



Meadow View

717 East 16th, Box 9, Bridgeport, NE 69336
Office & Fax: (308) 262-0856, meadowview@costelloco.com



Dear Applicant,

Thank you for your interest in Meadow View! Rent includes water, sewer, garbage, snow removal, lawn care, washer and dryer, 24 hour emergency maintenance and on-site management.

*** 12-month Lease is required * Student restrictions apply * SMOKE FREE & non-pet property ***

	Rent Range	Deposit	School Districts
1 BEDROOM	Income Based	\$ 350.00	Bridgeport
2 BEDROOM	Income Based	\$ 350.00	Bridgeport
3 BEDROOM	Income Based	\$ 350.00	Bridgeport

Attached you will find an application. Please fill out completely and provide explanation where necessary, incomplete or missing information will delay approval process. **Attached you will find an "Authorization for Release of Information". Each person over the age of 18 must complete a separate form and return it with the application.** This is so we can verify your information.

Also attached is our Resident Selection Criteria. Please return the signature page and keep the rest.

You are applying for housing in a Federally-funded property. We participate in the **Federal Tax Credit Program**, therefore we are required to provide our units to applicants whose income is at or below federally determined income limits. The combined income for all household members must be below the limits listed here (these are updated annually).

	1 Person	2 People	3 People	4 People	5 People	6 People
40% Limit	23,800	27,200	30,600	34,000	36,750	39,450
50% Limit	38,100	43,500	48,950	54,400	58,750	63,100
60% Limit	43,600	49,000	54,450	59,900	64,250	68,600

Costello Companies requires a criminal and credit background check for each adult over 18. You must provide a state or federal issued ID for each adult and a copy of the social security card. The address(es) provided on your application will be compared to your credit report; if there is a discrepancy, additional documentation may be needed to verify your identity.

(July 2018)

"This Institution is an Equal Opportunity Provider."

F:\INTERNAL\Boston Post\BP documents - updated

To apply, you will need to turn in all of the following:

- The completed application (each person 18 years of age or over must sign all pages that require a signature, and fill out a separate Screening Reports sheet, Declaration of Section 214 (Citizenship) Status for each household member, Child Support Questionnaire in reference to each minor in the household, and Authorization to Release of Information sheet).
- Application fee of \$45 for each person 18 years of age or over (must be check or money order – NO CASH; this is non-refundable).
- A copy of a driver’s license or state-issued photo ID for each person 18 years of age or over.
- A copy of each household member’s social security card or birth certificate.
- A copy of each non-US Citizen’s INS document(s).

If you have any questions about the information requested, please call or email and I will be happy to assist you! *The average time needed to process your application is 10-14 business days.*

Thank you!

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Bridgeport, NE 69336
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“This Institution is an Equal Opportunity Provider”

In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs.)

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

Compliance Questionnaire

Developed by Costello Compliance, LLC, Effective Date: 1/22/15

CERTIFICATION/RE-CERTIFICATION CAN NOT BE PROCESSED UNTIL COMPLETED IN FULL

This apartment complex participates in either the HUD Section 8, HOME, RD Section 515 and/or Section 42 LIHC Program. To determine your initial or continued eligibility, you must provide the following information on this form. The information will be kept confidential by the Owner or Managing Agent, except as necessary to prove that you qualify. Read each item carefully and provide the information requested. Making a false statement can result in loss of your rental assistance (if applicable) and/or loss of your housing. If you have any questions please consult your property manager.

All questions that do not apply to your household must be marked Yes No

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

This list should include the Head of Household, all current household members and any household members temporarily living away from home. Also, please include any persons who will be added to the household within the next 12 months (Include any unborn children, if you wish to have them counted in determining your household size). Please list all household members, except the Head of Household, in order from oldest to youngest. All dependents listed must be expected to reside in the unit at least 50% of the time during a year.

Household Member's Full Name	Relationship to Head of Household	Birth Date	Age	Gender	Social Security Number (or Alien Registration Number)	Are You a Student? (circle one)
	Head of Household					Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

- Will this unit be the PRIMARY residence for the Head of Household and all Co-Heads of Household? Yes No
- Are any household members separated, but not divorced? If yes, who? _____ Yes No
- Are any of the above listed members of your household tax dependents of anyone outside the household? List all below. Yes No
 Household Member: _____ Claimed by: _____
- Are the minors listed above in your household less than 50% of the time? Yes No
- Are any of the above listed minors in your household in a joint custody arrangement? List all below. Yes No
 Household Member: _____ Joint custody with: _____
- Are any of the members of your household temporarily absent? (For example: in the military or away at college) Yes No
 Who: _____ Explain: _____
- Are **all** members of your household currently full-time students or plan to be full-time students in the next 12 months? (TC-1) Yes No
- Are any members of your household full or part-time students in a post-high school institution of higher learning? Yes No
 If yes, how will you pay for school? _____
- Will your household be receiving a Section 8 Voucher or Certificate? (I-12 to verify all household income and assets) Yes No
- Has anyone in the household been involved in a violent, sexual, or drug-related crime in the last twelve months? Yes No
- Are any members of your household a U. S. Military Veteran? Who: _____ Yes No
- Are any members of your household a Presidentially Declared Disaster (PDD) victim? Who: _____ Yes No

ASSET INFORMATION

All information should be calculated on an Annual Basis.

Do any household members hold any assets jointly with someone not in the household? Yes No

If "Yes", explain: _____

In the last 24 months, has any household member given away or disposed of any assets for less than Fair Market Value?(A-04) Yes No

If "Yes", explain: _____

Is the total value of all assets for your household less than \$5,000? (TC-02, unless for a HUD, RD, or HOME unit) Yes No

Does anyone in the household have any of the following assets?

- | | |
|--|--|
| Checking (A-01) <input type="checkbox"/> Yes <input type="checkbox"/> No | Trusts (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings (A-01) <input type="checkbox"/> Yes <input type="checkbox"/> No | Retirement (IRA / 401(k) / Keogh) (A-05)* <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reloadable Card (SS, TANF, Child Support, etc)(A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificates of Deposit (CD's) (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Money Market (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No | Whole Life Insurance (not Term) (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings Bonds (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stocks / Bonds / Mutual Funds (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Asset Accounts (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No |

** Note to Manager: These accounts may need to be verified with the appropriate account statements*

Please list all accounts for all items indicated above on the following graph

<i>Owner's Full Name</i>	<i>Type of Account</i>	<i>Account Number</i>	<i>Financial Institution – Location Name & Phone Number of Contact Person</i>	<i>Value</i>

Do you have cash on hand, at home, or in a safe deposit box? If "Yes", value: _____ Yes No

Do any household members own real estate including residence, vacation home, vacant land, farmland, rental property or other investments? (A-03) Yes No

Do any household members hold any personal property as an investment (for example: coin collection or antique cars held for business resale)? (Do not consider necessary personal items such as family cars, jewelry, or furniture.) (A-03) Yes No

Please list all accounts for all items indicated above on the following graph.

<i>Owner's Full Name</i>	<i>Type of Asset (for example, real estate, coin collection)</i>	<i>Location of Asset (for example, address of Real Estate, safe deposit box, or closet)</i>	<i>Value</i>

INCOME INFORMATION

All information should be calculated on an Annual Basis.

Does anyone in the household receive regular payments from any of the following?

- | | | | |
|---|--|--|--|
| Employment (I-04) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Student Financial Assistance (Family, Loans, Grants, Work Study, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Self-Employment (I-05) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tribal Income (I-07) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mgr Note: Prior 3 year's 1040s also required AND Schedule C (Business), E (rental) or F (farm) | | Welfare Assistance (Food stamps, etc.) (I-07) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Armed Forces Pay (I-09) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security or SSI (I-06) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment Compensation (I-07) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rental Income | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Severance Pay (I-07) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Veteran's Benefits (I-07) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Workman Compensation (I-07) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pensions (I-07) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support – Monitored (I-11A) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Benefits (Other than SSI) (I-07) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support – Non-Monitored (I-11N) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Death Benefits &/or Life Insurance Payments (I-07) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TANF (I-07) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony (I-07) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please list all accounts for all items indicated above on the following graph.

