

Community: _____

Phone Number: _____

PLEASE READ AND FOLLOW THESE INSTRUCTIONS

THE COMMUNITY MANAGER CAN ASSIST WITH ANY QUESTIONS CONCERNING YOUR APPLICATION TO THIS COMMUNITY

Print legibly or type all entries. All "Yes or No" questions must be answered with "Yes or No" and provide explanation for given response as requested. Other questions must be answered with either applicable information or "N/A" (not applicable) where you have no information that applies. If you need to make a correction, draw one line through the incorrect information, then print the correct information above the error and initial the change. *Absolutely no white-out is permitted on the form.* Provide complete street address, zip code, phone number and fax number (if known), for all addresses that are requested. Incomplete information can delay the processing of your application for housing.

Each adult member of the household must sign and certify to the completeness and accuracy of the information provided in this application. Each adult member of the household must sign the "Authorization to Release Information".

All pages of this application must be completed and returned in order to begin the processing of this application. If you are completing this application online or away from the rental office it will be necessary to deliver the application to the manager in order to secure a position on the waiting list or to begin processing for an available apartment/home. The application can be delivered via mail, email or in person. It will be necessary to meet with the site manager or leasing agent to review and complete all necessary paperwork required by our company and the affordable housing programs available at this community.

It is critical that we have current contact information so we may reach you. You should notify us immediately if any changes occur to the following information:

- Your household income changes
- Household composition changes (household member moves out or a new person is added to your household)
- You move to a new address or have a new telephone number

Your application will be reviewed to ensure that you are income eligible for *Rural Development (RD)*, *Housing and Urban Development (HUD)* and/or the *Low-Income Housing Tax Credit (LIHTC)* programs and all program requirements. Your credit, criminal background and landlord reports will be evaluated on the basis of the criteria set forth by Woda Management & Real

Estate, LLC. This criterion is outlined in the resident selection policy available in the rental office. You must have verifiable income of two and a half times the monthly rent to be eligible for the unit that you have applied for; unless the household receives rental assistance. **If you have been denied occupancy at any Woda managed community within the last six months or should you owe money to any Woda managed community, your application will not be considered for occupancy until the six months has expired or money owed has been repaid to Woda Management & Real Estate, LLC.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. Woda Management & Real Estate, LLC, a division of Woda Cooper Companies, Inc. are an Equal Opportunity provider.



Date Received: _____	(Circle)
Time Received: _____	AM/PM
Mgr. Signature: _____	
<i>For Office Use Only</i>	

The Woda Group Rental Application

Applicant Name: _____

Previous Names (maiden, alias, previous married, pre-adoptive): _____

Address: _____ City _____ State _____ Zip Code _____

Phone Number: _____ N/A Email Address: _____ N/A

Cell Phone Number: _____ N/A Will you accept our text message? Yes No N/A

Best time and method for us to contact you? _____

How many bedrooms are you requesting? 1-BR 2-BR 3-BR 4-BR Other (Please Specify): _____

How did you hear about our community? _____

Yes No **Do you need rental assistance?** **Desired Move-In Date:** _____ OR ASAP

Yes No **Do you wish to have priority for an apartment with special design features for persons with disabilities?**

You may request accommodations to your apartment if you have a disability. You have certain rights that allow for modifications to your apartment and/or the community that would allow full enjoyment of the housing and related facilities. Such changes can be requested by completing our "Request for Reasonable Accommodations" form. We will review the form and make every effort to afford you the same right to live in or community and use our facilities as any other resident. Please be advised that we do not discriminate on the basis of Race, Color, Religion, Sex, Persons with Disabilities, Familial Status, National Origin, Age, Sexual Orientation and Reprisal.

Household Composition

List all household members who will live in the apartment within the next twelve months. Be sure to include any temporarily absent family members who are still considered family members and who will be returning to the household.

Last Name	First Name	Middle Initial	Relationship to Head of Household	Gender M/F	Social Security Number	Date of Birth (mm/dd/yyyy)	Marital Status*
			Head of Household				

*Please list the applicable number in the previous column: (1) Married, (2) Single, (3) Divorced, (4) Separated, (5) Widowed

Copies of BIRTH CERTIFICATES and SOCIAL SECURITY CARDS for ALL household members along with VALID DRIVER'S LICENSE or VALID STATE I.D. for ALL adult household members will be required to process this application for occupancy. You may be required to provide criminal background verifications if management is unable to obtain a copy.



