

**APPLICATION FOR RESIDENCY****DC TAX CREDIT PROPERTIES**

Property Information  
 Address  
 Phone number, Fax Number  
 TTY

**FOR OFFICE USE ONLY**

Date and Time:

*A new application will need to be completed if more than 6 months from original application to move-in date. Retain pre-application*

**PLEASE NOTE: ALL MEMBERS OF THE HOUSEHOLD 18 YEARS AND OLDER ARE REQUIRED TO COMPLETE AN APPLICATION FOR RESIDENCY. All questions must be answered. Failure to answer all questions will result in delay in processing. All questions must be answered. Failure to answer all questions will result in delays in the process.**

**APPLICANT INFORMATION**

Name:		Size unit applying for:
		Sex: Male { } Female { } (information is optional)
Status of Applicant: Head Co-Head Other Adult (please circle)	Social Security Number:	
Date of birth:	Email:	Phone: ( )
Marital Status: (please circle) Single (never married) Widowed Married Divorced Separated Other		
Spouse's Name: (if applicable)		Driver's License Number:
Maiden or other name (if applicable)		State of Issue:

<b>Current address:</b>		Homeless? Yes No (please circle)	
City:	State:	Zip Code:	Date of Move in:
Residency Status: (Please circle) Live with Family Rent Own Other: (Explain)			
Monthly payment or rent:	\$	How long have you resided at your current address?	
If Rent, Name of Landlord:		Phone: ( )	
Landlord address:		Lease agreement Yes No	
City:	State:	Zip Code:	If Yes, Lease Expiration Date:
If Own, what is the status? (please circle) Renting Sold Foreclosure Other: (Explain)			

Reason for Moving:
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How did you hear about us? (Please circle) Website Driving by Resident Family Other:
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<b>PREVIOUS RESIDENCES (A MINIMUM OF 5 YEARS OF RESIDENCY IS REQUIRED (PROVIDE MONTH AND YEAR))</b>			
<b>Previous address:</b>		Dates From:	To:
City:	State:	Zip Code:	
Residency Status: (Please circle) Live with Family Rent Own Other: (Explain)			
If Rent, Name of Previous Landlord:		Phone: ( )	
Previous Landlord address:		Monthly payment or rent: \$	
City, State, Zip:			
If Own, what is the status? (please circle) Renting Sold Foreclosure Other: (Explain)			
Reason for Moving:		Landlord telephone or email:	

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<b>Previous address:</b>		Dates From:	To:
City:	State:	Zip Code:	
Residency Status: (Please circle) Live with Family Rent Own		Other: (Explain)	
If Rent, Name of Previous Landlord:		Phone: ( )	
Previous Landlord address:		Monthly payment or rent: \$	
City, State, Zip:			
If Own, what is the status? (please circle) Renting Sold Foreclosure Other: (Explain)			
Reason for Moving:		Landlord telephone or email:	

Use additional pages if more space is needed

**HOUSEHOLD COMPOSITION**

Name	Relationship to Head of Household	Date of Birth	Social Security number	Race * (see below)	Gender (optional)	Ethnicity * (see below)
	Head					

**Race Selections:** White-1, Black/African American-2, American Indian/Alaskan Native-3, Asian-4, Native Hawaiian/ Other Pacific Islander-5, Other-6 or Refuse to Respond-7

**Ethnicity Selections:** Hispanic or Latino-1, Not Hispanic or Latino-2, or Refuse to Respond-R

\* This information is voluntary and is for statistical purposes and does not affect eligibility.

**STUDENT STATUS**

Are you a full-time student? Yes No (please circle)	Are you a part-time student Yes No (please circle)
Have you been a full-time student for the 5 Months or more in the current calendar year? Yes No (please circle)	
Are any other members 18 and over full-time student? Yes No (please circle)	
<i>If NO, there is no need to answer the remaining Student Questions, please skip to the next section.</i>	

If Yes please indicate name of household member:	
If Yes, Name of Institution:	Graduation date:

If Yes, to the any of the questions above complete questions below:	(please circle)
• Married and filing a joint tax return?	Yes No
• Receiving benefits under AFDC, TANF or other benefits under TITLE IV of the Social Security Act?	Yes No
• Enrolled in a Job Training program receiving assistance under the Job Training Partnership Act (JTPA)?	Yes No
• A single parent living with his/her minor child and the parent is not a dependent on another's tax return and the children are dependents only of the parent?	Yes No
• Previously under the care and placement of a foster care program?	Yes No



**INCOME**

List all sources of income as listed below: Circle Yes or No. If Yes indicate amount and frequency.

