

Rental Application

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.**

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

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 credible 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, audiotope, 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 <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> 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.



For Office Use Only

Date Received: _____

Time Received: _____ AM / PM

Mgr. Signature: _____

Rental Application

Applicant Name: _____

Previous Names (maiden, alias, previous married, pre-adoptive): _____ ☐ N/A

Address: _____ City _____ State _____ Zip Code _____

Phone Number: _____ ☐ N/A Cell Phone Number: _____ ☐ N/A

Email Address: _____ ☐ 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, or by verbal request to management. We will review the request and make every effort to afford you the same right to live in our 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	M.I.	Relationship to HOH	Gender	Social Security Number	Date of Birth	Marital Status (Circle One)				
							Single	Married	Separated	Divorced	Widowed
							Single	Married	Separated	Divorced	Widowed
							Single	Married	Separated	Divorced	Widowed
							Single	Married	Separated	Divorced	Widowed
							Single	Married	Separated	Divorced	Widowed
							Single	Married	Separated	Divorced	Widowed
							Single	Married	Separated	Divorced	Widowed
							Single	Married	Separated	Divorced	Widowed

IDENTIFICATION INFORMATION FOR EVERYONE 18 AND OLDER: VALID DRIVER'S LICENSE or VALID STATE I.D. for ALL adult household members will be required to process this application for occupancy. (If more than 4 adults, please provide the same information on an additional page.)

Head of Household Name: _____ Driver's License/ID State: _____ D.L./ID #: _____

Adult Member Name: _____ Driver's License/ID State: _____ D.L./ID #: _____

Adult Member Name: _____ Driver's License/ID State: _____ D.L./ID #: _____

Adult Member Name: _____ Driver's License/ID State: _____ D.L./ID #: _____

Copies of BIRTH CERTIFICATES and SOCIAL SECURITY CARDS for ALL 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.



INCOME INFORMATION FOR EVERY MEMBER OF THE HOUSEHOLD

- ☐ 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 (*NOT 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 Source(s)		
(Please list all sources of income and/or benefit(s) detail in the table below. Be sure to include all sources identified in questions above for EVERY member of the household.)		
Household Member Name (Person receiving the income/benefit(s))	Employer and/or Source of Income (Include Company Name, address, phone number, fax number, email address and name person to verify)	Gross Income (Annual/Monthly)
		\$
		\$
		\$
		\$
		\$
		\$



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? Prepaid Card? Direct Express Card?**
(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 Source(s)			
(Please list all asset source(s) information in the table below. Be sure to include all sources identified in questions above for EVERY member of the household.)			
Household Member Name (Person with Asset)	Source of Asset (Include Name of Financial Institution, address, phone number, fax number, email address and name person to verify)	Account Type (Checking, Savings, CD, 401K, etc.)	Cash Value
			\$
			\$
			\$
			\$
			\$
			\$



ALLOWANCES: (Not applicable to LIHTC)

- ☐ Yes ☐ No ☐ N/A Are you employed or attend school full-time and have non-reimbursed child care expenses?
If yes, list name of child care provider: _____
- ☐ Yes ☐ No ☐ N/A 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 ☐ N/A 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 ☐ N/A Does your household meet the qualification for non-reimbursed 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 non-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.)

RESIDENCY INFORMATION: (Minimum 5 Years of history including the time at current residence)

Current Residency: Own Rent Live with Family Other _____

Date of Move-In: _____ (mm/dd/yyyy) Monthly Payment: \$ _____

Address: _____

Mailing Address: _____ Same As Above

Landlord Name: _____ N/A

Landlord Address: _____ Unknown N/A

Landlord Phone Number: _____ N/A

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

Previous Residency: Own Rent Live with Family Other _____

Date of Move-In: _____ (mm/dd/yyyy) Monthly Payment: \$ _____

Date of Move-Out: _____ (mm/dd/yyyy)

Address: _____

Mailing Address: _____ Same as Above

Landlord Name: _____ N/A

Landlord Address: _____ Unknown N/A

Landlord Phone Number: _____ N/A

Previous Residency: Own Rent Live with Family Other _____

Date of Move-In: _____ (mm/dd/yyyy) Monthly Payment: \$ _____

Date of Move-Out: _____ (mm/dd/yyyy)

Address: _____

Mailing Address: _____ Same as Above

Landlord Name: _____ N/A

Landlord Address: _____ Unknown N/A

Landlord Phone Number: _____ N/A



- ☐ Yes ☐ No ☐ N/A Do your minor son(s) and/or daughter(s) listed on page 2 live with you 50% or more of the time?
If **no**, please explain: _____
- ☐ Yes ☐ No ☐ N/A Are there minors listed on page 2, you have legal custody of, other than your son(s) or daughter(s)?
If **yes**, please explain: _____
- ☐ Yes ☐ No ☐ N/A Are you currently in the process of adopting any of the minors listed on page 2?
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?
- ☐ Yes ☐ No Are you being displaced from your home by a government or private action?
☐ Yes ☐ No ☐ N/A If **yes**, do you have a "Letter of Priority Entitlement" (LOPE) from USDA granting you waiting list priority?
(If yes, please include a copy of the LOPE letter with your application.)

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**, listed 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 _____
- ☐ 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**, name listed under: _____ When: _____
- ☐ Yes ☐ No Have you or any member of the household committed fraud in any federally subsidized housing program?
If **yes**, name listed under: _____ When: _____
- ☐ Yes ☐ No Do you or any member of the household have pets?
If **yes**, description of pet: _____



EMERGENCY CONTACT: (SOMEONE NOT LISTED ON THIS APPLICATION)

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

VEHICLES: Please provide vehicle information below. *If more than 3 vehicles, please provide the same information on an additional page.*

N/A Year _____ Make _____ Model _____
 License Plate Number: _____ License Plate State: _____

N/A Year _____ Make _____ Model _____
 License Plate Number: _____ License Plate State: _____

N/A Year _____ Make _____ Model _____
 License Plate Number: _____ License Plate State: _____

STUDENT INFORMATION FOR EVERY HOUSEHOLD MEMBER:

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 **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 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



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 <small>See Codes Below</small>	Ethnicity <small>See Codes Below</small>	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.



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
(Printed Name(s) of all Adult Household Members)
 authorize the release of any information requested for purposes of verifying my/our eligibility for the LIHTC Program.

SIGNATURES:

_____ Head of Household Signature	_____ Head of Household Printed Name	_____ Date
_____ Co-Head Signature	_____ Co-Head Printed Name	_____ Date
_____ Resident Signature	_____ Resident Printed Name	_____ Date
_____ Agent for Owner Signature	_____ Agent for Owner Printed 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.

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

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 credible 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 <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> 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 Housing provider. We do not discriminate against any applicant on the basis of race, color, national origin, age, disability, religion, sex and familial status, sexual orientation, gender identity (including gender expression), marital status and reprisal."

Woda Management & Real Estate, LLC.



(Each Adult Household Member should complete one)

Woda Management & Real Estate, LLC, has adopted a zero tolerance policy for all properties owned/managed. 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):**

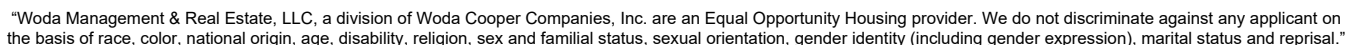
Date _____

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ACKNOWLEDGEMENT OF RECEIPT: 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.

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

Applicant Signature

Applicant Printed Name

Date

Applicant Signature

Applicant Printed Name

Date

Applicant Signature

Applicant Printed Name

Date

Applicant Signature

Applicant Printed Name

Date

