



# Resident Selection Criteria

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**A rental application must be completed and processed for all prospective residents 18 years of age or older (and under age 18 if spouse, or co-head of household).**

**Each applicant must provide a valid local, state or federal government issued photo identification at the point of application for verification purposes.**

**A non-refundable Application Fee is required from each person of age and a Security Deposit or a Letter of Guarantee from a local agency is required to hold an apartment off the market.**

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## **Standard Lease Terms Eligibility Requirements:**

- I. Income** – Newly qualifying households applying for housing participating in an Affordable Housing Program are required to disclose all sources of income and unless prohibited by local governing agencies, need to meet the minimum requirement of approximately **2.5** times the household's portion of the rent, but not to exceed the annual income boundaries of the governing program. Sources of income must be verifiable through a 3rd party source whenever possible. In the absence of a 3rd party source we may require such documents as four (4) consecutive and most recent paycheck stubs, four (4) consecutive and up to the present months' bank statements, the previous years' tax return, etc.
- II. Rental/Credit History** – Applicants must provide current residency information including any out of state residences during the past three years. Each applicant's rental and credit history must reflect an overall good standing. A lack of credit and/or rental history, as opposed to poor credit and/or rental history will not result in an automatic decline.
- III. Public Records History** – Applicants must provide their full legal name and date of birth as well as any names the applicant may have been formerly known as. Each applicant's public records history must reflect an overall good standing. A lack of having a public record, as opposed to having a public record and/or history involving physical violence to a person or property, or record of other acts which may endanger or be perceived to endanger the health, safety, welfare, business practices and/or reputation of ownership, management, it's personnel and/or other residents will not result in an automatic decline.

If the findings of the overall review of information received on the applicant's consumer reports, rental application and during the interview related to eligibility are neither within the parameters for a Standard Lease Terms approval nor within the parameters for a Decline the applicant may remain eligible, under the direction of a Accept with Conditions.

**Terms of an Accept with Conditions** – Unless prohibited by local governing agencies, prior to the execution of the Lease Agreement the applicant in receipt of an Accept with Conditions outcome will need pay an additional Security Deposit.

## **Applicants may be declined for the following:**

- A. Falsification, misrepresentation or withholding of information or submission of inaccurate and/or incomplete information on any application or during the interview related to eligibility, award of preference for admission, family composition or rent.
- B. For adverse information received during the interview related to eligibility, received on the application and/or received from information contained in a consumer credit report or a public records history report.
- C. Anyone having been and/or in the process of being evicted from a previous landlord.
- D. Anyone currently in the process of filing bankruptcy.
- E. Anyone refusing to comply with housing program requirements, policies and/or procedures.
- F. Applications will not be approved from un-emancipated minors and/or persons under the age of 18 as head of household.
- G. Applications will not be approved from those that are not a U.S. Citizen, National or a Non-citizen with eligible immigration status, unless prohibited by local governing agencies.
- H. The household may not exceed 2 occupants per bedroom.

If an applicant takes exception with the findings of the eligibility screening, the applicant is responsible for and has the right to contact the reporting agent/agencies. In the event the discrepancy can be cleared up, the applicant will be reconsidered on the basis of the new information.

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**ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER (AND UNDER AGE 18 IF SPOUSE OR CO-HEAD OF HOUSEHOLD) MUST COMPLETE THE FOLLOWING DECLARATIONS:**

**I/WE HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE TERMS AND CONDITIONS THEREOF FROM WHICH MY/OUR APPLICATION WILL BE PROCESSED.**

**I/WE AUTHORIZE THE COMMUNITY, IN WHICH I/WE HAVE APPLIED, THROUGH ITS EMPLOYEES AND DESIGNATED AGENTS, TO MAKE ANY AND ALL INQUIRIES, VERIFY AND OBTAIN DIRECTLY OR THROUGH INFORMATION EXCHANGED NOW OR LATER WITH RENTAL, CREDIT AND PUBLIC RECORD SCREENING SERVICES.**

\_\_\_\_\_  
Prospective Resident                      Date

\_\_\_\_\_  
Prospective Resident                      Date

\_\_\_\_\_  
Prospective Resident                      Date

\_\_\_\_\_  
Prospective Resident                      Date

\_\_\_\_\_  
Owners Representative                      Date



**Commonwealth Management Corporation (CMC) will not decline any applicant or prospective renter on the basis of race, color, sex, LGBT status, national origin, religion, familial status or handicap. Commonwealth Management Corporation (CMC). Hereby reaffirms our commitment to do business in accordance with the Federal Housing Law (Fair Housing Amendment Act of 1988) and the Fair Credit Reporting Act (FCRA) Amendments – October 1, 1997.**

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# Application Deposit Agreement

I/We \_\_\_\_\_ (Applicant/s), residing at \_\_\_\_\_ (Current Address) have applied to \_\_\_\_\_ (Property Name) for a residential dwelling at \_\_\_\_\_ (Property Address).

