

**APPLICATION FOR Friends of Lafayette House
RESIDENTIAL FACILITY II**

I want to be considered for a housing unit in the above project.

Date of Application: _____

Name: _____

Address: _____

Telephone Number: _____

Previous Address: _____

Date of Birth: _____

Male: ___ Female ___ Prefer not to Disclose ___

Are you currently a full or part time student?

If so, where: _____

Racial and Ethnic Data

Ethnic Data:

___ Hispanic or Latino ___ Not Hispanic or Latino

Racial Data:

- ___ American Indian or Alaska Native
- ___ Black or African American
- ___ Native Hawaiian or other Pacific Islander
- ___ Asian
- ___ White
- ___ Other

Legal Status (Please check one):

___ Guardian

___ Guardian Appointed (See Below)

___ Court appointed guardian who will act on your behalf

Guardian Name _____

Address _____

Phone Number _____

Is the applicant, or a member of an applicant's household, subject to a lifetime a registration frequent under a State sex offender registration program?

Yes ___ No___

Yes ___ No___

What other states have you ,or your family members lived in?

Have you ever been arrested for illegal use of a controlled substance or activities related to abuse of alcohol?

Have you ever been arrested or or convicted of a crime? Yes___ No___

Have you ever been arrested or convicted of a crime? Yes ___ No___

Each unit consists of one bedroom and share a bathroom with one other unit All units share the same common living, dining and kitchen area. Each individual must certify income on a Form 50059 and Management must verify maximum income limits. Rent will be 30% of monthly personal income. Food charges will be separate.

To be eligible for occupancy you must:

1. Be an adult who is developmentally disabled.

In order to qualify for this unit you need to have a developmental disability.

Do you meet this criteria?

___Yes

___No

Do you have the need for an accessible unit? ___Yes ___No

INCOME INFORMATION (include wages, salaries and tips, other income such as SSA, SSI, ADTP, etc.)

Source of Income	Annual Amount	Payment Basis (weekly, monthly)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSET INFORMATION (provide cash value and estimated annual income)

Type and Source of Asset	Cash Value of Asset	Annual Income

I certify that the information given in this application is true to the best of my knowledge. I understand that any false information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Applicant Signature

Parent Guardian Signature

PLEASE PROVIDE OUR OFFICE WITH A PHOTOCOPY OF YOUR SOCIAL SECURITY CARD PER GOVERNMENT REGULATIONS. If you do not have a social security card, please attach a copy of an alternative form of identification that would verify your number.

- A. Applicants and tenants, excluding individuals who do not contend eligible immigration status and tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, must disclose and provide verification of the complete and accurate SSN assigned to each household member.
- B. Adequate documentation to verify the SSN of an individual is a social security card issued by the SSA, an original document issued by a federal or state

government agency which contains the name and SSN of the individual along with identifying information of the individual, or other acceptable evidence of the SSN listed in Appendix 3.

C. Owners may reject documentation of the SSN provided by the applicant or tenant that:

1. Is not an original document; or
2. Is the original document but it has been altered, mutilated, or is not legible; or
3. Appears to be a forged document (e.g., does not appear to be authentic)*.

Mail Application and supplementary materials to:

Friends of Lafayette House Office
400 Little Harbor Rd, Box #1104
Portsmouth, NH 03801

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Exhibit 3-5: **Sample Citizenship Declaration **

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

-
- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

Instructions: Please follow carefully - Incomplete applications will be returned

1. **Complete all areas.** If an item does not apply to you, mark "N/A" on that line.
2. **We need copies of Social Security Cards** The government **requires** that all applicants over the age of 5 submit a copy of their social security card with the attached housing application. If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document.

Driver's License

Medicare Card

Medical Insurance Card

Bank Statement

Retirement benefit letter

Benefit letter from government agencies

Note: Copies of Metal Social Security Cards are not acceptable.

If you cannot provide us with any of the above documents, it will be necessary that you certify to us that you have made application to the Social Security Office for a new card before we will accept your housing application.

3. **Proof of US Citizenship** The US Department of Housing & Urban Development **requires** that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you **must** have the attached Declaration of Section 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
4. **Signatures are required by all adult applicants**
5. **Return your application to:**

**Friends of Lafayette House
400 Little Harbor Road #1104
Portsmouth NH 03801**

Note: Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service animal.

Your application is being returned because:

- You did not complete all areas or you did not sign the application.
- You did not provide the required social security cards for all household members over the age of 5.
- The Declaration of Section 214 Status and Family Summary Sheet were not completed/signed as instructed above.

Please return your application along with the information that was missing if you want to be considered for Section 8 housing

USE ONLY: DATE RECEIVED: _____ TIME RECEIVED: _____ ID #: **3994**

APPLICATION FOR ASSISTED HOUSING – (SECTION 8 HOUSING)

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to , to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- is a management company that provides low rent housing to eligible households, elderly households and single people. is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national original, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

A. **FAMILY SUMMARY** -List all persons, including yourself, who will be living in the apartment. List head of household first.

