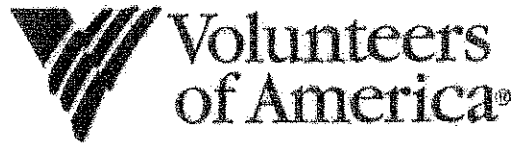


we feed. we shelter. we support.



we care
The Summit Apartments

Statement of Rental Policy

Thank you for your interest and welcome to The Summit Apartments. We look forward to helping you achieve your housing needs. In order to familiarize you with our application process and apartment community, we have outlined below a few of our policies and procedures.

- (1) In order to show an apartment or community facility, each prospective resident or anyone who will be viewing the facilities must leave a Driver's License or a State Issued Picture I.D. in the Summit's leasing office. The I.D. will be returned upon returning to the leasing office.

<i>1 Bedroom Deposit</i>	<i>\$175</i>
<i>2 Bedroom Deposit</i>	<i>\$225</i>
<i>3 Bedroom Deposit</i>	<i>\$275</i>

- (2) At time of move-in the pro-rated rent and/or full month's rent must be paid by Money Order or Cashiers Check. If the move-in date is after the 20th of the month, the pro-rate and 1st full month of rent is due at time of move-in. No exceptions allowed. The Summit Apartments use 12-month leases **only**. Please keep your receipts for the Money Orders and/or Cashiers Checks.
- (3) Rent rates are based on Yearly Gross Income and the number of people in the Household. Rental rates are always an estimate until the verifications are returned.
- (4) 3rd party verifications are used to determine acceptance to The Summit Apartment Community. If this office does not receive the Income and Asset verifications within 10 days you will be removed from your assigned apartment and your deposit to rent will be refunded. In order to expedite the application, you may be asked to provide pay stubs and/or bank statements.
- (5) Absolutely NO pets.
Service and companion animals are not considered pets and separate policies apply. Please submit any request in writing to Management.
- (6) If the household has a waterbed or a 20+gallon fish tank, renter's insurance is required.

- (7) The maximum occupancy limit for The Summit Apartments is as follows:
2+1 people per 1 Bedroom (If there are 3 people, one must be under 3 yrs.)
4 people per 2 Bedroom
6 people per 3 Bedroom

The guest policy states you may not have overnight guests more than 14 days consecutive or not in a 180 day (6-month period).

- (8) The following credit criteria must be met in order to qualify for residency:

- a. A resident's debt must not exceed 60% of their single or combined annual income.

$$\frac{\text{Rent} + \text{Utilities} + \text{Monthly payments}}{\text{Monthly Gross Income}} = 60\% \text{ or less}$$

- b. The Summit must verify monthly income, assets, and rental history.
c. Lack of Credit or Rental history will not be grounds for denial.
d. A credit report is processed on each applicant. Accounts more than 60 Days delinquent that are dated within the last 7 years will be cause for denial with the exception of defaulted student loans and medical accounts. Utility accounts that are 60 or more days' delinquent within the last 7 years from the date of the application will not be approved. Even if the account is paid off after the date of the application, it does not guarantee approval. Outstanding amounts to a housing entity will not be approved unless older than 7 years. Bankruptcies must be dismissed no earlier than 3 years prior to application.
e. The applicant(s) has 5 days from the time of notification of any credit discrepancies to provide documents such as receipts, cleared checks, or letters to management. Failure to do so will result in cancellation of the applicant(s) from the apartment. The deposit to rent is **refundable**.
f. A criminal check is processed for each applicant. The landlord shall not consider arrest record of a prospective tenant from any time or any conviction of a prospective tenant that occurred more than 5 years before the date of the application. The Summit is committed to Drug Free Housing. Any applicant with a felony conviction involving methamphetamine, homicide, stalking, or any offense that requires registration as a sex offender will not be accepted.
g. After the applicant(s) has been told of approval to The Summit Apartment Community three days are allowed for the prospective resident to accept the apartment. If the apartment is accepted then declined, on or after the fourth day the deposit is **non-refundable**.

- (9) Applicant(s) must be in good standing with present and previous landlord(s).

Agent for The Summit Date

Applicant Date

Applicant Date

STANDARD RENTAL APPLICATION

**All Applicants, eighteen (18) years of age or older,
who will be residing in the Premises, must fill out a separate Application.**

Applicant's Name: _____ **Date of Birth** _____ **SS#** _____ **Driver's**
License No. _____ **State** _____

Other Occupants:

Name _____ **Date of Birth** _____ **SS#** _____

Name _____ **Date of Birth** _____ **SS#** _____

Name _____ **Date of Birth** _____ **SS#** _____

Name _____ **Date of Birth** _____ **SS#** _____

TENANT HISTORY

List every City and State you have resided in since you reached the age of 18:

(1) _____ / _____, (2) _____ / _____, (3) _____ / _____, (4) _____ / _____

(5) _____ / _____, (6) _____ / _____, (7) _____ / _____, (8) _____ / _____

Present Address _____ **Street**
Apt. # **City** **State** **Zip** **Dates: From** **Cell phone #**

_____ **Apt.**
Name/ If Home-Mortgage Co. & Loan # Present Landlord/Manager Manager's Phone #

Monthly Payment \$ _____ **Reason for Moving** _____

Previous Address _____ **Street**
Apt. # **City** **State** **Zip** **Dates: From**

_____ **Apt. Name/**
If Home-Mortgage Co. & Loan # Present Landlord/Manager Manager's Phone #

Monthly Payment \$ _____ **Reason for Moving** _____

Previous Address _____ **Street**
Apt. # **City** **State** **Zip** **Dates: From**

_____ **Apt. Name/**
If Home-Mortgage Co. & Loan # Present Landlord/Manager Manager's Phone #

Monthly Payment \$ _____ **Reason for Moving** _____

In the past 7 years, have you:

Been evicted from any leased premises? **YES** _____ **NO** _____

Broken a rental agreement or lease contract? **YES** _____ **NO** _____

Do you require any special accommodations? **YES** _____ **NO** _____

EMPLOYMENT

Present Employer _____ Position _____

Business Address _____
Street City State Zip

Your Work Phone # _____

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Supervisor _____
Name Phone #

Employed Since _____

Other Employer _____

Position _____

Business Address _____
Street City State Zip

Your Work Phone # _____

Supervisor _____
Name Phone #

Dates of Employment _____

What is your annual income from the following sources:

- _____ Salaries
- _____ Wages
- _____ Commissions
- _____ Payments received as an independent contractor; Bonuses
- _____ Housing subsidies
- _____ Money derived from any other public or private source Cash assets.

Notice Regarding Government Assistance Inquiry. In order to ensure that we comply with the law, please check the corresponding box if you receive any of the following:

- Supplemental Security Income
- Social Security Disability Insurance under Title II of the Federal "Social Security Act", 42 U.S.C. Sec. 401 et seq., as amended
- Cash Assistance through the Colorado Works Program Created in Part 7 of Article 2 of Title 26

VEHICLE

Year and Make _____ Color _____ License # & State _____

Registered To _____

Year and Make _____ Color _____ License # & State _____

Registered To _____

CRIMINAL BACKGROUND

Have you been convicted, pleaded guilty or nolo contendere (no contest) of any felony, or felony/misdemeanor sex offense within the past 5 years? YES _____ NO _____

Are you registered or under consideration for registration as a sexual offender? YES _____ NO _____ *Please note: a "Yes" answer will result in an automatic denial of the Rental Application.

Are you currently facing prosecution for any felony, or felony/misdemeanor sex offense? YES _____ NO _____

BED BUGS

Are you aware of any facts or circumstances that you, your personal property, or your current or previous residences were exposed to bed bugs? YES _____ NO _____

If YES, Applicant makes the following disclosures regarding Applicant's exposure to bed bugs: _____

_____ (if more room is necessary attach sheet).

If you have been exposed to bed bugs within the last two years:

Do you represent and warrant that all of your personal property has been inspected, professionally treated if warranted, and that no bed bugs are present in your personal property?

YES _____ NO _____

Do you authorize Landlord to obtain for review documentation regarding such exposure, and will you upon Landlord's request make all of your personal property available for inspection to confirm the absence of bed bugs?

YES _____ NO _____

* PLEASE NOTE - If you have been exposed to bed bugs, and are unwilling to give the above representations, warranties, and authorizations, your application could be denied.

ANIMALS

Do you own any animals? _____ If so, how many? _____ Type/Breed _____ Weight _____ Age _____ Color _____ The following restricted breeds are not permitted: (Insert List)

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____
Street Apt. # City State Zip Phone #

DEPOSITS AND FEES

I understand the application fee is a non-refundable payment for a credit and criminal check and processing charge of this application and such sum is not a rental payment or security deposit. This amount will be retained by Landlord to cover the cost of processing the application as furnished by the Applicant, regardless if the

Applicant is approved or denied. **Portable Tenant Screening Reports (PTSR): 1) You have the right to provide Landlord with a PTSR that is not more than 30 days old, as defined in § 38-12-902(2.5), Colorado Revised Statutes; and 2) if you provide Landlord with a PTSR, the Landlord is prohibited from: a) charging you a rental application fee; or b) charging you a fee for Landlord to access or use the PTSR.**

Colorado Revised Statute, C.R.S. § 38-12-902(2.5) defines a Portable Screening Report (PTSR), and any PTSR submitted by you, must meet the following definition.

(2.5) "Portable tenant screening report" or "screening report" means a consumer report prepared at the request of a prospective tenant that includes information provided by a consumer reporting agency, which report includes the following information about a prospective tenant and the date through which the information contained in the report is current:

- (a) Name;
- (b) Contact information;

- (c) Verification of employment and income;
- (d) Last-known address;
- (e) For each jurisdiction indicated in the consumer report as a prior residence of the prospective tenant, regardless of whether the residence is reported by the prospective tenant or by the consumer reporting agency preparing the consumer report.

(I) A rental and credit history report for the prospective tenant that complies with section 38-12-904(1)(a) concerning a landlord's consideration of a prospective tenant's rental history; and

(II) A criminal history record check for all federal, state, and local convictions of the prospective tenant that complies with section 38-12-904(1)(b) concerning a landlord's consideration of a prospective tenant's arrest records.

Further, pursuant to C.R.S. § 38-12-904(1.5)(b), landlords may require:

(I) That the screening report was completed within the previous thirty days;

(II) That the screening report is made directly available to the landlord by the consumer reporting agency for use in the rental application process or provided through a third-party website that regularly engages in the business of providing consumer reports and complies with all state and federal laws pertaining to use and disclosure of information contained in a consumer report by a consumer reporting agency;

(III) That the screening report is made available to the landlord at no cost to access or use in the rental application process; and

(IV) A statement from the prospective tenant that there has not been a material change in the information in the screening report, including the prospective tenant's name, address, bankruptcy status, criminal history, or eviction history, since the report was generated.

Pursuant to Landlord's Rights, Landlord insists that any PTSR provided by you meets these additional requirements.

Any false or misleading information or intentional omission will result in rejection of application. THIS APPLICATION IS PRELIMINARY ONLY AND DOES NOT OBLIGATE LANDLORD TO EXECUTE A LEASE OR TO DELIVER POSSESSION OF THE DWELLING UNIT TO APPLICANT. **THE RENTAL AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY LANDLORD.** Completed applications will be reviewed on a first come, first served basis. An application is not considered complete unless all necessary and required information is provided by Applicant, and Applicant has signed all necessary documents. Applicant is responsible for signing all required documents.

Premises: _____

Move In Date if Approved: _____

I understand the deposits and fees to be:

Security Deposit(s) \$ _____ Pet Deposit(s) \$ _____ Monthly Pet Fee(s) \$ _____ Other \$ _____
 _____ (Specify)

Non-refundable holding fee(s) \$ _____ Non-Refundable Application fee \$ _____

Partial Month's Rent and other monthly fees (if any) \$ _____

First Month's Rent and other monthly fees (if any) \$ _____

Total Due at Lease Signing, if applicable: \$ _____

Total Paid at Application: \$ _____

Total Still Owed Prior to Move In: _____

Total Paid at Application \$ _____. This amount less any holding fee and less the application fee will be refunded within 20 days: 1) if the application is denied, or 2) if the application is accepted and the Applicant withdraws the application in writing within 72 hours of the date of notification of acceptance.

Landlord will notify Applicant of denial or acceptance in writing via email, or via phone if Applicant does not have an email address. Applicant's email address is: _____. If the application is accepted and Applicant fails to occupy the Premises on the Move In Date (regardless if Applicant executes a lease or not), except for delay caused by Landlord, the holding fee amount will be retained by Landlord as liquidated damages for holding the Premises off the market. In such instance, Landlord will provide Applicant written notice of such application of funds within 20 days. If the delay in providing Applicant with the specific Premises is longer than seven (7) days, Applicant may terminate the lease by notifying Landlord in writing, and Landlord will refund all amounts less the application fee. If Landlord does not deliver possession of the Premises on or before the Move-In Date for any reason, Landlord shall not be liable to Tenant for any damages whatsoever for failure to deliver possession on the Move-In Date.

DISCLOSURE OF INFORMATION

I warrant and represent the information provided on this application and/or PTSR to be true and correct. I authorize Landlord to make such investigation into Applicant/Tenant/Occupant's credit, employment, rental and criminal history, as Landlord may deem appropriate, and release all parties from liability for any damage that may result from furnishing such information to Landlord. Landlord shall have the continuing right to review and obtain this credit and criminal information, rental application, payment history and occupancy history for account review, improving application review methods, and all other purposes. If approved, Applicant shall have a continuing and on-going duty to update all of the information provided on the application and/or PTSR. Applicant acknowledges that Landlord may enter into a Lease in reliance on the information contained in Applicant's rental application and any and all other information provided to Landlord by Applicant. Applicant/Tenant shall promptly notify Landlord in writing of any subsequent change in the information provided by Applicant on Applicant's application and/or PTSR. If Applicant is approved, Landlord shall have the right to terminate Applicant's tenancy on three days' notice to quit: 1) if it is determined that Applicant provided false or misleading information on this application, or 2) if the application information is no longer correct, for example, Applicant is convicted of a sexual offense after moving into the Premises.

Landlord does not have a duty to verify, and does not represent or promise that it will verify, the accuracy or the answers provided in the application of any applicant. Furthermore, Landlord has no duty, and expressly disclaims any obligation, to perform a criminal background check on each applicant. Landlord does not represent or guarantee that all tenants have no prior criminal record or background.

Landlord's approval or denial of this Application is based on information provided by independent third parties. Landlord makes no representation as to the accuracy of the information that Landlord obtains from third parties in approving or denying this application. Landlord hereby disclaims any liability for the accuracy of such information that Landlord obtains pursuant to Applicant's consent.

DISCLOSURE OF ASBESTOS DISCLOSURES

Asbestos Disclosure Applicable: YES _____ NO _____

Additionally, while not legally required, Landlord has voluntarily disclosed that the Premises may contain asbestos. Prospective Tenant acknowledges that Landlord or Landlord's Agent will not process this application until such time that Prospective Tenant acknowledges in writing that Prospective Tenant has received such asbestos disclosures.

By signing this application, applicant acknowledges receiving Landlord's disclosure of application-related costs, any pest control disclosures, if applicable, and a receipt for all application fees paid by Applicant. Applicant also agrees to receive via email communications from Landlord regarding the decision on this application. If Applicant is approved and a lease is executed by Applicant and Landlord, Applicant agrees to receive an electronic copy of the fully executed lease from Landlord.

THIS APPLICATION HAS IMPORTANT LEGAL CONSEQUENCES. PARTIES TO THIS APPLICATION SHOULD CONSULT LEGAL COUNSEL BEFORE EXECUTION.

Applicant's Signature

Date

Landlord/Broker's Signature

Date

This form has not been approved by the Colorado Real Estate Commission. It was drafted by legal counsel Tschetter Sulzer, PC.

5. BENEFITS INCOME

Does any household member currently receive income from any of the following sources? If an order of child support, divorce decree or separation agreement exists but payments are not received, please list the amount court ordered by the document.

Benefit Type		Gross Amount Received	Per Week, Month, etc.	Household Member Receiving Benefit (Last, First)
Social Security (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Social Security (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
SSI (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
SSI (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Disability or Death Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Public Assistance (AFDC, TANF)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

6. OTHER INCOME

Does any household member currently receive income from any of the following sources? If yes, please state the amount, frequency, and the household member receiving the income.

Income Type		Gross Amount Received	Per Week, etc.	Household Member Receiving Benefit (Last, First)
Income from self-owned business (daycare, babysitting, cosmetics, taxi driver, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Recurring cash contributions or gifts from persons outside household, including rent or utility payments	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Unemployment benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Payments from Insurance Policies	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Retirement Benefits/IRA	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Pension Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Educational Grants/ Scholarships	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Veteran's Administration Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Military Reserves/National Guard	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
GI Bill Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Periodic Payments from lottery winnings	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Member of an Native American Tribe receiving gaming payments	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Any Other Income: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

VOA RA 04.2014



Do you have any Rental Property or Business Property income? Y N If yes, give the name and address of the renter or the business owner who leases the property you currently own:

Name: _____

Address: _____

Amount of rent or income per month: \$ _____

7 ASSET INCOME

Does any household member own any of the following types of assets? If yes, please provide the current value or balance of the asset, the name of the banking institution where it is held, and the name of the household member whose name appears on the account.

Type of Asset	Own?	Current Value or Balance	Name of Financial Institution	Household Member (Last, First)
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Cash (at home)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	N/A	
Social Security Direct Express® or other Prepaid or Debit Cards	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Stocks/Bonds	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Treasury Bills	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Money Market Funds	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Real Estate/Mortgages/Land Contracts	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Safe Deposit Box	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Deeds or Trust	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Annuities	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Own a Mobile Home	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
IRA or Keogh Account	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Mutual Funds	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Personal Property held for investment purposes (antiques)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

Has any household member disposed of any of the above assets at less than fair market value during the past two years? Yes No If yes, please explain: _____



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

The Summit — 2795 Reeve Cir. Clo CO
 Name of Property Project No. Address of Property 80906

VOA - Colorado RTC
 Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories	
Hispanic or Latino	
Not-Hispanic or Latino	
Race Categories	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature _____

Date _____

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I /We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility.

I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community. I understand that a check will be made of the sex offender registry in states in which I have resided.

I/We certify that I/We have been offered an opportunity to complete or reject the HUD-27061-H-Race and Ethnic Data Reporting Form. I/We understand that if this document is not completed or rejected by me/us, that my/our application is not complete and cannot be added to the waitlist or considered for occupancy at Montbello Manor. I/We have chosen to complete / reject the HUD-27061-H Race and Ethnic Data Reporting Form. _____ Initials of Head of Household

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

SIGNATURES: (All adult household members, age 18 and above, must sign.)

_____/_____/_____
Applicant- Head of Household Date

_____/_____/_____
Additional Adult Household Member Date

_____/_____/_____
Additional Adult Household Member Date

_____/_____/_____
Additional Adult Household Member Date



FOR MANAGEMENT USE ONLY

Today's Date: _____
(mm/dd/yyyy)

Pre-Application Date: _____
(mm/dd/yyyy)

Time Received: _____
(00:00:00)

APPLICATION DISPOSITION:

Approved: _____
(mm/dd/yyyy)

Approved by: _____
(Signature)

Title: _____

Disapproved: _____
(mm/dd/yyyy)

Disapproved by: _____
(Signature)

Title: _____

Reason(s) for Disapproval: _____

Applicant Notified in Writing on: _____
(mm/dd/yyyy)

Applicant Appealed Decision on: _____ (Written notification attached.)
(mm/dd/yyyy)

Applicant Appeal Reviewed by: _____ Date: _____
(Signature) (Title)

Appeal Decision: _____ Approved _____ Disapproved

Applicant Notified in Writing on: _____
(mm/dd/yyyy)

- _____ Driver's License or State-issued ID
- _____ Social Security Card
- _____ Birth Certificate
- _____ Citizenship
- _____ Credit History
- _____ Criminal History
- _____ Sex Offender Registry

Notes:

