

_____ Studio _____ 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom _____ 4 Bedroom _____ Add on to existing household	**Office Use Only**	Received Date: _____ Time: _____ am/pm Initials: _____ Prospect #: _____
--------------------------------------------------------------------------------------------------------------------------------	----------------------------	-----------------------------------------------------------------------------------

RENTAL APPLICATION

Applicant's Name: _____	Return to: _____
Mailing Address: _____	_____
_____	_____
Home Phone: _____	Phone #: _____ / TTY 711
Cell Phone: _____	Fax #: _____
Message Phone: _____	Email Address: _____
Email Address: _____	Website: _____

Instructions:

- It is important that all information on the Rental Application be legible, complete, and correct. False, incomplete, or misleading information will cause us to reject your application. **Do not leave any sections blank.**
- The following will be needed for all adult household members: copies of state issued picture identification; proof of age if required for elderly property program eligibility (birth certificate or another acceptable document)
- The following will be needed for all household members: disclosure of social security numbers, except those members who do not contend eligible immigration status, or who were 62 years of age and receiving HUD rental assistance at another location on January 31, 2010.
- It is your responsibility to notify us when any of the information contained in this application changes (i.e., contact information, family size, income amounts, etc.). Failure to do so may result in the rejection of your Rental Application.
- It is your responsibility to contact us within 48 hours after we call you about an apartment, or we will move to the next applicant on the Waiting List.

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. You may contact our 504 Coordinator, Dustin Tucker, at 2929 3rd Avenue North, Suite 538; Billings, MT 59101; dtucker@tamarackpm.com; (406) 252-3773 / TTY 711 for assistance. Language interpreters and/or translated documents are available upon request. Intérpretes de la lengua y documentos traducidos están disponibles a petición. Alternate formats are available upon request.

Household Information

List all individuals that are applying to live in this apartment. Include live-in aides / attendants. ⁽¹⁾ **Response Optional**

Name <i>First, Middle Initial, Last</i>	Aliases <i>Maiden / other legal names</i>	Date of Birth	Age	Social Security Number	Relationship to Head of Household	Gender ¹ M / F / P <small>P=Prefer not to disclose</small>	Is the Individual:		
							A Student (Y/N)	Military Veteran (Y/N)	Disabled (Y/N) ¹
					Self				

This institution is an equal opportunity provider



Select the apartment size(s) you wish to apply for:

Apartment Size* (Indicate 1 for 1st Choice, 2 for 2nd, 3 for 3rd)

Note: If you do not pick your order of apartment size preference, we will pick for you

- _____ Studio (1-3 person household)
- _____ 1 Bedroom (1-3 person household)
- _____ 2 Bedroom (2-5 person household)
- _____ 3 Bedroom (3-7 person household)
- _____ 4 Bedroom (4-9 person household)

*Be advised that not all apartment sizes listed may be available at this property. Please reference the Resident Selection Plan for apartment sizes or the property website to view floorplans.

Tell us when you want to move into the property (i.e., ASAP, specific date, etc.): _____

How did you hear about the property? _____

Residence Information: We will verify the most recent 36 consecutive months of addresses / rental history for the **head of household, co-head, spouse, and all other adult household members**. Please make sure each member accounts for this entire period of time. If we are unable to verify the information you have given us through third parties, we may ask you to provide evidence of what you are disclosing (see the Resident Selection Plan for details). You may obtain additional Residence Information Forms from the office if your household had more than five residences in the last 36 months. If any adult member did not live with you during the last 36 months, he or she may write their name under "Previous Residence" and provide the information below. If there is not enough room to provide information on all adult members for 36 months, please request an additional Residence Information Form.

Current Residence	Street Address	City	State	Zip
--------------------------	----------------	------	-------	-----

Date In	Reason for Leaving	Landlord /Verifier Name	Landlord/Verifier Phone ()
---------	--------------------	-------------------------	--------------------------------

Rent Own Other (specify): _____ Monthly Payment: \$ _____

Do all applicant household members reside here? Yes No If no, who does not? _____

Previous Residence	Street Address	City	State	Zip
---------------------------	----------------	------	-------	-----

Date In	Date Out	Reason for Leaving	Landlord /Verifier Name	Landlord/Verifier Phone ()
---------	----------	--------------------	-------------------------	--------------------------------

Rent Own Other (specify): _____ Monthly Payment: \$ _____

Did all applicant household members reside here? Yes No If no, who did not? _____

Previous Residence	Street Address	City	State	Zip
---------------------------	----------------	------	-------	-----

