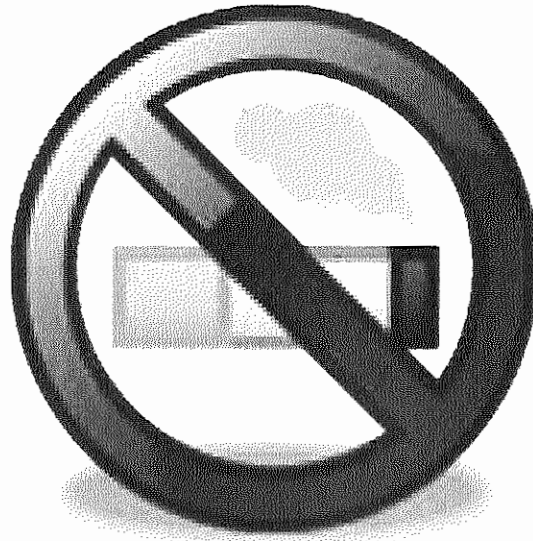


# Cathedral Heights {121} is a NON-SMOKING PROPERTY



By signing this acknowledgment, you are agreeing to all terms and conditions pertaining to maintaining a non-smoking property. This applies to ALL Units, garages and all common areas located on this property.



\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 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

\_\_\_\_\_  
Cathedral Heights {121}  
Community Billed

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

|   |  |
|---|--|
| <b>Referred By: (please check one)</b>    |  |
| <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: _____      |



|                              |               |
|------------------------------|---------------|
| <b>Management Use Only</b>   | 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 \_\_\_\_\_

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 text messages 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: \_\_\_\_\_

**DID ANYONE ASSIST YOU IN COMPLETING THE APPLICATION PACKET?**

Yes  No

If Yes, who: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**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<br>(or Alien Registration Number) | Are You a Student?<br>(circle one) |
|------------------------------------|--------------------------|------------|--|------------------------------------|
|                                    | <i>Head of Household</i> |            |  | Yes No                             |
|                                    |                          |            |  | Yes No                             |
|                                    |                          |            |  | Yes No                             |
|                                    |                          |            |  | Yes No                             |
|                                    |                          |            |  | Yes No                             |
|                                    |                          |            |  | Yes No                             |
|                                    |                          |            |  | Yes No                             |
|                                    |                          |            |  | Yes No                             |

1. How did you hear about our apartment Community? \_\_\_\_\_

2. What state(s) has each household member lived in: \_\_\_\_\_

3. Do you anticipate adding anyone to your household? If Yes, please explain: \_\_\_\_\_  Yes  No

4. Is anyone in the household a current user/abuser of an illegal controlled substance?  Yes  No
5. 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
6. 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
7. 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). \_\_\_\_\_

8. 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: \_\_\_\_\_

9. Does anyone in the household have a Companion/Assistance/Service Animal? List animal(s): \_\_\_\_\_  Yes  No
10. Does anyone in the household have a pet? If yes, list pet(s): \_\_\_\_\_  Yes  No
11. Is any member of the household disabled and have special housing needs (i.e. wheelchair accessible unit, flashing fire alarm, etc)?  Yes  No

**RESIDENTIAL HISTORY**  
(List consecutively)

**Applicant**

**Co-Applicant**

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

12. Do you have equity in real estate? If yes, what is the address? \_\_\_\_\_  Yes  No

13. Are you being evicted? If yes why? \_\_\_\_\_  Yes  No

14. Have you ever been evicted? If yes, When \_\_\_\_\_ Where \_\_\_\_\_  Yes  No
- Why \_\_\_\_\_

15. 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 \_\_\_\_\_  
Week \_\_\_\_\_

Rate per Hour \_\_\_\_\_ Hours per \_\_\_\_\_

Annual Income \_\_\_\_\_

Annual Income \_\_\_\_\_

How long employed at this job \_\_\_\_\_

How long employed at this job \_\_\_\_\_

16. 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: \_\_\_\_\_

Household Member's Name: \_\_\_\_\_

Type of Income: \_\_\_\_\_

Type of Income: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Annual Amount: \$ \_\_\_\_\_

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](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](mailto: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: \_\_\_\_\_



## Compliance Questionnaire

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). All dependents listed must be expected to reside in the unit at least 50% of the time during a year.*

