

Affordable Housing Application

1. Fill out your application and obtain all copies of mandatory supporting documents.
2. Application will NOT be accepted in person. **MAIL ONLY.** Mail your completed application to:
3. Only once you've completed the application and submitted ALL requested documents, you may mail you application. All qualified applicants will be contacted by a leasing associate. There is no need to contact us. All incomplete applications will not be processed.

QUALIFIED APPLICANTS ARE ACCEPTED ON A FIRST-COME, FIRST -SERVED BASIS. APPLY A.S.A.P. TO SECURE YOUR PLACE.

**Maximum Income Limit Per Number of Household Members (based on 50% Median Income).
If You Have Section 8 Or Any Other Form Of Rental Assistance,
Please Also Complete Box On Page 8**

# of Bedroom	Monthly Rent	Minimum Income	1	2	3	4	5	6
Studio	N/A	N/A						
1	\$1,102.00	\$30,857.00	\$57,000.00	\$65,100.00				
2	\$1,368.00	\$34,320.00		\$65,100.00	\$73,260.00	\$81,360.00		
3	\$1,534.00	\$38,743.00			\$73,260.00	\$81,360.00	\$87,900.00	\$94,380.00

Minimum income is based on Gross Rents / Prices and Income limits are subject to federal regulation and may change without notice.



PARKSIDEFAMILYHOUSING.COM | 973-744-5410 x154

New Jersey's Fair Chance in Housing Act Disclosure Statement:

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer.

Before making a conditional offer of housing, RPM Management LLC may consider only whether an applicant has a conviction for the manufacture or production of methamphetamine on the premises of federally assisted housing, or whether an applicant has a lifetime registration requirement under a State sex offender registration program. RPM Management LLC will not consider, or request from an applicant or any other person or entity, any other information about an applicant's criminal history as part of the application process until and unless a conditional offer of housing has been made.

After extending a conditional offer of housing, RPM Management LLC intends to review and consider an applicant's criminal record in determining whether to rent a home, in accordance with the FCHA and its accompanying rules.

RPM Management LLC will not, either before or after the issuance of a conditional offer, evaluate or consider any of the following criminal records:

- (1) arrests or charges that have not resulted in a criminal conviction;
- (2) expunged convictions;
- (3) convictions erased through executive pardon;
- (4) vacated and otherwise legally nullified convictions;
- (5) juvenile adjudications of delinquency; and
- (6) records that have been sealed.

RPM Management LLC may consider, after the issuance of a conditional offer, a criminal record that:

- Resulted in a conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24-4(b)(3);
- Resulted in a conviction for any crime that requires lifetime state sex offender registration;
- Is for any 1st degree indictable offense, or release from prison for that offense, within the past 6 years;
- Is for any 2nd or 3rd degree indictable offense, or release from prison for that offense, within the past 4 years; or
- Is for any 4th degree indictable offense, or release from prison for that offense, within the past 1 year.

For more information about how these rules apply, please refer to the resources at <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.

RPM Management LLC may withdraw a conditional offer based on your criminal record only if RPM Management LLC determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If RPM Management LLC utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, RPM Management LLC will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if RPM Management LLC receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a record that is not permitted to be considered under the FCHA, RPM Management LLC must show that it did not rely on that information in making a determination about your tenancy.

If you are subjected to the withdrawal of a conditional offer of housing due to criminal history, you have the right to request and receive the materials relied upon by RPM Management LLC in making this determination.

You have the right to dispute, within ten (10) days of receiving this statement, the relevance and accuracy of any criminal record, and to offer evidence of any mitigating facts or circumstances, including but not limited to your rehabilitation and good conduct since the criminal offense. You may also provide evidence demonstrating inaccuracies within aspects of your criminal record which may be considered under the FCHA, or evidence of rehabilitation or other mitigating factors to RPM Management LLC at any time, including after the ten days.

