

Return To: _____

SECTION I APPLICATION

Development Name: _____

Development Address: _____

Development Type: MULTI-FAMILY ELDERLY

Today's Date _____ No. of Bedrooms Needed: _____

Other Needs: _____

A SEPARATE APPLICATION FORM MUST BE COMPLETED BY EACH APPLICANT OF THE HOUSEHOLD WHO IS NOT RELATED BY BLOOD, MARRIAGE OR ADOPTION. Please provide date of birth for all persons who will be living in the household. Proof of age will be requested if you are applying to live in a designated elderly development. Acceptable age verifications include a COPY OF (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card.

Name of Persons to Occupy the Unit			Relationship	Social Security No.	Date of Birth
Last	First	MI			

A - GENERAL INFORMATION

- Do you own a pet? _____ If so, what kind? _____ Weight _____
- Do you own a waterbed? _____ Do you carry renter's insurance? _____
- Do you have the right to legally enter into a lease? YES NO
- Please state the name(s) of any household member(s) that you want to be made Co-Head(s). (Co-Head is defined as an individual who has the legal right to enter into a lease agreement and will share all the rights and responsibilities.) _____
- Have you ever filed bankruptcy? YES NO If yes, please explain: (include dates) _____
- Have you ever been convicted of a felony? YES NO If yes, please explain: _____
- Have you ever been evicted from an apartment for any reason? YES NO If yes, please explain: _____



“This institution is an equal opportunity provider & employer.”



B – HOUSING REFERENCE (List ALL landlords in the past THREE years.)

1. PRESENT ADDRESS

PHONE # - Day (____) _____ CITY _____ STATE _____ ZIP _____
Evening (____) _____
LANDLORD'S NAME _____ LANDLORD'S PHONE # (____) _____
LANDLORD'S ADDRESS _____ CITY _____ STATE _____ ZIP _____
RELATIONSHIP TO LANDLORD: _____ RENT PER MONTH: \$ _____

2. PREVIOUS ADDRESS:

FROM: _____ CITY _____ STATE _____ ZIP _____
LANDLORD'S NAME _____ REASON FOR LEAVING: _____
LANDLORD'S ADDRESS _____ LANDLORD'S PHONE # (____) _____
RELATIONSHIP TO LANDLORD: _____ CITY _____ STATE _____ ZIP _____
RENT PER MONTH: \$ _____

3. PREVIOUS ADDRESS:

FROM: _____ CITY _____ STATE _____ ZIP _____
LANDLORD'S NAME _____ REASON FOR LEAVING: _____
LANDLORD'S ADDRESS _____ LANDLORD'S PHONE # (____) _____
RELATIONSHIP TO LANDLORD: _____ CITY _____ STATE _____ ZIP _____
RENT PER MONTH: \$ _____

C. EMPLOYMENT OR OTHER INCOME SOURCES (List ALL sources)

INCOME SOURCES: _____ MONTHLY GROSS INCOME \$ _____
CONTACT PERSON: _____ Phone # (____) _____
ADDITIONAL SOURCE(S): _____ MONTHLY GROSS INCOME \$ _____

D. PERSONAL REFERENCE (Excluding family members) (See attachment - page 9)

Name _____ Relationship _____
Phone # (____) _____ No. of years known _____
Address _____ City _____ State _____ Zip _____

E. VEHICLE / DRIVER I.D.

1. Driver's License # _____ State Issued _____
Car Make _____ Color _____ Year _____ Lic. # _____
2. Driver's License # _____ State Issued _____
Car Make _____ Color _____ Year _____ Lic. # _____



“This institution is an equal opportunity provider & employer.”



F. EMERGENCY CONTACT (Other than person listed on application)

Please list someone in the immediate area if possible.

NAME _____ Relationship _____
ADDRESS _____ City _____ State _____ Zip _____
Phone-Days _(____)_____ Phone-Evenings _(____)_____

G. SIGNATURE CLAUSE

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for residency as may be necessary. I understand that any misrepresentation may result in the denial of my application. I authorize _____ it's subsidiaries, and its agents to investigate my credit worthiness through any credit bureau or other reasonable means. I have read this application and understand it.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT, OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

It is our aim to ensure that this apartment community is a drug free zone. The use and/or sale of controlled substances will not be tolerated. By signing this application form, I verify my support for this policy.

ALL PERSONS DESIGNATED AS HEAD OR CO-HEAD(S) MUST SIGN BELOW.

Signature Date

Signature Date

Office Use Only:

(1) Date of Interview

(2) Desired Apt. #

(3) Desired Move-in Date:



“This institution is an equal opportunity provider & employer.”



SECTION II CERTIFICATION

You have applied to rent an apartment which is only available to qualified or certified participants in the Section 42 Low-income Housing Tax Credit Program. To determine your eligibility, YOU must provide the following information on this application. The information will be kept confidential by the Owner or Managing Agent, except as necessary to prove to the government that you qualify; All applicants related by blood, marriage, or adoption may complete a single form showing total household income and assets. Read each item carefully, and provide the information requested truthfully and fully. Making a false statement under oath may subject you to criminal penalties. If you have any questions, please consult with your property manager.

SECTION IIA: GENERAL

Please circle Y or N to indicate YES or NO. Please make sure you have answered every question completely. If you circle Y for YES, complete the requested information. If the questions do not apply, circle N for NO. An incomplete form may delay the certification process.

- Y N 1. Are you a full time student? (A full time student is defined as someone who has been or will be a full time student for 5 months *this year*.)
- Y N 2. Are any household members temporarily absent?
Who? _____ For how long? _____
- Y N 3. Are any household members permanently absent?
Who? _____
- Y N 4. Are you separated, but not divorced from your spouse?
(Answer N (no) if you are married and living with spouse, single, legally divorced or widowed.)
- Y N 5. Will you be receiving Section 8 Assistance?
Agency: _____ Contact Person: _____
Phone # _____ Monthly Gross Amount: \$ _____

IF THIS APPLICATION DOES NOT CONTAIN ENOUGH ROOM TO PROVIDE ALL RELEVANT INFORMATION, PLEASE ATTACH ADDITIONAL SHEETS OF PAPER.



“This institution is an equal opportunity provider & employer.”



SECTION IIB ASSETS

ALL INFORMATION SHOULD BE CALCULATED ON AN ANNUAL BASIS.

Y N 6. Do you have any of the following: checking or savings accounts, Money Market Funds, Trusts, IRA/Keogh accounts, Certificates of Deposit (CD's), or other accounts?

Box A.

<u>Type of Account</u>	<u>Where Held?</u>	<u>Balance(A)</u>	<u>% Interest</u>	<u>Interest/Year (1)</u>

The following box should be completed for ALL real estate owned (jointly or separately) including a home or farm. Also list each asset that earns interest or dividends such as stocks and bonds.

Box B.

<u>Type of Asset</u>	<u>Where Held?</u>	<u>*Fair Mkt Value</u> <u>A</u>	<u>% Interest</u>	<u>Interest/Year (1)</u>
Total of Column A In Both Boxes			Total Interest/Year From Both Boxes	
		Insert Total in # 15		Insert Total in 17b

*Fair Market value is the value of the asset minus reasonable costs that were or would be incurred in selling or converting the asset to cash. These costs include. (1) penalties for early withdrawal, (2) broker/legal fees assessed to sell or convert the asset to cash and (3) settlement costs for real estate transactions.



“This institution is an equal opportunity provider & employer.”



Do you have any of the following? If yes, state the amount of the asset and where asset is held.
 IF THE ASSET EARNS INTEREST OR DIVIDENDS, ENTER INFORMATION IN BOX B,
 PAGE 5.

Y N 7. Do You own any stocks or bonds? *(Enter the information in Box B, page 5)*
 Type/Name _____

Y N 8. Do you own any real estate including a primary residence, farm,
 vacation home, vacant land, rental property or other investments?
(Enter the information in Box B, page 5)
 If yes, please explain: _____

Certain documents such as an accepted offer to purchase, and/or an
 amortization schedule may be requested.

Y N 9. Do you hold any personal property as an investment,
(i.e., coin collection or an antique car?)
 DO NOT include necessary personal items such as a car or furniture.
 If yes, please explain: _____ \$ _____

Y N 10. Do you have any cash on hand or at home? \$ _____

Y N 11. Do you have a safe deposit box?

Y N 12. Are any assets held jointly with a person who does not reside with you?
 Which Assets? _____
 Held with whom? _____
 What portion of the assets do you have access to? _____

Y N 13. Have you received any LUMP SUM payments in the last
 24 months? If yes, how much. \$ _____
 If yes, please explain: _____

Y N 14. In the past two years, have you disposed of any assets for
 less than Fair Market Value?
 Market Value Less Cash Received \$ _____
 If yes, please explain: _____

15. Enter Total Assets (A) from Box B page 5. \$ _____

16. Total the amounts from questions 9 – 15.
 TOTAL ASSETS \$ _____



“This institution is an equal opportunity provider & employer.”



17. COMPUTATION OF ASSET INCOME
- Enter Total Assets (line 16) \$ _____
- a. Enter Total interest (1) from Box B page 5 \$ _____
- b. If Total Assets are OVER \$5,000, multiply the amount by the current HUD Passbook Rate. (IF LESS than \$5,000, write in N/A.) \$ _____
- c. Enter the greater of b or c in line 17d. \$ _____
- d. TOTAL ASSET INCOME \$ _____

SECTION IIC: INCOME

ALL INFORMATION SHOULD BE CALCULATED ON AN ANNUAL BASIS.

18. Enter the TOTAL ASSET INCOME from line 17d. \$ _____
- Y N 19. Is anyone in your family currently employed?
- GROSS income/year include overtime, tips, etc.
- Name: _____ Employer _____ \$ _____
- Name _____ Employer _____ \$ _____

Y N 20. Is this seasonal employment?

Y N 21. Are you self-employed or do you own a business?
If yes, NET income per year \$ _____

DO YOU NOW OR SOON INTEND TO RECEIVE PERIODIC PAYMENTS FROM –

Y N 22. Social Security or S.S.I. (GROSS) \$ _____

Y N 23. A.F.D.C. or other public aid \$ _____

Agency: _____

Contact Person: _____

Telephone: _____

Y N 24. Veteran's Benefits \$ _____

Y N 25. Pensions and annuities \$ _____

Y N 26. Insurance settlements \$ _____



“This institution is an equal opportunity provider & employer.”



- Y N 27. Disability or Death Benefits \$ _____
Please check which type:
Veteran's Social Security Other Type
- Y N 28. Alimony or child support \$ _____
- Y N 29. Regular and/or special armed forces pay \$ _____
Including allowances for member of family
(whether or not living in unit.)
- Y N 30. Unemployment compensation \$ _____
- Y N 31. Severance pay \$ _____
From where? _____
- Y N 32. Does anyone outside of your household pay your \$ _____
expenses and/or give you money regularly?
If yes, please explain _____
- Y N 33. Other anticipated income \$ _____
From where? _____
34. TOTAL ANNUAL INCOME (lines 18 – 33) \$ _____

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 understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verification of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Program.

ALL PERSONS DESIGNATED AS HEAD OR CO-HEAD(S) MUST SIGN BELOW.

Signature Date

Signature Date



PERSONAL REFERENCE:

NAME: _____

ADDRESS: _____

PHONE # : _____ HOW LONG KNOWN: _____

COMMENTS: _____

PERSONAL REFERENCE:

NAME: _____

ADDRESS: _____

PHONE # : _____ HOW LONG KNOWN: _____

COMMENTS: _____

PERSONAL REFERENCE:

NAME: _____

ADDRESS: _____

PHONE # : _____ HOW LONG KNOWN: _____

COMMENTS: _____



Tenant Background Check Form

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by [Bell Management] ("the Company") after receipt of this authorization. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656**; another outside organization acting on behalf of [Bell Management] and/or [Bell Management] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

New York City applicants only: You acknowledge and authorize the Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company.

Washington State residents only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma residents only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ Date of Birth*: _____

Driver's License # _____ State of Driver's License*: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____

E-mail: _____

Signature: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

At your written request, [**Bell Management**] ("the Company") may obtain information about you from a third-party consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; www.backgroundscreenersofamerica.com.**

Signature: _____ Date: _____

This form stays in tenant file.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Applicant Copy

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

Applicant Copy

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

Applicant Copy