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As part of the application process, I/We hereby agree to the following terms:

- Processing Fee.** Applicant has paid the sum of \$ \_\_\_\_\_ as a non-refundable application fee for Owner's costs of processing the application.
  - Owner will not cash or retain the application/processing fee if there are pending applicants for the unit listed above or until prior applicants have been denied and/or declined the dwelling.
- Application Deposit.** In addition to the above processing fee, Applicant has deposited the sum of **\$100.00** in consideration for owner taking the dwelling home off the market while considering the approval of this application. The application deposit is not a damage deposit at this time. The application deposit will be either:
  - Credited to the required damage deposit
  - Refunded to applicant under paragraph 4 below in accordance with landlord tenant law.
  - Retained by Owner as liquidated damages for Owner's cost and expenses in taking the dwelling home off the market, as well as reletting expenses such as advertising and overhead under paragraph 7 below.
- Approval where lease is not yet signed by Applicant.** If Applicant has not yet signed the lease at the time of the Owner's approval, the Owner will notify the Applicant of such approval and the lease will be signed by the Owner and Applicant within 3 business days, but no later than the agreed upon start date of the lease agreement.
- Where the Applicant is not approved.** If Applicant is denied, the application deposit will be refunded to Applicant per Landlord Tenant laws. If the applicant was charged an application/processing fee and the rental property owners reject the applicant, the owner must, per landlord tenant law, notify the applicant in writing of the reasons for rejection, including any criteria that the applicant failed to meet along with the name, address and contact numbers of the applicant screening agency. The application deposit, based on landlord tenant law MAY be refunded.

***The applicant chooses the following method for return of the application deposit:***

- Mailing it to the applicant as stated on the application form
- Destroying
- Hold for retrieval by the applicant upon 1 business days' notice

- Where Applicant withdraws Application or fails to sign the lease upon being approved.** If Applicant notifies Owner that Applicant wishes to withdraw their application prior to approval, or if Applicant fails to sign the lease after approval, the application deposit shall be forfeited to Owner as liquidated for damages for Owner's costs and expenses in taking the dwelling home off the market, as well as reletting expenses such as advertising and administrative overhead.

6. **Application deposit agreement preliminary.** This Application Deposit Agreement is preliminary only, and does not obligate Owner to execute a lease or deliver possession of the proposed premises.

7. **Keys.** Keys will be furnished only after:

- Lease and all applicable addenda have been properly executed.
- All applicable rental costs and damage deposits have been paid in full.

8. **Notices.** Owner may notify Applicant of Owner’s decision of approval by telephone or letter. Owner may notify Applicant of Owner’s decision of denial by letter Notification to the Applicant’s spouse shall be considered notice to both. Notification to co-applicant shall be considered notification to all co-applicants.

9. **Receipt**

**Processing Fee (cash and deposited upon receipt)** \$ \_\_\_\_\_

**Application Deposit** \$100.00

**Total money received on date below** \$ \_\_\_\_\_

(Attach copies of all money orders received)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owners Representative Signature

\_\_\_\_\_  
Date

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

# COMPLIANCE APPLICATION

Property: \_\_\_\_\_

Unit Number: \_\_\_\_\_

- All adults 18 years of age or older, not related by blood, marriage, or adoption, must complete their own application.
- The use of Liquid Paper (white-out), pencil or erasable ink will void this form
- To make a correction, please draw a single line through the incorrect information, initial and correct information
- Application MUST be completed in BLUE ink only

## RESIDENT CONTACT INFORMATION

Resident: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

## HOUSEHOLD INFORMATION

Please list all household members that are applying to live in the apartment with you

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	SS#	Birth date (MM/DD/YY)	Marital Status S/M/W/SEP/D*	Student (Circle One)
	<b>HEAD</b>					Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N

\*S=Single / M=Married / W=Widowed / SEP=Separated / D=Divorced

**A. General Information:**

1. Do you own a pet?  YES  NO If yes, what kind? \_\_\_\_\_ Weight: \_\_\_\_\_
2. Have you or anyone else on this application ever filed bankruptcy OR in the process of filing bankruptcy?  YES  NO