(please circle)	Source of Income	Gross Amount	Frequency (monthly, weekly)
Yes No	Benefits received from the Social Security Administration: (SSDI, SS, etc.)	\$	
Yes No	Pension/Retirement: (list source)	\$	
Yes No	Veteran's Benefits:	\$	
Yes No	Unemployment:	\$	
Yes No	Public Assistance: (TANF etc.)	\$	
Yes No	Support Contributions: (monetary or not)	\$	
Yes No	Workman's Compensation:	\$	
Yes No	Regular Dividends from Money Market/Trusts/Stocks/Bonds: (etc.)	\$	
Yes No	Alimony:	\$	
Yes No	Other: explain	\$	

<b>Child Support:</b> Are you legally entitled to receive court ordered or non-court ordered support?	Yes No (please circle)
What is the amount you are entitled to receive?	\$
Have you been receiving the amount above in Child Support?	Yes No (please circle)
If No, What is the amount you receive?	\$

<b>Self-Employment:</b> Are you currently self-employed?	Yes No (please circle)
If Yes, What is your yearly net amount from the business?	\$

<b>EMPLOYMENT: Yes No (please circle)</b>			
Employer Name:		Start Date:	
Employer Address:			
City:	State:	Zip Code:	
Human Resources/Payroll Contact Person:			
Phone:	Fax:	Position	
Email:	Hourly Salary or Annual income: \$		

<b>Other Employment: Yes No (please circle)</b>			
Employer Name:		Start Date:	
Employer Address:			
City:	State:	Zip Code:	
Human Resources/Payroll Contact Person:			
Phone:	Fax:	Position:	
Email:	Hourly Salary or Annual Income: \$		

Use additional pages if more space is needed



ASSETS				
(please circle)	Type: Indicate with X	Name of Company/Bank:	Account number (last 4 digits)	Balance:
Yes No	Checking Account			
Yes No	2 <sup>nd</sup> Checking Account			
Yes No	Savings Account			
Yes No	Debit Card/Payroll Card			
Yes No	Cash On Hand	-----	-----	
Yes No	Retirement Account/401K/ 403B			
Yes No	CD/Money Market			
Yes No	Stocks, Bonds, Mutual Funds			
Yes No	Safe Deposit Box			
Yes No	Trust (Lump sum/Revocable)			
Yes No	Whole Life Insurance/Universal (cash value)			
Yes No	Personal Property as Investments; (Coin collections, burial plot etc.)			
Yes No	Lump-sum receipts; (Inheritances, settlements/lottery winnings)			
Yes No	Equity in real estate: Rental income/home with deed)			
Yes No	Other: (Explain)			
Yes No	Other: (Explain)			

HAVE YOU DISPOSED OF AN ASSETS FOR LESS THEN "FAIR MARKET VALUE" WITHIN THE LAST TWO YEARS?	
Yes No (please circle)	If Yes, Indicate Date of Disposal:
What was sold or converted to cash:	Value of Disposal \$

ADDITIONAL INFORMATION	
CIRCLE YES OR NO. IF YES; COMPLETE ANSWER	
Have you ever been evicted for a lease violation or are you being sued?	Yes No (please circle)
If yes please explain:	
Do you anticipate any changes in your household composition in the next 12 months?	Yes No (please circle)
If yes explain:	
Do you currently have or will you require a Live In Aide that will reside with you?	Yes No (please circle)
If you currently have a Live in Aide, will this person be residing in this unit with you?	Yes No (please circle)

Emergency Contact:		Relationship:	
Name and Address:			
City:	State:	Zip Code:	Phone/Email:

This application is made subject to the approval by the property (listed on page 1), or its Agent and may without designating cause can be disapproved by them. It being agreed that any such disapproval shall not be considered a reflection upon the Applicant.

This Application is to be made a part of the Lease entered into by the Applicant and the Landlord.



The truth of the information contained herein is essential, and if the property (listed on page 1), or its Agent deems any answer or statement herein to be false or misleading, shall be considered that any Lease granted by virtue of this Application may be cancelled at their option.