Household Member's Full Name	Type of Income (for example, employment, TANF, child support)	Source of Income (for example, employer, Social Services, Office of Child Support Enforcement) Name and Phone Number of Contact Person	Annual Amount

Are any members of the household not receiving the full amount of child support that has been court ordered? (I-11) Yes No
 If "Yes" is it being pursued through either a court or agency? Yes No
 Which agency is pursuing collections? _____

Are there any adult household members who have no income (other than from assets): (I-01 if Entire household) Yes No
 If yes, who: _____ (I-02 if Individual Adult)

Does anyone outside the household pay any regular expenses and/or give you cash or non-cash contributions regularly? (I-08) Yes No
 If yes, who: _____

Are any changes in income arranged from any source during the upcoming year? Explain _____ Yes No

HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE

I/We, _____ certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to the release of information in order to qualify for HUD, RD or Section 42 Housing. I/We understand the providing false information or making false statements may be grounds for denial of my/our application or continued residence and may subject me/us to criminal penalties. I/We agree to provide verification of all income, asset and/or expense information as required by the Owner or its Agent. I/We further authorize disclosure of all information necessary to verify my/our incomes, assets and/or expenses.

WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

All household members 18 years of age or older must sign below.

Applicant _____ Date _____
 Co-Applicant _____ Date _____
 Other Adult Household Member _____ Date _____
 Other Adult Household Member _____ Date _____

Management Use Only		HHID #: _____
Application Received: _____		
Date	Time	
Pre-Application Rec'd: _____		
Date	Time	

Return to:

TTY: 711

This is a Non-Smoking Community!



APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED IN FULL

Bedroom Size Requested: One Bedroom _____ Two Bedroom _____ Three Bedroom _____ Four Bedroom _____

Applicant Name _____

Co-Applicant Name _____

Current Address _____

Current Address _____

City, State ZIP _____

City, State ZIP _____

Home/Cell Phone Number(_____) _____

Home/Cell Phone Number(_____) _____

Work Phone Number (_____) _____

Work Phone Number (_____) _____

Email Address _____

Email Address _____

Social Security Number _____

Social Security Number _____

Driver's License # With State _____

Driver's License # With State _____

Date of Birth _____

Date of Birth _____

Current Marital Status: Single _____ Married _____

Current Marital Status: Single _____ Married _____

Divorced _____ Separated _____ Widowed _____

Divorced _____ Separated _____ Widowed _____

DISCLOSURE REGARDING TEXTING:

By signing the below and providing my cell phone number above, I authorize Costello to contact me via text message. I understand that texts will only be used to communicate with me about an apartment I have applied for or leased from Costello.

Applicant's Signature: _____

Co-Applicant's Signature: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the head of household and all other members who will be living in the unit. Attach an additional sheet of paper if necessary.

First Name (Maiden Name) Last Name	Relationship	Birth Date	Social Security Number (or Alien Registration Number)	Are You a Student? (circle one)
	Head of Household			Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

How did you hear about our apartment Community? _____

What state(s) has each household member lived in since 18 years of age: _____

Do you anticipate adding anyone to your household? Yes No

If Yes, please explain: _____

Is anyone in the household a current user/abuser of an illegal controlled substance? Yes No

Has anyone in the household ever been involved in any of the following crimes: violence, firearms violations, illegal drugs, thefts, vandalism, disorderly conduct, disturbing the peace, assaults or stalking? Yes No

Is anyone in the household listed above currently involved in, have ever been charged with or convicted of a misdemeanor or felony? (excluding misdemeanor traffic violations)? Yes No

Have you or any member of your household been convicted of any crime involving physical violence to persons or property at any time, including any form of sexual assault, rape, or sexual contact? Yes No

If Yes to any of these, please explain (if more room is needed, please continue on back). _____

Are you or any member of your household required to register your address or other information pursuant to a Sex Offender Registration Law of any state? Yes No

If Yes, please list each State you have lived in: _____

Are any members of your household students in a post-high school institution of higher learning? Yes No

Does anyone in the household have a Companion/Assistance/Service Animal? List animal(s): _____ Yes No

Does anyone in the household have a pet? If yes, list pet(s): _____ Yes No

Are all members of the household U.S. citizens or national of the United States? Yes No

Are any members a non-citizen with eligible immigration status? (documentation required) Yes No

Is any member of the household disabled or have special housing needs (i.e. wheelchair accessible unit, flashing fire alarm, etc)? Yes No

RESIDENTIAL HISTORY
(List consecutively)

Applicant

Co-Applicant

Current Residence _____ Landlord/Realtor Phone # (____)____ - _____ Address _____	Current Residence _____ Landlord/Realtor Phone # (____)____ - _____ Address _____
Present monthly rent/mortgage \$ _____ Dates of Occupancy _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA	Present monthly rent/mortgage \$ _____ Dates of Occupancy _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA
Previous Residence _____ Landlord/Realtor Phone # (____)____ - _____ Address _____	Previous Residence _____ Landlord/Realtor Phone # (____)____ - _____ Address _____
Monthly rent/mortgage \$ _____ Dates of Occupancy _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA	Monthly rent/mortgage \$ _____ Dates of Occupancy _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA

Do you have equity in real estate? If yes, what is the address? _____ Yes No

Are you being evicted? If yes why? _____ Yes No

Have you ever been evicted? If yes, When _____ Where _____ Yes
 No
Why _____

Are you or any member of your household currently receiving Rental Assistance? Yes No

If yes, Which Kind: _____
From Who: _____

ESTIMATED HOUSEHOLD INCOME

Applicant

Co-Applicant

Employer Name _____

Employer Name _____

Address _____

Address _____

Phone Number _____

Phone Number _____

Rate per Hour _____ Hours per Week _____

Rate per Hour _____ Hours per Week _____

Annual Income _____

Annual Income _____

How long employed at this job _____

How long employed at this job _____

Does **any** household member have income or expect to receive income other than what is listed above (such as self-employment, armed forces pay, unemployment, severance pay, workman compensation, child support, TANF, student financial assistance, tribal income, social security, rental income, veteran’s benefits, pensions, disability benefits, death benefits, life insurance payments, alimony/spousal support, etc.)? Yes No

If Yes, please list here:

Household Member’s Name: _____
Type of Income: _____
Source of Income: _____
Annual Amount: \$ _____

Household Member’s Name: _____
Type of Income: _____
Source of Income: _____
Annual Amount: \$ _____

EMERGENCY CONTACT

Name _____ Home Telephone Number (_____) _____
Mailing Address _____ Work Telephone Number(_____) _____
City, State ZIP _____ Relationship _____

Is this person authorized to enter your home in the event of an emergency? Yes No

SIGNATURE AND CONSENT

I/We certify that the apartment unit will be a permanent residence, and I/we further certify that if the complex stated is funded by HUD or Rural Development I/we do/will not maintain a separate rental unit in a different location. I/We hereby authorize the landlord to make a check of my/our criminal history and credit history and authorize the credit bureau and my/our financial institutions and references to release information to the landlord. I/We further agree to release and hold harmless the landlord from any damages or liability resulting from the use of such information. I/We declare that the statements contained in this application are true and complete to the best of my/our knowledge. I/We hereby authorize the release of any information contained herewith to determine my/our eligibility for this housing. I/We certify that the above information is true and complete. I/We understand that the above information may be collected to determine my/our eligibility for federal programs and is subject to verification. These programs may include, but are not limited to, the US Dept of Housing and Urban Development, the USDA Rural Development, and/or the Low Income Housing Tax Credit Program. It is the managements aim to ensure that this apartment community is a drug-free/crime-free zone. The use and sale of controlled substances will not be tolerated. By signing this application form, I/we verify my/our support for this policy.

WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: program.intake@usda.gov. This institution is an equal opportunity provider.”



All household members 18 years of age or older must sign below.

Applicant’s Signature: _____

Date: _____

Co-Applicant’s Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____



Screening Reports, Inc.