If yes, please explain (include dates):  
 \_\_\_\_\_



3. Have you or anyone else named on this application been convicted OR in the process of being convicted of a felony?  YES  NO  
If yes, please explain: \_\_\_\_\_
4. Have you or anyone else named on this application ever been evicted from OR in the process of being evicted from an apartment for any reason?  YES  NO  
If yes, please explain: \_\_\_\_\_
5. Have you or anyone else on this application been convicted OR in the process of being convicted of dealing or manufacturing illegal drugs?  YES  NO  
If yes, please explain: \_\_\_\_\_
6. Have you or anyone else named on this application been convicted OR in the process of being convicted of property damage?  YES  NO  
If yes, please explain: \_\_\_\_\_
7. Is the household comprised entirely of full-time students?  YES  NO
8. If full-time student household, is the household comprised of a single parent who is not a tax dependent of another party **and** whose child(ren) cannot be claimed as a tax dependent by anyone other than the other parent?  YES  NO  NA

**B. Housing Reference:** (List all residences and applicable landlord reference in the past thirty-six (36) months, use additional page if necessary.)

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Do you own this residence?  YES  NO If NO, do you rent this residence?  YES  NO

Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Did you own this residence?  YES  NO If NO, did you rent this residence?  YES  NO

Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

**C. Emergency Contact:** (Other than person listed on application). Please list someone in the immediate area if possible.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_

**D. Drivers License #: Head:** \_\_\_\_\_ **Co-Head:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

6/15

CCS Form #501 W



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 departments 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 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), (8).



YES   NO

 

**1. Do you expect any additions to the Household in the next 12 months?**

Name & Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
When: \_\_\_\_\_

 

**2. Is there anyone living with you now who won't be living with you at this property (Includes relatives)**

Name & Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_

 

**3. Do all the children in the household live with you 50% or more of the time? If no, obtain proof of amount of time child(ren) will be living in the unit.**

Explanation: \_\_\_\_\_

 

**4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the Military)**

Explanation: \_\_\_\_\_

 

**5. Does your household have or anticipate having any pets other than those that are used as service animals?**

Explanation: \_\_\_\_\_

**INCOME INFORMATION**

- Income is counted for any household member who is 18 years of age or older or 17 years of age turning 18 in the next 12 months, unless legally emancipated. However, if the income is unearned, such as a grant or benefit, it is counted for all household members, including minors.
  - Include all income anticipated over the next 12 months.

**Do YOU expect to receive income from:**

 

CCS #205

**6. Employment wages or salaries? (Include tips, overtime, bonuses, commissions or cash payments)**  
*Form 221 must be included if the applicant indicates tips.*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount*</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*# of hours per week & weeks per year or net or gross income per year

 

CCS #222

**7. Are you or any other ADULT household members claiming zero employment income?**

*(i.e. Does not receive employment income)*

Household Member: \_\_\_\_\_  
Explanation: \_\_\_\_\_

 

CCS #222/#224

**8. Are you or any other ADULT household members claiming zero income?**

Household Member: \_\_\_\_\_  
Explanation: \_\_\_\_\_





YES NO

CCS #218/#219

**9. Self-Employment?**

Household Member	Name of Company	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

CCS #211

**10. Regular pay as a member of the Armed Forces?**

Household Member	Base Name and Branch	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

CCS #223

**11. Unemployment benefits?**

Household Member	Name of Company	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

CCS #203/#204

**12. Worker's Compensation, Disability, or Insurance Payments (Not Social Security)?**

Household Member	Name of Company	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

CCS #220

**13. Public Assistance, General Relief or AFDC, W – 2, or Temporary Assistance for Needy Families?**

Household Member	Name of Company	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

CCS #201/#202

**14. A. Child Support**

Household Member	Payor & Child(ren)	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**B. How is the support received?**

- Child Support Enforcement Agency Name of Agency: \_\_\_\_\_
- Court of Law Name of Court : \_\_\_\_\_
- Directly from Person Name of Person: \_\_\_\_\_
- Other Explain: \_\_\_\_\_

**C. If court-ordered, but not actually received, are you taking legal action to remedy?**

Explain: \_\_\_\_\_  
\_\_\_\_\_



YES NO

CCS #202

**15. Alimony/Maintenance? If there is a court order, must provide.**

Household Member                      Payor                      Amount                      Frequency

