RWI PROPERTY MANAGEMENT

TAX CREDIT SCREENING APPLICATION

Apartment Size Interest: ____0-Bed ____1-Bed ____ 2-Bed____ 3-Bed ____4-Bed

PROPERTY OF INTEREST: _____ Rec'd: Date_____Time_____Initial_____

How did you hear about this property?_____

EACH PERSON OVER THE AGE OF 18 MUST COMPLETE AN APPLICATION.

Please fill out this application **completely and accurately**. Please answer **all** questions thoroughly, do not leave any blanks.

PLEASE DO NOT USE WHITE-OUT

APPLICANT INFORMATION (ALL INFORMATION IS					
Applicant Name: (First, Middle, Last)		**Date of Birth:**		**Age:**	
Social Security Number:		**State Issued ID or Driver's License #**			
Current Address City, State Zip					
Your Phone Number:		**Your Email Address:**			
Do you have a Vehicle?	**Yes No**	**Year:**	**Make:**	**Model:**	**Plate #:**
Do you have a 2nd Vehicle?	**Yes No**	**Year:**	**Make:**	**Model:**	**Plate #:**
Do You Have Any Animals?	**Yes No**	**Number of Animals:**		**Size:**	**Breed:**

HOUSING STATUS:	YES	NO
Rent From A Landlord		
Own A Home		
Staying with Family		
Staying with Friends		
Other:		

PLEASE CIRCLE ALL STATES YOU HAVE RESIDED IN

AK AL AR AZ CA CO CT DE DC FL GA HI ID I L IN
IA KS KY LA ME MD MA MI MN MS MO MT NE NV
NH NJ NM NY NC ND OH OK OR PA RI SC SD
TN TX UT VT VA WA WV WI WY

FULL LEGAL NAME	RELATIONSHIP	DATE OF BIRTH	AGE	SOCIAL SECURITY #	STUDENT Y OR N

CURRENT LANDLORD /MORTGAGE COMPANY	
Landlord Name or Property:	
Company Address:	
Company Phone Number:	Day Time: Evening:
Property Address City, State Zip	
Amount of Rent or Mortgage? $	Are you in Good Standing with your Landlord? Yes No
How Long at This Address?	From: To:

PREVIOUS LANDLORD /MORTGAGE COMPANY (REQUIRED IF LIVING AT CURRENT ADDRESS LESS THAN 2 YEARS)	
Previous Address City, State Zip	
Landlord Name or Property:	
Landlord Phone Number:	Landlord's Address:
Amount of Rent or Mortgage? $	How Long at This Address? #____Yrs. From: To:
Did You Leave Owing Money?	Yes No If Yes, How Much? $

EQUAL HOUSING OPPORTUNITY

HOW WILL YOU PAY YOUR RENT

CURRENT EMPLOYER	
Company Name:	
Company Address:	
HR Contact or Supervisor's Name:	Phone: Fax:
Your Position:	Original Start Date:
Wages: $ _____Per Hour / _____ Hours Per Week	Paid: ___Wkly ___Bi-Wkly __Semi- Monthly ___Monthly

DO YOU RECEIVE	
Overtime: Yes_____No_____	Hours Per Week: _____ Rate:_____
Shift Differential: Yes_____No_____	Hours Per Week: _____ Rate:_____

PREVIOUS EMPLOYER	
Company Name:	Phone: Fax:
HR Contact or Previous Supervisor's Name:	
Your Position:	Dates of Employment: From:___/___/____ To: ___/___/____
Wages: $ _____Per Hr. _____Hrs. Per Wk.	I Was Paid: ___Wkly. ___Bi-Wkly. __Semi- Monthly ___Monthly

OTHER INCOME:		
TYPE	**AMOUNT**	**FREQUENCY**
Working a 2nd job at: _____	**Start Date:**	**$_____Per Hour**
Social Security	$	Per:
Unemployment	$	Per:
Child Support	$	Per:
State Cash Assistance – TANF	$	Per:
Money from Friends or Family	$	Per:
Other: _____	$	Per:

GENERAL HOUSEHOLD INFORMATION	YES	NO	COMMENTS
Are there any other persons <u>NOT</u> listed on page #1 that will be occupying the unit?			
Do you expect any changes to the number of household members in the next 12 months?			
Are any members of your family temporarily absent?			
Is there a Live-in Aide currently living with you, or that will be living with you?			
Have You Ever Been Evicted?			
Have you ever been convicted of a criminal offense?			**If yes, please explain:**
Are you or any members of your household currently using an illegal substances or drugs?			
Are you or any members of your household subject to a Lifetime State Sex Offender Registry?			
Do you or any members of your household need the features of an accessible the unit?			
Are you elderly (62 or older)			
For preference purposes, are you a victim of domestic violence? ***This preference may not apply to all properties see The Tenant Selection Plan for more information.***			
For property preference purposes, are you Disabled?			
Do you expect any household income changes in the next 12 months?			**If yes, please explain:**
Do you have a Housing Choice Voucher? Housing Authority: _____			
Does any other <u>adult</u> in your household rely upon <u>you</u> to pay their bills and expenses?			**If yes, who?**
Did you File Federal and State Income Taxes Last Year?			**If not, why:**

CERTIFICATION OF APPLICANT

PLEASE READ CAREFULLY

I hereby state and represent that the information provided in this application is complete and accurate. I hereby authorize the Landlord or Landlord's Agent to verify the information on the application now and again in the future if needed. Verification or re-verification of any information contained in the application will be retained by Landlord. I hereby authorize RealPage to obtain information about me, including, but not limited to, this application, my credit, my tenant history, my check writing history, any court records and/or my criminal record, and I hereby authorize and instruct any entity or person contacted by RealPage or the Landlord or Landlord's agents to release such information to them. Upon request, RealPage will provide the name and phone number of the source of the information used in the verification process.

I _____certify that I have never been terminated from a subsidized housing program for fraud, non-payment of rent, drug related criminal activity, or failure to cooperate with recertification procedures. I understand that this application can be cancelled, or in the event a lease is entered into, it may be terminated by the landlord, if any of the information provided in the application is materially inaccurate or incomplete.

I_____ also understand that pets are not allowed to be kept on the premises without express written permission (this does not apply to Reasonable Accommodations or for elderly residents on HUD properties).

HUD / IRS and/or Management will compare the information the family supplies with the information Federal, State and Local Agencies have on record for the family's income and household composition.

PENALTIES FOR PROVIDING FALSE INFORMATION OR STATEMENTS ON THIS FORM:

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 U.S.C. 408 (a) (6), (7) and (8).

_____	_____	_____
Applicant Signature	**Date**	**Applicant Printed Name**
_____	_____	_____
Management Signature	**Date**	**Title and Printed Name**