



# APPLICATION FOR LEASE

Complex \_\_\_\_\_

PLEASE PRINT

Date of requested Move-In \_\_\_\_/\_\_\_\_/\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEAD OF HOUSEHOLD** Name (First, Middle, Last) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Single  Married  Divorced  Separated Driver's License # \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Name of other persons to occupy the apartment:

Full Name	SS#	Birthdates	Relationship
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

Referred By: \_\_\_\_\_ Description of Pets: \_\_\_\_\_

## PART I – RESIDENCE HISTORY

Present Address \_\_\_\_\_ (Apartment #, City, State, & Zip) From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Landlord \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
(Name, Address, If you own list mortgage & loan number)

Previous Address \_\_\_\_\_ (Apartment #, City, State, & Zip) From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
(Name, Address, If you own list mortgage & loan number)

## PART II – CURRENT EMPLOYMENT & BANK REFERENCES

Employed By: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Hire Date \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Employed By: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Hire Date \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Other Income: \_\_\_\_\_ Est. Gross Monthly Income \_\_\_\_\_

## PART III – EMERGENCY CONTACT INFORMATION:

1<sup>st</sup> Notification Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Notification Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## APPLICATION TERMS

This application is for a \_\_\_\_\_ bedroom unit for occupancy on or about (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_. Applicant has deposited herewith the sum of \$ \_\_\_\_\_ receipt of which is hereby acknowledged as a non-interest bearing deposit (and not as rental payment) to be refunded as hereinafter provided if the lease agreement is consummated, provided however, that in the event the application is approved, and applicant fails or refuses the apartment tendered for any reason not the fault of the owner, and fails or refuses to enter into the contemplated lease with the owner then applicant agrees to forfeit the said deposit as liquidated damages and not as a penalty to cover the cost of taking and processing this application, reservation and preparation of the apartment, and the loss of rental income to owners. If however, in the event this application is disapproved or for any other reason for which owner is responsible the lease agreement in not consummated this deposit will be returned to applicant. A \$ \_\_\_\_\_ application fee has been paid by prospective resident. The application fee is not refundable under any circumstances. The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein. A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. I authorize verification of information and references given.

Deposit with Application \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Agent Signature \_\_\_\_\_ Applicants Signature \_\_\_\_\_



TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned hereby authorize  
(Resident/Applicant Name)

All persons or companies in the categories listed below to release without liability,  
Information regarding employment, income, assets, and/or deductible expenses to

\_\_\_\_\_, for purposes of verifying  
(Property Name)  
information on my/our apartment rental application.

*INFORMATION COVERED*

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

*GROUPS OR INDIVIDUALS THAT MAY BE ASKED*

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |                                  |  |
|----------------------------------|--|
| Past, Present & Future Employers | Veterans Administrations               |
| Landlords                        | State Unemployment Agencies            |
| Public Housing Agencies          | Banks and other Financial Institutions |
| Support and Alimony Providers    | The Social Security Administration     |
| Insurance Companies/Providers    | Pharmacies                             |
| Medical & Dental Providers       | Utility Companies                      |
| Welfare Agencies                 | Retirement Systems                     |
| Educational Institutions         | Child Care Providers                   |

*CONDITIONS*

I/We agree that a photocopy and or fax of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for fifteen months from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

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

\_\_\_\_\_  
Date



**KEY MANAGEMENT COMPANY  
RESIDENT SELECTION CRITERIA / WAITING LIST POLICIES  
Conventional Properties**

**POST IN A PUBLIC LOCATION**

All rental applications will be processed in the order of receipt.

The same selection procedures will be used for all applications without regard to race, color, religion, sex, national origin, handicap/disability or familial status.

An application which is not completed in its entirety including phone numbers, addresses and information of current and prior landlords, creditors, references, etc. **WILL NOT BE PROCESSED**. The waiting list will be updated on a regular basis. Failure to respond to the notice received will result in removal from the active waiting list. All applicants for assisted housing will be screened according to the criteria set forth in the Resident Selection Plan. These criteria relate to the individual behavior of each applicant in the household:

1. Past performance in meeting financial obligations, especially rent;
2. A record of disturbing neighbors, destruction of property, prior living or housekeeping habits which may adversely affect the health, safety or welfare of other residents, or cause damage to the unit or development;
3. Involvement in criminal activity on the part of any applicant family member or guest which would adversely affect the health, safety or welfare of other residents;
4. A record of eviction;
5. An applicant's ability and willingness to comply with the terms of the Property's lease;
6. An applicant's misrepresentation of any information related to eligibility, allowances, family composition or rent.

Some reasons for rejection may be, but are not limited to:

1. Negative response from current and/or one former landlord, utility suppliers (if applicable), Police Department or outside agency used, housing provider other than private landlord, credit report, treatment center, or Home Visit Report;
2. Failure to meet property income limits;
3. Family composition does not meet requirements stipulated in our policies;
4. Misrepresentation of information related to eligibility;
5. Failure to comply with any material lease terms;
6. Requiring services for lease compliance from management that would result in a fundamental alteration in the nature of the program or activity or in undue financial and administrative burdens on the property.

If you are a person with a handicap or disability, please contact us so that we can determine whether there are mitigating circumstances that should be considered in your case, or whether reasonable accommodations would allow us to continue processing your application.

**WE ARE UNDER NO OBLIGATION TO PROVIDE HOUSING TO EVERY APPLICANT AND ARE REQUIRED TO MAKE SOUND BUSINESS JUDGEMENTS.** In the event an applicant is rejected or denied, documentation of reason will be maintained in the rental office files for a period of three years from the date of rejection. **AN ATTEMPT TO NOTIFY APPLICANT IN WRITING FOR REASON(S) OF DENIAL WILL BE MADE.**

# Resident Emergency Contact Info

(One per adult family member)

Resident Name: \_\_\_\_\_

Property Name: \_\_\_\_\_ Unit # \_\_\_\_\_

Current Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

If an emergency situation was to arise, would you require special assistance? If so, please explain the assistance needed.