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

**ASSET INFORMATION**

*All information should be calculated on an Annual Basis.*

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

If "Yes", explain: \_\_\_\_\_

9. In the last 24 months, has any household member given away or disposed of any assets for less than Fair Market Value?  Yes  No

If "Yes", explain: \_\_\_\_\_

10. Is the total value of all assets for your household less than \$5,000?  Yes  No

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

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

*\*Note to Manager: If 3<sup>rd</sup> party verification cannot be gathered, 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>Financial Institution – Location<br/>Name &amp; Phone Number of Contact Person</i> | <i>Value</i> |
|--------------------------|------------------------|---|--------------|
|                          |                        |   |              |
|                          |                        |   |              |
|                          |                        |   |              |
|                          |                        |   |              |
|                          |                        |   |              |
|                          |                        |   |              |
|                          |                        |   |              |
|                          |                        |   |              |
|                          |                        |   |              |

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

13. Do any household members own real estate including residence, vacation home, vacant land, farmland, rental property or other investments?  Yes  No

14. 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.)  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,<br/>real estate, coin collection)</i> | <i>Location of Asset (for example, address of Real Estate, safe<br/>deposit box, or closet)</i> | <i>Value</i> |
|--------------------------|--|---|--------------|
|                          |  |   |              |
|                          |  |   |              |
|                          |  |   |              |
|                          |  |   |              |
|                          |  |   |              |



**INCOME INFORMATION**

*All information should be calculated on an Annual Basis.*

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

- |   |  |   |  |
|---|--|---|--|
| Employment  | <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   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tribal Income   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Mgr Note: Prior 3 year's 1040s also required AND</i> |  | Welfare Assistance (Food stamps, etc.)                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Schedule C (Business), E (Rental) or F (Farm)</i>    |  | Social Security or SSI  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Armed Forces Pay  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rental Income   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment Compensation                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Veteran's Benefits  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Severance Pay   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pension, Annuity &/or Retirement Account Payments                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Workman Compensation                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Benefits (Other than SSI)                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support – Monitored                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Death Benefits &/or Life Insurance Payments                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support – Non-Monitored                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TANF  | <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.*

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

16. Are any members of the household not receiving the full amount of child support or alimony that has been court ordered?  Yes  No

If "Yes" is it being pursued through either a court or agency?  Yes  No

Which agency is pursuing collections? \_\_\_\_\_

17. Are there any adult household members who have no income:  Yes  No

If yes, who: \_\_\_\_\_

18. Does anyone outside the household pay any regular expenses and/or give you cash or non-cash contributions regularly?  Yes  No

If yes, who: \_\_\_\_\_

19. 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 \_\_\_\_\_

**Return to: «community»**  
«community\_address\_line1», «community\_city», «community\_state» «community\_zip»  
«community\_address\_line3»





\*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 \_\_\_\_\_



I/We, \_\_\_\_\_, certify that all information listed below is true.

Please list ALL household members below.

| Household Member's Full Name | Social Security Number (or Alien Reg Number) | Age | Attending School?  | Name of School | Month & Year Started | Month & Year Ended |
|------------------------------|--|-----|--|----------------|----------------------|--------------------|
|                              |  |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                      |                    |
|                              |  |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                      |                    |
|                              |  |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                      |                    |
|                              |  |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                      |                    |
|                              |  |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                      |                    |
|                              |  |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                      |                    |
|                              |  |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                      |                    |
|                              |  |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                      |                    |

- 1) Are ALL members of the household currently full-time students?  Yes  No  
(Children in kindergarten through twelfth grades are ALSO considered full-time students.)
- 2) Will ALL members of the household be full-time students at any point in the next 12 months?  Yes  No
- 3) Will ALL members of the household be/have been full-time students any 5 months of this calendar year?  Yes  No
- 4) If #1 or #2 or #3 were answered " Yes", please answer the following:
  - Are any Students minors and are they tax dependents of their parents/legal guardians? (provide prior year's tax return)  Yes  No
  - Are any adult household members married and entitled to file a joint tax return? (provide prior year's tax return or marriage certificate)  Yes  No
  - Are any Students receiving TANF (AFDC)? (provide contact information for case worker)  Yes  No
  - Are any Students part of a JPTA program? (provide contact information for supervisor)  Yes  No
  - Are any Students formerly part of a Foster Care Program? (provide contact information for case worker)  Yes  No

A full-time student household may qualify if one of the questions in 4) are checked "yes" and verified.

