERICAN INDIAN / ALASKAN NATIVE

____ ASIAN/PACIFIC ISLANDER

3. ETHNICITY OF HEAD OF HOUSEHOLD ____ HISPANIC ____ NON-HISPANIC

4. UNIT PREFERENCE: ____ ONE BEDROOM

IS ANY MEMBER OF THE HOUSEHOLD HANDICAPPED OR DISABLED? YES NO
DOES ANY MEMBER OF HOUSEHOLD NEED A HANDICAP/MOBILITY IMPAIRED UNIT? YES NO
DOES ANY MEMBER OF HOUSEHOLD NEED A SITE IMPAIRED UNIT? YES NO
DOES ANY MEMBER OF THE FAMILY HAVE A SCOOTER OR WHEELCHAIR? YES NO
DOES ANY MEMBER OF THE FAMILY HAVE A CANE OR WALKER? YES NO

5. DO YOU HAVE PETS? YES NO IF YES, WHAT KIND? _____

6. HOW MANY VEHICLES DOES THE FAMILY OWN? _____

MAKE	MODEL	YEAR	COLOR	LICENSE PLATE
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7. DO YOU EXPECT A CHANGE IN YOUR HOUSEHOLD COMPOSITION? YES NO

8. PLEASE IDENTIFY ANY SPECIAL HOUSING NEEDS YOUR HOUSEHOLD HAS: _____

STATUTORY PREFERENCES - DISPLACEMENT

PREFERENCE MAY BE GIVEN TO APPLICANTS WHO HAVE BEEN DISPLACED BY GOVERNMENT ACTION OR A PRESIDENTIALLY DECLARED DISASTER.

HAVE YOU BEEN DISPLACED BY GOVERNMENT ACTION OR PRESIDENTIALLY DECLARED DISASTER? YES NO

If yes, please explain: _____

PRESENT LANDLORD

NAME _____ TELEPHONE _____

ADDRESS _____

PREVIOUS LANDLORD

NAME _____ TELEPHONE _____

ADDRESS _____

ASSET INFORMATION:

1.	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
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2.	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
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3.	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
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DO YOU OWN A HOME OR REAL ESTATE? _____ YES _____ NO IF YES VALUE _____

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE DURING THE PAST TWO YEARS? _____ YES _____ NO

IF YES, LIST AMOUNT \$ _____ DATE OF DISPOSAL _____

INCOME STATUS:

GROSS MONTHLY SOCIAL SECURITY \$ _____

SSI \$ _____

GROSS MONTHLY PENSION \$ _____

GROSS MONTHLY EMPLOYMENT \$ _____

VETERANS PENSION \$ _____

INTEREST EARNED MONTHLY ON BANK ACCOUNTS,
STOCKS, IRA, ETC... \$ _____

OTHER INCOME _____ \$ _____

TOTAL PROJECTED MONTHLY INCOME \$ _____

TOTAL PROJECTED ANNUAL INCOME \$ _____

MEDICAL EXPENSES:

DO YOU HAVE MEDICAL INSURANCE? _____ YES _____ NO

IF YES LIST (PLEASE NOTE, LIFE INSURANCE NOT APPLICABLE)

1. _____
NAME OF INSURANCE COMPANY MONTHLY/QUARTERLY PREMIUM

2. _____
NAME OF INSURANCE COMPANY MONTHLY/QUARTERLY PREMIUM

EVICTED:

HAS ANY HOUSEHOLD MEMBER EVER BEEN EVICTED? _____ YES _____ NO

IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER LIVED IN SUBSIDIZED HOUSING IN THE PAST? _____ YES _____ NO

DO YOU CURRENTLY LIVE IN SUBSIDIZED HOUSING? _____ YES _____ NO

HAS ANY HOUSEHOLD MEMBER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IS ANY HOUSEHOLD MEMBER SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRY?
_____ YES _____ NO

LIST ALL STATES WHERE ALL MEMBERS OF THE HOUSEHOLD HAVE RESIDED. _____

LIST OTHER NAMES KNOWN BY: _____

ARE YOU A STUDENT IN A HIGHER LEARNING INSTITUTE? _____ YES _____ NO

ARE ANY ADULT MEMBERS CURRENTLY A FULL TIME OR PART TIME STUDENT?
_____ YES _____ NO

ARE ANY ADULT STUDENT HOUSEHOLD MEMBERS RECEIVING FINANCIAL AID?
_____ YES _____ NO

HOW DID YOU HEAR ABOUT US?

_____ Resident Referral _____ Local Paper _____ Other: _____

WERE YOU 62 YEARS OF AGE OR OLDER AS OF 01/31/2010 AND DO NOT HAVE A SSN?
_____ YES _____ NO

WERE YOU RECEIVING HUD RENTAL ASSISTANCE AT ANOTHER LOCATION ON 01/31/2010?
_____ YES _____ NO

(THIS INFORMATION IS NEEDED IN ORDER FOR THE OWNER TO VERIFY WHETHER THE APPLICANT QUALIFIES FOR THE EXEMPTION FROM DISCLOSING AND PROVIDING VERIFICATION OF A SSN).

WAITING LIST

I/WE UNDERSTAND THE MANAGEMENT OF THIS PROPERTY CANNOT DETERMINE HOW LONG MY WAIT WILL BE ON THE WAITING LIST.

APPLICANT CERTIFICATION

I/WE CERTIFY THAT IF SELECTED TO MOVE IN THIS PROPERTY, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR SECTION 8 ASSISTANCE. I/WE AUTHORIZE THE OWNERS TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CREDIT HISTORY, CIVIL AND CRIMINAL INFORMATION, RECORDS OF ARREST, RENTAL HISTORY, EMPLOYMENT/SALARY DETAILS, VEHICLE RECORDS, LICENSING RECORDS, AND/OR ANY OTHER NECESSARY INFORMATION. I UNDERSTAND THAT SUBSEQUENT CONSUMER REPORTS MAY BE OBTAINED AND UTILIZED UNDER THIS AUTHORIZATION IN CONNECTION WITH AN UPDATE, RENEWAL, EXTENSION OR COLLECTION WITH RESPECT OR IN CONNECTION WITH THE RENTAL OR LEASE OF A RESIDENCE FOR WHICH APPLICATION WAS MADE. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE

AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

NEWPORT COMMONS IS AN EQUAL OPPORTUNITY HOUSING PROVIDER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, DISABILITY, NATIONAL ORIGIN, RELIGION OR FAMILIAL STATUS:

SIGNATURE OF HOUSEHOLD

DATE

SIGNATURE OF HOUSEHOLD

DATE

SIGNATURE OF MANAGER

DATE

EQUAL HOUSING OPPORTUNITY

Please return application to:

TWO RIVERS APARTMENTS
411 ELM STREET
NEWPORT, KENTUCKY 40171
859-431-2166
tworivers@romarmanagement.com

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Mt. Auburn Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity?
_____ yes _____ no ,
2. Do you currently use illegal drugs or abuse alcohol? _____ yes _____ no
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?
_____ yes _____ no
4. Have you been convicted of any drug-related crime ? _____ yes _____ no
5. Have you been convicted of any felony ? _____ yes _____ no
6. Have you been convicted of any crime involving fraud or dishonesty ?
_____ yes _____ no
7. Have you been convicted of any crime involving violence? _____ yes _____ no
8. Are you currently charged with any of the above criminal activities? _____ yes _____ no
9. Please list all states in which you have lived or have held licenses to drive (include driver's license #'s)

10. Have you ever used or been known by any other name? _____ yes _____ no
If yes, please list names used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Mt. Auburn Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Mt. Auburn Apartments, to a public housing authority, or to an agency contracted by Mt. Auburn Apartments to conduct criminal background checks.

Applicants Signature _____ Date _____

TWO RIVERS APARTMENTS, NEWPORT COMMONS APARTMENTS
AND AUSTINBURG APARTMENTS

POLICY CHANGE NOTICE POSTED 3-1-19

SMOKE FREE POLICY

EFFECTIVE DATE 9-1-19

EFFECTIVE 9-1-19 TWO RIVERS APARTMENTS, NEWPORT COMMONS APARTMENTS AND AUSTINBURG APARTMENTS ARE SMOKE FREE BUILDINGS. RESIDENTS, VISITORS, VENDORS, AND EMPLOYEES WILL NOT BE PERMITTED TO SMOKE IN THE BUILDINGS WHICH INCLUDES INSIDE OF THE APARTMENTS. SMOKING IS ALSO PROHIBITED ON THE PORCH AND PATIO AREAS OUTSIDE THE BUILDING, AREAS IMMEDIATELY ADJACENT TO THE BUILDING ENTRANCES AND EXITS INCLUDING WINDOWS. THIS SMOKE FREE POLICY ALSO BANS E-CIGARETTES. THE DESIGNATED SMOKING HUT IS LOCATED IN THE BACK OF THE BUILDING.

THIS SMOKE FREE POLICY WILL APPLY TO CURRENT RESIDENTS AS NOTICE GIVEN ON 3-1-19 AND EFFECTIVE IN 6 MONTHS ON 9-1-19. NEW RESIDENTS MOVING IN AFTER 3-1-19 WILL FOLLOW SMOKE FREE BUILDINGS POLICY EFFECTIVE 3-1-19.

TWO RIVERS, NEWPORT COMMONS AND AUSTINBURG APARTMENTS ARE DEDICATED TO PROVIDING A QUALITY ENVIRONMENT WHICH INCLUDES THE HEALTH, SAFETY AND COMFORT OF ITS RESIDENTS, VISITORS AND STAFF.

Resident Signature

Date

ENTERPRISE INCOME VERIFICATION REQUEST
(VERIFICATION OF INCOME)

DATE _____

PROPERTY _____

REQUESTED BY _____

RESIDENT _____

UNIT # _____

SS _____ DOB _____

RESIDENT SIGNATURE _____

CO APPLICANT _____

MANAGER _____

POLICE/CONSUMER REPORT AUTHORIZATION

Date: _____

I hereby authorize _____ to obtain a Police/Consumer
(Company Name)
report, and any other information it deems necessary in determining my
eligibility. In signing this consent form, I am authorizing the owner of the
housing project to which I am applying for assistance to request information
from a third party about myself. HUD requires the housing owner to verify
all of the information you provide that affects your eligibility. I understand
that such information may include, but is not limited to, credit history, civil
and criminal information, records of arrest, rental history and/or any other
necessary information. I hereby expressly release Newport Commons / Two
Rivers, and any procurer of furnisher of information, from any liability
whatsoever in the use, procurement or furnishing of such information, and
understand that my application information may be provided to various
local, state and/or federal government agencies, including without limitation,
various law enforcement agencies.

(Name In Full Printed)

(Street Address)

(City)

(State)

(Zip)

(Signature)

Date of Birth: ____/____/____

Social Security Number: ____-____-____

Driver's License Number: _____ State: _____

(Oct 2005)

Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature _____

Date _____

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

Signature _____

Date _____

Check if adult signed for a child: _____

____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child: _____



Verification from Previous Landlord

(of Rental History, Housekeeping Habits, Drug Usage, or Criminal Behavior)

To: _____ From: _____

Phone _____ Fax _____
Subject: Verification of rental history, etc., for the following applicant/participant of HUD-assisted housing:
Name _____
Address _____ SS# _____

The above person has applied for housing assistance under a program of HUD. HUD 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 HUD-assisted property listed at the top of the page. Your prompt response will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information below.

Rental History

Dates applicant rented: From _____ to _____ Did applicant satisfy lease agreement? _____ Yes _____ No
Did the above person pay rent to you _____ on time _____ late _____ varied
Is/was rent subsidized? _____ Yes _____ No
Does Applicant owe a balance? _____ Yes _____ No

Housekeeping Habits

While living in your unit, was the above person's unit? _____ excellent _____ good _____ poor

Drug Usage/Criminal Behavior

While living in your unit, was there ever any evidence of drug usage or violent behavior by the above person? _____ yes _____ no

Complaints/Violations of House Rules

While living in this unit, was there any complaints or House Rule violations? _____ yes _____ no
If yes, please explain: _____

Rent Again: Would you rent to this person again? _____ yes _____ no

Name of Person Supplying the Information () telephone _____ Address of Rental Property _____

Signature _____ Date _____

Applicant/Resident Consent for Release of Information: 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.

Signature _____ Date _____

Note to Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208a (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7) and (8).

Applicants Name (please print) _____

AT THE TIME AN APARTMENT BECOMES AVAILABLE WE WILL NEED COPIES
OF THE FOLLOWING INFORMATION:

- _____ CURRENT SOCIAL SECURITY BENEFIT LETTER
- _____ PENSION LETTER
- _____ 6 MONTHS OF MOST RECENT BANK STATEMENTS
- _____ CD'S, STOCKS, SAVINGS, MONEY MARKET ACCOUNTS
- _____ HOME APPRAISAL
- _____ HEALTH INSURANCE PREMIUM PAYMENT PROOF
- _____ PRINT OUT OF 1 YEAR PRESCRIPTION EXPENSES
- _____ MEDICAL EXPENSES (DOCTOR'S, HOSPITAL VISITS ETC.)
- _____ BIRTH CERTIFICATE
- _____ SOCIAL SECURITY CARD
- _____ DRIVER'S LICENSE OR STATE ID