Applicants must report all changes to address, telephone, or family size/composition to the Rental Office. Failure to do so may prevent us from contacting you when an appropriate apartment is available.

**I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably. As an inducement to enter into the Lease, I authorize you to verify any and all information contained in this application and to inquire into my character, general reputation, investigative consumer report (criminal), personal characteristics, employment, consumer report (credit history) and income and sources thereof, and I release all concerned from any liability in connection with any information they give. I have been advised that I have the right, under Section 606(B) of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.**

**This property does not discriminate on the basis of disability status in the admission of or access to, or treatment or employment in its federally assisted programs or activities.**

**It is illegal to discriminate against anyone because of race, color, creed, religion, sex, national origin, marital status, physical or mental disability or any other prohibited basis of discrimination. If you feel that you have been discriminated against, please contact The Management Company at (301) 562-1600.**

Signature of Applicant:

Date:

Signature of Management Representative:

Date:

FOR OFFICE USE ONLY

APPROVED:

Date:

DENIED:

Date:

At the request of an applicant, management will allow the applicant to take the application with them to complete and to mail the completed application back to the Rental Office. Management will mail this Application for Residency as requested by applicants. Management will accommodate persons with disabilities who as a result of their disability cannot utilize the preferred application process.



## Certification/Recertification Questionnaire

Date:

Property Name:

Resident Name:

Unit #:

Address:

Complete the following information for your household and bring this questionnaire to your recertification interview.

### A. Household information

1. List all members of the household.

Name (first and last name)	Relationship	Date of birth	Social security number

2. Additional household information

	Yes	No
Are any household members temporarily absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members permanently absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Foster Children or Foster Adults who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Live-In Care attendants who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has the employment status of any household member(s) changed? If yes, list the member name(s) and the type of change (include the employer's name): _____	<input type="checkbox"/>	<input type="checkbox"/>

### B. Income and Assets

Enter the amount received or the asset value for all questions that you answer Yes.

1. Do you receive or expect to receive:

	Yes	No	Amount
Wages, salaries (includes overtime, tips, bonuses, and self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any member work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular pay as a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	
Welfare or disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Child support?	<input type="checkbox"/>	<input type="checkbox"/>	
Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security payments?	<input type="checkbox"/>	<input type="checkbox"/>	
Pensions (Railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran's Administration benefits?	<input type="checkbox"/>	<input type="checkbox"/>	

## 1. Do you receive or expect to receive:

	Yes	No	Amount
Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment benefits or severance pay? (if seasonal worker do you anticipate receiving these benefits in the next 12-months?)	<input type="checkbox"/>	<input type="checkbox"/>	
Workman's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>	
Disability or death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular cash contributions or gifts from individuals not living in the unit or organizations such as churches (includes rent, utilities, groceries, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	

## 2. Have you received or expect to receive any lump sum payments such as:

	Yes	No	Amount
Inheritances?	<input type="checkbox"/>	<input type="checkbox"/>	
Lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance settlements for health, accident, Workers Compensation, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Capital gains?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security benefits, unemployment compensation, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Other? (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

## 3. Do you have money in:

	Yes	No	Value
Checking accounts? (If yes, enter the balance)	<input type="checkbox"/>	<input type="checkbox"/>	
Savings accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Direct Express Card or other Pre-Paid Debit Card?	<input type="checkbox"/>	<input type="checkbox"/>	
Money market funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates of deposit?	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks?	<input type="checkbox"/>	<input type="checkbox"/>	
Bonds?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities?	<input type="checkbox"/>	<input type="checkbox"/>	
Securities?	<input type="checkbox"/>	<input type="checkbox"/>	
Trusts?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is the trust(s) irrevocable?	<input type="checkbox"/>	<input type="checkbox"/>	
IRA or Keogh accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Other retirement accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Safety deposit box, at home, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any Cash on Hand?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any coin collections, antique cars, stamps, jewelry or gems, or any other items held as an investment? (this does not include wedding rings and other personal jewelry)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive rental income from a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	

Have you disposed of any assets for less than Fair Market Value in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received:		
_____		
_____		

Are any of the assets listed above held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list the assets: _____		
_____		

I/We certify that I/we have been asked the above statements and they are true and complete to the best of my/our knowledge. I/We understand that it is my/our responsibility to report to management changes in income, assets, expenses and/or family composition whenever they occur.