"This institution is an Equal Housing Provider"
 "USDA is an equal opportunity provider, employer and lender"



- Yes No N/A **Do your minor son(s) and/or daughter(s) listed above live with you in the household 50% or more of the time?** If no, please explain: _____
- Yes No N/A **Do you have legal custody of minors, other than your son(s) and/or daughter(s), listed on the previous page?**
If no, please explain: _____
- Yes No N/A **Are you currently in the process of adopting minors listed on the previous page?**
If yes, please explain: _____
- Yes No **Do you expect any changes to your household composition in the next twelve months?**
If yes, please explain: _____
- Yes No **Are there any temporarily absent family members not listed in the Household Composition table?**
If yes, please explain: _____
- Yes No **Are you currently living in a government subsidized rental unit now?**
- Yes No **Are you being displaced from your home by a government or private action? If yes, do you have a "Letter of Priority Entitlement" (LOPE) from USDA granting you waiting list priority? (Please include a copy of the LOPE letter with your application.)**

INCOME INFORMATION FOR EVERYONE 18 AND OLDER

- Yes No **Employment Wages or Salaries?**
If yes, list the date you begin with current employer: _____ Do not remember
- Yes No **Anticipated income that has been secured/awarded but not started?**
(i.e., employment offered has been accepted but first day of work has not taken place and/or notification of benefits to be received from SSA or VA but first benefit payment has not been received)
- Yes No **Self-Employment?**
- Yes No **Regular pay as a member of the Armed Forces/Military?**
- Yes No **Unemployment Benefits, Workman's Compensation or Disability Compensation?**
- Yes No **Public Assistance, General Relief, AFDC or TANF (excluding Food stamps)?**
- Yes No **Entitled to receive alimony and/or child support?** (i.e., court-ordered or legal agreement)
- Yes No **Social Security, SSI, or any other payment from Social Security Office?**
- Yes No **Regular payments from Veteran's benefits, pension, retirement or annuity?**
- Yes No **Regular payment from a severance package?**
- Yes No **Regular payment from any type of settlement?**
- Yes No **Regular gifts or payments from anyone outside the household?**
- Yes No **Regular payments from lottery winnings or inheritances?**
- Yes No **Regular payments from Rental Property or other real estate transactions?**
- Yes No **Any other income source(s) or type(s) not listed herein?**
If yes, list source or type: _____
- Yes No **Does anyone in the household receive or anticipate receiving in the next 12 months student financial aid assistance (excluding loans)?** If yes, list name: _____
- Yes No **Are you or any ADULT household member claiming zero income?**
If yes, list name(s): _____



Income Information Continued from Previous Page

INCOME SOURCE(S)		(Please list all sources of income and/or benefit(s) detail in the table below for every household member. Be sure to include all source(s) identified in the previous questions.)
NAME (Person working or receiving benefits/income)	EMPLOYER and/or SOURCE of INCOME (Include Company Name, address, phone number, fax number, email address and name person to verify)	ANNUAL/MONTHLY GROSS INCOME
		\$
		\$
		\$
		\$
		\$

ASSET INFORMATION FOR EVERY MEMBER OF THE HOUSEHOLD

- Yes No **Cash held on hand, at home or in a safety deposit box?**
- Yes No **Bank accounts?**
(i.e. checking, savings, CD, money market, and Direct Express or any other Pre-Paid debit card)
- Yes No **Stocks, bonds, securities, mutual funds, and/or treasury bills?**
- Yes No **Revocable trust fund(s), Annuity, IRA, 401K and/or other retirement fund?**
- Yes No **Whole or Universal life insurance?** (excluding term life and include **only** policies with accumulation of equity and which can be cashed in)
- Yes No **Real estate, a home, rental property, land, land contract/contract for deeds or other real estate holdings?** (Including your residence, trailer, land and/or commercial property)
- Yes No **Personal property held as an investment?** (Including stamp/coin collections, artwork, antiques, NOT your personal belongings)
- Yes No **Funeral and/or burial account?** (include **only** policies with accumulation of equity and which can be cashed in)
- Yes No **Have you or any member of the household received a cash settlement or lump sum in the past 24 months?**
- Yes No **Are you or any member of the household expecting to receive a cash settlement or lump sum in the next 12 months?**
- Yes No **Have you or any member of the household disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**
- Yes No **Any other asset(s) that are not listed above?**



