

Lake View Estates

Property Name:

Date Application Received:

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.

Household Information

This application may incur a non-refundable application and processing fee that will not exceed the amount paid to the service provider/credit bureau. You may be charged an application fee for any person age 18 and over.

Last Name, First Name, MI	SSN, Alien Registration, Work or Student Visa Number	Sex	Date of Birth	Student (Y or N)

If the household currently has a person without valid proof of legal status proof of registration must be provided within 90 days. Failure to provide proof could result in eviction proceedings. You must provide a valid picture ID.

General Information

Do you own a waterbed: Yes No

Do you carry renter's insurance: Yes No

Do you have the right to legally enter into a lease, 18 years of age and older: Yes No

Current marital status: Single Married Divorced Widowed Separated Legally Separated

Do all the persons above plan on living in the unit 100% of the time: Yes No Shared custody for children

Is the line in aide certified: Yes No Family Member: Yes No

Do you require a live in aide: Yes No

Do you expect any household changes in the next year: Yes No

Is anyone living with you now that will not be living with you on the property: Yes No

Do you have full custody of your children: Yes No

Are any children not currently living with you going to live with you when the new residence is established: Yes no

Are you in the process of adopting any children: Yes No

Do you care for any foster children or adults: Yes No

Do you have a pet: Yes No Type/Size:

Have you or anyone on the application applied for a therapy pet or service animal: Yes No

Is everyone in the household a full time student: Yes No

Does anyone plan on attending school full time in the next twelve (12) months: Yes No

Nighttime Phone:

Daytime Phone:

Housing History

Current Address:

Do you rent or own: Rent Own Neither

How long have you lived at this address:

Landlord Phone Number:

Landlords Name:

If you have not lived at the current address for 12 months please provide a previous address.

Previous Address:

Did you rent or own: Rent Own Neither

How long have did you live at this address:

Landlord Phone Number:

Landlords Name:

As a renter are you aware of your rights and responsibilities under the Kansas Residential Landlord and Tenant Act: Yes No

As a renter are you aware of your rights to file grievances: Yes No

Are you familiar with your rights under the Fair Housing Act: Yes No

Are you currently homeless: Yes No

Have you ever been evicted: Yes No Explain:

Have you ever received a notice for non-payment of rent: Yes No Explain: Do you have a pay off agreement: Yes No (Please attach)

Do you currently have an overdue balance on rent or utility bills: Yes No

Do you receive rental assistance: Project based Voucher Other source (Church or other organization, family) Are you currently on the rental voucher waiting list: Yes No

Have you ever received rental assistance: Yes No

Has your rental assistance ever been terminated due to fraud, non-payment, or failure to recertify: Yes no

Are you a previous homeowner that lost your home to foreclosure: Yes No

Have you ever filed for bankruptcy: Yes No Date:

Have you or anyone on the application ever been convicted of a felony in the last five years: Yes No

Do you require a reasonable modification or accommodation: Yes No

How did you hear about our community: Newspaper Drive by Internet Resident Referral Other

Income			
	Annual Total Amount	Income Source	Annual Total Amount
Income Source		<input type="checkbox"/> Severance Pay	
<input type="checkbox"/> Wages		<input type="checkbox"/> Self Employment	
<input type="checkbox"/> Child Support		<input type="checkbox"/> Business Income-rental	
<input type="checkbox"/> Alimony		<input type="checkbox"/> Contributions/Gifts	
<input type="checkbox"/> Social Security/SSI		<input type="checkbox"/> Lottery Winnings	
<input type="checkbox"/> Pension payments		<input type="checkbox"/> Armed Forces Pay	
<input type="checkbox"/> Public Assistance/Welfare		<input type="checkbox"/> Educational Funds	
<input type="checkbox"/> VA Benefits		<input type="checkbox"/> Medical Care Payments	
<input type="checkbox"/> IRA, 401K payments		<input type="checkbox"/> Inheritance	
<input type="checkbox"/> Annuity payments		<input type="checkbox"/>	
<input type="checkbox"/> Unemployment		<input type="checkbox"/>	
<input type="checkbox"/> Disability, Death Benefit		<input type="checkbox"/> Other	
<input type="checkbox"/> Workman's Comp			
Estimated total income received in one year:			
How many applicants have a source of income from what is indicated above:			
Has your income recently changed or will it change significantly in the next year: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes above please explain:			
Is your household claiming zero income: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Asset Information					
	Amount of Worth	Interest Earned	Asset	Amount of Worth	Interest Earned
Asset			<input type="checkbox"/> Cash on Hand		
<input type="checkbox"/> Savings/Checking			<input type="checkbox"/> Life Insurance		
<input type="checkbox"/> CDs, Money Markets			<input type="checkbox"/> Real Estate		
<input type="checkbox"/> Bonds, Treasury Bills			<input type="checkbox"/> Rental Property		
<input type="checkbox"/> Stocks, Bonds, Securities			<input type="checkbox"/> Land Contracts		
<input type="checkbox"/> Trust, Mutual Funds			<input type="checkbox"/> Mortgage for Deed		
<input type="checkbox"/> Pensions			<input type="checkbox"/> Personal Property as an Investment		
<input type="checkbox"/> IRAs, Keoghs, 401K			<input type="checkbox"/> Other		

<input type="checkbox"/> Safe Deposit Box		
Do you have a revocable/irrevocable trust: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have access to money/assets in the trust: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you or any person on the application disposed of or given away any asset(s) for less than fair market value in the last two years: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are your assets worth more than \$5,000: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated total income received from the assets in one year (include all interest earned):		
Do more than one applicant have any specific type asset as indicated above: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered yes above please explain:		
Employer Information		Employer:
Head of Household:		Address:
Position:	Termination Date:	Phone:
Hire Date:		Fax:
Salary/Wage:		Employer:
Co-Head of Household:		Address:
Position:	Termination Date:	Phone:
Hire Date:		Fax:
Salary/Wage:		Employer:
Additional Household Member:		Address:
Position:	Termination Date:	Phone:
Hire Date:		Fax:
Salary/Wage:		Employer:
Additional Household Member:		Address:
Position:	Termination Date:	Phone:
Hire Date:		Fax:
Salary/Wage:		

Vehicle Information	Year:	Color:
Type/Make of Vehicle:	Insurance Number:	
License Number:	Year:	Color:
Type/Make of Vehicle:	Insurance Number:	
License Number:	Year:	Color:
Type/Make of Vehicle:	Insurance Number:	
License Number:		

Personal Reference/Emergency Contact	Telephone Number	Emergency Contact
Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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 the 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 question, please consult with your property manager.

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 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.

Failure to completely fill out this application will delay/stop processing.

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/or signature is our consent to obtain such verification. I/we certify that I/we have revealed all income and asset information. I/we further certify that the statements made in this application/certification are true and complete to the best of my/our knowledge and are aware that missing information and false statements will be reason for denial.

All parties age 18 and over must sign this application

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Management Signature

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.

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