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

Primary Emergency Contact:

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

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

\_\_\_\_\_

Best Contact Number for an Emergency: \_\_\_\_\_

Secondary Emergency Contact:

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

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

\_\_\_\_\_

Best Contact Number for an Emergency: \_\_\_\_\_

## Release of Credit and Criminal Information

This is to inform you that, as a part of our procedure for processing your Application for Occupancy or Employment, both a **CREDIT HISTORY REPORT** and a **CRIMINAL HISTORY REPORT** will be requested. *This is required of all prospective tenants or employees.*

This report will be requested only after certain standard criteria are satisfied and your application is deemed to be eligible for further consideration for occupancy and/or employment.

### PLEASE PRINT

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE and ZIP:** \_\_\_\_\_

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;

- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

## CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity,

with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>

4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

In connection with this request, I authorize all corporations, former employers, law enforcement agencies, city, state and federal courts, military services, credit reporting agencies and persons to release information they may have about me to the person or company with which this form has been filed, or their agent. I specifically authorize a Consumer Report(s) to be obtained on me. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_





# LANDLORD REFERENCE CHECK

DATE: \_\_\_\_\_  
COMPANY/NAME: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
APPLICANT: \_\_\_\_\_

I authorize \_\_\_\_\_, to inquire about my rental history. The inquiry may include, but is not limited to, the questions listed below. I understand that if the apartment that I am applying for is subsidized through HUD, that I will be responsible for any unpaid subsidy due to overlapping subsidy between this and any other HUD subsidized property from which I am moving.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Signature Date

## **TO BE COMPLETED BY LANDLORD:**

Dates of residency: From \_\_\_\_\_ To \_\_\_\_\_ Total number of months \_\_\_\_\_

1. Did the resident pay their rent on time? \_\_\_\_\_  
If the resident was late on the rent, how late? \_\_\_\_\_  
How often? \_\_\_\_\_ Comments \_\_\_\_\_
2. How much rent was paid each month by this resident? \_\_\_\_\_
3. Did you receive a security deposit? \_\_\_\_\_  
How much of it was returned to the resident? \_\_\_\_\_
4. Did the resident, their guests, or their family damage the apartment or the property? \_\_\_\_\_  
Did they pay for the damages? \_\_\_\_\_ Amount of damages? \_\_\_\_\_
5. Were the police ever called as a result of a disturbance? \_\_\_\_\_ Date \_\_\_\_\_  
Comments \_\_\_\_\_
6. Were there problems with the neighbors or management? \_\_\_\_\_
7. Does the resident have pets or other potential problems that may be important for a landlord to know?  
\_\_\_\_\_
8. Did the resident violate the lease agreement in any way? \_\_\_\_\_  
Comments \_\_\_\_\_
9. Did the resident give you proper notice for vacating? \_\_\_\_\_  
If Yes, what is their anticipated move-out date? \_\_\_\_\_
10. Was the resident evicted or is in the process of being evicted? \_\_\_\_\_
11. Does the resident if vacated owe the property? \_\_\_\_\_. If yes how much? \_\_\_\_\_
12. Would you re-rent to this resident? \_\_\_\_\_
13. What previous address do your records indicate? \_\_\_\_\_
14. Does this resident receive rent subsidy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type? \_\_\_ HUD Project-Based \_\_\_ Voucher Based \_\_\_ RD \_\_\_ Other, please list \_\_\_\_\_  
If yes, what date does their subsidy end? \_\_\_\_\_
15. Did the resident have any pest control issues? (ex: bed bugs, roaches, etc..) \_\_\_\_\_  
If yes, was this addressed and if so last infestation date: \_\_\_\_\_

COMMENTS \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Company: \_\_\_\_\_

We support Federal, State and Local Fair Housing and Civil Rights Laws, we do not discriminate based on race, color, religion, sex, national origin, disability, sexual orientation, gender identity, or familial status.

Please return this form to: \_\_\_\_\_



# EMPLOYMENT VERIFICATION

## THIS SECTION TO BE COMPLETED BY MANAGEMENT

TO: (Name & address of employer)

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

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

RE: \_\_\_\_\_

Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

### **Please Return To:**

TO: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Fax #: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY TENANT/APPLICANT

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.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

**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 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)



**THIS SECTION TO BE COMPLETED BY THE EMPLOYER**  
**Please fill in all fields – Please do not use vague terms such as “varies”**

Employer: Please fill in ALL blanks. Enter N/A if an item is not applicable to the above employee.

*Employers: Please see signed tenant release on page 1.*

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) and/or the LIHTC Program. These programs require the housing owner to verify all information that is used in determining this person's eligibility and/or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application. The applicant/tenant has consented to this release of information as shown below.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$\_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_  
 (please enter the annualized average)

Year-to-date earnings: \$\_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

\*Please note: Date range provided for YTD earnings should coincide with beginning and ending pay period dates. An exception to beginning date would be employee's start date.

Overtime Rate: \$\_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_  
 (please enter the annualized average)

Shift Differential Rate: \$\_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_  
 (please enter the annualized average)

Commissions, bonuses, tips, other: \$\_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): From: \_\_\_\_\_ To: \_\_\_\_\_

Additional remarks: \_\_\_\_\_

I hereby attest that all information provided is accurate to the best of my knowledge. I understand that all fields are to be completed. By leaving a blank field, I have indicated that the information is not applicable to this employee.

Employer's Signature	Employer's Printed Name	Date
Employer [Company] Name and Address		
Phone #	Fax #	E-mail