\_\_\_\_\_

CCS #217

**16. Social Security, SSI or any other payments from the Social Security Administration?**

Household Member                      SSA Office                      Amount                      Frequency

\_\_\_\_\_

CCS #212/ #216

**17. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**

Household Member                      Name of Company                      Amount                      Frequency

\_\_\_\_\_

CCS #208

**18. Regular payment from a severance package?**

Household Member                      Name of Company                      Amount                      Frequency

\_\_\_\_\_

CCS #208

**19. Regular payments from any type of settlement? (For example: insurance settlement)**

Household Member                      Name of Company                      Amount                      Frequency

\_\_\_\_\_

CCS #214

**20. Regular gifts or payments from anyone outside the household? (Includes anyone supplementing your income or paying any of your bills)**

Household Member                      Source of Benefit                      Amount                      Frequency

\_\_\_\_\_

CCS #208

**21. Regular payments from lottery winnings or inheritances?**

Household Member                      Source of Benefit                      Amount                      Frequency

\_\_\_\_\_

CCS #215

**22. Regular payments from rental property or any other types of real estate transactions?**

Household Member                      Source of Benefit                      Amount                      Frequency

\_\_\_\_\_

CCS #200/#208

**23. Any other income sources or types not listed?**

Household Member                      Source of Benefit                      Amount                      Frequency

\_\_\_\_\_



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 departments 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 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), (8).



## ASSET INFORMATION

- Include all assets held and the income derived from the asset.
- INCLUDED ALL ASSETS HELD BY YOU AND YOUR MINOR CHILDREN

**YES NO**

 

CCS #101

**24. Checking or savings account?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #101

**25. CDs, Money Market accounts or treasury bills?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #113

**26. Stocks, Bonds, Mutual Funds or Securities?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #101

**27. Trust fund?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #108

**28. Pensions, IRAs, Keogh, 401K, or other retirement accounts? (Referring to benefits as a current employee)**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #112

**29. Cash on hand?**

<u>Household Member</u>	<u>Amount</u>
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CCS #114

**30. Whole Life or Universal Insurance policy? (Not term insurance policy)**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
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CCS  
#103/#107/#110/#111

**31. Real estate, rental property, land contract / contract for deeds or other real estate holdings?**

*(This includes your personal residence, mobile homes, vacant lands, farms, vacation homes or commercial properties)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Address of Property</u>	<u>Market Value</u>
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YES NO

CCS #109

**32. Personal property held as an investment?**

*(This includes paintings, coin/stamp collections, artwork, collector or show cars, campers, boats, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*

Household Member                      Source of Benefit                      Type                      Market Value

\_\_\_\_\_

CCS #112

**33. A safe deposit box?**

Household Member                      Amount

\_\_\_\_\_

CCS #102

**34. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past two years?**

Household Member                      Amount                      Explanation

\_\_\_\_\_

CCS #106

**35. Have you or any other household member received a lump sum in the past 12 months?**

Household Member                      Amount                      Explanation

\_\_\_\_\_

\$ \_\_\_\_\_

**36. What is the CASH value of your combined total assets? (Items total #24-#35 and put amount in box)**

- Cash value is less than \$5,000 – Complete Under \$5,000 Asset Certification (#105)
- Cash value is greater than \$5,000 – 3<sup>rd</sup> Party verification required.

*Complete the necessary form(s) as indicated above.*

*The following questions pertain to specific eligibility requirements.*

CCS #313

**37. Are you or any other household member (INCLUDING MINORS) currently a part/full-time student?**

Household Member                      Name of School

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CCS #313/#305

**38. Do you or any other household member (INCLUDING MINORS) expect to be a full-time student in the next 12 months?**

Household Member                      Name of School                      Date Last Attended

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**YES**   **NO**

CCS #313

**39. Have you or any other household member (INCLUDING MINORS) been a full-time student in this calendar year?**

<u>Household Member</u>	<u>Name of School</u>	<u>Date Last Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**40. If yes to #38, #39, or #40 and you are attending any school other than elementary through high school, how are you paying for the tuition and all other necessary fees associated with school, college, tech school, et cetera?**

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CCS #306/#307

**41. Will you or any ADULT household member require a live-in care attendant to live independently?**

Name of Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

CCS #304

**42. Was your household receiving Section 8 or any other type of rental assistance at the time of move-in?**

Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

CCS #304

**43. Is your household currently receiving Section 8 or any other type of rental assistance?**

CCS #304

**44. Will your household be eligible or are you applying to receive Section 8 or any other type of rental assistance in the next 12 months?**

Expected Date: \_\_\_\_\_  
Agency/Contact Person: \_\_\_\_\_

**45. Are you currently or will you be an employee of Commonwealth Management? Will any rental/employee discount be provided?**

Total Unit Rent: \_\_\_\_\_  
Your Portion: \_\_\_\_\_  
Discount Amount: \_\_\_\_\_



**SIGNATURE CLAUSE**

I understand that management is relying on this information to prove my household’s eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting management’s resident selection criteria and the Housing Credit Program requirements.

