



**OLIVER
MANAGEMENT
SERVICES, INC.**

**Rental Application
Subsidized Housing**

Initial _____
Date Rec'd: ____/____/____
Time Rec'd ____:____ A.M. / P.M.

PROJECT NAME APPLYING FOR: _____
PROJECT ADDRESS: _____ **# OF BEDROOMS** _____

ALL APPLICANTS, AGE 18 OR OLDER, OTHER THAN CO-HEAD OR SPOUSE, ARE REQUIRED TO COMPLETE A SEPARATE APPLICATION

Any applicant, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing.

HOUSEHOLD COMPOSITION

Complete in your own handwriting. List the Head of Household and all other persons who will be living in the unit on a full or part-time basis. Give the relationship of each family member to the head. *Each household member age 18 years or older must sign this application.*

Member's full name	Relationship	Date of birth	Social Security #
	Head		

Applicant's home telephone # _____ Applicant's work telephone # _____
Applicant's cell telephone # _____

Are you a Non-citizen Student? Yes No Are you a student of higher education? Yes No
Are you a United States Citizen? Yes No If no, are you a Non-Citizen with eligible alien status? Yes No
(Citizenship or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government)

CURRENT & PAST HOUSING STATUS

Have you or any member of your household lived in any other state? YES NO
If yes, please indicate all states lived in: _____

List all the places where you have lived:

Present Address: _____ City: _____ State/Zip: _____
Move in date: _____ Rent amount paid per month: _____ Currently receiving subsidized housing? _____
Present Landlord: _____ Phone # _____ Fax # _____
Present Landlord's address: _____

1. Previous address: _____ City: _____ State/Zip _____
Previous Landlord: _____ Phone # _____ Fax # _____
Previous Landlord's address: _____
Move in Date: _____ Move out Date: _____ Rent Paid: _____

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Have you ever been evicted? Yes No If Yes, please explain below: _____

HOUSEHOLD INCOME INFORMATION
(Information is used to see if under income guidelines)

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy. Include all full time, part time and seasonal. If a household member has more than one source of income use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:

	YES	NO	GROSS MONTHLY AMOUNT
1. Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)?			\$ _____
2. Does any member work for someone who pays them in cash?			\$ _____
3. Regular pay for a member of the armed forces?			\$ _____
4. Welfare or disability benefits such as MFIP, SSI, MSA, or GA?			\$ _____
5. Worker's compensation?			\$ _____
6. Unemployment benefits, or severance pay?			\$ _____
7. Child support? (If court ordered, include even if it is not being received)			\$ _____
8. Alimony?			\$ _____
9. Social security payments (include unearned income of minor children)?			\$ _____
10. Pensions (PERA, railroad, etc.)?			\$ _____
11. Retirement benefits?			\$ _____
12. Death benefits?			\$ _____
13. Annuities or life insurance dividends?			\$ _____
14. Lump sum payment(s) (i.e. inheritance, ins. settlements, lottery winnings, capital gains)?			\$ _____
15. Net income from rental property?			\$ _____
16. Regular cash contribution or gifts from individuals not living in the unit?			\$ _____
17. Other (list)? _____			\$ _____
18. Other (list)? _____			\$ _____
Does any adult household member have zero income? _____ If yes, name(s) _____			

HOUSEHOLD ASSETS
(All information will be verified)

DO YOU HAVE MONEY HELD IN:	YES	NO	CURRENT BALANCE	HELD JOINTLY (CHECK IF YES)
1. CHECKING ACCOUNTS (6 month average)			\$ _____	
2. SAVINGS ACCOUNTS			\$ _____	
3. STOCKS			\$ _____	
4. CAPITAL INVESTMENTS			\$ _____	
5. BONDS			\$ _____	
6. TRUSTS*			\$ _____	
7. SECURITIES			\$ _____	
8. INSURANCE SETTLEMENTS			\$ _____	
9. 401K*			\$ _____	
10. IRA/KEOGH ACCOUNTS			\$ _____	
11. CERTIFICATION OF DEPOSITS			\$ _____	
12. PENSION/RETIREMENT FUNDS			\$ _____	
13. MONEY MARKET FUNDS			\$ _____	
14. TREASURY BILLS			\$ _____	
15. SAFETY DEPOSIT BOX			\$ _____	
16. OTHER List: _____			\$ _____	

*INCLUDE TRUSTS, 401K, ETC., ONLY IF THE ACCOUNTS ARE ACCESSIBLE TO THE HOUSEHOLD PRIOR TO TERMINATION OF EMPLOYMENT, RETIREMENT, OR DEATH

	YES	NO	VALUE
17. DO YOU NOW OWN REAL ESTATE OR AN INTEREST IN REAL ESTATE? IF YES, LIST ADDRESS (ES), EXPENSES PAID AND INCOME RECEIVED: _____			\$ _____
18. DO YOU HOLD A CONTRACT FOR DEED? _____			\$ _____
19. DO YOU HAVE ANY COIN COLLECTIONS, ANTIQUE CARS, GEMS/JEWELRY, STAMPS OR ANY OTHER ITEMS HELD AS AN INVESTMENT? (WEDDING RINGS AND PERSONAL JEWELRY DO NOT COUNT)			\$ _____

20. DO YOU HAVE A LIFE ESTATE?

\$ _____

I/We hereby certify that I/we(have have not) sold or disposed of any assets *including cash amounts given away* for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

HOUSEHOLD MEMBER	ASSET TYPE & ESTIMATED VALUE	DATE SOLD/DISPOSED OF	AMOUNT RECEIVED

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. Write either Yes or No in response to each question. Add an explanation must be provided below if the answer is Yes. Use additional sheets, if necessary.

Does your household have any needs that might be better serviced by an apartment which is accessible to persons with mobility, hearing or visual impairments?

Is anyone (check all that apply and state whom: mobility impaired hearing impaired visual impaired

Do you have sole legal and physical custody of your children? If no, explain: _____

Are you now living or have you lived in a government-subsidized development? If yes, when: _____

Name of Development: _____ Address: _____ State: _____ Zip Code: _____

Has your household assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, explain: _____

Have you or any member of your household ever been arrested or convicted of a felony, or any misdemeanor other than a traffic violation? If yes, explain: _____

Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?

Are you or any member of your household subject to a lifetime registration under any State sex offender registration program? If yes, explain: _____

Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants?

Do you or any member of your household use an illegal drug or other illegal controlled substance?

Have you or any member of your household ever used different names from the names given in this application?

How did you hear of this housing development? _____

Explanation of yes answers above: _____

SIGNATURES

I/We understand the information in this application will be used to determine eligibility for housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list of processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental, criminal, sex offender and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be release to appropriate Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER SIGN BELOW:

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

PENALTIES FOR MISUSING THIS CONSENT: 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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willfully 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, the PHA 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 42 U.S.C. 208(f), (g), and (h).

Office use only: _____ extremely low
 _____ very low
 _____ lower

OLIVER MANAGEMENT SERVICES, INC.
5713 GRAND AVE. SUITE B
DULUTH, MN 55807
PHONE: (218) 628-0311 / FAX: (218) 624-2235



RENTAL APPLICATION SUPPLEMENT

APPLICANT NAME: _____

LIST ALL THE PLACES YOU HAVE LIVED IN THE PAST 10 YEARS:

PRESENT ADDRESS: _____ City: _____ State/Zip: _____

Move In Date: _____ Rent Paid: _____ Phone: # _____

Present Landlord: _____ Phone: # _____

1st PREVIOUS ADDRESS: _____ City: _____ State/Zip: _____

Move In Date: _____ Move out Date: _____ Rent Paid: _____

Previous Landlord: _____ Phone # _____

2nd PREVIOUS ADDRESS: _____ City: _____ State/Zip: _____

Move In Date: _____ Move out Date: _____ Rent Paid: _____

Previous Landlord: _____ Phone # _____

3rd PREVIOUS ADDRESS: _____ City: _____ State/Zip: _____

Move In Date: _____ Move out Date: _____ Rent Paid: _____

Previous Landlord: _____ Phone # _____

Additional Assistance with Rent (include reference to County or Section 8 if applicable):

Source: _____ Amount _____ Phone _____
Source: _____ Amount _____ Phone _____

HRA worker: _____ Phone _____

*Have you ever been evicted? _____ If answer is yes, please explain: _____

*Have you ever been a registered sex offender in any state? _____

This application represents your permission to check credit, criminal history, employment, rental and all other references and public records.

Signature of all Adults (18 and over)

Date:

OLIVER MANAGEMENT SERVICES, INC.

5713 GRAND AVE. SUITE B

DULUTH, MN 55807

(218) 628-0311 * FAX (218) 624-2235

APPLICATION CERTIFICATION

NAME: _____ SOCIAL SECURITY NO. _____

NAME: _____ SOCIAL SECURITY NO. _____

Giving True and Complete Information:

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge, I have reviewed the application form and the HUD form 50059 and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition:

I know I am required to report immediately, in writing, any changes in income and any change in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance:

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for the previous assistance I did not commit any fraud. Knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance:

I certify that the house or apartment will be my principle residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the management office immediately in writing. I will not sublease my assisted residence.

Cooperation:

I know I am required to cooperate in supplying all information needed to determine my eligibility level of benefits, or verify my true circumstance. Cooperation includes attending pre-scheduled meeting and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Action for False Information:

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signatures and Dates of Household Adults:

1.	_____	_____
	Name	Date
2.	_____	_____
	Name	Date

Current/Former Landlord Verification

To: _____

Applicant Name _____

Phone or Fax#: _____

Former/Present Address: _____

FROM: Oliver Management Services, Inc.
 5713 Grand Ave Suite B
 Duluth, MN 55807
 Fax: (218) 624-2235

Thank you for your prompt response. All information is confidential. Please contact Barb at (218) 628-0311 if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank. Release: I hereby authorize the release of requested information. Information obtained under this consent is limited to information that is no older than 5 years. There are circumstances, which would require the owner to verify information that is older than 5 years, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____

Date _____

THIS SECTION TO BE COMPLETED BY CURRENT OR FORMER LANDLORD

Are you a relative or friend of the above named person?

Yes

No

If yes please describe relationship: _____

Dates of Occupancy

FROM: _____

TO: _____

Name/Address of property _____

Does the above named person(s) have a lease with you?

Yes

No

1. Rent Payment

A. Amount of monthly rent: \$ _____

B. Was rent paid on time?

Yes

No

If no, how late was rent paid? _____ How Often? _____

C. Have you ever begun or completed an eviction proceeding for non-payment of rent?

Yes

No

D. Do you provide any of the utilities for the unit?

Yes

No

E. Have tenant paid utilities ever been disconnected for non-payment?

Yes

No

2. Caring for the Unit

A. Is/was the unit kept clean, safe and sanitary?

Yes

No

B. Has the above named person(s) caused any excessive damage to the unit?

Yes

No

If yes, cost to repair \$ _____ How Often? _____

C. Has the damage been paid for?

Yes

No

D. Does the above named person(s) owe you any money?

Yes

No

If yes, how much do they owe \$ _____ Describe _____

E. Will (did) you keep any of the security deposit?

Yes

No

If yes, how much \$ _____ Reason? _____

F. Was there any problem with insect/rodent infestation?

Yes

No

If yes, was housekeeping a contributing factor? _____

	YES	NO
3. General Information		
A. Were unauthorized persons allowed to reside in the unit on a regular basis?	___	___
B. Have the above named person(s), family members or guests engage in criminal activity, including drug-related activity, on or near your property?	___	___
C. Has the above named person(s) acted in a physically violent and /or verbally abusive toward neighbors and/or staff?	___	___
D. Did the above named person(s) give the required notice to vacate, if applicable?	___	___
E. Does the above named person(s) currently receive subsidy?	___	___
If yes, through which agency _____ program _____		
Date they will be released from subsidy? _____		
F. Did the above named person(s) move out voluntarily or after judicial eviction? _____	___	___
G. Would you re-rent to the above named person(s)? If no, please explain:	___	___

Additional Comments, if any: _____

Signature _____ Date: _____

Print your name _____ Tel #: _____

Title _____

Address _____

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Phone or Fax#: _____

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Date _____

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Yes

No

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Yes

No

E. Have tenant paid utilities ever been disconnected for non-payment? _____

Yes

No

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No

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Yes

No

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No

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	YES	NO
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E. Does the above named person(s) currently receive subsidy?	___	___
If yes, through which agency _____ program _____		
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Additional Comments, if any: _____

Signature _____ Date: _____

Print your name _____ Tel #: _____

Title _____

Address _____

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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



**BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION
FOR RELEASE OF INFORMATION FOR TENANT SCREENING PURPOSES**

In connection with my application for tenancy purposes, I authorize Oliver Management, Inc (the "Company") to order a "consumer report" (a background report) or "investigative consumer report" on me. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.)

The background check company, Yardi Resident Screening, will prepare the background report for the Company.
RentGrow, Inc. dba Yardi Resident Screening, 307 Waverley Oaks Rd, STE 301, Waltham, MA 02452
Phone: 800-736-8476 x2 www.yardi.com/yrs

I acknowledge the background report may contain information concerning my character, general reputation, personal characteristics, mode of living, and credit history/standing. The types of information that may be ordered include, but are not limited to: social security number verification; criminal, sex offender, public, income; assets, and; medical or child care allowances, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; and credit reports.

The Fair Credit Reporting Act and state laws give consumers specific rights in dealing with consumer reporting agencies. These rights are summarized on A Summary of Your Rights Under the Fair Credit Reporting Act as provided herewith. For example, you must be given the right to request a copy of your report in the case of any denial or other adverse action.

I agree the Company may rely on this form to order background reports, including investigative consumer reports from companies other than Yardi Resident Screening. without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

PLEASE PRINT CLEARLY - *All fields are MANDATORY - AND A COPY OF A DRIVERS LICENSE OR PHOTO ID IS REQUIRED

*APPLICANT FULL NAME: _____
First Middle Last

*SOCIAL SECURITY NUMBER _____ *DOB _____

*DRIVERS LICENSE NUMBER OR PHOTO ID NUMBER: _____
STATE NUMBER

*CURRENT ADDRESS: _____ *APT# _____

*CITY: _____ *STATE: _____ *ZIP: _____

*FORMER ADDRESS (If NOT at present address for 2 years):

_____ *APT# _____

*CITY: _____ *STATE: _____ *ZIP: _____

Applicant Signature

Date



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Phone: 800-736-8476 x2 www.yardi.com/yrs

I acknowledge the background report may contain information concerning my character, general reputation, personal characteristics, mode of living, and credit history/standing. The types of information that may be ordered include, but are not limited to: social security number verification; criminal, sex offender, public, income; assets, and; medical or child care allowances, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; and credit reports.

The Fair Credit Reporting Act and state laws give consumers specific rights in dealing with consumer reporting agencies. These rights are summarized on A Summary of Your Rights Under the Fair Credit Reporting Act as provided herewith. For example, you must be given the right to request a copy of your report in the case of any denial or other adverse action.

I agree the Company may rely on this form to order background reports, including investigative consumer reports from companies other than Yardi Resident Screening, without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

PLEASE PRINT CLEARLY - *All fields are MANDATORY - AND A COPY OF A DRIVERS LICENSE OR PHOTO ID IS REQUIRED

*APPLICANT FULL NAME: _____
First Middle Last

*SOCIAL SECURITY NUMBER _____ - _____ - _____ *DOB _____

*DRIVERS LICENSE NUMBER OR PHOTO ID NUMBER: _____
STATE NUMBER

*CURRENT ADDRESS: _____ *APT# _____

*CITY: _____ *STATE: _____ *ZIP: _____

*FORMER ADDRESS (If NOT at present address for 2 years):

_____ *APT# _____

*CITY: _____ *STATE: _____ *ZIP: _____

Applicant Signature

Date



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410