Asset Information Continued from Previous Page

ASSET SOURCE(S)			
(Please list all asset source(s) detail information in the table below. Be sure to include all source(s) identified in the previous questions for EVERY member of the household.)			
NAME (Person with account)	SOURCE of INCOME (Include Financial Institution Name, address, phone number, Branch location fax #, email address and name person to verify)	Type of Account (i.e., checking, savings, CD, etc.)	CASH VALUE of ASSET
			\$
			\$
			\$
			\$
			\$

ALLOWANCES:

- Yes No **Are you employed or attend school full-time and have unreimbursed child care expenses?**
If yes, list name of child care provider: _____
- Yes No **Does any household member meet the qualification for an elderly deduction?**
(Elderly Household Definition: the head of household, spouse or sole member of a household who is party to the lease must be 62 years of age or older, or an individual with a disability.)
- Yes No **Will you or any member of the household incur expenses for the care of an individual in the household with disabilities (attendant care services)?**
- Yes No **Does your household meet the qualification for unreimbursed medical expense(s) deduction?**
(To qualify for this allowance, the head of household, spouse, or co-head must be at least 62 or disabled. This allowance includes un-reimbursed medical expenses of ALL family members. Examples of medical expenses include but may not be limited to: medical insurance, prescriptions, vision care, medical devices, etc.)

OTHER INFORMATION:

- Yes No **Does your household currently have a Section 8 Voucher for rental assistance?**
If yes, list name of housing agency: _____
- Yes No **Have you or any member of your household applied for Section 8 rental assistance?**
- Yes No **Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other violent dangerous or life-threatening conditions?**
- Yes No **Are you able to obtain utility service in your name?**
- Yes No **Do you have or plan to obtain renters insurance? Renters insurance is recommended.**
- Yes No **Have you or any member of the household ever been evicted, or are currently under eviction from a rental unit? If yes, please explain: _____**
- Yes No **Do you owe a previous landlord any money? If yes, list landlord's name: _____**
- Yes No **Have you or any member of the household ever filed for a Bankruptcy? If yes, list under what name: _____ AND when _____**
- Yes No **Have you or any member of the household ever had a foreclosure on Real Estate? If yes, list property address: _____ AND when _____**



Other Information

- Yes No **Have you or any member of the household been charged or convicted of a felony?**
- Yes No **Are you or any member of the household registered on a sex offender registry (national or state)?**
- Yes No **Have you or any member of the household had a drug related conviction?** If yes, list under what name: _____ AND when _____
- Yes No **Have you or any member of the household committed fraud in any federally subsidized housing program?** If yes, list under what name: _____ AND when _____
- Yes No **Do you or any member of the household have pets?**
If yes, description of pet: _____

(List the past Five Years of history including the time at current residence)

Current Residency Information				
Street Address	City	State	Zip Code	County
Mailing Address (Please check below, and list mailing address if different from current residency address)			Monthly Payment:	
<input type="checkbox"/> If different from current residency address listed above insert here: _____			\$	
<input type="checkbox"/> If same as current residency address listed above check this box.				
Daytime Phone	Email Address	Own/Rent		Date of Move-In
()		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family		____/____/____
Current Landlord's Name	Landlord's Address	Landlord's Contact Phone Number		
		()		

Previous Housing History if Current Residency is less than FIVE YEARS (Add additional sheet if necessary):

Landlord's Name/Address	Your Address	Own/Rent	Dates Occupied
Name: _____	_____	<input type="checkbox"/> Own	FROM: _____
Address: _____	_____	<input type="checkbox"/> Rent	TO: _____
City State Zip	City State Zip	<input type="checkbox"/> Other _____	
Phone: () _____	Monthly Rent/Mortgage: \$ _____		
Name: _____	_____	<input type="checkbox"/> Own	FROM: _____
Address: _____	_____	<input type="checkbox"/> Rent	TO: _____
City State Zip	City State Zip	<input type="checkbox"/> Other _____	
Phone: () _____	Monthly Rent/Mortgage: \$ _____		



EMERGENCY CONTACT: (SOMEONE NOT LISTED ON THIS APPLICATION)

