Autumn Oaks Apartments
100 Autumn Oaks Blvd
New Castle, IN 47362
Tel. (765) 521-4678 Fax (765) 521-4679
www.autumnoaksapts.com

THANK YOU FOR CONSIDERING OUR APARTMENT COMMUNITY FOR YOUR NEW HOME!

In order to process your application for qualification guidelines, you need to provide **all** of the documents listed below that apply to your household. Providing these documents at the time of application may speed up our approval process and/or clarify incomplete third party documentation.

Application Instructions:

- $25.00 money order per application fee for each applicant 18 years and older.
- Please print in black ink only. Please, do not use colored pens or pencil.
- All questions on the application & questionnaire must be completed. Do not write "N/A". If question does not apply please answer with "0" or "None".
- If you make a mistake, cross through once and initial. **Do not use white out.**
- Be sure to sign and date the application & questionnaire and complete release forms.

Photocopies of the following documents are required at the time of application, if they apply to your household.

1. **All filed divorce or legal separation records** for all current and previous marriages. Records should include petition for dissolution; final decree of dissolution; and custody, support and property settlement documents.
2. **All court ordered child support documents and paternity records** if court order is not part of a divorce filing. Also, needed is the case number of the court ordered support and the payer of support.
3. **Award letters** for Social Security, Supplemental Social Security (Disability), Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), pension, and trust funds, unemployment benefits, annuity payments, and death or disability payments.
4. **Last three (3) months consecutive pay stubs** for all adults (18 years of age or older) in your household.
5. **Most current bank or other financial institution statement** for all asset accounts held. These asset accounts include but are not limited to checking, savings, certificates of deposits, money markets, mutual funds, 401K's and IRA's.
6. **Birth certificates** for all children under the age of 18 and adult students living as a dependent with parents(s).
7. **Social Security** cards for each member of your household including minors.
8. **Most recent Income Tax Return** for all adults in your household.
9. **Photo identification** for all adults in your household.

Autumn Oaks Apartments

TB & HE Management Company, Inc.

Resident Selection Criteria

Autumn Oaks will accept as Lessee any person who submits an accurate application for an available apartment home; meets the standards set forth below; and agrees to abide by the rules and regulations set forth by TB & HE Management. We do business in accordance with the Fair Housing Act as amended, prohibiting discrimination in housing based on race, color, religion, sex, national origin, handicap or familial status. We also conduct business in accordance with the Violence Against Women Act, as amended, prohibiting discrimination against or victims of domestic violence.

Income & Eligibility Requirements: The annual gross income of the applicant's household must be less than or equal to the maximum income limits as established and annually revised by the requirements of the Low Income Housing Tax Credit Program for the appropriate household size.

In addition, the resident's portion of the rental rate cannot exceed 40% of the resident's annual household income. For example, to qualify for an apartment renting for $550 per month, the household's total annual income must be at $16,500 ($550 x 12 divided by 40%). The income verified should be stable with a reasonable expectation that it will continue during the lease term. For households that do not meet the minimum income requirements, consideration will be given to substantial assets used to offset the annual rental payments, periodic gifts from a reliable source and/or excellent credit and rental history.

Furthermore, the Low Income Housing Tax Credit Program **prohibits** all tenants of an apartment to be **full-time students** unless certain exceptions are met. Applicants who are or have been full-time students for any 5-month period during any calendar year of residency must meet one or more of these exceptions in order to reside in Autumn Oaks Apartments.

Credit History Requirements: A credit report will be requested from the credit bureau and scored by a professional, nationally recognized credit company. Credit history must be in good standing. In addition, TB & HE Management does not accept the following: eviction history, pending bankruptcy, previous or current landlord balances, utilities in collections, unpaid insufficient funds checks. TB & HE Management reserves the right to deny any applications with any of these obstacles. If an applicant is rejected based on the credit the report, Management will provide the applicant with the reason for the rejection and provide the name of the credit bureau that performed the credit check. Applicants will also be given two weeks from notification of denial to dispute any information on the credit report.