Date In	Date Out	Reason for Leaving	Landlord /Verifier Name	Landlord/Verifier Phone ()
---------	----------	--------------------	-------------------------	--------------------------------

Rent Own Other (specify): _____ Monthly Payment: \$ _____

Did all applicant household members reside here? Yes No If no, who did not? _____

Previous Residence	Street Address	City	State	Zip
---------------------------	----------------	------	-------	-----

Date In	Date Out	Reason for Leaving	Landlord /Verifier Name	Landlord/Verifier Phone ()
---------	----------	--------------------	-------------------------	--------------------------------

Rent Own Other (specify): _____ Monthly Payment: \$ _____

Did all applicant household members reside here? Yes No If no, who did not? _____

Previous Residence	Street Address	City	State	Zip
---------------------------	----------------	------	-------	-----

Date In	Date Out	Reason for Leaving	Landlord /Verifier Name	Landlord/Verifier Phone ()
---------	----------	--------------------	-------------------------	--------------------------------

Rent Own Other (specify): _____ Monthly Payment: \$ _____

Did all applicant household members reside here? Yes No If no, who did not? _____

This institution is an equal opportunity provider



Household Questions

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	If approved for move-in, will this be your household's only residence?
		If no, explain:
<input type="checkbox"/>	<input type="checkbox"/>	Are there any absent household members that would normally live with you (for example, active-duty military or living in a nursing home), or household members that will live with you less than full-time?
		If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect any changes to your household composition in the next twelve (12) months?
		If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	Is there anyone living with you now who will not be living with you at this community?
		Name of Member Leaving: Reason:
<input type="checkbox"/>	<input type="checkbox"/>	If you have minor children, do you have full legal custody? <input type="checkbox"/> N/A
		If no, what percentage of the time are they with you? % of the time
<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming eligibility as an elderly person?
<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming eligibility as a disabled person?

Resident History

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household had your assistance or tenancy in a subsidized housing program terminated for a program violation or cause in the last three years?
		If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Has any member of your household been evicted from housing for drug-related or other criminal activity in the last three years?
		If yes, please explain, and indicate if the issue was caused by a household member not moving in with you:
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of your household owe money to USDA Rural Development, apartment community, previous landlord or utility company?
		If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently making payments to the satisfaction of the party to whom you owe money? <input type="checkbox"/> N/A
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household ever lived on this property before?
		If yes, name of household member(s):
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household rented from a property managed by Tamarack Property Management Co. or Northwest Real Estate Capital Corp before?
		If yes, name of household member(s) and property name(s):

This institution is an equal opportunity provider



Rental Assistance

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will your household be receiving other rental assistance from a federal, state, or local government?
		If yes, name of program/agency:
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently receiving rental assistance from the property where you are living?

Income and Asset Information

Please disclose all gross income & benefits (amount before deductions) received by members of your household on a recurring basis:

Income sources to consider:

- Employment wages & tips, SSA benefits, rental income, pensions, unemployment, recurring gifts, etc.

Household Member	Income or Benefit Source Name	Amount Received (before deductions)		Frequency (hourly, weekly, bi-weekly, semi-monthly, monthly, etc.)	Total Monthly Income
		\$	Per		
		\$	Per		\$
		\$	Per		\$
		\$	Per		\$
		\$	Per		\$
		\$	Per		\$
		\$	Per		\$

Asset types to consider:

- Checking/savings accounts, cash, CDs, money market accounts, stocks, bonds, retirement accounts, real estate, etc.
- Please disclose all assets owned in full or in part by members of your household.

Household Member	Type of Asset	Bank Name/Asset Location	Current Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Property Policies

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you had bed bugs in your current dwelling in the last six (6) months? (We ask this question to be prepared to work with you to eliminate this problem, not to disqualify your application.)
<input type="checkbox"/>	<input type="checkbox"/>	Do you plan to have a pet? (Subject to approval under the Pet Rules; <i>not all properties allow pets, please refer to Resident Selection Plan</i>)
		If yes, number of pets and type of pets:
<input type="checkbox"/>	<input type="checkbox"/>	Do you understand that this property has a no smoking policy?

