

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 household member over the age of 18, or emancipated minor, must sign and certify to the completeness and accuracy of the information provided in this application. Each household member over the age of 18, or emancipated minor, must sign the “Authorization to Release Information”.

The application can be delivered in person, via mail or email (if it is mailed or emailed, signatures must be notarized). 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.

Each household member over the age of 18, or emancipated minor, must pay an application fee.

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.**

“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.”

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction. “This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690- 7442 or email at program.intake@usda.gov.”

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly making false and 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. Use of the information collected based on this verification form is restricted to the purposes cited above. The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.



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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.



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- 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 yes, 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): _____



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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?**



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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 ASSET (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: (Not applicable to LIHTC Section 42)

- Yes No N/A **Are you employed or attend school full-time and have unreimbursed 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 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 _____**



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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: Bedroom assignments are based on the following:

Number of Bedrooms	Maximum number of household Members
1	2
2	4
3	6
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: _____



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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.



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**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
------------------------------------	---------------------



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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.



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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.

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly making false and 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. Use of the information collected based on this verification form is restricted to the purposes cited above. The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability. "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."



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SEX OFFENDER CERTIFICATION

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):**

Tenant Signature:	Date:
-------------------	-------

PENALTIES FOR MISUSE OF THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly making false and 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. Use of the information collected based on this verification form is restricted to the purposes cited above. The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.

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**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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