Name: _____
 Address: _____
 Telephone Number: _____ Email Address: _____ N/A
 Relationship: _____

VEHICLES: How many vehicles do you own? None 1 2 Other: _____

(Please provide vehicle information below). *If more than 2 vehicles, please provide the same information on an additional page.*

1) YEAR _____ MAKE _____ MODEL _____ COLOR _____
 LICENSE PLATE #: _____ STATE _____

2) YEAR _____ MAKE _____ MODEL _____ COLOR _____
 LICENSE PLATE #: _____ STATE _____

Room Ratio Per Person: The use of no more than two people per one bedroom and will not require a child to share a bedroom with a parent and/or another child of the opposite sex at which such requests will allow for separate bedrooms. Applicant families may prefer a small unit to limit time on a waiting list; however, no exceptions will be made that will violate any local occupancy ordinances. Bedroom assignments are based on the following:

Number of Bedrooms	Minimum Number of Household Members	Maximum number of household Members
1	1	2
2	2	4
3	3	6
4	4	8

STUDENT INFORMATION FOR EVERY HOUSEHOLD MEMBER:

- Yes No **Does your household currently consist ENTIRELY of persons who are FULL-TIME students (kindergarten and higher)?**
- Yes No **Does your household anticipate becoming a household that would consist ENTIRELY of FULL-TIME students (kindergarten and higher) in the next 12 months?**
- Yes No **Does your household consist of any persons who were FULL-TIME students for parts of five or more months of the current calendar year?**
 If yes, list student's name: _____
- Yes No **Does your household consist of any ADULT(s) (person age 18 to age 23) who are PART-TIME students?** If yes, list student's name: _____
- Yes No **Are you or any member of your household (person age 18 to age 23) currently or intend to enroll (part-time or full-time) at an institution of higher education?**
 If yes, list student's name: _____



SIGNATURE CLAUSE:

I/We hereby apply to the above-named community for an apartment on substantially the terms set forth herein. I/We warrant to Ownership and Management of the community that all statements contained herein are true and correct. I understand that my acceptance for occupancy is contingent on meeting management, resident selection criteria, Rural Development (RD), and LIHTC Program requirements. I grant the community authority to check my/our credit, income, assets, rental and criminal history, to secure follow up credit reports and income and asset verifications, and to answer questions about its credit experience with me/us. **I/We understand and agree that deliberately submitting false information or withholding information constitutes fraud and will be grounds for rejection of this application or for eviction.**

Management makes every attempt to ensure that an apartment is available when promised. If Management cannot have an apartment for me/us by the projected move-in date, whether it is not ready for occupancy or because another resident holds over or for any other reason, Management and Ownership are not liable to me/us for losses or damages incurred due to the delay. I/We will not be required to pay any rent until the beginning term of occupancy as specified on the executed lease. If Management and/or Ownership are not able to deliver possession to me/us within thirty days of the original projected date, I/we may cancel the lease without further obligation and any security deposit paid in advance will be refunded within thirty days.

I/We hereby waive any claim to damages by reason of non-acceptance of my application for housing. If rejection of my/our application occurs for the rental of an apartment with the above community, I/we hereby authorize you to share information with any community affiliated with management or the ownership of this community for purposes related to rental of an apartment or residency of any type.

I/We agree that I/we have the legal ability to execute a lease agreement. Resident provided utilities can and will be placed under my/our legal responsibility (if applicable). Before possession is delivered I/we will be required to pay the balance of any deposits and other move-in costs in the form of a check or money order. **NO CASH WILL BE ACCEPTED.**

Initials **Providing True and Complete Information:** I/We certify that I have disclosed where I received any previous Federal Housing assistance and whether or not any money is owed. I certify that for this previous assistance I/we did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

Initials **No Duplicate Residence of Assistance:** I/We certify that the apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying management immediately in writing. I will not sublease my assisted residence.

Initials **Criminal Background and Termination of Housing Assistance for False Information:** I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supply false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy. I understand that management has a zero-tolerance sex offender policy and does not house anyone registered under any state or national database.

Initials **Social Security Number Disclosure:** I/We understand that all members of a household do not need to disclose or provide verification of SSN at time of application and for placement on waiting list. However, applicants must disclose and provide verification of a SSN for all household members before they can be housed.