Rental History Requirements: Applicant must indicate the name, address and telephone number of current and previous landlords/mortgage holders. Autumn Oaks will verify two years previous rental/mortgage history. Applicants with negative rental or mortgage history will not be accepted. Examples of negative history include but are not limited to: history of evictions, foreclosures, and breach of lease, delinquent rent payments, or damages. If management is made aware of a previous bed bug infestation or exposure to bedbugs at the applicant's current residence, management may require that the applicant provide proof of all household items (furniture, clothing, personal items) being treated, inspected and bed bug free from a licensed pest control company. Additionally, Management reserves the right to inspect all items intended to be moved into the Community to verify that there is no evidence of a bed bug infestation. Failure to comply with these steps may be cause to reject the applicant.

Criminal History: TB & HE Management will not accept any applicant who engages in or has a history of engaging in any criminal activity, including but not limited to drug-related criminal activity, prostitution, criminal street gang activity, battery, unlawful discharge of firearms, illegal manufacture, sale, use or distribution of controlled substance (or with the intent), or any felony charge or criminal history. Anyone with two or more misdemeanors will also not be accepted. All leaseholds will be required to sign a crime free lease addendum in addition to the standard lease agreement.

Occupancy Standards: The apartment home must have enough space to accommodate the applicant's household. In selecting an apartment size for the applicant, Management's occupancy standards must comply with Federal, State and Local fair housing and civil rights laws, landlord-tenant laws and zoning restrictions. The following standards shall be used as a guideline:

One Bedroom	2 Persons
Two Bedrooms	4 Persons
Three Bedrooms	6 Persons
Four Bedrooms	8 Persons

Pet Policy: No pets are permitted to reside in any apartment home at Autumn Oaks Apartments without the prior written consent of Autumn Oaks Apartments. Pets will be accepted according to the pet policy in effect at the time of the lease, which policy may set standards for type and size of pet, provide for a pet deposit (refundable and non-refundable portion) and additional monthly charges. Assistance animals required for medical reasons are permitted with a physician's written verification of need.

Application Process: To apply for approval, the Applicant must fully complete and sign an Application (one per household) and Tenant Income Questionnaire (one per adult household member) and submit the application to the leasing office along with an application fee of $25 per adult household member. Upon receipt, a credit & criminal background check will be processed and all sources of household income and assets will be verified through third-party verification. If additional information is required, the leasing office will contact the applicant to request additional information or clarification. Upon receipt of all of the verifications, applications are scored and applicants are notified in writing of the results.

Waiting List: If an applicant would like to apply to be placed on the waiting list for an apartment that is not currently available, they will complete the same application process described above. If approved, the applicant will pay a hold deposit of $100 to be placed on the waiting list. This deposit will be credited to the applicant's required security deposit at move in. If applicant desires to be removed from our waiting list the hold deposit will be refunded. When an apartment comes available, approved applicants on the waiting list are notified in writing (starting with the names that have been on the list the longest) of the availability of an apartment home. Applicants have five (5) days to respond to either accept the apartment and schedule a move-in or reject the apartment and either stay on the waiting list for the next apartment, or be removed from the waiting list.

Application Rejection Procedure: Each denied applicant will be promptly notified in writing of the reason(s) for rejection. This notice will advise the applicant that he/she may, within ten (10) days of receipt of the notice (excluding weekends and designated federal holidays), respond in writing, requesting to meet with Management to discuss the notice and response.

Transfer Policy: Unit transfers are not permitted except to accommodate a disability, an approved changed in household composition, or emergency situation due to disaster or a claim under VAWA. Unit transfers will be considered after completing 1 full year and at time of lease renewal. If transferring to a unit in another building, Resident may be required to re-apply to determine income eligibility per the Low-Income Housing Tax Credit Program rules.

Incomplete application information will result in delaying the application process. In addition, misrepresentation of any information related to eligibility, rental history, criminal history, income, assets or family composition will result in the rejection of the application. Should the applicant have questions or concerns regarding the aforementioned selection criteria, please address these concerns with Management prior to placing your application for rental. Once the application has been placed, the application fee is a non-refundable processing fee.

RENTAL APPLICATION

(Note: Complete one Rental Application form per household)

Autumn Oaks Apartments
100 Autumn Oaks Blvd (765) 521-4678
New Castle, IN 47362 (765) 521-4679 – fax
autumnoaks@sbcglobal.net

PERSONAL INFORMATION

Full name of applicant	Home phone number	Date of birth	Age

Social Security #	Drivers License #	State issued	Marital status (check one) Single ❑ Married ❑ Widowed ❑ Separated ❑ Divorced ❑ (Number of years ___)

Full name of co-applicant	Date of birth	Age

Social Security #	Drivers License #	State issued	Marital status (check one) Single ❑ Married ❑ Widowed ❑ Separated ❑ Divorced ❑ (Number of years ___)

List all others who will be occupying the apartment

Name	Date of birth	Age	Social Security #	Relationship to applicant

HOUSING INFORMATION **If additional space is needed, then please attach a separate page. YOU MUST INCLUDE TWO YEARS OF CONTINUOUS HISTORY.**

# of bedrooms needed	Upstairs/Downstairs preference	Date that you need an apartment	Where did you hear about us?

Applicant's Information

Applicant's Current Address (check one) ❑ Apartment ❑ Leased home ❑ Own home ❑ Other (specify)

Current Street Address	Apt. #	City	State	Zip Code

Current Landlord or Mortgage Company	Monthly rent or mortgage $	Dates: From: / / to / /
Address of Landlord or Mortgage Company	Landlord or Mortgage Company phone #	Is landlord a relative? ❑ yes ❑ no Relationship:
Is your lease or mortgage in any other name? ❑ yes ❑ no If yes, please explain and provide name:	What is your reason for moving?	

Applicant's Previous Address (check one) ❑ Apartment ❑ Leased home ❑ Own home ❑ Other (specify)

Previous Street Address	Apt. #	City	State	Zip Code

Previous Landlord or Mortgage Company	Monthly rent or mortgage $	Dates: From: / / to / /
Address of Landlord or Mortgage Company	Landlord or Mortgage Company phone #	Is landlord a relative? ❑ yes ❑ no Relationship:
Was your lease or mortgage in any other name? ❑ yes ❑ no If yes, please explain and provide name:	What was your reason for moving?	

Co-Applicant's Information

Co-Applicant's Current Address (check one) ❑ Apartment ❑ Leased home ❑ Own home ❑ Other (specify)

Current Street Address	Apt. #	City	State	Zip Code

Current Landlord or Mortgage Company	Monthly rent or mortgage $	Dates: From: / / to / /
Address of landlord or Mortgage Company	Landlord or Mortgage Company phone #	Is landlord a relative? ❑ yes ❑ no Relationship:
Is your lease or mortgage in any other name? ❑ yes ❑ no If yes, please explain and provide name:	What is your reason for moving?	

Co-Applicant's Previous Address (check one) ❑ Apartment ❑ Leased home ❑ Own home ❑ Other (specify)

Previous Street Address	Apt. #	City	State	Zip Code

Previous Landlord or Mortgage Company	Monthly rent or mortgage $	Dates: From: / / to / /
Address of Landlord or Mortgage Company	Landlord or Mortgage Company phone #	Is landlord a relative? ❑ yes ❑ no Relationship:
Was your lease or mortgage in any other name? ❑ yes ❑ no If yes, please explain and provide name:	What was your reason for moving?	

HOUSEHOLD INFORMATION	
Do you expect any additions to the household within the next twelve months? If yes, provide: Name and relationship: _____ Explanation: _____	❑ yes ❑ no
Is there anyone living with you now who will not be living with you at this property? If yes, provide: Name and relationship: _____ Explanation: _____	❑ yes ❑ no
Do you have full custody of your child(ren)? (If no, then please show proof of how much time the child(ren) will live in the unit.) Explanation: _____	❑ yes ❑ no
Are there any absent household members who under normal conditions would live with you (for example, a spouse is away in the military)? Explanation: _____	❑ yes ❑ no
Does your household have or anticipate having any pets other than those used as service animals?	❑ yes ❑ no
RENTAL HISTORY	
Have you or any one else named on this application filed for bankruptcy? Explanation:	❑ yes ❑ no
Have you or anyone else named on this application been convicted of a felony and/or a misdemeanor? Explanation:	❑ yes ❑ no
Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs? Explanation:	❑ yes ❑ no
Have you or any one else named on this application had legal action taken against you for nonpayment of a bill? Explanation:	❑ yes ❑ no
Have you or any one else named on this application broken a rental agreement or lease contract? Explanation:	❑ yes ❑ no
Have you or anyone else named on this application been convicted of property damage? Explanation:	❑ yes ❑ no
Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer? Explanation:	❑ yes ❑ no

PERSONAL REFERENCE			***Please list a personal reference who is not a relative.***
Name	Address		
City	State	Zip	Phone #:
Relationship			Years known

VEHICLE IDENTIFICATION		***Please list vehicle information for all vehicles that are owned or operated by any household member.***
Tag/License plate #	State issued	Make/model/year

EMERGENCY CONTACT			***Please list a person in this area who is not already listed on this application***
Name	Address		
City	State	Zip	Phone #:
Relationship	Years known	In the event of serious illness or death of a resident, the above person ❑ may or ❑ may not enter, remove and/or store all contents found in the dwelling, common areas, or mailbox.	

APPLICATION FEE AND SIGNATURE CLAUSE

Applicant has submitted $_____ which is a non-refundable payment for a credit and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment. In the event this application is disapproved by Management or canceled by the applicant, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. The application along with an applicant questionnaire completed by each adult in the household must be completed in total and signed before it will be processed by Management.

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

THIS APPLICATION IS NOT A RENTAL AGREEMENT CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

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 such action may result in criminal penalties.

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

All ADULT household members must sign below.

_____
Signature of Applicant Date

Contact Phone #:_____Email Address:_____

_____
Signature of Applicant Date

Contact Phone #:_____Email Address:_____

_____
Signature of Applicant Date

Contact Phone #:_____Email Address: _____

_____
Signature of Owner/Managing Agent Date

EQUAL HOUSING OPPORTUNITY

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

❑ Initial Certification BIN: _____

❑ Re-certification Unit #: _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

(NOTE: Complete one Tenant Income Certification Questionnaire per Adult household member)

Household Member Name: _____

Autumn Oaks Apartments
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New Castle, IN 47362 (765) 521-4679 – fax
autumnoaks@sbcglobal.net

EMPLOYMENT INFORMATION — **If additional space is needed, then please attach a separate page. YOU MUST INCLUDE TWO YEARS OF CONTINUOUS HISTORY.**

Applicant's Information

Applicant's Current Employer

Employer's Street Address	Suite #	City	State	Zip Code

Contact Person	Contact Person Phone #	Dates of Employment: From: / / to / /

Number of hours worked per week	Rate of pay	Pay is (check one): ❑ daily ❑ weekly ❑ bi-weekly ❑ semi-monthly ❑ monthly	Are you currently employed in more than one job? ❑ yes ❑ no If yes, please provide the same information.

Applicant's Current Employer (second job – if applicable)

Employer's Street Address	Suite #	City	State	Zip Code

Contact Person	Contact Person Phone #	Dates of Employment: From: / / to / /

Number of hours worked per week	Rate of pay	Pay is (check one): ❑ daily ❑ weekly ❑ bi-weekly ❑ semi-monthly ❑ monthly

Applicant's Previous Employer

Employer's Street Address	Suite #	City	State	Zip Code

Contact Person	Contact Person Phone #	Dates of Employment: From: / / to / /

Number of hours worked per week	Rate of pay	Pay is (check one): ❑ daily ❑ weekly ❑ bi-weekly ❑ semi-monthly ❑ monthly

ADDITIONAL INCOME INFORMATION

- Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, then it is counted for all household members including minors.
- Include all income anticipated for the next 12 months.
- **Do YOU or ANYONE in your household receive OR expect to receive income from:**

1. Self-employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)* If yes, then list below. ❑ yes ❑ no *(EMC # 02)*

Household Member	Type of Business	Amount

2. Regular pay as a member of the Armed Forces/Military? If yes, then list below. ❑ yes ❑ no *(EMC # 03)*

Household Member	Base Name and Branch	Amount of Pay

3. Unemployment benefits or workman's compensation? If yes, then list below. ❑ yes ❑ no *(EMC # 04)*

Household Member	Case Worker	Amount

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TB & HE Management Company, Inc.

4. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)? If yes, then list below.

❑ yes ❑ no *(EMC # 05)*

Household Member	Case Worker	Amount

5a. Is any member of the household entitled to receive child support or alimony? *(Note: We must count court-ordered support whether or not it is received unless all reasonable legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from the payer.)*

❑ yes ❑ no *(EMC # 06)* *(EMC #19)*

Household Member	Payer	Amount (week/month)

5b. How is the support received? *(Check all that apply.)*

- ❑ Child Support Enforcement Agency — Name of Agency: _____
- ❑ Court of Law — Name of Court: _____
- ❑ Directly from Individual — Name of Person: _____
- ❑ Other — Explain: _____

5c. If support/alimony is court-ordered but not received, are you taking legal action to remedy? If yes, then obtain court papers.

❑ yes ❑ no *(if yes, then obtain court papers)*

Explain: _____

6. Regular benefits from the Social Security Administration including Social Security, SSI or SSI-D? If yes, then list below.

❑ yes ❑ no *(Obtain Award Letter www.ssa.gov/myaccount/ Treat as an asset if deposited on a debit card)*

Household Member	SSA Office/Case Worker	Amount

7. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities? If yes, then list below.

❑ yes ❑ no *(EMC # 55)*

Household Member	Source of Benefit	Amount

8. Regular payments from a severance package? If yes, then list below.

❑ yes ❑ no *(EMC # 08)*

Household Member	Source of Benefit	Amount

9. Regular payments from any type of settlement (for example, insurance settlements)? If yes, then list below.

❑ yes ❑ no *(EMC # 08)*

Household Member	Source of Benefit	Amount

10. Regular gifts or payments from anyone outside of the household? *(This includes anyone outside the household supplementing your income or paying any of your bills.)* If yes, then list below.

❑ yes ❑ no *(EMC # 08)*

Household Member	Source of Benefit	Amount

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11. Regular payments from lottery winnings or inheritances? If yes, then list below. ❑ yes ❑ no *(EMC # 08)*

Household Member	Source of Benefit	Amount

12. Regular payments from rental property or other types of real estate transactions? If yes, then list below. ❑ yes ❑ no *(EMC # 08)*

Household Member	Source of Benefit	Amount

13. Any other income source or types not listed. If yes, then list below. ❑ yes ❑ no *(EMC # 08)*

Household Member	Source of Benefit	Amount

14. Student financial aid assistance from any government, public or private sources? *(We must count student financial aid, excluding loans, on certain households receiving Section 8 assistance).* If yes, then list below. ❑ yes ❑ no *(IHCDA #21)*

Household Member	Source of Benefit	Amount

15. Do you or any other household members expect any changes to your income in the next 12 months? If yes, explain below. ❑ yes ❑ no

_____

_____

_____

ASSET INFORMATION

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

16. Checking or savings account? ❑ yes ❑ no *(EMC # 09)*

Household Member	Financial Institution	Type	Amount

17. CDs, money market accounts, treasury bills or trust funds? ❑ yes ❑ no *(EMC # 09)*

Household Member	Financial Institution	Type	Amount

18. Stocks, bonds or securities? ❑ yes ❑ no *(EMC # 10)*

Household Member	Company or Broker	Type	Amount

19. A debit card or paycard for direct deposit of benefits? ❑ yes ❑ no *(obtain statement balance)*

Household Member	Financial Institution	Type	Amount

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20. Pensions, IRAs, Keogh or other retirement accounts? ❑ yes ❑ no

(Use EMC # 55 for Pensions, VA Benefits or other retirement benefits. Use EMC #56 for IRA's, 401(k), 403(b) or other retirement savings)

Household Member	Financial Institution	Type	Amount

21. Whole life insurance policy? ❑ yes ❑ no *(EMC # 57)*

Household Member	Insurance Carrier	Amount

22. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? *(Note: This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)* ❑ yes ❑ no *(EMC # 10)*

Household Member	Address of Property	Amount

23. Personal property held as an investment? *(Note: This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture, or clothing.)* ❑ yes ❑ no *(EMC # 10)*

Household Member	Item	Value

24. A safe deposit box? ❑ yes ❑ no *(EMC # 13)*

Household Member	Financial Institution	Value of Item(s)

25. I have cash on hand. $ _____

26. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? ❑ yes ❑ no *(EMC # 11)*

Household Member _____ Amount _____

Explanation: _____

APPLICANT STATUS

The following questions pertain to specific eligibility requirements of the Housing Credit Program

27. Are you or any other ADULT household members claiming zero income? ❑ yes ❑ no *(EMC # 20)*

Household Member _____ Explanation: _____

_____

28. Will you or any ADULT household member require a live-in care attendant to live independently? ❑ yes ❑ no *(EMC #15 #21)*

Name of attendant: _____

Relationship (if any): _____

29. Is your household currently receiving Section 8 rental assistance? ❑ yes ❑ no

Name of agency: _____

Contact person: _____

30. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? ❑ yes ❑ no

Expected date of eligibility: _____ Name of agency: _____

Contact person: _____

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31. Full Time Student Status:

- Does the household consist **entirely** of persons who are all full-time students (kindergarten and higher)? Examples: Elementary School, Middle School, High School, College/University, trade school, etc. ❑ yes ❑ no
- Does your household anticipate becoming a full-time student household in the next 12 months? ❑ yes ❑ no
- Does the household consist **entirely** of persons who were full-time students for part of five or more months of the current calendar year? ❑ yes ❑ no

(EMC # 12)

If you answered Yes to any of the above questions, then please list household member(s) and answer questions a-f below. If you answered No, then please proceed to next question.

Household Member(s) _____

_____

a. Do you receive assistance under Title IV of the Social Security Act (AFDC/TANF)? ❑ yes ❑ no

b. Are you enrolled in a job-training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar program? ❑ yes ❑ no

c. Are you married and entitled to file a joint tax return ❑ yes ❑ no

d. Does your household consist entirely of single parent(s) with a dependent child or children and neither the parent(s) nor the child(ren) are dependents of another individual, with the exception that the children may be claimed by the absent parent? ❑ yes ❑ no

e. Is there a member of the household who is currently or was previously under the care and placement responsibility of the state agency responsible for administering foster care? ❑ yes ❑ no

f. Please provide the name of the educational institution where you or any household member(s) are or will be enrolled as a full time student:

_____

_____

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of the application or termination of the lease agreement.

_____

Signature of Applicant Date

Contact Phone #:_____Email Address: _____

_____

Signature of Owner/Managing Agent Date

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

❑ Initial Certification BIN: _____

❑ Re-certification Unit #: _____

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COVER SHEET / FAX TRANS. **AUTHORIZATON TO RELEASE INFORMATION**	**Date:** _____ **Number of pages including cover sheet:** _____

To be completed by office:

TO:	**FROM:**
Company:	**Autumn Oaks Apartments**
Address:	**100 Autumn Oaks Blvd.**
City, State, Zip:	**New Castle, IN 47362**
Phone:	**Phone: (765) 521-4678**
Fax:	**Fax: (765) 521-4679**

The undersigned individual(s) has applied for residency at our apartment community. The property is operated under the LIHTC program within Section 42 of the Internal Revenue Code, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of LIHTC housing, please complete the following form in full and return to the sender at your earliest convenience.

Verifications and inquiries that may be requested include but are not limited to:

Credit & Criminal Activity	Identity & Marital Status	Residences & Rental Activity
Employment, Income & Asset	Medical Allowances	Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

Courts & Post Offices	Past & Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers & Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks & Other Financial Inst.	Previous Landlords (incl. PHA's)	

To be completed by applicant:

I/we agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office and will stay in effect for five years from the date signed. I/we understand I/we have a right to review my/our file and correct any information that can be proven is incorrect.

The undersigned hereby authorizes the release of any information requested in order to determine eligibility for the apartment community.

Applicant/Resident Name (printed): _____

Social Security Number: _____

Authorizing Signature: _____

Co-Applicant/Co-Resident Name (printed): _____

Social Security Number: _____

Authorizing Signature: _____

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.