729 N Route 83 Suite 321

Bensenville, IL 60106

Toll-Free Phone (866) 389-4042

Toll-Free Fax (866) 389-4043

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on application. I have personally filled in and/or reviewed all information listed on application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature(s) below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

Applicant Signature

Social Security #

Birthday

Today's Date

Legal First Name (please print)

Legal Full Middle Name (print)

Legal Last Name (please print)

Physical Street Address (no PO Box accepted)

City

State

Zip Code

Monthly Income

Meadow View
Community Billed

For Office Use: Complete from State ID		No Photo
_____ Birthdate	_____ Soc. Sec #	_____ Verified By
_____ Legal Last Name		
_____ Legal First Name	_____ Middle Full Name	

Referred By: (please check one)

<input type="checkbox"/> Apartments.com	<input type="checkbox"/> Costello Website
<input type="checkbox"/> Drive By	<input type="checkbox"/> Local Newspaper
<input type="checkbox"/> Other	<input type="checkbox"/> Previous Resident
<input type="checkbox"/> Current Resident	<input type="checkbox"/> Renter's Guide
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Online
<input type="checkbox"/> Outreach Group	<input type="checkbox"/> Other: _____





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Social Security #

Birthday

Today's Date

Legal First Name (please print)

Legal Full Middle Name (print)

Legal Last Name (please print)

Physical Street Address (no PO Box accepted)

City

State

Zip Code

Monthly Income

Meadow View
Community Billed

For Office Use: Complete from State ID		No Photo
_____ Birthdate	_____ Soc. Sec #	_____ Verified By
_____ Legal Last Name		
_____ Legal First Name	_____ Middle Full Name	

Referred By: (please check one)	
<input type="checkbox"/> Apartments.com	<input type="checkbox"/> Costello Website
<input type="checkbox"/> Drive By	<input type="checkbox"/> Local Newspaper
<input type="checkbox"/> Other	<input type="checkbox"/> Previous Resident
<input type="checkbox"/> Current Resident	<input type="checkbox"/> Renter's Guide
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Online
<input type="checkbox"/> Outreach Group	<input type="checkbox"/> Other: _____



**Race and Ethnic Data
Reporting Form**

(for RD properties)

Meadow View
Name of Property

Project No.

717 East 16th, Box 9
Bridgeport, NE 69336
Address of Property

Meadow View LP/Costello Property Mgmt
Name of Owner/Managing Agent

Type of Assistance or Program Title:

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. 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 finish it, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.

Name of Household Member

Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	
Gender	Select One
Male	
Female	

_____ I do not wish to furnish this information.

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

Signature

Date

**Race and Ethnic Data
Reporting Form**

(for RD properties)

Meadow View
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Project No.

717 East 16th, Box 9
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Address of Property

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Name of Household Member

Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	
Gender	Select One
Male	
Female	

_____ I do not wish to furnish this information.

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

Signature

Date



NAME: _____ DOB: _____

You as an individual have applied for or are currently living in our Federally Assisted Housing Program. We are required by government regulations to verify all household composition, income, assets, and/or expenses as it relates to occupancy and income eligibility. All information gathered is confidential and will only be used in determining eligibility for Federally Assisted Housing.

I confirm to the following information in respect to my marital status & receipt of any income:

1. Check ALL THAT APPLY:

- I am temporarily separated from my Spouse, and they will join the household on _____.
- I am permanently separated from my Spouse. Neither my spouse, or any other individual will be permitted to join the household without prior approval from management.

2. Check ALL THAT APPLY:

- I do not plan to file for divorce within the next 12 months.
 - I plan to file for divorce on _____.
 - I have filed for divorce. - Provide full copy of preliminary legal documents.
- **I understand all joint assets will be counted until I provide legal documentation stating otherwise.

3. Check ALL THAT APPLY:

I am **NOT** entitled to receive alimony/spousal support, child support, gift income or other compensation pursuant to any court order or non-court agreement, nor am I in the process of seeking any monies for alimony, spousal support, gift income or child support through legal channels or otherwise. I am not under any affirmative obligation to see such monies.

I **AM** entitled to receive and/or **EXPECT** to receive per court order or non-court agreement within the next 12 months: (Provide full copy of any legal documents.)

- Alimony in the amount of \$_____ per month
- Spousal Support in the amount of \$_____ per month
- Child Support in the amount of \$_____ per month
- Gift Income in the amount of \$_____ per month
- Other _____ in the amount of \$_____ per month

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Note for Rural Development Complexes: Rural Development in Nebraska and South Dakota have an agreement with the Dept. of Labor to provide wage-matching information for the purpose of detection of fraudulent statements regarding income.

Warning: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."

Signature _____ Print Name _____ Date _____



ASSET CERTIFICATION

Include assets of children – All individuals 18 years of age and over must sign this form

Real Estate owned _____ \$ _____ Debt \$ _____

Table with columns: Asset Name, Cash Value, Interest Rate, Annual Income. Rows include Cash on hand, Business assets, Savings Bonds, Stocks, Retirement Funds, Annuities, Money Market Certification, etc.

Bank Name: _____ Address: _____

MUST CHECK BOX 1 OR 2

- 1. Within the past two (2) years, I/we have sold or given away assets...
2. I/We have not sold or given away assets...
3. I/We do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5000 and the annual income from the net family assets is \$_____.

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge.

I/We certify that all assets, income producing or otherwise, except for necessary items of personal property such as furniture and automobiles, are listed above.

Applicant/Resident Signature _____ Applicant/Co-Resident/18 or Over Household Member _____
Date Signed _____

WARNING: SECTION 1001 OF TITLE 18, UNITED STATE CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICITON OF ANY DEPARTMENT OR AGENCY OF THE UNTIED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP. A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED NOT MORE THAN 5 YEARS, OR BOTH"



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INCOME CERTIFICATION

* All individuals 18 years of age and over must sign this form.

Sources of Income/Explanation of Income Annual Amount

	Resident	Co-Resident/18 or Over Household Member
Social Security _____/month X 12 months	\$ _____	\$ _____
SSI Benefits _____/month X 12 months	_____	_____
Employment _____/hour X _____/(hrs/wk) X 52	_____	_____
Employment _____/hour X _____/(hrs/wk) X 52	_____	_____
Employment _____ per month X 12 months	_____	_____
Employment _____ bi monthly X 24 periods	_____	_____
Employment _____ bi weekly X 26 periods	_____	_____
Employment _____ bonuses and tips	_____	_____

Name and address of all employers:

Pension _____/month X 12 months	_____	_____
Pension _____/month X 12 months	_____	_____
Child Support _____/month X 12 months	_____	_____
Alimony _____/month X 12 months	_____	_____
Unemployment Benefits _____/week X 52 weeks	_____	_____
Disability Benefits _____/week X 52 weeks	_____	_____
Disability Benefits _____/month X 12 months	_____	_____
Welfare Benefits _____/month X 12 months	_____	_____
Military Pay _____/month X 12 months	_____	_____
Gift Income _____/month X 12 months	_____	_____
Bank/Interest (Savings)	_____	_____
Bank/Interest (IRA, Money Markets, etc.)	_____	_____
Bank/Interest (Checking)	_____	_____
Income from Assets (Stocks, Bonds, Trusts)	_____	_____
Income from Assets (Real Estate)	_____	_____
Other Income _____	_____	_____
Total Income	\$ _____	\$ _____

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Applicant/Co-Resident/18 or Over Household Member

Date

Note: Rural Development in Nebraska has an agreement with the Dept. of Labor to provide wage matching information for the purpose of detection of fraudulent statements regarding income.

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CHILD SUPPORT CERTIFICATION

_____ I do not have any children or my children are not living with me.

_____ I am not receiving child support because: _____

_____ Have you gone to court and received a court order to receive child support:

_____ Yes _____ No

_____ I have taken the following steps to receive the child support I am court ordered to receive (if NO steps have been taken, then child support must be counted in full) _____

_____ I am court ordered to receive child support, but payment is behind and not made on a regular basis. (Sporadic payments are to be counted as income.)

_____ I receive \$ _____ per month for my child named _____ from _____ from the Child Support Enforcement Agency

Named _____

Address _____

Docket # _____

_____ I receive \$ _____ per month for my child named _____ from _____ from the Child Support Enforcement Agency

Named _____

Address _____

Docket # _____

_____ I receive \$ _____ per month for my child named _____ from _____ from the Child Support Enforcement Agency

Named _____

Address _____

Docket # _____

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____ Applicant/Resident Signature

_____ Date

_____ Applicant/Co-Resident/18 or Over Household Member

_____ Date



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*ALL adult members need to initial all items that apply.

Minor's Name: _____

1. Custodial Parent's Name: _____

2. Non-Custodial Parent/Guardian's Name: _____

3. Both biological parents of the above listed child live in the household: Yes No

4. Initial **all** areas that apply:

- a. _____ I have never been court ordered to receive child support or alimony.
- b. _____ I am not currently receiving child support or alimony, but I have just filed for a court order and do not have any preliminary paperwork at this time.
- c. _____ I receive child support or alimony that is not court ordered.
(Includes help from child's father or mother for child care, expenses, clothes, groceries etc.).
I receive \$ _____ total per month for _____ from the
Non-custodial parent/guardian or other person named: _____
Phone Number: (_____) _____
Address: _____
- d. _____ I have been court ordered and am entitled to receive child support or alimony, but I am currently not receiving it. Payments are behind or not made on a regular basis (sporadic payments are to be counted as income) because:

***Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

- e. _____ I have taken the following steps to receive the child support or alimony I am entitled to (if NO steps have been taken, then child support must be counted in full): _____
***Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**
- f. _____ I receive \$ _____ total per month for _____ from
Child Support Enforcement or other Collection Agency
Case Worker: _____
Phone Number: (_____) _____
Address: _____

***Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

Note for Rural Development Complexes: Rural Development in Nebraska & South Dakota have an agreement with the Dept. of Labor to provide wage-matching information for the purpose of detection of fraudulent statements regarding income.

Warning: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Member Signature	Printed Name	Date
Member Signature	Printed Name	Date
Member Signature	Printed Name	Date



Student Status Questionnaire
HUD, HOME & USDA Properties



In order to receive rental assistance, a student must meet special rules. So that we can determine if you meet these rules, please answer the following questions. After you've completed this questionnaire, we will verify the information that you have provided. Each household member 18 years of age or older is required to complete a separate form.

Are you enrolled as a student in an institute of higher education? [] Yes [] No (If no, skip all other questions & sign/print/date at bottom)

How are you enrolled as a student in an institute of higher education? [] Full Time [] Part Time

Name of Institute: _____

Name of Advisor or Counselor: _____

Telephone: _____ Email Address: _____

To determine if you qualify for housing assistance please answer the following:

**Note to Manager: a verified "Yes" to any of the following qualifies the applicant to receive assistance. **

- *I am a dependent of the household. [] Yes [] No
*I am an orphan or ward of the court. [] Yes [] No
*I am married. Date Married: _____ [] Yes [] No
*I have dependent child(ren). Name(s) _____ [] Yes [] No
*I am 24 years old or older. Birthday: _____ [] Yes [] No
*I am a veteran of the U.S. Armed Forces with honorable release or discharge. [] Yes [] No
*I am a graduate or professional student. [] Yes [] No
*I have been independent of my parents or guardians for at least 1 year. [] Yes [] No

My parents or guardians are eligible for or receiving assistance under Section 8 of the United States Housing Act of 1937. If yes, provide the following for each: [] Yes [] No

Name _____ Address _____
Telephone () _____ City, St, ZIP _____

Name _____ Address _____
Telephone () _____ City, St, ZIP _____

To determine how much assistance you may qualify for, please answer the following:

Note to Manager: For Section 8 assistance recipients only, all financial assistance is to be verified; amounts in excess of tuition and school fees are to be counted as income for the student.

I am receiving financial assistance from other sources (family members, associations, etc.) to assist in funding my education and/or living expenses. [] Yes [] No

If yes, provide the following for each source of assistance (use back if more space is needed):

Name _____ Address _____
Telephone () _____ City, St, ZIP _____

WARNING Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature _____ Printed Name/Title _____ Date _____



Exempt Income Certification

The following income is not included in your household’s annual income but must be certified by you whether or not you are receiving it:

- 1) Food Stamps \$_____monthly amount receiving. _____ Yes _____ No
- 2) Child(ren) income that are under the age of 18 years of age. _____ Yes _____ No
- 3) Payments for the care of foster children or foster adults. _____ Yes _____ No
- 4) Amounts received for training programs and stipends. _____ Yes _____ No
- 5) Lump-sum payments such as inheritances, insurance payments under health and accident insurance. _____ Yes _____ No
- 6) Amounts received under training programs funded by HUD. _____ Yes _____ No
- 7) Amounts for a person with a disability that are disregards for a limited time because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS). _____ Yes _____ No
- 8) Amounts for a person other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred to allow participation in a specific program. _____ Yes _____ No
- 9) Amounts received under a resident service stipend. Stipend not to exceed \$200 per month. _____ Yes _____ No
- 10) Incremental earnings for participation in qualifying State or local employment training programs. Program must have clearly defined goals and objectives and are only excluded while participating in the employment training program. _____ Yes _____ No
- 11) Temporary, nonrecurring or sporadic income. _____ Yes _____ No
- 12) Adoption assistance payments in excess of \$480 per adopted child. _____ Yes _____ No
- 13) Lump sum payments from social security. _____ Yes _____ No
- 14) State or local refunds or rebates for taxes paid. _____ Yes _____ No
- 15) State agency money received for a developmental disability and is living at home to offset the cost of services and equipment to keep the family member at home. _____ Yes _____ No

Applicant/Resident Signature _____ Date _____

Applicant/Co-Resident/18 or Over Household Member _____ Date _____

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“This Institution is an Equal Opportunity Provider and Employer”





CERTIFICATION OF ASSETS UNDER \$5,000

For households whose combined net assets do not exceed \$5,000

Complete only one form per household; include assets of children



I/We certify that all household assets, including those of children, are all listed below

Table with columns: (A) Cash Value*, (B) Interest Rate, (A*B) Annual Income, Source. Rows include Savings Account, Checking Account, Cash on Hand, Reloadable Card, Stocks, Bonds, Money Market Funds, IRA Accounts, Live Insurance Policies, etc.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal Property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily use autos, clothing, assets of an active business or special equipment for use by the disabled.

Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only the amounts that are.

I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from those family assets are \$. This amount is included in total gross annual income.

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Signature lines for Tenant/Applicant, Co-Tenant/Applicant, and another Co-Tenant/Applicant, with fields for Printed Name and Date.



STUDENT STATUS CERTIFICATION

This Annual Student Certification is being delivered in connection with the undersigned’s application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____
 _____ Building Address: _____

Check A, B, or C, as applicable (note that “student” includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five or more months out of the current and/or upcoming calendar year (months need not be consecutive.). If this item is checked, no further information is needed. Sign and date below.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. _____ Household contains all FULL TIME students for five or more months out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:
 - 1. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) YES NO
 - 2. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student’s most recent tax return or Certification of Dependent Child(ren) form. YES NO
 - 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), formally known as Aid to Families with Dependant Children (AFDC) (provide third party verification) YES NO
 - 4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) YES NO
 - 5. Does the household consist of at least one student who was previously under foster care? (provide verification of participation) YES NO

Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If question 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

All household members age 18 or older must sign and date.

 Applicant/Resident Signature Date Applicant/Co-Resident Date



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EMPLOYMENT CERTIFICATION

NAME: _____ DOB: _____

I hereby authorize the release of the requested information. Information obtained under this content is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me. I understand that I do not have to sign this consent form unless it clearly indicates who will provide the requested information and who will receive the information.

Applicant/Resident _____ Date _____ Occupancy Manager _____ Date _____

This form should be completed by:

This form should be returned to:

Company: _____ Complex: Meadow View {209}
Address: _____ Address: 717 East 16th, Box 9
Work Number: _____ Phone/Fax: Office & Fax: (308) 262-0856
Fax: _____ Email: meadowview@costelloco.com

Date of Employment: _____ Occupation: _____
Current Wages/Salary: \$ _____ per (circle only one)
Hourly Weekly Bi-weekly Semi-monthly Monthly Yearly Other _____
Frequency of Pay: (circle only one) Daily Weekly Bi-weekly Semi-monthly Monthly Yearly Other _____
Ave # of regular hours per wk: _____ Year to date earnings: \$ _____ from ____/____/____ through ____/____/____
Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____
Shift Differential rate: \$ _____ per hour Average # of shift differential hours per week: _____
Commissions, bonuses, tips, other: \$ _____ (circle only one)
Hourly Weekly Bi-weekly Semi-monthly Monthly Yearly Other _____
List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: _____
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____
Medical Deductions: _____ Week or _____ Month

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Signature _____ Printed Name _____ Title _____ Date _____

"This Institution is an Equal Opportunity Provider"



NAME: _____

DOB: _____

A separate form must be filled out by each adult within a household that is not working.

A. Check applicable statement:

- 1. I am not employed and do not anticipate becoming employed within the next twelve (12) months.
- 2. I am not presently employed, and not aware of an employment start date, but anticipate becoming employed within the next twelve (12) months.
- 3. I am not presently employed but am aware of an employment start date of _____.
Employer's Name: _____

B. Check applicable statement:

- I have been employed in the last year. If yes, complete the Employment information below:

My last employers name & address was: _____

Last date of employment was: _____

- I have not been employed for at least a year.

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I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Date: _____

Signature: _____

Printed Name: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write 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.

(a) General

1. The requirements established in this section are designed to ensure that there is a fair and equitable process for addressing tenant or prospective tenant concerns and to ensure fair treatment of tenants in the event that an action or inaction by a borrower, including anyone designed to act for a borrower, adversely affects the tenants of a housing project.
2. Any tenant/member or prospective tenant/member seeking occupancy in or use of Agency facilities who believes he or she is being discriminated against because of age, race, color, religion, sex, familial status, disability, or national origin may file a complaint in person with, or by mail to the U.S. Department of Agriculture's Office of Assistant Secretary for Civil Rights, 1400 Independence Ave., SW, STOP 9410, Washington DC 20250-9410 or to the Office of Fair Housing and Equal Opportunity, U.S. Department of Housing and Urban Development (HUD), Washington, DC 20410. Complaints received by Agency employees must be directed to the National Office Civil Rights Staff through the State Civil Rights Manager/Coordinator.

(b) Applicability

1. The requirements of this section apply to a borrower action regarding housing project operations, or the failure to act, that adversely affects tenants or prospective tenants.
2. This section does not apply to the following situations:
 - a. Rent changes authorized by the Agency in accordance with the requirements of S3560.203(a);
 - b. Complaints involving discrimination which must be handled in accordance with S3560.2(b) and paragraph (a)(2) of this section;
 - c. Housing projects where an association of all tenants has been duly formed and the association and the borrower have agreed to an alternative method of settling grievances;
 - d. Changes required by the Agency in occupancy rules or other operational or management practices in which proper notice and opportunity have been given according to law and the provisions of the lease;
 - e. Lease violations by the tenant that would result in the termination of tenancy and eviction;
 - f. Disputes between tenants not involving the borrower; and
 - g. Displacement or other adverse actions against tenant as a result of loan prepayment handled according to subpart N of this part.

(c) Borrower Responsibilities

Borrowers must permanently post tenant grievance procedures that meet the requirements of this section in a conspicuous place at the housing project. Borrowers also must maintain copies of the tenant grievance procedures at the housing project's management office for inspection by the tenants and the Agency upon request. Each tenant must receive an Agency summary of tenant's rights when a lease agreement is signed. If a housing project is located in an area with a concentration of non-English speaking individuals, the borrower must provide grievance procedures in both English and the non-English language. The notice must include the telephone number and the address of USDA's Office of Civil Rights and the appropriate Regional Fair Housing and Enforcement Agency.

(d) Reasons for Grievance

Tenants or prospective tenants may file a grievance in writing with the borrower in response to a borrower action, or failure to act, in accordance with the lease or Agency regulations that results in a denial, significant reduction, or termination of benefits or when a tenant or prospective tenant contests a borrower's notice of proposed adverse action as provided in paragraph (e) of this section. Acceptable reasons for filing a grievance may include:

1. Failure to maintain the premises in such a manner that provided decent, safe, sanitary, and affordable housing in accordance with S3560.103 and applicable state and local laws;
2. Borrower violation of lease provisions or occupancy rules;
3. Modification of the lease;
4. Occupancy rule changes;
5. Rent changes not authorized by the Agency according to S3560.205; or
6. Denial of approval for occupancy



(e) Notice of Adverse Action

In the case of a proposed action that may have adverse consequences for tenants or prospective tenants such as denial of admission to occupancy and changes in the occupancy rules or lease, the borrower must notify the tenant or prospective tenant in writing. In the case of a Borrower's proposed adverse action including denial of admission to occupancy, the Borrower shall notify the applicant/tenant in writing. The notice must be delivered by certified mail return receipt from the applicant/tenant. The notice must give specific reasons for the proposed action. The notice must also advise the tenant or prospective tenant of "the right to respond to the notice within ten calendar days after date of the notice" and of "the right to a hearing in accordance with S3560.160(f), which is available upon request." The notice must contain the information specified in paragraph (a)(2) of this section. For housing projects in areas with a concentration of non-English speaking individuals, the notice must be in English and the non-English language.

(f) Grievance and Responses to Notice of Adverse Action

The following procedures must be followed by tenants, prospective tenants, or borrowers involved in a grievance or a response to an adverse action.

1. The tenant or prospective tenant must communicate to the borrower in writing any grievance or response to a notice within 10 calendar days after occurrence of the adverse action or receipt of a notice of intent to take an adverse action.
2. Borrowers must offer to meet with tenants to discuss the grievance within 10 calendar days of receiving the grievance. The Agency encourages borrowers and tenants or prospective tenants to make an effort to reach a mutually satisfactory resolution to the grievance at the meeting.
3. If the grievance is not resolved during an informal meeting to the tenant or prospective tenant's satisfaction, the borrower must prepare a summary of the problem and submit the summary to the tenant or prospective tenant and the Agency within 10 calendar days. The summary should include: The borrower's position; the applicant/tenant's position; and the result of the meeting. The tenant also may submit a summary of the problem to the Agency.

(g) Hearing Process. The following procedures apply to a hearing process.

1. *Request for hearing.* If the tenant or prospective tenant desires a hearing, a written request for a hearing must be submitted to the borrower within 10 calendar days after the receipt of the summary of any informal meeting.
2. *Selection of hearing officer or hearing panel.* In order to properly evaluate grievance and appeals, the borrower and tenant must select a hearing officer or hearing panel. If the borrower and the tenant cannot agree on a hearing officer, then they must each appoint a member to a hearing panel and the members selected must appoint a third member. If within 30 days from the date of the request for a hearing, the tenant and borrower have not agreed upon the selection of a hearing officer or hearing panel, the borrower must notify the Agency by mail of the situation. The Agency will appoint a person to serve as the sole hearing officer. The Agency may not appoint a hearing officer who was earlier considered by either the borrower or the tenant, in the interest of ensuring the integrity of the process.
3. *Standing hearing panel.* In lieu of the procedure contained in paragraph (g)(2) of this section for each grievance or appeal presented, a borrower may ask the Agency to approve a standing hearing panel for the housing project.
4. *Examination of records.* The borrower must allow the tenant the opportunity, at a reasonable time before a hearing and at the expense of the tenant, to examine or copy all documents, records, and policies of the borrower that the borrower intends to use at a hearing unless otherwise prohibited by law or confidentiality agreements.
5. *Scheduling of hearing.* If a standing hearing panel has been approved, a hearing will be scheduled within 15 calendar days after receipt of the tenant's or prospective tenant's request for a hearing. If a hearing officer or hearing panel must be selected, a hearing will be scheduled within 15 calendar days after the selection or appointment of a hearing panel or a hearing officer. All hearings will be held at a time and place mutually convenient to both parties.
6. *Escrow deposits.* If a grievance involves a rent increase not authorized by the Agency, or a situation where a borrower fails to maintain the property in a decent, safe, and sanitary manner, rental payments may be deposited by the tenant into an escrow account, provided the tenant's rental payments are otherwise current.
 - a. The escrow account deposits must continue until the complaint is resolved through informal discussion or by the hearing officer or panel.
 - b. The escrow account must be in a Federally-insured institution or with a bonded independent agent.



- c. Failure to make timely rent payments into the escrow account will result in a termination of the tenant grievance and appeals procedure and all sums will immediately become due and payable under the lease.
 - d. Receipts of escrow account deposits must be available for examination by the borrower.
7. *Failure to request a hearing.* If the tenant or prospective tenant does not request a hearing within the time provided by paragraph (f)(1) of this section, the borrower's disposition of the grievance or appeal will become final.

(h) Requirements Governing the Hearing

The following requirements will govern the hearing process.

1. Subject to paragraph (f)(2) of this section, the hearing will proceed before a hearing officer or hearing panel at which evidence may be received without regard to whether that evidence could be used in a judicial proceedings.
2. The hearing must be structured so as to provided basic due process safeguards for both the borrower and the tenants or prospective tenants, which must protect:
 - a. The right of both parties to be represented by counsel or other person chosen as their representative;
 - b. The right of the tenant or prospective tenant to a private hearing unless a public hearing is requested;
 - c. The right of the tenant or prospective tenant to present oral or written evidence and arguments in support of their grievance or appeal and to cross-examine and refute the evidence of all witnesses on whose testimony or information the borrower relies; and
 - d. The right of the borrower to present oral and written evidence and arguments in support of the decision, to refute evidence relied upon by the tenant or prospective tenant, and to confront and cross-examine all witness in whose testimony or information the tenant or prospective tenant relies.
3. At the hearing, the tenant or prospective tenant must present evidence that they are entitled to the relief sought, and the borrower must present evidence showing the basis for action or failure to act against that which the grievance or appeal is directed.
4. The hearing officer or hearing panel must require that the borrower, the tenant or prospective tenant, counsel, and other participants or spectators conduct themselves in an orderly manner. Failure to comply may result in exclusion from the proceedings or in a decision adverse to the interests of the disorderly party and granting or denial of the relief sought, as appropriate.
5. If either party or their representative fails to appear at a scheduled hearing, the hearing officer or hearing panel may make a determination to postpone the hearing for no more than five days or may make a determination that the absent party has waived their right to a hearing under this subpart. If the determination is made that the absent party has waived their rights, the hearing officer or hearing panel will make a decision on the grievance. Both the tenant and prospective tenant and the borrower must be notified in writing of the determination of the hearing officer or hearing panel.

(i) Decision

Hearing decisions must be issued in accordance with the following requirements.

1. The hearing officer or hearing panel has the authority to affirm or reverse a borrower's decision.
2. The hearing officer or hearing panel must prepare a written decision, tighter with the reasons thereof based solely and exclusively upon the facts presented at the hearing within 10 calendar days after the hearing. The notice must state that the decision is not effective for 10 calendar days to allow time for an Agency review as specified in paragraphs (1)(3) and (1)(4) of this section.
3. The hearing officer or hearing panel must send a copy of the decision to the tenant, or prospective tenant, borrower, and the Agency.
4. The decision of the hearing officer or hearing panel shall be binding upon the parties to the hearing unless the parties to the hearing are notified within 10 calendar days by the Agency that the decision is not in compliance with Agency regulations.
5. Upon receipt of written notification from the hearing officer or hearing panel, the borrower and tenant must take the necessary action, or refrain from any actions, specified in the decision.



Tenant Grievance and Appeals Procedure
(HB 3560, Appendix 1 – 7CFR 3560.160)

S3560.200 OMB Control Number

I/We have received a copy of the Tenant Grievance Procedure.

Tenant's Signature

Date

Spouse / Co-Tenant's Signature

Date

"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: program.intake@usda.gov. This institution is an equal opportunity provider."



"This Institution is An Equal Opportunity Provider"





RESIDENT SELECTION POLICY

Project and Program Eligibility Requirements

- This is a HUD elderly and disabled community. You must be 62 years of age and/or disabled to reside in this community.
- This is a HUD Elderly, Disabled and Tax Credit Community. You must be 62 years of age and/or disabled to reside in this community.
- This is a HUD Section 8 multi-family community.
- This is a HUD/Tax Credit multi-family community.
- This is a HUD Section 236 multi-family community.
- This is a HUD/Tax Credit/ HOME multi-family community.
- This is a Tax Credit multi-family community.
- This is a Tax Credit/HOME and disabled community. You must be at least 55 years of age or disabled to reside in this community.
- This is a Tax Credit/HOME Community. You must be at least be 55 years of age to reside in this community.
- This is a Tax Credit/HOME/Conventional community.
- This is a Tax Credit/HOME community.
- This is a Rural Development/Tax Credit/HOME community.
- This is a RD multi-family community.
- This is a RD/Tax Credit multi-family community.

Items 1 & 2 pertain to all communities & programs

1. **Citizenship/Immigration Status Requirements (excluding straight Rural Development (RD) properties)**
Assisted housing is restricted to U.S. citizens or nationals and non-citizens who have eligible immigration status. All family members, regardless of age, must declare their citizenship or immigration status. Non-citizen applicants will be required to submit evidence of eligible immigration status at the time of application. If the evidence needed to support eligible immigration status is temporarily unavailable, the applicant may request an extension. Mixed tenant families may be eligible for prorated assistance. Applicants who hold a non-citizen student visa are ineligible for assistance, as are any non-citizen family members living with the student.

2. Social Security Number Requirements

Applicants must disclose and provide documentation of Social Security Numbers (SSN) for all family members prior to being moved in. This also applies to foster children and live-in aides. For newborns, the household will be given 90 days to provide the Social Security Card.

The Social Security Number requirements do not apply to:

1. Individuals who do not contend eligible immigration status

When applicants and residents are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed.

In these instances, the owner will have each resident's Citizenship Declaration on file – whereby the individual did not contend eligible immigration status – to support exception to the requirements to disclose and provide verification of a Social Security Number.

2. Individuals age 62 or older as of January 31st, 2010, whose initial determination of eligibility was begun before January 31, 2010.

The eligibility date is based on the initial effective date of the form HUD – 50059 or from HUD – 50058, whichever is applicable.

Documentation that verifies the applicant's exemption status must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010. The owner/agent must not accept a certification from the applicant stating they qualify for the exemption. This documentation must be retained in the resident file.

The exception status for these individuals is retained if the individual moves to a new assisted unit under any HUD assisted program or if there is a break in his or her participation in a HUD assisted program.

3. Student Requirements.

[] for RD/HUD

Student eligibility requirements apply to applicants enrolled at an institution of higher education who is 24 years of age or older effective December 31st of the current year, unless the applicant (student) who is living with his/her parents, is the one applying for Section 8 assistance.

A. A person with disabilities, as such term is defined in section 3(b) (3) (F) of the United States Housing act of 1937 (42 U.S.C. 1437a (b) (3) (E) that was receiving Section 8 assistance as of November 30, 2005 is exempt from the student eligibility requirements.

B. If the applicant is not claimed as a dependent and meets at least one of the criteria from the following questions, they qualify:

- Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy?
- Were you an orphan or a ward of the court through the age of 18?
- Are you a veteran of the U.S. Armed Forces?
- Do you have legal dependents other than a spouse?
- Are you a graduate or professional student?
- Are you married?

C. If the applicant does not meet any criteria from the above questions; they must meet eligibility requirements for Section 8 assistance and their parents, individually or jointly, must be income eligible for Section 8 assistance.

[] Student Requirements for Tax Credits

The household understands if all members of a household become or are full time students, that the household is ineligible to occupy a unit at this community, even if the household becomes ineligible after the initial certification.

Exceptions to this student rule may be one of the following four exceptions: 1) The household members are married and have filed a joint tax return; 2) The household consists of a single parent with a dependent child (or children), and neither the parent nor the child (or children) is being claimed as a dependent by anyone else; 3) At least one household member gets welfare assistance through Title VI of the Social Security Act; or 4) At least one household member is enrolled in a federal, state, or local job training program.

[] Student Requirements for HOME

Refer to property manager for HOME student rule restrictions.

[] Student Requirements for Section 236

Must pay market rent (Jordan Park and RC Square)

4. Additional requirements

1. The apartment unit must be the sole residence of all household members and under no circumstance may any tenant benefit from more than one subsidy.
2. All family members who are 18 years of age or older will be required to sign consent and verification forms. All information reported by the family is subject to verification.
3. Applicants must agree to pay the rent required by the program under which they will receive assistance.
4. Household members may not be required to disclose gender for HUD programs.

Enterprise Income Verification (EIV) – HUD only

1. EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".

The Social Security Administration:

Social Security (SS) benefits
Supplemental Security Income (SSI) benefits
Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

Wages
Unemployment compensation
New Hire (W-4)

The EIV system provides the owner and or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirements to independently verify your employment and /or income when you recertify for continued rental assistance. Property owners and managers are able to use the EIV system to determine if you:

- Correctly reported your income
- They will also be able to determine if you:
- Used a false social security number
 - Failed to report or under reported the income of a spouse or other household member
 - Receive rental assistance at another property.

Consent required to get information from EIV

When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits. Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

EIV – Existing Tenant Report

During the final eligibility review, there is one report available that provides information about “applicants”. This is the Existing Tenant Report. This report is used during the final eligibility interview. The EIV Existing Tenant Search is to be run on “All Household Members” when offering the unit, and is looking for multiple subsidy issues, at time of move in.

Screening for Receipt of Assistance for Applicant or Residents Residing in Another HUD Assisted Unit.

All Applicants MUST disclose if they are currently receiving HUD housing assistance. The owner/agent will not knowingly assist applicants who will maintain a residence in addition to the HUD-assisted unit.

HUD provides the owner/agent with information about an applicant's current status as a HUD housing assistance recipient. The owner/agent will use a report called the Existing Tenant Report provided through HUD's Enterprise Income Verification System (EIV) to determine if the applicant or any member of the applicant household is currently receiving HUD assistance.

Nothing prohibits a HUD housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any voucher before HUD assistance on this property will begin. Special consideration applies to:

1. Minor children in joint custody arrangements where two or more “custodians” received HUD assistance.
2. Recipients of HUD assistance in another unit who are moving to establish a new household when other family/household members will remain in the original unit

There will be monthly reports produced and reviewed on a monthly basis pertaining to failed verifications, deceased tenants and new hires. Plus, reports will be generated to prepare for annual and interim recertifications. Also once a tenant has been moved in for a few months, a report will be processed to verify that income reported at move-in matches with EIV.

Violence Against Women Act – (VAWA)

Housing Notice: H 08-07 regarding the Violence Against Women Act – VAWA provides legal protections to victims of domestic violence, dating violence or stalking. These protections prohibit owners/agents from evicting or terminating assistance under a project-based Section 8 program for the victim, if the grounds are in instance of domestic violence, dating violence or stalking.

The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence or stalking (collectively “domestic violence”) from being evicted or terminated from housing assistance based on acts of such violence against them.

If you have been a victim of domestic violence, you or a family member on your behalf, must complete and submit this certification form, or submit the information described below under “Alternate Documentation,” which may be provided in lieu of the certification form, within 14 business days of receiving the written request for this certification form from the owner or management agent. The certification form or alternate documentation must be returned to the person and the address specified in the written request for the certification form. If the requested certification form or the information that may be provided in lieu of the certification form is not received by the 14th business day or any extension of the date provided by the owner or management agent, none of the protections afforded to victims of domestic violence under the Section 8 project-based assistance program will apply. Distribution or issuance of this form does not serve as a written request for certification.

Income Eligibility Requirements

HUD Section 8 and/or with HOME

1. HUD establishes and publishes income limits annually based on family size for each county in the United States based on the median income of the geographic area. The income limits for this property may be as follows:

Very low-income limit	50% of median income
Extremely low-income limit	30% of median income

2. Owners must make at least 40 percent of the assisted units that become available each year (project’s’ fiscal year) available for leasing to families whose income do not exceed 30 percent of the area median income (extremely low-income) at the time of admission. If the owner actively marketed at least 40 percent of the annually available units to extremely low-income families but was unable to fill all of the units with families meeting the requirement, the owner is permitted to rent to other eligible families after a reasonable marketing period has expired. The property must maintain records that demonstrate all reasonable steps were taken to fill these units with extremely low-income tenants and must demonstrate that an ongoing effort to meet the 40% requirement is being made.

HUD Section 236, Rents Supplement

Low-income limit	60% of median income
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RD

Low-income limit	80% of median income
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Tax Credit and/or with RD and/or with HOME

Low-income limit	60% of median income
Very low-income limit	50% of median income
Very, Very low income limit	45% of median income

Occupancy Standards

[Check off standards that pertain to your community]

	UNIT SIZE	MINIMUM OCCUPANTS	MAXIMUM OCCUPANTS
	0 Bedroom	1	1
	1 Bedroom	1	2
	1 Bedroom	1	3

	UNIT SIZE	MINIMUM OCCUPANTS	MAXIMUM OCCUPANTS
	2 Bedroom	1	2
	2 Bedroom	1	3
	2 Bedroom	1	4
	2 Bedroom	2	5

	UNIT SIZE	MINIMUM OCCUPANTS	MAXIMUM OCCUPANTS
	3 Bedroom	2	6
	3 Bedroom	2	7
	3 Bedroom	3	6
	3 Bedroom	3	8

	UNIT SIZE	MINIMUM OCCUPANTS	MAXIMUM OCCUPANTS
	4 Bedroom	3	8
	4 Bedroom	4	8
	4 Bedroom	5	10

*Disclaimer (Each community has their own occupancy standards)

* Rolling Hills – After move in, residents can exceed maximum occupancy from eight to nine family members. Any family that exceeds the maximum of nine – their lease contract will not be renewed.

*For Tax Credit/ HOME Communities- No household will be permitted to add any additional household members during the first 12 months of the lease agreement.

For HUD properties only:

1. *A single person cannot occupy a unit with two or more bedrooms unless one of the following applies:*
 - a. A person with a disability who needs the larger unit as a reasonable accommodation.
 - b. A displaced person when no appropriately sized unit is available.
 - c. An elderly person who has a verifiable need for a larger unit.
 - d. A remaining family member of a resident family when no appropriately sized unit is available.

2. A smaller unit size may be assigned upon request; only if occupancy of the smaller unit will not cause serious overcrowding and will not conflict with local codes.

3. A larger unit size may be assigned upon request if one of the following conditions exists:
 - a. No eligible family in need of the larger unit is available to move into the unit within 60 days. The property has the proper size unit for the family but it is not currently available. The family agrees in writing to move at its own expense when a proper size unit becomes available.
 - b. The family needs a larger unit as a reasonable accommodation for a family member who is a person with a disability.

4. If a family, based on the number of members, would qualify for more than one unit size, the owner must allow the family to choose which unit size they prefer.

Applicant Screening Criteria

1. All applicants age 18 or older and dependents turning 18 years of age after initial tenancy will be screened for residency. Screening criteria will be applied consistently to all applicants.
2. Credit reports will be done on all applicants 18 years of age and older.
 - a. Applicants without credit history will not be denied.
 - b. A positive credit history is desired.
 - c. Applicants with the following negative credit history may be denied;
 - Open judgments
 - Open collections
 - Delinquent accounts related to living expenses
 - More than 3 credit cards or revolving accounts with a negative history in the last 3 years
 - Bankruptcies less than 2 years old
 - Bad checks
 - Delinquent child support
 - Address(es) provided on application could not be verified.
3. Criminal History checks will be run on every head or co-head of the household and all other applicants 18 years of age and older in accordance with Notice H 2002-22.
 - a. All applicants with the following felonies may be denied
 - Assault or other violent or dangerous behavior
 - Rape, prostitution, or other sexual deviation
 - b. All applicants with misdemeanors or deferred judgments related to the following may be denied
 - Disturbance of neighbors or other noise violations
 - Destruction of property
 - Minor Disturbances
 - Theft and bad checks
 - Criminal trespass
 - Illegal controlled substances
 - c. All applicants who are currently engaging in illegal drug use may be denied.
 - d. All applicants in which the landlord determines that there is reasonable cause to believe that a household member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents may be denied.
 - e. All applicants in which the landlord determines that there is reasonable cause to believe that a household member's abuse or a pattern of alcohol abuse may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents may be denied.
 - f. Any household member that has been evicted from Federally-assisted housing for drug-related criminal activity, for 5 years from the date of eviction may be denied. If the evicted household member who engaged in drug-related criminal activity that has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household) the owner may, but is not required to, admit the household.
 - g. Any member of the applicant's household has been convicted of growing or the manufacturing of any type of drugs on the premises of federally subsidized housing (lifetime) may be denied.

- h. Any criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, the owner or any employee who is involved in the housing operations may be denied.
 - i. Any applicant unlawfully obtaining government assistance may be denied.
- 4. All applicants listed on application 18 years or older will be checked against the Sjodin National Sex Offender Database for lifetime sex offenders and, if found on registry, applicant will be denied.**
5. Rental History
- a. Lack of rental history is not grounds for rejection; however personal references may be required.
 - b. Applicants with previous rental history must have references as a good tenant, including but not limited to the following:
 - Favorable rent history (rent being paid on time)
 - Have no material non-compliance violations of the rental agreement
 - Kept the unit clean and in good condition.
 - Must not have allowed unauthorized residents to reside in the unit.
 - Must not have endangered the health and safety of any other tenant, the landlord or any of his agents.
 - Must not have interfered with the rights and quiet enjoyment of the other tenants.
 - Pursuant to Notice H2002-22, if any household member has been evicted from any type of housing for drug related criminal activity in the last 5 years the application will be denied.
- Pursuant to Housing Notice: H 08-07 regarding the Violence Against Women Act (VAWA). VAWA provides legal protections to victims of domestic violence, dating violence or stalking. These protections prohibit owners/agents from evicting or terminating assistance under a project-based Section 8 program for the victim, if the grounds are an instance of domestic violence, dating violence or stalking.
6. Applicants must demonstrate the ability to pay rent.
- a. For Tax Credit/ HOME/ Conventional Communities ONLY:
 - For applicants without a Section 8 Housing Voucher: Applicant(s) must have monthly gross income no less than two and one half times (2 ½ X) the monthly rental amount.
 - For applicants with a Section 8 Housing Voucher: Applicant(s) must have monthly gross income no less than two times (2X) the tenant's portion of monthly rental amount.
 - For applicants to Market Rate units: Applicant(s) must have monthly gross income no less than two and one half times (2 ½ X) the monthly rental amount.

Notification of Applicant Rejection

1. If an applicant is denied admission to the property they will receive a written notice stating the reason(s) for the rejection. The applicant has the right to respond in writing to dispute the rejection within 14 days of the notice.
2. Management reserves the right to reject any application in which applicant delays the processing of an application or delays their move in date for more than 10 days.

Application and Waiting List Procedure [HUD/Rural Development]

1. Applications completed in full and properly signed will be accepted according to unit size and type in chronological order. Families that include persons with disabilities will be given preference for units with special accessibility features. If a unit that fits the applicant's needs is not available, their name will be placed on the waiting list (maintained in the same order) after preliminary eligibility determination. If an extremely low-income applicant is needed to achieve targeting requirements, and the next applicant has

- income above the extremely low-income limit, that applicant must stay on the waiting list until the property is ready to house an applicant with income above the extremely low-income limit.
2. The waiting list must be updated a minimum of every six months.
 3. Applicants will be moved to the bottom of the waiting list if their application is approved but the applicant is unable or unwilling to accept one of the available units.
 4. Applicants will be deactivated from the waiting list if:
 - a. They accept a unit at another community
 - b. Their application is denied for any reason (see Tenant Selection)
 - c. Property manager is no longer able to contact the applicant by phone or mail.
 - d. They inform Manager by phone, in person or by mail that they no longer need a unit.
 - e. The applicant is offered and rejects a unit three times at the community.
 5. The waiting list will be closed for one or more unit sizes when the average wait is one year or more. Potential applicants will be advised if the waiting list is closed and additional applications will not be accepted. Notice of this action will be published in the local newspaper.
 6. When the waiting list is re-opened and applications will be accepted again, notice will be published in the local newspaper.

Tenant Requested Unit Transfer Procedure

1. Current tenants requesting a unit transfer for the following reasons will be given preference over those on the waiting list.
 - a. A required unit transfer due to family size or changes in family composition. When an owner determines that a transfer is required the tenant may remain in their current unit and pay the approved market rent or must move within 30 days after notification that a unit of the required size is available within the property. (If applicable to your property).
 - b. A unit transfer for a medical reason certified by a doctor, have the need for an accessible unit or to accommodate a person with a disability. Owners are obligated to transfer tenants to different units as a reasonable accommodation to a household member's disability. Transfers which are needed as a reasonable accommodation should be made on a priority basis.
 - c. A deeper rent subsidy, if it applies to the property. (Section 236 to Section 8).
2. Current tenants requesting a unit transfer must have just cause. No transfer will be made without the manager's approval and consideration of the community's financial status. Tenants will be added to the waiting list of applicants provided there is no record of consistent late or unpaid rental obligations, no record of police activity, infractions and inspection of the tenant's current unit must indicate there is not damage to the property or poor housekeeping habits resulting in health or safety hazards.

Non-Discrimination

1. Non-Discrimination Policies
 - a. The landlord agrees not to discriminate based upon race, color, religion, creed, national origin, sex, age, disability or familial status.
2. 504 / FHAA Compliance
 - a. The landlord agrees to comply with Section 504, which prohibits discrimination in all HUD subsidized or assisted housing programs solely on the basis of handicap. The rule covers all persons associated with programs including applicants, tenants, employees, and prospective employees.
3. For All Properties
 - a. The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age and state law prohibits discrimination on the basis of creed. Complaints of discrimination may be forwarded to the following address; Fair Housing Administrator, U.S. Department of Housing & Urban Development, Region Vii, Denver, 1670 Broadway Street, Denver, CO 80202-4801.

4. For Rural Development Properties

- a. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age or disability. (Not all prohibited bases apply to all programs)". To file a complaint of discrimination, write USDA, Director, and Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800.795.3272 or 202.720.6382 (TDD).

() LIHTC Program (check if applicable)

This community falls under Section 42 of the IRS Code as a Low Income Housing Tax Credit (LIHTC) property. As such, each household must qualify under the guidelines pertaining to that program. Requirements that apply to initial qualification primarily include, but are not limited to, applicable income limits and full time student status at the time of application. Any household whose total income is over current applicable income limits will be deemed ineligible. Any household made up entirely of full time students also may not qualify, unless they fall under a program-allowed exemption.

() HOME Program (In conjunction w/LIHTC Program)

Application fees will be charged.

I/We _____ have read and understand the Resident Selection Policy for one or more of the following communities:

_____ Apartment/Townhomes.

I/We acknowledge we have received a copy of this Resident Selection Policy.

Applicant	Date
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Co-Applicant	Date
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Co-Applicant	Date
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To file a complaint of discrimination, write 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)."



Meadow View
 717 East 16th, Box 9, Bridgeport, NE 69336
 Office & Fax: (308) 262-0856



USDA Wage Match Notification

Notice to Applicants / Residents

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal Programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will receive wage and benefit information from the State Department of Labor (SDOL). This information will then be compared against information provided on your "Tenant Certification" (Form RD 3560-8) or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent procedures (HUD-50059). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency, and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any questions, please contact the owner or management agent servicing your housing development. All household members 18 years of age or older must sign.

Borrower or Manager Signature	Date
Applicant/Resident Signature	Date
Applicant/Resident Signature	Date
Applicant/Resident Signature	Date

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, and disability, marital or familial status. (Not all prohibited bases apply to all programs.)"

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



DISPOSAL OF ASSETS CERTIFICATION

I have not disposed of any assets in the last two years (24 months) from the effective date of my certification.

I, _____, hereby certify that during the last two years (24 months) from the effective date of my resident certification, that I have disposed of the following asset(s) as identified below: (i.e., real estate, financial gifts, etc.)

Table with 5 columns: Asset Description, Date of Disposal, *Market Value, **Cash Value, Actual Amount Received. The table contains 5 empty rows for data entry.

If you state an actual amount received, where is the money now? _____

*Market Value is the price that an interested, but not desperate, buyer would be willing to pay and that an interested, but not desperate, seller would be willing to accept on the open market.

**Cash value is the Market Value of the asset less reasonable costs incurred to sell or convert that asset to cash. Reasonable costs include: Penalties for withdrawing funds before maturity; Broker or legal fees for the sale or conversion of assets; Settlement costs for real estate transactions; Any outstanding debt on the asset.

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Warning: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."

Resident Signature: _____ Date: _____

Co-Resident Signature: _____ Date: _____



"This Institution is an Equal Opportunity Provider and Employer"



Facility Name: _____

Complex: Meadow View Apartments
Address: 717 E. 16th, Box 9
Fax #: 308-262-0856

BANKING/RETIREMENT/SAVINGS PLAN CERTIFICATION

NAME: _____ SSN: _____

I hereby authorize the release of the requested information. Information obtained under this content is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me. I understand that I do not have to sign this consent form unless it clearly indicates who will provide the requested information and who will receive the information.

Applicant/Resident Date Occupancy Manager Date

Checking Account(s):

Acct #: _____
Average 6 mo. Balance: _____
Interest Rate: _____

Acct #: _____
Average 6 mo. Balance: _____
Interest Rate: _____

Savings Account(s):

Acct #: _____
Current Balance: _____
Interest Rate: _____

Acct #: _____
Current Balance: _____
Interest Rate: _____

Please list all other accounts held with your institution for the above named individual (Certificates of Deposits, Money Market Accounts, etc):

Does the holder have access to the lump sum amount? Yes No

Type of Account: _____
Account Number: _____
Cash Value: _____
Market Value: _____
Periodic Payments: _____
Interest Rate/Dividends: _____
Penalty Withdrawal: _____

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Account Number: _____
Cash Value: _____
Market Value: _____
Periodic Payments: _____
Interest Rate/Dividends: _____
Penalty Withdrawal: _____

WARNING Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Date: _____ Signature: _____

Telephone: _____ Title: _____

*Note: Information is required to comply with RD Asset Management Handbook 3560.



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