

Tax Credit Application Instructions

Applicants Initials	Mgr. Initials	Information Reviewed
		1. This is a Tax Credit Community. In order to live here, you must income qualify. The manager has reviewed the income limits with me/us.
		2. I/We understand that our income must at least be two times the rent. The manager has reviewed rents with me/us.
		3. I/We understand that there is a Resident Selection Criteria and the manager has reviewed the criteria with me/us.
		4. I/We understand my/our application will not be processed unless I/we provide photo identification for all adult household members and Social Security numbers of all household members. The documents will not be copied for your protection. The manager must be positive the applicants are who they say they are prior to obtaining background checks and verifications.
		5. I/We understand that I/we must inform the manager during the application process or during my/our residency if approved, of any changes in the household size or members.
		6. I/We understand that I/we must inform the manager during the application process if there are any changes in our income or financial situation.
		7. I/We understand providing any false information will be an automatic denial.
		8. I/We understand that documents are required to be signed and dated with the manager. The only exceptions are: <ul style="list-style-type: none"> • The applicant(s) do not live within the vicinity • The applicant(s) are confined due to health
		9. I/We understand that using blue ink is preferred to ensure the integrity of originals. It is very difficult to distinguish between black ink and copied documents. Copied documents could be easily altered.
		10. I/We understand the I/We must complete our own documents unless I/We have specifically requested assistance or I have a POA. The POA documentation must be obtained by the manager prior to processing.
		11. I/We understand that we must print legible and answer all questions.
		12. I/We understand that each household member that are 18 years or older must complete: <ol style="list-style-type: none"> 1. OHFA Applicant/Tenant Income and Asset Statement 2. Student Status Certification.
		13. I/We understand that corrections must be corrected by drawing one line through the incorrect information, writing the correct information above, the applicant must initial and date as well as the manager must initial and date.
		14. I/We understand the use of any sort of White Out, correction fluid or tape will void the application.
		15. I/We understand that the Community Managers are not able to approve applications nor advise on how to qualify. Only the Compliance Department personnel may approve an application.
		16. I/We understand that managers are not permitted to discuss any specific unit until my/our application is approved and a unit has been placed on notice. Please be aware that a resident may decide to stay, and the unit may not become available.
		17. I/We understand only when my/our application is approved by the Compliance Department and a unit is vacated with an estimated rent-ready time, may a manager offer me a specific unit.
		18. I/We understand a security deposit must be paid within 3 business days. If the security deposit is not paid within 3 business days, any scheduled move-in will be cancelled and the application is denied.
		19. I/We understand I/we must take possession within 10 business days of the unit being ready. If the applicant(s) do not take possession within 10 days, the security deposit is forfeited, and the application denied.
		20. I/We have discussed and understand the following fees: <ul style="list-style-type: none"> • Application fee: Waived • Pet Deposit: \$300/pet • Pet Rent/Month: \$25.00/Pet
		21. I/We understand the pet restrictions of: Quantity: One (1) Weight Restriction: None

I/We understand the following:

- The Compliance Department will not review any incomplete applications which include proper corrections.
- The Compliance Department will not review the application unless this document has been properly initialed, signed and dated.

Applicant's Signature Date

Applicant's Signature Date

Applicant's Signature Date

Community Manager's Signature Date

Manager:
Sylvia Hicks
Property:
Country Lane Apartments
Tele:
937-462-7090
Fax:
937-462-2040
Email:
CountryLaneApts@CIMSproperty.com

Section One - General Information:

Please circle answers and complete lines with appropriate information.

1. Desired Move-In Date: _____ Rent Range: From \$ _____ to \$ _____

2. Why is this date important? _____

3. Please circle any features the apartments have at this community that you prefer. If you will accept any apartment, please circle that as well. Your choices will impact the wait list. Please review carefully with the Community Manager.