**\*ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW\***

This is a preliminary application and gives you no lease or rental rights. Additional information may be required at a later date to complete processing of this application. If this application is approved, and I fail to enter into a lease or rental agreement, the earnest money and any subsequent payments may be retained to compensate the Landlord's costs and damages, subject to the Landlord's duty to mitigate, or per state statues. The earnest money and any subsequent payments will be refunded to me by the end of the next business day if: (1) this application is rejected, or withdrawn before approval; or (2) if the Landlord takes no action on this application by the end of the 21<sup>st</sup> day following the Landlord's receipt of the earnest money. Any application fee is non-refundable.

Wisconsin applicants only: Applicant hereby acknowledges receipt of a copy of the lease, the policies and procedures addendum, the NONSTANDARD RENTAL PROVISIONS addendum, and any other addenda that applicant has expressed interest in which will require the applicant's signature upon entering into a lease.

**ADULT HOUSEHOLD MEMBERS MUST INITIAL HERE:** \_\_\_\_\_

**APPLICANT SIGNATURES**

_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date

**Management has acknowledged they have reviewed this application with the applicants:**

_____ Signature	_____ Printed Name	_____ Date
--------------------	-----------------------	---------------

Number of Total Applications for household \_\_\_\_\_ of \_\_\_\_\_



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 departments 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 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), (8).



# CHANGE IN INCOME CERTIFICATION

TO: \_\_\_\_\_  
\_\_\_\_\_  
TEL. #: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
DEVELOPMENT NAME: \_\_\_\_\_  
APPLICANT/RESIDENT: \_\_\_\_\_

FROM: \_\_\_\_\_  
TEL. #: \_\_\_\_\_

FAX #: \_\_\_\_\_

You are in the process of, or have been, approved for an apartment which operates in accordance with the requirements of the low-income housing credit program under Section 42 of the Internal Revenue code of 1986. This means that at this time, your income has been verified to be within the eligible income guidelines.

If there are changes to your assets, income, student status, or household composition, it is the applicants/residents responsibility to report the changes to management immediately. These changes to your household status may affect your eligibility.

By signing below you agree to notify management immediately of any changes.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date



# RESIDENT RELEASE AND CONSENT

TO: \_\_\_\_\_  
\_\_\_\_\_  
TEL. #: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
DEVELOPMENT NAME: \_\_\_\_\_  
APPLICANT/RESIDENT: \_\_\_\_\_

FROM: \_\_\_\_\_  
TEL. #: \_\_\_\_\_

FAX #: \_\_\_\_\_

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to \_\_\_\_\_ for the purposes of verifying information and my/our apartment rental application

## INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; student status, employment, income, assets; medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

## GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |  |                                  |  |
|--|----------------------------------|--|
| Past and Present Employers                                     | Welfare Agencies                 | Veterans Administration                |
| Past and Present Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement Systems                     |
| Support and Alimony Providers                                  | Social Security Administration   | Banks and other Financial Institutions |
| Credit and Background Check Agencies                           | Medical and Child Care Providers | Educational Institutions               |

## CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

## APPLICANT/RESIDENT SIGNATURE

\_\_\_\_\_  
Applicant/Resident Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
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 SEPERATELY





# RESIDENT RELEASE AND CONSENT

TO: \_\_\_\_\_  
\_\_\_\_\_  
TEL. #: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
DEVELOPMENT NAME: \_\_\_\_\_  
APPLICANT/RESIDENT: \_\_\_\_\_

FROM: \_\_\_\_\_  
TEL. #: \_\_\_\_\_

FAX #: \_\_\_\_\_

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to \_\_\_\_\_ for the purposes of verifying information and my/our apartment rental application