The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_

Head of household

\_\_\_\_\_

Date

\_\_\_\_\_

Co-head of household

\_\_\_\_\_

Date

\_\_\_\_\_

Co-head of household

\_\_\_\_\_

Date



# EMPLOYMENT VERIFICATION

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT


TO: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Unit # (if assigned): \_\_\_\_\_  
Applicant/Tenant Name

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent 

### Return Form To:

## THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ from \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature Employer's Printed Name Date

\_\_\_\_\_  
Employer's Title Employer [Company] Name and Address

\_\_\_\_\_  
Phone # Fax # E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



# NON-EMPLOYMENT CERTIFICATION

Applicant/Resident Name: \_\_\_\_\_

## This Section to Be Completed by Applicant/Resident

In connection with the eligibility of all applications, all adult household members who are currently not employed must confirm the following information:

### Check one or more of the following options:

- I am not now employed in any capacity, and I have no intention of becoming employed in the next 12 months
- I am not now employed in any capacity and do not receive unemployment compensation, other benefits or monetary contributions as a result of my non-employed status.
- I am not currently employed however, I have obtained employment and anticipate starting on: \_\_\_\_\_ earning \$ \_\_\_\_\_ per \_\_\_\_\_. *(Supporting documentation is required i.e., Offer Letter, VOE, etc.)*
- I am not now employed in any capacity; however I do receive income from the following source: \_\_\_\_\_ (i.e., SS, SSI, SSDI, TANF, Unemployment Benefits, Gift Contributions, etc.)
- I agree if I become employed within the next 12 months, I will notify the property at that time.

\_\_\_\_\_

\_\_\_\_\_  
Printed Applicant/Resident Name

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

\_\_\_\_\_  
Date Signed

UNIT #:

**DISPOSED OF ASSETS SELF-AFFIDAVIT**

Applicant/Resident Name:

You have applied to live in an apartment governed by the Federal Tax Credit Program provided for under Section 42. The program requires verification of all your income, asset and eligibility information as part of determining your household's eligibility. We must determine this prior to granting your eligibility and also at annual recertification.

Have you or anyone in the household disposed of asset(s) within the last two years?  
Was the asset disposed of for Less Than Fair Market Value?  YES  NO

(If YES, please complete the table below)

(If NO, please sign below)

TYPE OF ASSET	FAIR MARKET VALUE	ACTUAL AMOUNT RECEIVED	DIFFERENCE	DATE OF DISPOSAL

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

I certify that the above information is true and accurate to the best of my knowledge and that the documents I have provided are an accurate picture of my business' performance. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

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

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

\_\_\_\_\_  
Date Signed

**OFFICE USE ONLY:**

Date Received \_\_\_\_\_

Calculations \_\_\_\_\_

# ANNUAL STUDENT CERTIFICATION

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Building Address: \_\_\_\_\_

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. \_\_\_\_\_ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. \_\_\_\_\_ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1.	Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)	YES	NO
2.	Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return)	YES	NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF), (provide release of information for verification purposes)	YES	NO
4.	Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)	YES	NO
5.	Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	YES	NO

*Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household. Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.*

All household members age 18 or older must sign and date.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain 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 Administrations |
| Support and Alimony Providers | Educational Institutions       | Retirement Systems       |
| State Unemployment Agencies   | Social Security Administration | Medical and Child Care   |
| Banks and other Financial     | Previous Landlords (including  | Providers                |
| Institutions                  | Public Housing Agencies)       |                          |

**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. **Everyone 18 years or age and older must sign this form.**

*SIGNATURES*

Signature of Applicant/Resident	Printed Applicant/Resident Name	Date
Signature of CO/Applicant Resident	Printed Co/Applicant/Resident Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Apartment Community Name	Contact	Phone

**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 A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

**VIOLENCE AGAINST WOMEN ACT (VAWA)**

**APPLICANT ACKNOWLEDGEMENT**

**Property Name:**

**Applicant Name:**

I have received a copy of the “**Notice of Occupancy Rights under VAWA (HUD Form 5380)**” and the “**Certification of Domestic Violence “HUD Form 5382)**”.

By signing below you agree that you have received this document and understand your rights under the Violence Against Women Act.

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Applicant Signature

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Date

