



OLIVER

MANAGEMENT SERVICES
5713 GRAND AVE SUITE B
DULUTH, MN 55807

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

BUILDING NAME: _____ APT: _____

MI/ ANNUAL DATE: _____

PLEASE INITIAL TO ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS:

____ A SIGNED COPY OF THE HUD 50059 FORM AND INITIAL NOTICE

____ THE "RESIDENT RIGHTS AND RESPONSIBILITIES" BROCHURE

____ SIGNED/DATED COPIES OF THE 9887/9887A FACT SHEET AND FORMS

____ THE \$25.00 MINIMUM RENT REQUIREMENT FORM

____ A COPY OF THE HOUSE RULES

____ THE APPLYING FOR HUD ASSISTANCE – IS FRAUD WORTH IT BROCHURE.

____ SIGNED AND DATED COPY OF THE DEVELOPMENT LEASE

____ THE EIV & YOU BROCHURE

____ THE GOVERNMENT DATA PRACTICES ACT DISCLOSURE AGREEMENT AND ATTACHMENT.

____ THE CRIME FREE/ DRUG FREE LEASE ADDENDUM

____ VIOLENCE AGAINST WOMAN LEASE ADDENDUM/VAWA POLICIES 5380,5382 (MI ONLY)

____ COPY OF THE "FACT SHEET FOR HUD ASSISTED RESIDENTS, PROJECT-BASED

SECTION 8, HOW YOUR RENT IS DETERMINED" BROCHURE

____ ACKNOWLEDGEMENT OF YOUR RIGHTS TO DISCLOSE EMERGENCY INFORMATION

ON THE HUD-92006 FORM

____ THIS IS ALSO TO ACKNOWLEDGE NOTIFICATION THAT THE LANDLORDS AND TENANTS: RIGHTS AND RESPONSIBILITIES HANDBOOK IS AVAILABLE IF REQUESTED.

NAME OF TENANT (PRINT): _____

SIGNATURE OF TENANT: _____ **DATE:** _____

NAME OF TENANT (PRINT): _____

SIGNATURE OF TENANT: _____ **DATE:** _____