*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."*

|                               |              |      |
|-------------------------------|--------------|------|
| Tenant/Applicant Signature    | Printed Name | Date |
| Co-Tenant/Applicant Signature | Printed Name | Date |



# AUTHORIZATION FOR RELEASE OF INFORMATION



ALL adult household members must sign a separate form.

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Costello Property Management dba: Cathedral Heights {121}** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development (RD) in administering and enforcing program rules and policies. I also consent for HUD or RD or the PHA to release information from my file about my rental history to HUD or RD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

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

- IDENTITY AND MARITAL STATUS**                      **EMPLOYMENT, INCOME, AND ASSETS**                      **RESIDENCES & RENTAL ACTIVITY**
- CREDIT AND CRIMINAL ACTIVITY**                      **MEDICAL OR CHILD CARE ALLOWANCES**

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) includes but is not limited to:

- TRIBAL, LOCAL, STATE, & FEDERAL**                      **SOCIAL SECURITY ADMINISTRATION**                      **STATE UNEMPLOYMENT AGENCIES**                      **SCHOOLS AND COLLEGES**
- COURTS AND POST OFFICES**                      **MEDICAL & CHILD CARE PROVIDERS**                      **UTILITY COMPANIES**                      **WELFARE AGENCIES**
- LAW ENFORCEMENT AGENCIES**                      **SUPPORT & ALIMONY PROVIDERS**                      **VETERANS ADMINISTRATION**                      **LANDLORDS**
- CREDIT PROVIDERS & BUREAUS**                      **PAST & PRESENT EMPLOYERS**                      **BANKS & OTHER FINANCIAL INSTITUTIONS**
- PUBLIC HOUSING AGENCIES**                      **RETIREMENT SYSTEMS**

A \_\_\_\_\_ **APPLICATION FEE** FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3<sup>rd</sup> party provider to obtain all credit and criminal records. Each application is screened against the property specific criteria above. Should your application be declined you may contact Screening Reports, Inc. at 1-866-389-4042.

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or RD, or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or RD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

*For information requested from financial institutions, Costello Property Management certifies that it handles all information gathered in compliance with the applicable provisions of the Right to Financial Privacy Act of 1978. "This Institution is an Equal Opportunity Provider & Employer."*

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

**DISCLOSURE:** "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](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](mailto:program.intake@usda.gov)."*

**CONDITIONS:** I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. I UNDERSTAND I HAVE A RIGHT TO REVIEW MY FILE AND CORRECT ANY INFORMATION THAT I CAN PROVE IS INCORRECT.

### SIGNATURES

|   |  |      |
|---|--|------|
| Adult Household Member                                    | (Print Name)                               | Date |
| Authorized Representative of Costello Property Management | _____<br>Manager<br>(Print Name and Title) | Date |

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

**Race and Ethnic Data  
Reporting Form**

(for Tax Credit/HOME properties)

\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
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

Project Name: \_\_\_\_\_ Initial Certification: \_\_\_\_\_

Unit No.: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_ Annual Recertification: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Box No. City State Zip

**1. List all occupants of the unit**

| Occupant  | Relationship            | Social Security Number | Date of Birth | Sex   |
|-----------|-------------------------|------------------------|---------------|-------|
| (a) _____ | Head of Household _____ | _____                  | _____         | _____ |
| (b) _____ | _____                   | _____                  | _____         | _____ |
| (c) _____ | _____                   | _____                  | _____         | _____ |
| (d) _____ | _____                   | _____                  | _____         | _____ |
| (e) _____ | _____                   | _____                  | _____         | _____ |
| (f) _____ | _____                   | _____                  | _____         | _____ |

**2. Are all members of the household U.S. Citizens?** Yes  No

**3. Is any member of the household a full or part-time student at an institution of higher education?** Yes  No

**4. Race - Head of Household:**

- |   |   |
|---|---|
| <input type="checkbox"/> White  | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian & White  | <input type="checkbox"/> Black/African American                 |
| <input type="checkbox"/> Asian  | <input type="checkbox"/> Black/African American & White         |
| <input type="checkbox"/> American Indian/Alaskan Native                           | <input type="checkbox"/> Native Hawaiian/Pacific Islander       |
| <input type="checkbox"/> American Indian/ Alaskan Native & Black African American | <input type="checkbox"/> Other Multi-Racial                     |

