



Conventional Apartment
For Tenant Eligibility



Effective Date: _____

Name: _____

Property: Hi Mountain

Address: _____

Type of Cert: Move In

Rent: \$ _____

<i>Household Member's Full Name</i>	<i>Social Security Number (or Alien Registration)</i>	<i>Age</i>	<i>Attending School?</i>	<i>Place of Work &/or Name of School</i>
_____	_____	_____	☐ Yes ☐ No	_____
_____	_____	_____	☐ Yes ☐ No	_____
_____	_____	_____	☐ Yes ☐ No	_____
_____	_____	_____	☐ Yes ☐ No	_____

Each line hereinafter is for the income of all the above persons during the 12-month period beginning with the Effective Date listed above.

<i>Income Types</i>	<i>Head of House</i>	<i>All Other Members</i>
Employment Income (Wages, Salaries, Tips, etc):	\$ _____	\$ _____
Interest from Bank Accounts (Savings, Checking, Money Market, etc):	\$ _____	\$ _____
Dividend Income (Stocks, Bonds, etc):	\$ _____	\$ _____
Net Income from the operation of a Business:	\$ _____	\$ _____
Full Amount of Periodic Payments (Retirements, Investments, Insurance, etc):	\$ _____	\$ _____
Payments in Lieu of Earnings (Unemployment, Workers Comp, Insurance, etc):	\$ _____	\$ _____
Welfare of other Public Assistance:	\$ _____	\$ _____
Periodic Allowances (Alimony, Child Support, Gifts, etc):	\$ _____	\$ _____
Armed Forces Pay (if applicable):	\$ _____	\$ _____
Total Household Income (sum of both columns):	\$ _____	

Tenant Statement:

The information on this form is to be used to determine maximum tenant income for eligibility for occupancy or for continuing compliance with respect to an apartment unit in a property. I/We have provided the current annual income for each adult person listed above. I/We certify that the statements above are true and complete to the best of my/our knowledge and believe and are given under the penalty of perjury. This undersigned hereby consents to the disclosure of any of the information contained on this form.

All occupants 18 years old and older must sign this certificate.

Tenant/Applicant Signature Date

Spouse/Co-Tenant Date

Manager Date

Additional Adults should sign & date here:



Application for Rental

Revision Date: January 2026

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 (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

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 #5, #6, #7 - 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
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 wish to request housing accommodations (i.e. wheelchair accessible unit, flashing fire alarm, etc)? ☐ Yes ☐ No

RESIDENTIAL HISTORY
(List consecutively)

Applicant

Co-Applicant

Landlord/ Property Name _____ Landlord/Realtor Phone # (____)____ - _____ Applicant Address _____ Present monthly rent/mortgage \$ _____ Dates of Occupancy(mm/dd/yyyy) _____ ☐ Rent ☐ Own ☐ NA	Landlord / Property Name _____ Landlord/Realtor Phone # (____)____ - _____ Applicant Address _____ Present monthly rent/mortgage \$ _____ Dates of Occupancy (mm/dd/yyyy) _____ ☐ Rent ☐ Own ☐ NA
Landlord Property/Name _____ Landlord/Realtor Phone # (____)____ - _____ Applicant Address _____ Present monthly rent/mortgage \$ _____ Dates of Occupancy(mm/dd/yyyy) _____ ☐ Rent ☐ Own ☐ NA	Landlord Property/Name _____ Landlord/Realtor Phone # (____)____ - _____ Applicant Address _____ Present monthly rent/mortgage \$ _____ Dates of Occupancy (mm/dd/yyyy) _____ ☐ Rent ☐ Own ☐ 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 in the last 5 years? If yes, When _____ Where _____ ☐ Yes ☐ No
- Why _____
15. Is any member of your household currently receiving rental assistance? ☐ Yes ☐ No
- a. Is the rental assistance provided by a Public Housing Authority ☐ Yes ☐ No
- b. Type of rental assistance received (e.g. cash, voucher, check) : _____
- c. Name of organization or agency providing the rental assistance : _____

**** If #15 sub a. is yes – do not complete the HOTMA Compliance Questionnaire or HOME Questionnaire ****

ESTIMATED HOUSEHOLD INCOME

Applicant

Co-Applciant

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 _____

Job Start Date (mm/dd/yyyy) _____

Job Start Date (mm/dd/yyyy) _____

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, 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, 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."



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."

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

Applicant's Signature: _____

Date: _____

Co-Applciant's Signature: _____

Date: _____

Co-Applciant's Signature: _____

Date: _____



HOTMA 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.

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

- Will this unit be the PRIMARY RESIDENCE for the Head and Co-Head of Household? ☐ Yes ☐ No
- Are any household members separated, but not divorced? If yes, who? ☐ 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? _____
- Are any members of your household Foster Children or Foster Adults? If Yes, Who? ☐ Yes ☐ No
- Do you receive funding from Medicaid or State/Federal Agency that enables a disabled family member to live with you? ☐ Yes ☐ No
- Will your household be receiving a Section 8 Voucher, Housing Choice Voucher, or Project-Based Voucher? ☐ Yes ☐ No

ASSET INFORMATION

Necessary Personal Property Examples (these and like items **should not** be listed on the next page)

cars (for personal or work), furniture, carpet, linens, kitchenware, common appliances, radio, television, DVD player, gaming system, clothing, toys, books, wedding/engagement rings, jewelry used in religious/cultural celebration and ceremonies, religious and cultural items, medical equipment and supplies, musical instruments used by the family, personal computers, phones, tablets, tools of trade, educational materials and exercise equipment, equipment to accommodate persons with disabilities

- Do any household members hold any assets jointly with someone not in the household? ☐ Yes ☐ No
If "Yes", explain: _____
- Are any of the below assets part of an IRS recognized retirement account? If yes, which one(s) ☐ Yes ☐ No

HTC | ASSET SELF - CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.

(Complete only one form per household; include assets of children.)

Write something in for each asset box below for (A) Cash Value and (B) Annual Income. If something is not applicable write "N/A" or "-".

For the following asset types, include the current Cash Value of each asset held by any family member and the actual income that the asset earns. *Cash value is current market value minus cost to convert an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*

Household Name: _____					
PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)					
☐ Yes ☐ No Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV).					
Asset #1:		Date of Disposal:		FMV - amt received:	
Asset #2:		Date of Disposal:		FMV - amt received:	
PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT					
Have you received a federal tax return or refundable federal tax credit in the last 12 months?					☐ Yes ☐ No
Amount of return/credit:					\$ _____
PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)					
☐ Yes ☐ No I have Non-necessary Personal Property (NNPP)					
Type of Asset	(A) Cash Value*	(B) Annual Income	Type of Asset	(A) Cash Value*	(B) Annual Income
Cash on Hand	\$ _____	N/AP	Cryptocurrency	\$ _____	\$ _____
Pre-paid Debit Card (including Govt. Benefits)	\$ _____	N/AP	Money Market/ CD	\$ _____	\$ _____
Checking/Savings	\$ _____	\$ _____	Annuities	\$ _____	\$ _____
Checking/Savings	\$ _____	\$ _____	Brokerage Account	\$ _____	\$ _____
Savings	\$ _____	\$ _____	Stocks/Bonds	\$ _____	\$ _____
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	\$ _____	\$ _____	Other: _____	\$ _____	\$ _____
Whole Life Insurance	\$ _____	\$ _____	Other: _____	\$ _____	\$ _____
Non-Account Based					
Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business					
Description			(A) Cash Value *		
_____			\$ _____		
_____			\$ _____		
_____			\$ _____		
_____			\$ _____		
PART IV. REAL PROPERTY					
☐ Yes ☐ No I have Real Property					
Description of Property		(C) Cash Value*		(D) 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.

Signature of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date
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PENALTIES FOR MISUSING THIS CONTENT: 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 uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

Asset Self-Certification (2024)

INCOME INFORMATION - All information should be calculated on an Annual Basis.

11. Does anyone in the household receive or expect to receive regular payments from any of the following?

Employment ☐ Yes ☐ No

Self-Employment ☐ Yes ☐ No

Provide most current 1040 AND Schedule C, E, or F

Armed Forces Pay ☐ Yes ☐ No

Unemployment Compensation ☐ Yes ☐ No

Severance Pay ☐ Yes ☐ No

Alimony ☐ Yes ☐ No

Child Support – Monitored ☐ Yes ☐ No

Child Support – Non-Monitored ☐ Yes ☐ No

TANF ☐ Yes ☐ No

Student Financial Assistance (Family, Loans, Grants, Work Study, etc) ☐ Yes ☐ No

Tribal Income ☐ Yes ☐ No

Welfare Assistance (Food stamps, etc.) ☐ Yes ☐ No

Rental Income ☐ Yes ☐ No

Veteran's Benefits ☐ Yes ☐ No

Pension, Annuity, or Retirement Account Payments ☐ Yes ☐ No

Disability Benefits (Other than SSI) ☐ Yes ☐ No

Death Benefits &/or Life Insurance Payments ☐ Yes ☐ No

Social Security or SSI ☐ Yes ☐ No

Online Casino, Draft Kings, etc. ☐ Yes ☐ No

Other: _____ ☐ Yes ☐ No

Please note that the following income sources are considered "nonrecurring" and do not need to be reported. Please report all other income

- Temporary U.S. Census Bureau employment (Decennial Census or American Community Survey) lasting no longer than 180 days
- Federal or State stimulus or recovery payments.
- Gifts for holidays, birthdays, or other significant life events or milestones (e.g., wedding gifts, baby showers, anniversaries).
- Non-monetary, in-kind donations, such as food, clothing, or toiletries, received from a food bank or similar organization.
- Lump-sum additions to family assets, including lump sum lottery or other contest winnings. (Note: list these in the asset section of this questionnaire.)

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

<i>Household Member's Full Name</i>	<i>Type of Income (see #11 for examples)</i>	<i>Source of Income (Business Name, Phone #, and Contact Person)</i>	<i>Annual Amount</i>

12. Are there any adult household members who have no income:

☐ Yes ☐ No

If yes, who: _____

13. Does anyone outside the household pay any regular expenses and/or give you cash or non-cash contributions regularly?

☐ Yes ☐ No

If yes, who: _____

14. Are any changes in income arranged from any source during the upcoming year? Explain _____

☐ Yes ☐ No

15. Are any of the above listed incomes ending this coming year, and will not repeat? If yes, which? _____

☐ 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 and date below.

Applicant _____

Date _____

Co-Applicant _____

Date _____

Co-Applicant _____

Date _____

**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



Student Status Questionnaire
Tax Credit Properties



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
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ 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: Sunshine Park 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 3rd 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, 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."*

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

Manager
(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 4508, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.