Bedroom Size: Any One Two Three Four
Other: Any Back Patio End Garage Handicapped Specify Floor: _____

4. Would an apartment specifically designed for mobility, hearing or visual impairment benefit anyone in your household? Yes No If yes, would you like more information: Yes No

5. If there is no availability at this time, do you wish to continue the application process and be placed on the wait list?
Yes No

6. How did you hear about us? Drive By Newspaper Advertisement Internet/Website
Social Agency: _____ Current Resident: _____
Word of Mouth Other: _____

7. How many adults (18 years and older) are in your household? ____

8. Are there any members temporarily missing? Yes No - If yes, please explain who, the relationship and anticipated return date:

9. How many children (under the age of 18) in your household? ____ Do the child/children live with you at you at least 50% of the time? Yes No - If no, please explain: _____

10. Do you anticipate a change in your family size? Yes No - If yes, please explain:

11. Is there anyone living with you now that will not reside with you? Yes No - If yes, please explain:

12. Do you have a pet(s) or anticipate having a pet(s)? Yes No – If yes, how many? _____
If yes, please describe: _____

13. Has anyone in your household ever been evicted? Yes No - If yes, please complete below:
Who: _____ When: _____
Why: _____

14. Has anyone in your household ever been arrested, charged, indicted or convicted of any crime?
Yes No – If yes, please complete below:
Who: _____ When: _____
Why: _____

15. Is anyone in the household subject to State lifetime sex offender registration in any state? Yes No

16. Please list all states where applicants have lived regardless of age:

Section Two - Household Members & Demographic Information:

Please complete information regarding each household member. Ethnicity and race are optional questions. Questions are asked to ensure non-discrimination. Information provided will not affect eligibility. CIMS manages several apartment communities with different funding sources. Some properties include units which are reserved for or provide a preference to people with disabilities. Answering the disability question is optional. However if you choose not to answer, management may not be able to accurately determine your eligibility for the unit or preference. Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

Head of Household

First Name	Middle Initial	Last Name	Last 4 of SS#	Birth Date	Age	
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Self	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female
Cell Phone:		Telephone:		Email:		
Current Street Address:			<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend			
Current City, State, Zip:						
Mortgage Holder or Landlord:			Telephone:			
Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?						
Present Residence Move- In Date:			Reason for leaving:			
Vehicle Description:						
License Plate Number:						

Household Member 2

First Name	Middle initial	Last Name	Last 4 of SS#	Birth Date	Age	
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female
Cell Phone:		Telephone:		Email:		
Vehicle Description:						
License Plate Number:						
<input type="checkbox"/> Check here and do not complete if all adults in the household share the same current address.						
Current Street Address:			<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend			
Current City, State, Zip						
Mortgage Holder or Landlord:			Telephone:			
Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?						
Present Residence Move- In Date:			Reason for leaving:			

Use for additional household members:

Household Member 3

First Name	Middle initial	Last Name	Last 4 of SS#	Birth Date	Age
Student Status	Relationship to Head	Race	Ethnicity	Disabled	Gender
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female

Household Member 4

First Name	Middle initial	Last Name	Last 4 of SS#	Birth Date	Age
Student Status	Relationship to Head	Race	Ethnicity	Disabled	Gender
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female

Household Member 5

First Name	Middle initial	Last Name	Last 4 of SS#	Birth Date	Age
Student Status	Relationship to Head	Race	Ethnicity	Disabled	Gender
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female

Household Member 6

First Name	Middle initial	Last Name	Last 4 of SS#	Birth Date	Age
Student Status	Relationship to Head	Race	Ethnicity	Disabled	Gender
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female

Section Three - Adult household member(s) residential history (Use back of application if necessary):

Has any household member lived at another address in the last two years? **Yes** **No**

If yes, complete for two years below:

Household Member Name(s):		
Street Address:		<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend
City, State, Zip		
Move-In Date:		Move-Out Date:
Reason for leaving:		
Mortgage Holder or Landlord:		Telephone:

Household Member Name(s):		
Street Address:		<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend
City, State, Zip		
Move-In Date:		Move-Out Date:
Reason for leaving:		
Mortgage Holder or Landlord:		Telephone:

Section Four - Emergency Contacts:

List a person who does not live in the household for each adult household member that may be contacted in case of an emergency:

Name: _____ Parent Son/Daughter Sibling Friend

Street Address: _____

City, State, Zip: _____

Primary Phone: _____ Cell Home Work

Secondary Phone: _____ Cell Home Work

Email: _____

Name: _____ Parent Son/Daughter Sibling Friend

Street Address: _____

City, State, Zip: _____

Primary Phone: _____ Cell Home Work

Secondary Phone: _____ Cell Home Work

Email: _____

Section Five - Certifications and Acknowledgments:

I certify that the information and statements provided are true and complete to the best of my knowledge and belief. I understand that providing false information or making false statements may be grounds for denial of my application and/or grounds for eviction if approved.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Management Receipt of Application:

I certify that I have visually inspected photo IDs of each adult person and every household members' social security card and found the information provided true and accurate.

I certify that I reviewed the information with the applicant(s) and all signatures and dates were signed in my presence.

Signature of Agent for Owner

Date/Time

Notifications: Community Investment Management Services manages several apartment communities with different funding sources. One or more of the following notifications may be required depending on the funding source. If you have questions, please consult your Community Manager.

- Warning: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or the obtaining of federal funds.
- Warning: 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. IRS, HUD and any owner (or any employee of IRS, 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 IRs, 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).
- We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, familial status, national origin, military status, disability or ancestry.
- This property is an equal opportunity provider.
- Apartments at this property were constructed as part of a federally funded project and an environmental review of the project was completed required under the National Environmental Policy Act. Community Investment Management Services maintains a copy for review by a prospective resident or current resident.



Student Certification



Applicant/Resident _____

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

Are you a part or full-time student? Yes No

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

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? (HUD/HOME)	<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? (HUD/HOME)	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you over 23 years of age? (HUD/HOME)	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you a veteran of the United States military? (HUD/HOME)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you receiving any financial assistance to pay for your education? (HUD/HOME)	<input type="checkbox"/>	<input type="checkbox"/>
8. Will you be living with your parents? (HUD/HOME, LIHTC)	<input type="checkbox"/>	<input type="checkbox"/>
If no:		
a. Are your parents receiving or eligible to receive Section 8 assistance? (HUD/HOME)	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you claimed as a dependent on your parent’s tax return? (HUD/HOME)	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you married? (HUD/HOME, LIHTC)	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have a dependent child? (HUD/HOME, LIHTC)	<input type="checkbox"/>	<input type="checkbox"/>
11. Were you an orphan or a ward of the court through the age of 18? (HUD/HOME, LIHTC)	<input type="checkbox"/>	<input type="checkbox"/>
12. Receiving assistance under Title IV of the Social Security Act – (e.g.TANF) (LIHTC)	<input type="checkbox"/>	<input type="checkbox"/>
13. Enrolled in government-sponsored job training program (e.g. Job Corp, AmeriCorp) (LIHTC)	<input type="checkbox"/>	<input type="checkbox"/>

Penalties for Misuse of this Form

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)

Signature _____ **Date** _____

PC-E42
Effective 1/1/2019



Applicant / Tenant Sworn Income and Asset Statement



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 4 digits): _____
 Date: _____

Document Yes answer with third party verification.

<u>Income Source</u>	I have or I 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"/>	_____	_____
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 <input type="checkbox"/>	No <input type="checkbox"/>	Amount _____	Frequency _____	
	Holder / Provider _____				
Trust, Annuity, or Other Claims	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount _____	Frequency _____	
	Holder / Provider _____				

Do you currently receive Assistance with your housing payment?
 If yes, Agency Name: _____ Yes No

Do you **HAVE** court-ordered or an agreement for child support or alimony?
 (This means there is an order for you to receive child support or alimony, not pay support to someone else) Yes No ORDERED AMOUNT \$ _____

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

Applicant / Tenant Sworn Income and Asset Statement



Asset Source

Yes	No		6 Month Avg.				
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Checking Account?	Balance	\$	Interest Rate		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Savings / Holiday Account?	Balance	\$	Interest Rate		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Certificate of Deposit (CD)?	Cash Value	\$	Interest Rate		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Direct Express ® Card? (or any card where benefits or pay are deposited)	Balance	\$			
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Cash on Hand?	Amount	\$			
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Stock, Bonds, or Annuities?	Cash Value	\$	Annual Earnings	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Money Market or Mutual Funds?	Cash Value	\$	Annual Earnings	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$	Annual Earnings	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Treasury Bills?	Cash Value	\$	Annual Earnings	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Safety Deposit Box? What is held in the box? _____			Cash Value	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any Personal Property held as on Investment? **			Cash Value	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash Value)			Cash Value	\$	

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

Notes: _____

Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)
When _____ Amount _____

Do you have Whole Life Insurance or Universal Life Insurance Policies?
Cash Value \$ _____ Annual Earnings \$ _____

Have you sold, given away, or otherwise transferred ownership of assets within the last (2) years?
If yes, list items: _____ Date: _____

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 \$ _____

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, furniture, daily-use autos, clothing, assets of an active business, or special equipment used 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

Applicant Name: _____

Please provide additional contact information for questions answered "Yes" on page 1 or 2. This information will be used to obtain 3rd-party verifications.