Any action taken by RPM Management LLC in violation of the process laid out in this statement may constitute a violation of the FCHA. **If you believe that any owner, agent, employee, or designee of RPM Management LLC has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at www.NJCivilRights.gov 1-866-405-3050).** A complaint must be filed with DCR within 180 days of the allegedly discriminatory conduct. You cannot be subjected to retaliation for filing a complaint or for attempting to exercise your rights under the FCHA.

DCR has several fair housing fact sheets available at <https://www.nj.gov/oag/dcr/housing.html>, or available for pickup in any of DCR's four (4) regional offices.

31 Clinton Street, 3rd Floor
Newark, NJ 07102

1601 Atlantic Avenue, 6th Fl.
Atlantic City, NJ 08401

5 Executive Campus
Suite 107, Bldg. 5
Cherry Hill, NJ 08002

140 East Front Street, 6th Floor
Trenton, NJ 08625

Application Requirements

Application must be filled out completely in **black ink**. If something does not apply to you, please write **N/A**. White Out and/or cross outs are **NOT** allowed.

****APPLICATIONS WILL BE PROCESSED IN THE ORDER RECEIVED AND WILL NOT BE CONSIDERED COMPLETE UNTIL ALL DOCUMENTS ARE SUBMITTED. FAILURE TO SUBMIT DOCUMENTS OR FEE WILL DELAY YOUR APPLICATION PROCESS****

All applications must be submitted with **copies** of the following documents:

- A non-refundable money order** in the amount of **\$30.00** for the application fee payable to: **RPM Management LLC**. *Application fee covers the cost of processing the application and the screening report verifying an applicant meets the resident selection criteria. Should application be denied, applicant will have the opportunity to appeal and provide evidence to demonstrate any inaccuracies. If the application is denied based upon applicant's criminal history, in accordance with the Fair Chance in Housing Law, P.L. 2021, Ch. 110, applicant may provide evidence demonstrating inaccuracies with applicant's criminal record or evidence of rehabilitation or other mitigating factors.*
- Positive Photo ID-Identification** is required to run credit and criminal check. *a criminal check shall include a review and consideration of the applicant's criminal history to the extent permitted by the Fair Chance in Housing Law, P.L. 2021, Ch. 110 and will only be ran after a conditional offer to rent or lease a rental unit has been made. For more information please see our Tenant Selection Plan.*
- Birth Certificates & Social Security Cards** for all persons who will reside in the apartment.
- Last 4 to 6 consecutive pay stubs** (four if you are paid biweekly or bimonthly, and six if you are paid weekly) for all household members 18 years of age or older. Must be employed at least 90 days. If applicable, you will also need a printout from the current month from the agency or fund that provides the source of income. For example, Public Assistance, SS, SSI, Pension, VA Benefits, Military Pay, Unemployment, etc. ****Must display ability to afford rent for 12 months****
- If you receive child support, please provide copy of court order or case number. (You can print Online at njchildsupport.org). If you receive assistance from the other parent, please obtain a letter from the parent stating the amount and how often it's paid. **IT MUST BE NOTARIZED. If you don't have a child support case open, please obtain a verification letter that states you don't have a child support order from your local child support services department.** Use this link to locate local office. <https://www.njchildsupport.org/Services-Programs/LOCATE-LOCAL-COUNTY-OFFICES.aspx>
- MOST RECENT Federal Tax Return (1040 Form) & Education Credits** (8863 Form, if applicable), for each household member 18 yrs of age or older. If you have not filed taxes, you will need a proof of non-filing from the IRS. We do not accept self-prepared tax returns. If you file self-employment (business) income, you will need to provide the last 3 years Federal tax returns. You may download a copy Online at irs.gov/transcript. You may also request a copy of your tax return transcripts **or a letter of non-filing** by calling the IRS automated system at **1-800-908-9946, OR to receive it in person use this link to locate local office.** <https://www.irs.gov/help/contact-my-local-office-in-new-jersey>.
- MOST RECENT W2(s) or 1099 form(s)** for each household member 18 years of age or older. You may obtain a copy of your W2 Transcripts or a letter stating no W2s were filed by following the Tax Return instructions above.
- Current bank statements from all accounts for each household member, **if applicable**. This includes: savings, checking, credit union, shared accounts, 401K, annuity, pension, retirement, life insurance policy, pre-paid cards etc.
- Last 3 rent receipts from your current landlord or a letter from whom you are residing with regarding the dates of residency, address and amount of rent paid. **It must be signed and dated by individual you are residing with.**
- Authorization and Consent to Release Information form must be signed by each household member over the age of 18 (one form per person). Please make extra copies if necessary.