This institution is an equal opportunity provider



Reasonable Accommodations/Modifications

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member need the features of an apartment home adapted for wheelchair use or sensory impairments?
		If yes, select type: <input type="checkbox"/> Mobility Accessible <input type="checkbox"/> Vision Accessible <input type="checkbox"/> Hearing Accessible
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member have special housing needs or need a reasonable accommodation or modification to live here? Examples might be a live-in aide, assistance animal or grab bar. If yes, complete the following:
		Member Name:
		Describe What Is Needed:

Criminal History

Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to State lifetime sex offender registration in any state?		
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to sex or violent offender registration of any kind?		
<input type="checkbox"/>	<input type="checkbox"/>	Has any member of your household been convicted of the production or manufacture of methamphetamines?		
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household currently using, selling, or distributing, or in possession of, an illegal drug (under state or federal laws) or illegal drug paraphernalia or facing drug related charges?		
<input type="checkbox"/>	<input type="checkbox"/>	Other than minor traffic violations, are there any criminal convictions* (misdemeanor or felony) or pending charges* not already disclosed for any household member? If yes, provide a complete list:		
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:

Note: Marking "yes" does not necessarily mean that you or your household will be disqualified, and you are encouraged to submit supplemental evidence to explain, justify or negate the relevance of a potentially negative criminal record and/or pending charges to assist in processing your application expediently. If you are currently facing criminal charges and are participating in a diversion conditional discharge or deferral of judgment program on the charges, please include evidence of your participation with your application.

Management will perform criminal background checks during the application stage to determine if any member of your household, including live-in aides/attendants, is subject to a lifetime registration requirement under any State sex offender registration program, or is otherwise ineligible under our Resident Selection Plan. Criminal background checks must be performed in this state and in all states where all household members have resided. Please provide a complete list of all states in which each household member (including minors) has resided.

Household Member Name <i>(Include Middle Initial)</i>	States where member has lived

Household Member Name <i>(Include Middle Initial)</i>	States where member has lived

This institution is an equal opportunity provider



Statements by all Household Members

Applicant represents all of the above statements are true and correct. Applicant authorizes verification of the above information including but not limited to references, criminal history, credit records, civil court records and income & asset information through third party sources; releases from liability all persons and entities requesting or supplying information; and acknowledges this information may be released to appropriate Federal, state, or local agencies. Applicant acknowledges that false, incomplete, or misleading information constitutes grounds for rejection of this application; and discovery of false, incomplete, or misleading information discovered after occupancy may result in termination of the right of occupancy of all occupants. **Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make false statement in any matter within the jurisdiction of a federal agency.**

I have reviewed the Resident Selection Plan, which summarizes the procedures for processing applications, and understand it is available to me upon request. I understand that I must notify management in writing if there are any changes in household address, telephone numbers, income, and household composition and that I must respond to Waiting List update requests to remain on the Waiting List.

NOTE: If an apartment is available (or will be soon), we must collect more detailed information from you during the Application Interview and verify all information. Verifications are valid for up to 180 (90 days for written and an additional 90 days for verbal re-verification) days from the date received by the site office. If verifications are over 90 days old, they will have to be re-verified. Please be aware that being placed on the Waiting List does not indicate that you are eligible to receive housing at this property. Only after all required information has been received and verified can you be determined eligible. Failure to remain eligible as determined by the Resident Selection Plan will result in your Rental Application being rejected.

CERTIFICATION: I certify under penalties of perjury that the above information is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years or lose the subsidy the government agency pays and have my portion of the rent increased if I furnish false or incomplete information.

Signature – Household Member	Date	Signature – Household Member	Date
------------------------------	------	------------------------------	------

Signature – Household Member	Date	Signature – Household Member	Date
------------------------------	------	------------------------------	------

Attachment(s):

- Release of Information Authorization (NT 11-07.O-T)
- Things You Should Know About USDA Rural Rental Housing
- Supplement to Application for Federally Assisted Housing

This institution is an equal opportunity provider



Household Makeup

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 tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied 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.

Household Member	Ethnicity (select one)	Race (Mark all that apply)	Gender:
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> American Indian/Alaska Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (4) <input type="checkbox"/> White (5) <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> American Indian/Alaska Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (4) <input type="checkbox"/> White (5) <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> American Indian/Alaska Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (4) <input type="checkbox"/> White (5) <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> American Indian/Alaska Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (4) <input type="checkbox"/> White (5) <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> American Indian/Alaska Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (4) <input type="checkbox"/> White (5) <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> American Indian/Alaska Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (4) <input type="checkbox"/> White (5) <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> American Indian/Alaska Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (4) <input type="checkbox"/> White (5) <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose

Signature

Date

Signature

Date

Signature

Date

Signature

Date

This institution is an equal opportunity provider



RELEASE OF INFORMATION AUTHORIZATION

I authorize the State of Montana, Department of Labor, to release to:

USDA-Rural Development
State Director
Rural Housing Service
2229 Boot Hill Court
Bozeman, Montana 59715

Information from my wages or unemployment insurance records on file with the State of Montana, Department of Labor. I understand that this authorization will be in effect for as long as I have a Rural Development loan and/or application, am a tenant residing in the project named below, and/or the term of assistance received from USDA, Rural Housing Services.