**ALL HOUSEHOLD MEMBERS 18 AND OVER MUST SIGN
(INCLUDING SPOUSE UNDER THE AGE OF 18 AND EMANCIPATED MINORS):**

_____	_____
Head of Household	Date
_____	_____
Co-Head/Applicant	Date
_____	_____
Applicant	Date
_____	_____
Applicant	Date

RESIDENT DEMOGRAPHIC INFORMATION:

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against resident applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are compiled with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Ethnicity:

- Hispanic
- Not Hispanic or Latino

Gender

- Male
- Female

Race: (Mark one or more)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

I do not wish to furnish this information. _____ (Applicant/Resident Initials)

Observation made by Management Staff (To be checked only if applicant fails to provide information)

_____	_____
Manager’s Signature if Observation	Date of Observation

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender. “Woda Management & Real Estate, LLC, a division of Woda Cooper Companies, Inc. are an Equal Opportunity provider.”



SUPPLEMENTAL INFORMATION FORM
For Collection of Resident Demographics (For reporting purposes only)



Community Name _____ Head of Household Name _____

Woda Management & Real Estate, LLC (Woda) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low-Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on resident residing in LIHTC financed properties. Although Woda would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for household members included in this application for occupancy (*See below for codes*):

RESIDENT DEMOGRAPHIC PROFILE								
HH Mbr	Last Name	First Name	Middle Initial	Race	Ethnicity	Gender (M or F)	Disabled (Y or N)	Last 4 digits of Social Security #
1								
2								
3								
4								
5								
6								
7								

The Following Race Codes should be used:

- 1 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 2 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 3– Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 4– Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5– White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Check “Y” if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100=201.
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) _____ (HH#)

1. 2. 3. 4. 5. 6. 7.



“This institution is an Equal Housing Provider”
“USDA is an equal opportunity provider, employer and lender”



Authorization to Release Information

The undersigned individual(s) has applied for residency at _____. The community is operated under the LIHTC program within Section 42 of the Internal Revenue Code, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of LIHTC housing, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Student Status
Residences and Rental Activity	Income (including employment if applicable) and Assets	Social Security Numbers
Family Composition	Federal/State/Tribal/Local Benefits	Medical Allowances

The groups or individuals, including any governmental organization, may be asked to release and/or verify the above information (depending on program requirements) including but not limited to:

Courts and Post Offices	Past and Present Employers	Present Landlord
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Veterans Administration	Welfare Agencies	Retirement Systems
Social Security Administration	Utility Companies	Banks and Other Financial Institutions
Previous Landlords (Including PHA's)	Education Institutes	Support and Alimony Providers
Health Care Providers	Life Insurance Agent	

CONDITIONS:

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect.

I/We _____, the undersigned hereby authorize the release of any information requested for purposes of verifying my/our eligibility for the LIHTC Program

SIGNATURES:

Applicant/Resident Signature	Print Name	Date
Co-applicant/Resident Signature	Print Name	Date
Adult Member Signature	Print Name	Date
Adult Member Signature	Print Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM," MUST BE PREPARED AND SIGNED SEPARATELY.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. "Woda Management & Real Estate, LLC, a division of Woda Cooper Companies, Inc. are an Equal Opportunity provider."



SEX OFFENDER CERTIFICATION

Woda Management & Real Estate, LLC, has adopted a zero tolerance policy for all properties owned/managed by MHM Ltd. The Policy in effect prevents lifetime sex offenders from living or visiting the property and includes the criminal screening of new applicants and existing tenants for any sexual offenses and lifetime registration of any state sex offender list.

Property Management: will conduct criminal background screening with “CBC” Woda Management & Real Estate’s LLC credit and criminal background screening system. This system retrieves data directly from The Dru Sjodin National Sex Offender database. Managers will check and confirm any sexual offense violations and enforce our sex offender zero tolerance policy. Termination of tenancy for sexual offenders will be aggressively pursued to ensure the highest level of public safety.

Current Tenants: At annual recertification’s all current tenants 18 years and older will be required to self certify they are **not** subject to a lifetime state sex offender registration program in any state. Tenants will be informed at recertification that screenings of The Dru Sjodin National Sex Offender database www.nsopw.gov will be used to verify any sexual offense violations.

CHECK BOX TO SELF CERTIFY:

- No, I am not a registered sex offender and I am not obligated to a lifetime registration of any state sex offender registry.**
- Yes, I am a registered sex offender the following state(s):**

Tenant Signature:	Date:
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. “Woda Management & Real Estate, LLC, a division of Woda Cooper Companies, Inc. are an Equal Opportunity provider.”



**ACKNOWLEDGEMENT OF RECEIPT:
TENANT SELECTION PLAN**

By signing below, the applicant household verifies that they have been issued a copy of the property's Tenant Selection Plan.

All adults in the household are required to sign this form.

This acknowledgement will be obtained at the time of move-in.

_____ Applicant Signature	_____ Applicant Printed Name	_____ Date
_____ Applicant Signature	_____ Applicant Printed Name	_____ Date
_____ Applicant Signature	_____ Applicant Printed Name	_____ Date
_____ Applicant Signature	_____ Applicant Printed Name	_____ Date

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NOTICE TO APPLICANTS AND TENANTS REGARDING THE VIOLENCE AGAINST WOMEN ACT
(VAWA)

Your Rights as a Tenant

A federal law that went into effect in 2005, and was reauthorized and amended in 2013, providing legal protections to individuals (men, women, and people in same-sex relationships) who are victims of domestic violence, dating violence, sexual assault or stalking (collectively referred to as “violence” in this notice), as well as affiliated individual(s), generally, from being denied housing assistance or being evicted as a result of an incident of domestic violence, dating violence, sexual assault, or stalking that is reported and confirmed. The name of the law is the Violence against Women Act, or “VAWA.” VAWA provides protections to victims of violence who receive publicly assisted housing benefits. In the 2013 reauthorization these protections were expanded to include additional housing programs that your community may be participating in: HOME Investment Partnerships program (HOME), Low-Income Housing Tax Credit properties (LIHTC), USDA Housing properties, or additional programs as specified in the VAWA Act. The federal government is drafting an approved notice explaining your rights under VAWA, including the 2013 changes. In the meantime, this notification is a temporary explanation of those rights.

VAWA 2013 defines an “affiliated individual,” with respect to an individual as, a spouse, parent, brother, sister, or child of that individual, or an individual to whom that individual stands in the place of a parent, or any individual, tenant, or lawful occupant living in the household of that individual.

Protection for Tenants

Criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking that is engaged in by a member of the tenant’s household or any guest or other person under the tenant’s control shall not be cause for termination of assistance, tenancy, or occupancy right if the tenant or an affiliated individual of the tenant is the victim or threatened victim of the domestic violence, dating violence, sexual assault, or stalking.

Victims have a right to privacy. All information provided by the tenant will be kept confidential. Incidents of threats of domestic violence, dating violence, sexual assault, or stalking will not be considered a “serious or repeated lease violation” by the victim, or “good cause” to terminate the tenancy rights of the victim. The tenant can also request a transfer if they believe that they are threatened with imminent harm from further violence if they remain in the same unit.

Remedies

If a household member engages in a criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking against an affiliated individual or other individual, VAWA allows for lease bifurcation. This means that the owner/manager may evict or remove the person responsible for the violent act(s) without evicting or removing the victim(s) from the lease agreement. If the victim participates in a housing program and cannot establish eligibility for the housing program, the owner/manager will give a reasonable amount of time for the victim to find new housing or establish eligibility under another covered housing program.

You may only be evicted or terminated on the basis of violence against you or an affiliated individual if there is an actual threat to other tenants or employees at the property if you remain in your unit.

If you request protection under VAWA, the landlord will request in writing that you provide verification that you or an affiliated individual are/is a victim of violence. This documentation should be returned to the landlord within 14 business days after the date of the request.

Confidentiality

Any information provided regarding domestic violence, dating violence, sexual assault, or stalking, including the fact that the you or an affiliated individual are/is a victim of such abuse, will be kept confidential and the landlord will not enter into any shared database or disclose to any other entity or individual, except to the extent that,

1. The disclosure is requested or consented to by the individual in writing to release the information;
2. The information is required for use in an eviction proceeding; or
3. As otherwise required by applicable law.

VAWA and Other Laws

VAWA does not limit the landlord's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, sexual assault, dating violence, or stalking.

By initialing below, I acknowledge receipt of this Notice.

_____ Initials

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

By signing, I acknowledge receipt of this document.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Applicant/Resident Signature

Date