



Date Rcvd: \_\_\_\_\_

Time: \_\_\_\_\_

**AUTHORIZATION for Release of Information  
CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, Section 515/8 and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the **USDA RHS**, Rural Development administering and enforcing program rules and policies. I also consent for **USDA RHS**, Rural Development, or the manager to release information from my file about my rental history to **USDA RHS**, Rural Development, credit bureaus, collection agencies, or future property owners. This includes records on my payment history, and any other violations of my lease or occupancy policies.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- |                                  |                                |
|----------------------------------|--------------------------------|
| Identity and Marital Status      | Employment, Income, and assets |
| Medical or Child Care allowances | Credit and Criminal Activity   |
| Residences and Rental activity   |                                |

**GROUP OR INDIVIDUAL THAT MAY BE ASKED**

The groups of individuals that may be asked to release the above information (depending on program requirements) includes but not limited to:

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| Previous Landlords (including Public Housing Agencies) | Employers                           | Courts and Post Offices             |
| Welfare Agencies                                       | Schools and Colleges                | State Unemployment Agencies         |
| Law Enforcement Agencies                               | Social Security Administration      | Medical & Childcare Providers       |
| Support and Alimony Providers                          | Retirement Systems                  | Veterans Administration             |
| Utility Companies                                      | Bank & Other Financial Institutions | Credit Providers and Credit Bureaus |

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect. I certify that the unit applied for will be my household's primary residence and my household and I will not maintain a separate subsidized rental unit in a different location.

**SIGNATURES:**

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, INS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

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NUMBER OF VEHICLES \_\_\_\_\_

1. MAKE/MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ TAG# \_\_\_\_\_ STATE \_\_\_\_\_

2. MAKE/MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ TAG# \_\_\_\_\_ STATE \_\_\_\_\_

DRIVER'S LICENSE/ID#S APPLICANT \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

**YOU'RE NEEDS:**

- a. Do you request DISABILITY ADJUSTMENT to income? \_\_\_\_\_
- b. Do you request BARRIER FREE ACCESSIBLE UNIT? \_\_\_\_\_
- c. Do you request or think you may be eligible for ELDERLY STATUS adjustment to Income? \_\_\_\_\_
- d. Indicate if you are 62 years of age or over and/or disabled of any age to qualify for an elderly project  
\_\_\_\_\_

**OTHER UNITS:**

- a. I certify that the unit applied for will be my household's primary residence; and
- b. I and my household do not and will not maintain a separate subsidized rental unit in a  
Different location. If not true, describe: \_\_\_\_\_

**2. NET INCOME FROM BUSINESS/PROFESSION OR REAL ESTATE OR PERSONAL PROPERTY**

\_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

**3. SOCIAL SECURITY / SSI PAYMENTS  
HOUSEHOLD MEMBER**

\_\_\_\_\_ Social Security \_\_\_\_\_ \$ \_\_\_\_\_ per month  
 \_\_\_\_\_ Social Security \_\_\_\_\_ \$ \_\_\_\_\_ per month  
 \_\_\_\_\_ SSI \_\_\_\_\_ \$ \_\_\_\_\_ per month  
 \_\_\_\_\_ SSI \_\_\_\_\_ \$ \_\_\_\_\_ per month  
 \_\_\_\_\_ STATE SSI \_\_\_\_\_ \$ \_\_\_\_\_ per month  
 \_\_\_\_\_ STATE SSI \_\_\_\_\_ \$ \_\_\_\_\_ per month

**4. PENSIONS; ANNUITIES; RETIREMENT FUNDS; IRA ACCOUNTS  
HOUSEHOLD MEMBER SOURCE, ADDRESS AND PHONE #**

\_\_\_\_\_ \$ \_\_\_\_\_ per hr. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ per hr. \_\_\_\_\_

**5. ALL OTHER INCOME** –Include income from ALL OTHER SOURCES, such as: Unemployment; Disability Compensation; allowances for Head of Household in Armed Forces; Public Assistance; AFDC; Welfare, Interest, dividends, and other income of any kind from real or personal property.

HOUSEHOLD MEMBER	SOURCE, ADDRESS, AND PHONE #	
_____	_____	\$ _____ per hr. _____
_____	_____	\$ _____ per hr. _____

**6. CHILD CARE EXPENSE** –List amount paid by family for the care of minor children under 13 years of age when such care is necessary to enable a member of the family to be employed or to further his or her education.