	Company/Business /County/Person	Account # or other information	Contact Information such as Tele#
Income – Page 1 of Applicant /Tenant Sworn Income and Asset Statement			
Employment/Job 1		Hire Date:	
Employment/Job 2		Hire Date:	
Self-Employment		Start-Up Date:	Applicant to provide Tax Return
Social Security/SSI:	<input type="checkbox"/> Self <input type="checkbox"/> Other	If other, who:	SS Letter Needed
How is the SS/SSI payment received?	<input type="checkbox"/> Direct Deposited:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Direct Express	<input type="checkbox"/> Receive check in mail
Pension			
VA Benefits			
TANF / AFDC (Cash Assistance			
Unemployment History		N/A	Applicant to provide 12-month payment history
Workers Compensation		N/A	Applicant to provide 4 current pay confirmations
Educational Financial Assistance			
Other:			
Gifts			
Trust / Annuity / Other Claims			
Housing Choice Voucher			
Alimony/Child Support Received			
Educational Institution			
Assets – Page 2 of Applicant /Tenant Sworn Income and Asset Statement			
Checking 1			
Checking 2			
Savings			
Certificate of Deposit 1			
Certificate of Deposit 2			
Debit Card (Benefit/Pay)			
Stocks/Bonds/Annuity			
Money Market/Mutual Funds			
Retirement Accounts (IRA / 401K / Keogh)			
Treasury Bills			
Real Estate	Address:		
Mortgage Company			
Whole/Universal Life Ins.			
Assets of Minors			

Applicant 2nd Party Verification Checklist

All information in the application packet has to be third party verified or the proper due diligence evidenced in trying to obtain third party verifications. Providing the following documents will assist in obtaining third party verifications or used after proper due diligence has been completed. This should expedite the application processing.

Employment:

_____ Most current and consecutive four (4) paystubs.

Self-Employment:

_____ Most current tax return which include Form 1040 and Schedule C.

Social Security:

_____ New Benefit Social Security letter. If not available, Social Security letter to include Gross Amount, Deductions, Net Amount. If other than the Social Security New Benefit letter, the letter must be dated within 120 days of move-in.

Social Security (SSI and/or Disability):

_____ Social Security letter to include Gross Amount, Deductions, Net Amount. The letter must be dated within 120 days of move-in.

Pension:

_____ Most recent award letter or four (4) most current pay stubs or most recent quarterly pension account statement.

Unemployment/Workers Compensation:

_____ Most current four (4) paystubs or records from agency stating payment amounts and dates or benefit notification letter.

Checking:

_____ Most current and consecutive six (6) statements.

Savings, CDs, Stock, Bonds, Annuities, Money Market, Mutual Fund, IR, 401K, Keogh Accounts, Whole/Universal Life Insurance:

_____ Most Current Statement

Home/Property:

_____ Mortgage Statement if applicable

ID:

_____ Photo ID

_____ Social Security Card

Please return requested documents to one of the following:

Manager: CountryLaneApts@CIMSproperty.com

Address: Country Lane Apartments

400 Sunset Ct.

South Charleston, OH 45368

Fax: 937-462-2040

Email: CountryLaneApts@CIMSproperty.com

Community Investment Management Services (CIMS) Authorization for Release of Information

Purpose: Community Investment Management Services, Inc. (CIMS) 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 my family or me that is pertinent to the rental of property owned and/or managed by the organization.

Information Inquiries May Be Made About:

- | | |
|--------------------------------|-------------------------------------|
| Credit History | Identity of Marital Status |
| Criminal History | Family Composition |
| Social Security Numbers | Employment/Income/Pension/Assets |
| Residential and Rental History | Federal/State/Tribal/Local Benefits |
| Disability/Impairments | |

Individuals/Organizations That May Release Information: Any individual or 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 Support |
| Employers, Present and Past | Credit/Landlords |
| Handicapped Assistance | Pensions/Annuities |
| Schools and Colleges | U.S. Department of Veteran Affairs |
| U.S. Social Security Administration | SERS, OPERS |
| Medical/Non-Medical Professional | |

Computer Matching Notice and 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: U.S. Office of Personnel Management; U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Security Agencies and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I understand I may be denied occupancy of rental property owned and/or managed by Community Investment Management Services, Inc. I understand my signature grants authorization for 18 months.

Printed Name	Signature	Social Security No.	Date
Printed Name	Signature	Social Security No.	Date
Printed Name	Signature	Social Security No.	Date

NOTE: All persons over the age of 18 must sign this form.

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).