Signature – Head of Household

Social Security Number

Name (typed or printed)

Date

Signature – Co-Head/Spouse

Social Security Number

Name (typed or printed)

Date

Signature – Other Adult

Social Security Number

Name (typed or printed)

Date

Property Name

Unit Number

This institution is an equal opportunity provider.



SUPPLEMENT TO APPLICATION FOR HOUSING

This form is to be provided to each RD, Tax Credit or Conventional applicant household

Instructions: Optional Contact Person or Organization: We would like to provide you with the opportunity to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form. Please complete a separate form for each contact you wish to disclose.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assistance with Recertification Process (RD / Tax Credit only)
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance (RD only)	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Pet issue (household cannot be contacted)
<input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Other: _____
Commitment of Owner and Management Agent: If you are approved for housing, this information will be kept as part of your resident file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The objective of providing this information is to facilitate contact by the housing provider with the person or organization identified by the resident to assist in providing any delivery of services or special care to the resident and assist with resolving any tenancy issues arising during the tenancy of such resident. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is voluntary.

This institution is an equal opportunity provider



**Acknowledgement of Things You Should Know About USDA Rural Rental Housing
Brochure & Notification Regarding Rights of Disabled Households**
(for Rural Development properties)

By signing below, I/we acknowledge that I/we have received the brochure titled Things You Should Know About USDA Rural Rental Housing and the Notification Regarding Rights of Disabled Households.

I/we understand that I/we may contact the Property Manager or Northwest Real Estate Capital Corporation/Tamarack Property Management or USDA – Rural Development regarding the contents of the document listed above if I/we have any questions or concerns.

Applicant / Resident Signature

Date

Applicant / Resident Signature

Date

Applicant / Resident Signature

Date

Applicant / Resident Signature

Date

Resident Manager Signature

Date

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. You may contact our 504 Coordinator, Dustin Tucker – Operations Specialist at 2929 3rd Avenue North, Suite 538, Billings, MT 59101; dtucker@tamarackpm.com; (406) 252-3773 / TTY 711 for assistance.

This institution is an equal opportunity provider.





Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

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

Penalties for Committing Fraud

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

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

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

How To Complete Your Application

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

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

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

Ask for Help if You Need It

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

Before You Sign the Application

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

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

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

Tenant Recertification

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

You must **immediately** report:

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

For your annual recertification, you must report:

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

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

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

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

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

If You Disagree With a Decision

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

Notice of Adverse Action

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

Grievance Process Overview

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

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

When a Grievance Is Legitimate

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

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

PA 1998
December 2008

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

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

Notification Regarding Rights of Households with Disabilities

Please be advised that the following policies, which are summarized for your convenience, are available to any applicant or resident household upon request. Alternate formats of these items are available upon request.

Reasonable Accommodation & Modification Procedure: Fair Housing laws require that reasonable accommodations in rules, regulations, policies and procedures be made for disabled applicants, residents or their guests. In addition, reasonable physical modifications may not be denied to these individuals. Northwest Real Estate Capital Corp. and Tamarack Property Management Co. (“the Company”) is firmly committed to complying with these requirements. This document explains the procedure for requesting a reasonable accommodation or modification.

Unit Transfer Policy: The Unit Transfer Policy describes the circumstances under which a unit transfer will be approved at this property and how to request a unit transfer. In properties that receive federal funding, the property will pay for moving costs of unit transfers approved as a reasonable accommodation unless doing so in an individual instance will constitute an undue financial and administrative burden for the property.

Assistance Animal Policy: An assistance animal is an animal that works, provides assistance, service, or performs tasks for the benefit of a person with a disability, or an animal that provides emotional support that alleviates one or more identified symptoms or effects of a person’s disability. An assistance animal is not a pet and must perform the assistance or provide the benefit needed as a reasonable accommodation by the person with the disability. The Assistance Animal Policy describes what an assistance animal is in more detail, discusses ownership rules for those who have an assistance animal, describes what happens if an ownership rule is violated and goes over protection of the assistance animal.