NAMES & ADDRESS OF CHILD CARE PROVIDER	
_____	\$ _____ per hr, \$ _____ per week
_____	

**7. ATTENDANT CARE & AUXILIARY APPARATUS EXPENSES:** List amount paid by family for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family to be employed.

NAME & ADDRESS OF ATTENDANT CARE OR AUXILIARY APPARATUS PROVIDER	
_____	\$ _____ per week / month
_____	\$ _____ per week / month

**8. MEDICAL EXPENSES** (To be completed for Elderly Families)-Include total expenses including anticipated medical expenses to be incurred over the next twelve months. Nursing home care paid from tenant family(s). List additional medical expenses (include name and address) on back of this page.

NAME & ADDRESS OF MEDICAL PROVIDER(S)	
_____	\$ _____ per month
_____	\$ _____ per month
_____	\$ _____ per month
_____	\$ _____ per month

9. MEDICARE	HOUSEHOLD MEMBER	
	_____	\$ _____ per month
	_____	\$ _____ per month

**C. ASSET INFORMATION** – List all information for Tenant, Spouse, and Co-Tenant

**1. CASH ON HAND** – List all amount on hand at present time: (Not in Bank)                      **BALANCE**                      \$ \_\_\_\_\_

"I/We certify that the rental which I/We occupy will be my/our primary residence and further certify that I/We do not and will not maintain a separate subsidized rental unit in a different location."

"I/we certify that I/we are not presently using or addicted to a controlled substance, nor have I/we ever been convicted of possession or distribution of a controlled substance."

"I/we hereby acknowledge that my application for occupancy may be denied for various reasons, including but not limited to: a poor rental payment history, bad credit, failure to properly care for a past residence, a history of disturbing neighbors, a history of violations of previous rental agreements or past evictions."

"I/we hereby acknowledge that the landlord may refuse to add persons to my lease as lawful occupants of the premises, should the landlord find that such persons do not meet the landlord's lawful tenant selection criteria, regardless of any familial or marital relationship between myself and the prospective tenant."

"I/we certify that all of the information on this application is true and correct to the best of my/our knowledge and belief. Inquiries may be made to verify this information."

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant's Signature

\_\_\_\_\_  
Date

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, that 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.

Applicant: I do not wish to furnish this information. \_\_\_\_\_

Co-Applicant: I do not wish to furnish this information. \_\_\_\_\_

**PLEASE COMPLETE ALL SECTIONS**

**ETHNICITY:** Applicant: ( ) ...Hispanic or Latino Co-Applicant: ( ) ...Hispanic or Latino  
( ) ...Not Hispanic or Latino ( ) ...Not Hispanic or Latino

**RACE:** (Select one or more) Applicant Co-Applicant  
( ) ..... American Indian, Alaska Native. .... ( )  
( ) ..... Asian ..... ( )  
( ) ..... Black/African American ..... ( )  
( ) ..... Native Hawaiian/Pacific Islander ..... ( )  
( ) ..... White ..... ( )

**GENDER:** Applicant Co-Applicant  
( ) Male ( ) Female ( ) Male ( ) Female

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**VERIFICATION CHECKLIST  
FOR RURAL DEVELOPMENT APARTMENT COMMUNITIES**

**Apartment Community**

Please complete a separate form for each household member (excluding members under 18)

Name \_\_\_\_\_ Apt. # \_\_\_\_\_ New Move-in \_\_\_\_\_ Recertification \_\_\_\_\_