Name	Relationship	Gender	Soc Sec #	Birth Date	Place of Birth
1	Head				
2					
3					
4					
5					
6					

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____
 (if different than mailing address)

Telephone No. (which you can be reached at): _____ E-Mail Address _____

Applying to Property(s): Great Bay Residential - HUD Sec 8 Requested Unit Size: _____

Bedrooms

How did you hear about the apartment for which you are applying? _____

If you require a handicap-accessible unit, check here

If you require any modifications to an apartment, check here and explain in a note to us

B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim #)	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	AFDC Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, etc.)	
		\$
		\$

C. ASSETS:

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes _____ No _____

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/disposed \$ _____ Amount sold/disposed for \$ _____ Date of transaction _____

C. **ASSETS** (continued)

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Bank		Bank	
Address		Address	
Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

Savings Accounts include Debit Cards

Bank		Bank	
Address		Address	
Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

Certificates of Deposit

Bank		Bank	
Address		Address	
Acct.#	Int Rate	Amt. \$	
Penalty for Early Withdrawal		Maturity Date	
Acct.#	Int Rate	Amt. \$	
Penalty for Early Withdrawal		Maturity Date	

Stocks**IRA's/401-K's**

Name		Bank	
Address		Address	
Value \$	Div. Rate	Value \$	Div. Rate

Bonds**Trust Accounts**

Bank		Bank	
Address		Address	
Present Value \$		Account No.	
Maturity Date		Int. Rate	Balance \$

C. **ASSETS** (continued):**Real Estate**

Do you own any property? Yes _____ No _____

If yes, type & location of property _____

Appraised market value \$ _____ Mortgage or outstanding loan due \$ _____

Name & address of broker/realtor who would provide verification of market value:

Broker/Realtor	Address	City	State	Zip
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D. **MEDICAL AND CHILD CARE EXPENSES****FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY****Medical Costs - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.****Medicare**

Monthly Amount \$	Monthly Amount \$
-------------------	-------------------

Medical Insurance

Name	Name
Address	Address
Claim No.	Claim No.
Monthly Amt. \$	Monthly Amt. \$

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs not covered by insurance - Monthly Amount \$	Anticipated prescription costs not covered by insurance - Monthly Amount \$

Physician

Are you seeing a physician REGULARLY ? Yes _____ No _____	
Name	Name
Address	Address
Anticipated costs not covered by insurance - Monthly Amount \$	Anticipated costs not covered by insurance - Monthly Amount \$

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs not covered by insurance - Balance Due \$	Anticipated costs not covered by insurance - Balance Due \$
Monthly Amount \$	Monthly Amount \$

Child Care Expenses - Complete for children 12 and younger - Weekly cost for Child Care \$ _____

Name & Address of Person/Agency caring for children: _____

E. **PROGRAM INFORMATION**

Are you currently living in subsidized housing? Yes _____ No _____

F. **APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.**

Do you have a Section 8 Voucher or any other type of voucher? Yes____ No____

1. You have been served a Notice to Quit or been asked to leave by a previous landlord? Yes____ No____

2. You have been served with lease violations from a previous landlord? Yes____ No____

3. You have been evicted? Yes____ No____

4. You or any household member have been evicted from federally assisted housing for drug-related criminal activity? Yes____ No____

If you checked yes to any of the above, please explain the circumstances and identify property & landlord.

You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? Yes____ No____

5. List all states, other than the one that you reside in now, in which you have lived in during the last seven years _____

6. Are you or any member of your household currently using marijuana, illegal drugs, or abusing alcohol? Yes____ No____

If yes, please explain: _____

7. If you or a member of your household was 62 or older on 1/31/10 and do not have a Social Security Number, were you/they receiving HUD rental assistance somewhere else? Yes____ No____

8. Are you or anyone in your household under 24 AND enrolled in an institute of higher learning? Yes____ No____

G. **REFERENCE INFORMATION**

Current Landlord (Name, Address,& Phone No.)

How long have you lived there? _____ Is this landlord related to you? Yes____ No____

List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address & Phone No.)

1.	2.
Address of Apt.	Address of Apt.
How long did you live there?	How long did you live there?
Is this landlord related to you? Yes____ No____	Is this landlord related to you? Yes____ No____

List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address, Phone No. & Relationship)

(Example: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.		2.	
Phone No.	Relationship	Phone No.	Relationship

All information received by during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application

Other Information

Please provide us with the name, address, & phone number of an emergency contact:

Vehicles - List any vehicle owned

Type _____ Year/Make _____

Color _____ License Plate No. _____

Do you own a pet? Yes ___ No ___

If yes, describe _____

CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and 's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head _____

Spouse/Co-Tenant _____

Date _____

Date _____

For

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development/HUD, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, we would like to make you aware that, if you do not provide this information, the owner/rental agent is required to note race/national origin and sex based on visual observation or surname.

() American Indian or Alaskan Native () Black () Hispanic () Asian or Pacific Islander () White () Other
 () Male () Female

(To be completed by Owner/Agent)

Member #	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth	Declaration			
						1	2	3	4
Head									
2									
3									
4									
5									
6									
7									

Please sign ALL Black Checkmarks

Authorization

I/we do hereby authorize and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

()


Applicant Signature

Date

()


Co-Applicant Signature

Date

Authorization

I/we do hereby authorize and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

()


Applicant Signature

Date

()


Co-Applicant Signature

Date

Authorization

I/we do hereby authorize and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

(R)
R

Applicant Signature

Date

(R)
R

Co-Applicant Signature

Date