Resident Grievance Procedure: The Resident Grievance Procedure describes the process used by residents to address any concerns they may have about their property or how it is being managed. This procedure includes information on how to resolve grievances that relate to a household member’s disability and how disabled individuals may request assistance in filing a grievance from the Company’s 504 Coordinator.

Effective Communication Policy: The Company and this property are dedicated to ensuring that our communications with applicants, residents, employees, and members of the public with disabilities are as effective as communications with others. This policy provides examples of auxiliary aids and services that a disabled individual might request, the process for making such a request and the grievance procedure that may be followed if the disabled individual is not satisfied with our response to their request.

If you would like to obtain a new, complete copy of any of these policies or procedures, you may contact your local property office and request them. You may also request them from the Company 504 Coordinator.

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. You may contact our 504 Coordinator, Dustin Tucker, Corporate Operations Coordinator at 2929 3rd Avenue North, Suite 538, Billings, MT 59101; dtucker@tamarackpm.com; (406) 252-3773 / TTY 711 for assistance.



LANDLORD REFERENCE

Please return to:

Landlord Name: _____
Mailing address: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____

I have applied for housing with the above property, and they require a reference from former landlords. By signing below, I authorize the release of the requested information.

Applicant's Name (print) _____

Leaseholder's Name (if different from Applicant) _____

Applicant's Address at time of residency – City, State, Zip Code _____

Applicant's Signature/Consent _____

Date _____

APPLICANT – STOP HERE AND RETURN THIS FORM TO THE PROPERTY MANAGER

Landlord – Please complete the following information. This information will not be released to the applicant.

Current Landlord Prior Landlord Move In Date: _____ Move Out Date: _____

Monthly Rent: \$ _____ Which utilities were included in the rent? Water/Sewer Gas
 Electricity All

Yes No Please consider the last 12 months of occupancy when answering the following:

- Was the rent paid on time? If no, how many times was it late? _____
- Did this family receive regular monthly rental assistance? (i.e., Section 8, Voucher, etc.)
- Did this household have a history of disruptive behavior?
- Did this keep the unit in a clean, safe, and sanitary condition?

Please exclude Pay or Quit Notices from the following lease violation questions:

- Did this household receive 3 or more lease violations in the last 12 months of occupancy?
- Did this household receive 2 or more lease violations for the same violation in the last 12 months of occupancy?
- Did you terminate this household's lease for cause? If yes, please explain under "Other Comments".
- Would you rent to this household again?
- Does this household currently owe you money? If so, how much? \$ _____

If yes, is the household currently making payments to your satisfaction? Yes No

Other Comments (continue on back if needed):

Telephone verification made by site staff: _____
Staff initials/date

Landlord Signature _____

Date _____

Phone Number _____

This institution is an equal opportunity provider.



HOUSING REFERENCE

Please return to:

Contact Name: _____
 Mailing address: _____

 Phone Number: _____
 Fax Number: _____
 Email Address: _____

Phone Number: _____
 Fax Number: _____
 Email Address: _____

I have applied for housing with the above property, and they require a reference from former landlords. By signing below, I authorize the release of the requested information.

Applicant's Name (print) _____

Other Household Members _____

Applicant's Signature/Consent _____

Date _____

Period of time requiring verification: From: _____ To: _____

APPLICANT – STOP HERE AND RETURN THIS FORM TO THE PROPERTY MANAGER

Verifier – Please complete the following information.

Instructions: The Applicant has indicated they do not have landlord / rental history during the period of time referenced above, or their prior landlord has not responded to our request for verification. The Applicant has indicated that you are able to verify where they were staying during this undocumented period time. Please complete the following information to the best of your knowledge.

Your Name: _____ Company (if applicable) _____

How do you know the Applicant? _____

- Yes No **Did the Applicant have a history of disruptive behavior?** _____
 Yes No **Did the Applicant have a history of poor housekeeping habits?** _____
 Yes No **Would you recommend the Applicant as a renter?** _____

Which type of housing situation are you verifying? (You may select more than one.)

- Applicant was homeless with no known accommodations
 Applicant was homeless and was staying in a shelter
 Applicant stayed in my home
 Applicant stayed with friends or family (not me)
 Applicant was hospitalized or in a care facility
 Applicant was away at school
 Applicant was away on military assignment
 Applicant was incarcerated
 Applicant reported the following address to me:

From (month/year)	To (month/year)

Telephone verification made by site staff: _____
 Staff initials/date

Verifier Signature _____

Date _____

Phone Number _____

This institution is an equal opportunity provider.