**YES NO**

- \_\_\_\_ I receive income from full and/or part - time employment
- \_\_\_\_ I am an independent contractor and/or self employed
- \_\_\_\_ I regularly receive cash contributions or gifts from persons not living with me (include rent or utility)
- \_\_\_\_ I receive periodic payments from Worker's Compensation
- \_\_\_\_ I receive Veteran's Administration benefits
- \_\_\_\_ I receive G. I Bill benefits
- \_\_\_\_ I receive disability or death benefits other than Social Security
- \_\_\_\_ I receive Social Security
- \_\_\_\_ I receive Supplemental Security Income (S.S.I.)
- \_\_\_\_ I receive Public Assistance (Excluding Food Stamps and Medicaid).
- \_\_\_\_ I receive educational grants or scholarships
- \_\_\_\_ I receive unemployment benefits
- \_\_\_\_ I receive child support or alimony
- \_\_\_\_ I receive periodic payments from trust, annuities or inheritance
- \_\_\_\_ I receive periodic payments from insurance policies
- \_\_\_\_ I receive periodic payments from retirement funds or pensions
- \_\_\_\_ I receive periodic payments from lottery winnings
- \_\_\_\_ I receive income from rental of real or personal property
- \_\_\_\_ I have real estate, land contracts, or mobile homes
- \_\_\_\_ I have income from Interest, dividends, and/or other net income from real or personal property not listed above.
- \_\_\_\_ I have checking account(s). How many banks? \_\_\_\_
- \_\_\_\_ I have saving account(s). How many banks? \_\_\_\_
- \_\_\_\_ I have time certificates(s). How many banks? \_\_\_\_
- \_\_\_\_ I have certificates of deposit. How many banks? \_\_\_\_
- \_\_\_\_ I have IRA's or Keogh accounts
- \_\_\_\_ I have treasury bills
- \_\_\_\_ I have stocks
- \_\_\_\_ I have bonds
- \_\_\_\_ I have personal property held for investments (gems, jewelry, coin collections, etc.)
- \_\_\_\_ I have disposed of assets within the last two (2) years.
- \_\_\_\_ I pay child care expenses (to be gainfully employed or to further education) for children under 13
- \_\_\_\_ I am eligible for unreimbursed reasonable attendant care and auxiliary apparatus expenses for each person of the family who is a person with disabilities, to the extent necessary to enable any member of the family to be employed.
- \_\_\_\_ I pay Medicare premiums
- \_\_\_\_ I pay medical insurance premiums others than Medicare
- \_\_\_\_ I pay medical or prescription expenses which are not reimbursed by insurance
- \_\_\_\_ I need two (2) bedrooms for Medical reasons
- \_\_\_\_ I need a Barrier Free Unit
- \_\_\_\_ I am eligible for "elderly status" income adjustment, that being, I am 62 years of age or disabled.
- \_\_\_\_ I am a full time student.

**I/WE ACKNOWLEDGE THAT IF THIS IS AN APPLICATION FOR A LOW INCOME HOUSING TAX CREDIT COMMUNITY THAT I/WE MUST FIRST MEET IRS SECTION 42 REQUIREMENTS IN ORDER TO BE CONSIDERED FOR TENANT SELECTION.**

**I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ARE TRUE AND THAT WHEN CIRCUMSTANCES CHANGE, I WILL NOTIFY THE MANAGER FOR POSSIBLE RECERTIFICATION. I UNDERSTAND THAT FAILURE TO DISCLOSE ALL ASSETS AND INCOME WILL RESULT IN EVICTION FROM THIS APARTMENT COMMUNITY AND RECAPTURE OF UNEARNED RENT SUBSIDIES.**

\_\_\_\_\_  
Signature-Applicant or Resident

\_\_\_\_\_  
Witness-Agent for Management

\_\_\_\_\_  
Date

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**VERIFICATION OF RENTAL HISTORY**

RE: \_\_\_\_\_ (Tenant)

TO: \_\_\_\_\_ (Current Landlord)

FROM: \_\_\_\_\_ (Employee Name & Phone #)

The above identified person has applied for residency at \_\_\_\_\_ and has indicated to us that you now have (or recently had) this family as a tenant in your property located at: \_\_\_\_\_

As indicated by this person's signature noted below, the tenant consents to the release of information pertaining to their rental history as \_\_\_\_\_. We would greatly appreciate your cooperation in completing the applicable areas below.

**PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE TENANT'S RENTAL HISTORY:**

1. How long has the above tenant resided at this address? \_\_\_\_\_
2. How many bedrooms? \_\_\_\_\_
3. What is the monthly rental? \_\_\_\_\_
4. Has the tenant ever been behind in the payment of the monthly rent? \_\_\_\_\_
5. How often has the tenant been late in the payment of the monthly rent? \_\_\_\_\_
6. What type of damages, if any, has the tenant caused in the unit or on common property? \_\_\_\_\_  
\_\_\_\_\_
7. Has the tenant been charged for any damages to the unit? \_\_\_\_\_  
If so, how much? \_\_\_\_\_
8. Has any action ever been taken against the tenant for disturbing other tenants, or controlling the behavior of other household members or guests? \_\_\_\_\_ If so, what type of action? \_\_\_\_\_  
\_\_\_\_\_
9. If this tenant moved and reapplied for housing in the future, would you rent to him/her again? \_\_\_\_\_ If not, Why? \_\_\_\_\_
10. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

TENANT SIGNATURE \_\_\_\_\_

**“APPLICANT PLEASE SIGN BOTTOM OF PAGE WHERE HIGHLIGHTED ONLY – DO NOT FILL IN FORM”**

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