IMPORTANT:

Any additional documents requested by **RPM Management LLC** MUST be submitted within **7 days** of any request for the application to stay active.

Sign all lease documents and pay hold deposit within **48 business hours** from the date notified of approval by **RPM Management, LLC**.

All household members who intend to reside in the home must be listed on the Application and Housing Eligibility Questionnaire. There can be no more than **two persons per bedroom**. Exceptions to the occupancy limit may be requested in writing and may be granted under exceptional circumstances, as described in the Resident Selection Policy.

If changes in household composition occur during the application process or there is a change of address, applicants are required to notify us in writing immediately. Applicants must be truthful, complete and accurate. **Any false, inaccurate or incomplete statement makes the application null and void.**

Final approval will be based on review of your final application and supporting documentation, minimum and maximum income restrictions, credit criteria and criminal history check.

PLEASE NOTE: APPLICATION & COPY OF DOCUMENTS WILL NOT BE RETURNED. WE DO NOT ALLOW ANY CHANGES TO THE APPLICATION ONCE IT IS SUBMITTED, UNLESS IT IS A CHANGE IN INCOME OR ASSETS HAS OCCURED.

Applicant Name: _____
LAST FIRST MIDDLE INITIAL

Social Security #: _____ **Date of Birth:** _____

Cell / Phone #: _____ **Email:** _____

Are you a full time student? (Must Check one) Yes No

Have you ever:

Declared bankruptcy? (Must Check one) Yes No If yes, discharge date: _____

Been evicted? (Must Check one) Yes No If yes, please explain: _____

CO-Applicant's Name: _____
LAST FIRST MIDDLE INITIAL

Social Security #: _____ **Date of Birth:** _____

Cell / Phone #: _____ **Email:** _____

Are you a full time student? (Must Check one) Yes No

Have you ever:

Declared bankruptcy? (Must Check one) Yes No If yes, discharge date: _____

Been evicted? (Must Check one) Yes No If yes, please explain: _____

OTHER OCCUPANTS

Full Name	Date of Birth	Social Security #	Relationship to Applicant	Full Time Student (Yes / No)

Current Address **Apt#** **City** **State** **Zip**

Dates: _____ **Monthly Payment: \$** _____ **Rent** **Own**
From To

Present Landlord/Mortgage Company: _____ **Phone #:** _____

Reason For Moving: _____

(If at current address for less than 1 year, fill below):

Previous Address Apt# City State Zip

Do you own any pets? (Must Check One) ___ Yes ___ No

If yes, type of pet: Breed: How Many:

INCOME INFORMATION - List all full time, part time and self employment of all household members and the anticipated income from each source of employment during the next 12 month period.

Table with 6 columns: Household Member, Name and Address of Employer, Position Held, Supervisor's Name and Phone #, Monthly Gross Income, Date of Hire.

VEHICLE

Year: Make: Model: Color:

Registered to: License Plate#: State:

Description and tag numbers of any boat, motorcycle or camper van you may own:

EMERGENCY CONTACT

Name: Phone Number: Relationship:

Address: Street Apt # City State Zip

All Applicants hereby authorize RPM Management, L.L.C. to verify my/our credit history and to verify any and all information set forth on this application...

Applicant's Signature Date

Co-Applicant's/18 + Household Member Signature Date

RPM Management Representative's Signature Date

THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY MANAGEMENT.

Title VIII of the CIVIL RIGHTS ACT of 1966 makes discrimination based on race, color, religion, sex, financial status, or national origin illegal in connection with the rental of housing.

Entity Name:

Also Known As:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES:

The information solicited below is requested by the building owner in order to assure the Federal Government, acting through the State Finance Agency that we comply with Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familiar status, age and handicap.

You are not required to furnish this information but are encouraged to do so.

This information will not be used in evaluating our 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 / national origin and sex of the individual applicants on the basis of visual observance or surname.

RESIDENT

I do not wish to furnish this information (initials) _____

CO-RESIDENT

I do not wish to furnish this information (initials) _____

RACE/NATIONAL ORIGIN

- American Indian Alaskan Native
 Asian, Pacific Island Black
 White Hispanic
 Other (specify) _____

RACE/NATIONAL ORIGIN

- American Indian Alaskan Native
 Asian, Pacific Island Black
 White Hispanic
 Other (specify) _____

GENDER:

GENDER:

How did you hear about us?

- Resident referral - who? Name _____ Address _____
 Piazza and Associates
 Star Ledger
 Other newspaper – which one: _____
 Craigslist
 Zillow
 Trulia
 Facebook
 Instagram
 Banner/Drive By
 Postcard
 www.apartmentguide.com
 www.apartments.com
 www.rentatrpm.com
 Town Hall
 Housing Authority
 Other: _____

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Tenant Name: _____

Date/Time: _____

Property Name: _____

I. HOUSEHOLD COMPOSITION

- Unless assistance is required, this form must be completed by the applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	GENDER	SSN	FT STUDENT?
1.	HEAD				<input type="checkbox"/> YES <input type="checkbox"/> NO
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO
4.					<input type="checkbox"/> YES <input type="checkbox"/> NO
5.					<input type="checkbox"/> YES <input type="checkbox"/> NO
6.					<input type="checkbox"/> YES <input type="checkbox"/> NO
7.					<input type="checkbox"/> YES <input type="checkbox"/> NO
8.					<input type="checkbox"/> YES <input type="checkbox"/> NO

Are any HH changes expected in next 12 months? YES NO

If YES explain: _____

Are any student changes expected in next 12 months? YES NO If YES explain: _____

Is there anyone living with you now who won't be living with you at this property? YES NO

If YES Name & explain: _____

Do you have full custody of the child(ren) in your household? YES NO

(If no, obtain proof of the amount of time that each child(ren) will be living with you.)

Are there any absent household members who under normal conditions would live with you? YES NO

(For example, a spouse away in the military.) If YES explain: _____

Will you need an accessible unit? YES NO

If YES explain: _____

II. STUDENT STATUS

Is every member of the household a FT student as defined above? <ul style="list-style-type: none"> • If NO continue to Section III • If YES please complete the following questions: 	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was a student previously a foster child?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student married and eligible to file a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student a single parent who is not claimed as a dependent by another individual?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the minors in the household claimed as a dependent by a parent?	<input type="checkbox"/> YES <input type="checkbox"/> NO

III. HOUSEHOLD INCOME

*Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.
All adults must sign the form.*

Type of Income	Head of Household			Co Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 nd job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Child support awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Spousal support awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. TANF, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
29. Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
30. Student financial aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
31. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
32. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
33. Uber, Lyft, Doordash or any Independent Contracting work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
34. Are any income changes expected in the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES please describe:					

For each source of income checked YES above, please complete the following:

Income #	HH Member	Name of Source	Address/Phone/Email

IV. HOUSEHOLD ASSETS

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash
- Do not list assets that are not accessible to the family

Type of Asset	Head of Household		Co Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	[] YES [] NO	\$	[] YES [] NO	\$
2. 2 nd checking account	[] YES [] NO	\$	[] YES [] NO	\$
3. Savings account	[] YES [] NO	\$	[] YES [] NO	\$
4. Peer-to-Peer Apps (EWallet)	[] YES [] NO	\$	[] YES [] NO	\$
5. Debit /direct deposit card	[] YES [] NO	\$	[] YES [] NO	\$
6. 2 nd debit card	[] YES [] NO	\$	[] YES [] NO	\$
7. Cash on hand	[] YES [] NO	\$	[] YES [] NO	\$
8. Certificate of Deposit	[] YES [] NO	\$	[] YES [] NO	\$
9. Other bank account	[] YES [] NO	\$	[] YES [] NO	\$
10. Mutual Fund	[] YES [] NO	\$	[] YES [] NO	\$
11. Stocks	[] YES [] NO	\$	[] YES [] NO	\$
12. Portfolio/brokerage	[] YES [] NO	\$	[] YES [] NO	\$
13. IRA/401K/etc.	[] YES [] NO	\$	[] YES [] NO	\$
14. 2 nd IRA/401K/etc.	[] YES [] NO	\$	[] YES [] NO	\$
15. Treasury bills/bonds	[] YES [] NO	\$	[] YES [] NO	\$
16. Company retirement acct	[] YES [] NO	\$	[] YES [] NO	\$
17. Annuity	[] YES [] NO	\$	[] YES [] NO	\$
18. Pension	[] YES [] NO	\$	[] YES [] NO	\$
19. Revocable trust	[] YES [] NO	\$	[] YES [] NO	\$
20. Life insurance (not term)	[] YES [] NO	\$	[] YES [] NO	\$
21. Real estate equity	[] YES [] NO	\$	[] YES [] NO	\$
22. Bitcoins	[] YES [] NO	\$	[] YES [] NO	\$
23. Other asset	[] YES [] NO	\$	[] YES [] NO	\$
24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? [] YES [] NO				
25. Has anyone disposed of any assets for less than fair market value in the past 2 years? [] YES [] NO				
<i>If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:</i>				

For each asset checked YES above, please complete the following:

Asset #	HH Member	Name of Source	Address/Phone/Email

ONLY COMPLETE THIS SECTION IF YOU HAVE SECTION 8:

Housing Authority you receive assistance from: _____

Name and Phone number of your caseworker: _____

Have you been released to move to a new apartment? Yes | No **If yes, attach supporting documentation**

Number of bedrooms your voucher is for (circle one) 1 Bed | 2 Bed | 3 Bed **Attach a copy of your voucher**

1. If any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
2. We authorize **RPM Management** to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental or credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State, or Local agencies.
3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other person for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instructions for head of household; and we agree to comply with such information.
6. We have been notified that the resident selection criteria which summarizes the procedures for processing applications is posted in the management office.
7. We understand that if this application is placed on a waiting list, we may request sample copies of the rental agreement and house rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages and security deposits.
8. We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act. 15
9. U.S.C. Section 168 A (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

FAIR CREDIT REPORTING ACT

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH A CREDIT REPORT, CRIMINAL REPORT AND SEXUAL OFFENDER REPORT OR ANY OTHER SOURCE THAT IS DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

I/WE HAVE READ AND UNDERSTAND THE ABOVE

Head of Household Signature	Printed Name and Date
Co Head and/or Other Member Signature	Printed Name and Date
Management Signature	Date

FOR INTERNAL USE ONLY	*APPLICANTS: DO NOT WRITE IN THIS BOX*	APPLICATION DISPOSITION
Approved: _____ Date	Approved by: _____ Signature	Title
Disapproved: _____ Date	Disapproved by: _____ Signature	Title
Reason(s) for Disapproval: _____		
Applicant Notified in Writing on: _____		
Applicant Appealed Decision on: _____ [Written notification attached]		
Applicant Appeal Reviewed By: _____		
Signature	Date	Title
Appeal Decision: _____ Approved _____ Disapproved		
Applicant Notified in Writing on: _____		
Unit Number Assigned: _____		

Entity Name:

Also Known As:

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

(Please complete one Authorization and Consent to Release Information form
for each household member over 18 years of age.)

Applicant's Name: _____

Address: _____

I, _____, hereby authorize **RPM Management LLC** to verify my credit history and to send verifications of **any and all** information set forth on my application, including release of information by any employer (present and former), any bank or savings and loans by any lender, and rental history information. I hereby waive all right to action for any consequence resulting from such information. All such information hereon, and released as authorized by my signature below will be kept confidential.

I agree that photocopies of this authorization may be used for purposes stated above.

I understand that my authorization will remain effective 15 months from the date of my signature and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may revoke this authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Applicant's Signature

Date