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## GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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- |  |                                  |  |
|--|----------------------------------|--|
| Past and Present Employers                                     | Welfare Agencies                 | Veterans Administration                |
| Past and Present Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement Systems                     |
| Support and Alimony Providers                                  | Social Security Administration   | Banks and other Financial Institutions |
| Credit and Background Check Agencies                           | Medical and Child Care Providers | Educational Institutions               |

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## APPLICANT/RESIDENT SIGNATURE

\_\_\_\_\_  
Applicant/Resident Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
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 SEPERATELY



# STUDENT STATUS AFFIDAVIT

Please complete one form per household

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
 Property: \_\_\_\_\_ Unit number: \_\_\_\_\_

**All Adults must read:** A full-time student is any individual who is currently enrolled in any educational institution on a full-time basis, expects to be enrolled during the balance of the current tax year (JANUARY to DECEMBER), or has been enrolled on a full-time basis for 5 months (need not be consecutive) out of the current calendar year.

## Section One: Household Members and Status

Please list <b>all</b> household members <b>regardless of age</b> . Indicate student status.				Student Status			Graduated during current calendar year?		If yes, when:
	Name	Age	Full-Time	Part- Time	Financial Aid	Yes	No		
1			Yes No	Yes No	Yes No	Yes	No		
2			Yes No	Yes No	Yes No	Yes	No		
3			Yes No	Yes No	Yes No	Yes	No		
4			Yes No	Yes No	Yes No	Yes	No		
5			Yes No	Yes No	Yes No	Yes	No		
6			Yes No	Yes No	Yes No	Yes	No		
7			Yes No	Yes No	Yes No	Yes	No		
8			Yes No	Yes No	Yes No	Yes	No		
Are all residents of the household full time students?			Yes	No					

## Section Two: Exceptions

When <b>ALL</b> household members are students, the household must meet one of the following exceptions to qualify for the LIHTC or Bond Program:	
Yes No	At least one member of the household is currently enrolled in the Workforce Investment Act (WIA), a job training program that receives assistance under the WIA or is funded by a State or Local public agency. <b>Please provide a verification of enrollment &amp; mission statement of the program.</b>
Yes No	The head of household is a single parent of the above listed children and the above listed parent is not the dependent of another individual for tax purposes, and the children are not claimed as a dependant by someone other than a parent. <b>Please provide a signed copy of most recent tax return.</b>
Yes No	The members of the household are married and are entitled to file a joint federal tax return. <b>Please provide a signed copy of most recent tax return or marriage license.</b>
Yes No	At least one household member was previously under the care and placement responsibility of the State agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care). <b>Please provide court documents, state agency documentation or Social Security verification.</b>
Yes No	At least one member of the household receives cash assistance under title IV or the Social Security Act (i.e. payments under AFDC or TANF) <b>Please provide a third-party verification of AFDC/TANF award.</b>

## Section Three: Financial Aid Exceptions

Yes No	Are you a single parent over the age of 23, with a dependent child?
Yes No	Are you married, over the age of 23, with a dependent child?
Yes No	Do you reside with your parents that are receiving Section 8 Assistance?

## Section Four: Signatures

Signature of Applicant/Resident	Date	Signature of Applicant/Resident	Date
Signature of Applicant/Resident	Date	Signature of Applicant/Resident	Date





## LANDLORD VERIFICATION FORM

Dear Landlord,

The following residents have applied for an apartment at \_\_\_\_\_ and we are looking to verify a few items while reviewing their application. Please take a moment to complete the following and email or fax back to our office. We greatly appreciate your time!

Property Phone: \_\_\_\_\_ Property Fax: \_\_\_\_\_

Email: \_\_\_\_\_@COMMONWEALTHCO.NET

---

Name of Applicant(s): \_\_\_\_\_

Address being verified: \_\_\_\_\_

Dates of Residency: FROM \_\_\_\_\_ TO \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_

Was rent paid on time? (Circle one) **YES** or **NO**

If late, how many times? \_\_\_\_\_

Did you ever file an eviction? (Circle one) **YES** or **NO**

Did the resident, their occupants and their guests damage the property? (Circle one) **YES** or **NO**

Were the police ever called for a disturbance? (Circle one) **YES** or **NO**

Did the resident own a pet? (Circle one) **YES** or **NO**

If so, were there problems with the pet? (Circle one) **YES** or **NO**

Did the resident give proper notice to vacate? (Circle one) **YES** or **NO**

---

**By signing below I/We authorize \_\_\_\_\_, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed above.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Was this complete via phone? (Circle one) **YES** or **NO**