**Hispanic Head of Household:** Yes  No

**5. The following question is optional. However, the information supplied may be used to determine any special needs you may have.**

Do any family members have a disability? Yes  No   
 If so, what type of special accommodations may be needed? \_\_\_\_\_

**6. If tenant is already residing in the HOME project, complete this section. Otherwise, go to Question 7.**

|                     |                                  |
|---------------------|----------------------------------|
| <b>CURRENT RENT</b> | <b>CURRENT UTILITY ALLOWANCE</b> |
| Monthly \$ _____    | Monthly \$ _____                 |

**7. Do you currently receive rental assistance?** Yes  No   
 If yes, are you receiving: Section 8 Certificate  Amount Per Month: \$ \_\_\_\_\_  
 Section 8 Voucher   
 Other



**8. Please answer each of the following questions. For each "Yes" answer provide details in the chart below.**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. Is any member of your household employed, full-time, part-time, or seasonally?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does any member of your household expect to work for any period during the next 12 months?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does any member of your household work for someone who pays them in cash?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does any member of your household now receive or expect to receive unemployment benefits?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does any member of your household now receive or expect to receive child support?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Is any member of your household entitled to child support that he/she is not now receiving?   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Does any member of your household now receive or expect to receive alimony payments?  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Is any member of your household entitled to alimony payments that he/she is not now receiving?  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Does any member of your household receive or expect to receive welfare assistance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Does any member of your household receive or expect to receive Social Security benefits?  | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Does any member of your household receive or expect to receive income from a pension or annuity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?  | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from the rental of property? | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Is anyone in the household a student at an institute of higher learning and age 18-23?  | <input type="checkbox"/> | <input type="checkbox"/> |

**For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.**

| Family Member | Source & Type of Income | Annual Income |
|---------------|-------------------------|---------------|
|               |                         |               |
|               |                         |               |
|               |                         |               |
|               |                         |               |
|               |                         |               |

If additional space is needed attach a separate sheet.

**9. List all checking and savings accounts (including IRA's, Keough accounts, and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.**

| Family Member | Financial Institution | Account Number | Type | Balance |
|---------------|-----------------------|----------------|------|---------|
|               |                       |                |      |         |
|               |                       |                |      |         |
|               |                       |                |      |         |
|               |                       |                |      |         |
|               |                       |                |      |         |

If additional space is needed attach a separate sheet.

**10. List value of all stocks, bonds, trusts, pension contributions, or other assets:**

---

**11. Do you own a home or other real estate?  Yes  No**

**12. Did you have any assets in the last two years not listed above?  Yes  No**

a. If yes, did you dispose of any assets for less than fair market value?  Yes  No  
 (This means that the assets were either given away or sold at less than the allotted market value.)

b. What were the assets, the market value at the time of disposition, the amount received, and date you disposed of the assets? \_\_\_\_\_

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets if the difference between the value and the amount received exceeds \$1000.

**RESIDENT'S STATEMENT:** I understand that the above information is being collected to determine my eligibility for residency. I authorize the owner/manager to verify all information provided on this application and my signature is consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no assets other than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law and grounds for eviction. I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Head of Household: \_\_\_\_\_

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

Signature of Spouse or Co-Tenant: \_\_\_\_\_

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



**HOME Program  
Eligibility Release Form**

Organization requesting release of information  
(PJ name, address, telephone, and date)

*Information Covered:* Inquiries may be made about  
items initialed by applicant/tenant.

*Purpose:* Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

*Privacy Act Notice Statement:* The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

*Instructions:* Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

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

|  | Verification Required | Initials |
|--|-----------------------|----------|
| Income (all sources)   |                       |          |
| Assets (all sources)   |                       |          |
| Child Care Expense   |                       |          |
| Handicap Assistance Expense (if applicable)  |                       |          |
| Medical Expense (if applicable)  |                       |          |
| Other (list)<br>_____  |                       |          |
| Dependent Deduction<br><input type="checkbox"/> Full-Time Student<br><input type="checkbox"/> Handicap/Disabled<br><input type="checkbox"/> Family Member<br><input type="checkbox"/> Minor Children |                       |          |

*Authorization:* I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:  
Family Member HEAD

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #2

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #3

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #4