



# OLIVER

MANAGEMENT SERVICES

5713 Grand Ave. Suite B

Duluth, MN 55807

Office Phone: (218) 628-0311

Fax: (218) 624-2235

## Market-Rate Application for:

Applewood Properties, Billingsview, Eagle River, Piedmont Manor  
Oak Hills Manor (age 55+), SOBO Rentals, Spirit Mountain, Tropicana

Name: \_\_\_\_\_

Building Interest: \_\_\_\_\_

Unit # or Unit Type: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Security Deposit: \$ \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Other Fees (garage, pet, etc): \$ \_\_\_\_\_

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**Application Fee:** \$30.00 per person

\$45.00 per married couple

\$45.00 with parent or co-signer

\*The application will not be processed until the application fee is paid

\*Payment of application fee does not guarantee occupancy

\*Application fee is non-refundable

## Application screening includes:

1. Criminal, Credit, and Unlawful Detainer/Eviction history screening performed through Yardi Resident Screening
2. Landlord Checks performed through Oliver Management Service, Inc.



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### FOR OFFICE USE ONLY

Application fee paid: \$ \_\_\_\_\_

Application & fee accepted by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Method of app submission: \_\_\_\_\_



# Household Questionnaire

<b>Certification Effective Date:</b> * Move-in _____ * Initial Cert _____ * Recertification _____ * Add a Member _____	<b>Household certifying for the following program(s):</b> * Section 8 * Housing Tax Credit * HOME * Section 236 * Other _____	<b>Date and Time Rec'd:</b> _____ <b>Rent Amount:</b> \$ _____
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Property Name \_\_\_\_\_ Bldg/Unit # \_\_\_\_\_

## Household Composition

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.** All Housing Tax Credit Program households must also complete an Annual Student Certification (HTC 35).

	Household Member's Name	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

\* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

## Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **Include all full time, part time or seasonal income even if completing this application in the off-season**

### DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.) . . . . .	\$
		2. Does any member work for someone who pays them in cash or is self-employed. . . . .	\$
		3. Regular pay for a member of the armed forces . . . . .	\$
		4. Public Assistance (MFIP, GA) . . . . .	\$
		5. Worker's compensation . . . . .	\$
		6. Unemployment benefits or severance pay . . . . .	\$
		7. Student financial assistance (public or private, not including student loans). . . . .	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) . . . . .	\$
		9. Alimony/Spousal Maintenance . . . . .	\$
		10. Social Security income (including unearned income of minor children) . . . . .	\$
		11. Disability benefits including social security disability . . . . .	\$
		12. Regular payments from pensions (PERA, railroad, etc.) . . . . .	\$
		13. Regular payments from retirement benefits . . . . .	\$
		14. Death Benefits . . . . .	\$
		15. Regular payments from annuities or life insurance dividends . . . . .	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc. . . . .	\$
		17. Net income from rental property . . . . .	\$
		18. Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies or individuals not living in the unit (not including groceries). . . . .	\$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
		20. Other (list) _____	\$

## Household Assets

YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
		21. Checking Accounts . . . . . (6 month average balance)	\$
		22. Savings Accounts . . . . .	\$
		23. Cash cards used to receive government benefits or other income . . . . .	\$
		24. Capital Investments . . . . .	\$
		25. Bonds . . . . .	\$
		26. Trusts* . . . . .	\$
		27. Securities . . . . .	\$
		28. Whole or Universal Life Insurance Policy (do not include term life insurance) . . . . .	\$
		29. 401K* . . . . .	\$
		30. IRA/KEOGH Accounts . . . . .	\$
		31. Certificates of Deposit . . . . .	\$
		32. Pension/Retirement/Annuity accounts . . . . .	\$
		33. Money Market Funds . . . . .	\$
		34. Treasury Bills . . . . .	\$
		35. Stocks . . . . .	\$
		36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains). . . . .	\$
		37. Are any accounts held jointly with someone not in the unit? Which account and with whom?	
		38. Other _____	

\*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

YES	NO		Value
		39. Do you now own a home or other real estate? . . . . . If yes, list address(es): _____	\$
		40. Do you receive payments for a home you sold by contract for deed? . . . . .	\$
		41. 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)?	\$
		42. Are any assets held jointly with another person? List person and asset(s). _____	
<b>Enter combined cash value of all household assets</b>			\$

**DO NOT LEAVE THIS SECTION BLANK**

From 1-42, income and assets above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary)

Item Number	HH Member	Name and mailing address of income or asset source	Contact name and phone/fax number

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).



**Deductions and Allowances**  
For Section 8/236 HUD programs only

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount
<b>A. Day Care</b>			
Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
If yes, name and address of provider _____			
\$_____ paid per month. Is any portion paid by another person or agency?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, name and address of provider _____			
_____			
Do you pay for a Care Attendant or any equipment for a handicapped member of the household necessary to permit that person or someone else in the household to work?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
If yes, name and address of provider _____			
_____			
\$_____ paid per month. Is any portion paid by another person or agency?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, name and address of provider _____			
_____			
<b>B. Medical</b> – Complete if the head of household, co-head or spouse are at least 62 years old, handicapped or disabled.			
Do you have Medicare?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Do you have any other kind of medical insurance?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
If yes, name and address of insurer _____			
_____			
Do you receive medical assistance? If yes, do you have a monthly spend-down?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Do you pay for prescription medication?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Name and address of pharmacy: _____			
_____			
Do you have any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g., insulin, aspirin, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____			
Do you have any outstanding medical bills on which you are paying?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
If yes, indicate the types of bills owed: _____			
_____			
Do you expect to have extraordinary medical/dental expenses in the next 12 months? If yes, list the amount and type of expense:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____			
Name and facility where this can be verified: _____			
_____			
Doctor's name and address: _____			
_____			

*Please bring receipts for your non-prescription medication.*

I/We hereby certify that I/We ☐ Have ☐ Have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
			\$
			\$

#### ADDITIONAL INFORMATION

The following questions pertain to every member of the household. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
Explanation:		
<hr/>		
<hr/>		

#### SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature	_____	Date	_____
Applicant/Resident Signature	_____	Date	_____
Applicant/Resident Signature	_____	Date	_____
Applicant/Resident Signature	_____	Date	_____

This applicant/resident required assistance in completing the Household Questionnaire due to: \_\_\_\_\_

Assistance was provided by: \_\_\_\_\_ Date: \_\_\_\_\_

Oliver Management Service, Inc.  
5713 Grand Ave. Suite B  
Duluth, MN 55807  
Phone: (218) 628-0311 / Fax: (218) 624-2235



Applicant Name: \_\_\_\_\_ List all the places where you have lived in the past ten (10) years:

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

1st Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

2nd Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

3rd Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

4th Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Rent Rate: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever been evicted from housing? \_\_\_\_\_ If yes, please explain below:

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain below:

**\*\*I/We understand that if any of this information is false, misleading, or incomplete, management may decline my/our application or terminate any future lease agreement at any time.**

**\*\*I/We authorize management to make any and all inquiries to verify this information directly or through information exchanges, now or later, with rental, criminal and credit screening services.**

**\*\*I/We authorize management to contact current and/or previous landlords or other sources for rental and/or credit verification information.**

**\*\*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.**

**\*\*I/We understand that a credit check will appear on my/our credit report as an inquiry.**

Signature of all Applicants: \_\_\_\_\_

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



## CURRENT Landlord Verification

Current Landlord: \_\_\_\_\_

RE: \_\_\_\_\_

Applicant Name & Address

Phone or Fax#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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

### PERMISSION FOR RELEASE OF INFORMATION

Release: By signing below, I hereby authorize the release of the requested information.

Applicant Signature

Date

#### **\*\*THIS SECTION TO BE COMPLETED BY CURRENT LANDLORD\*\***

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

YES NO

If yes please describe your relationship: \_\_\_\_\_

Dates of Occupancy

START: \_\_\_\_\_

END: \_\_\_\_\_

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 the 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 chargeable 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/is there any problem with insect/rodent infestation?

YES NO

If yes, was housekeeping a contributing factor?

YES NO

**3. General Information**

- |   |     |    |
|---|-----|----|
| A. Did the tenant allow unauthorized persons to reside in the unit on a regular basis?  | YES | NO |
| B. Did the above-named tenant, or tenant's guests engage in criminal activity, including drug-related activity, on or near your property? | YES | NO |
| C. Did the above-named tenant acted in a physically violent and/or verbally abusive way toward neighbors and/or staff?                    | YES | NO |
| D. Did the above-named tenant give the required notice to vacate, if applicable?  | YES | NO |
| E. Did the above-named tenant move out voluntarily or after judicial eviction? _____  |     |    |
| F. Would you re-rent to the above-named tenant? If no, please explain:  | YES | NO |

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Additional Comments, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**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 uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes 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 that \$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.



## FORMER Landlord Verification

Former Landlord: \_\_\_\_\_

RE: \_\_\_\_\_

Applicant Name & Former Address

Phone or Fax#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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

### PERMISSION FOR RELEASE OF INFORMATION

Release: By signing below, I hereby authorize the release of the requested information.

Applicant Signature

Date

#### **\*\*THIS SECTION TO BE COMPLETED BY FORMER LANDLORD\*\***

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

YES NO

If yes please describe your relationship: \_\_\_\_\_

Dates of Occupancy START: \_\_\_\_\_ END: \_\_\_\_\_

Name/Address of property \_\_\_\_\_

Did the above-named person 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. Did you ever begin or complete an eviction proceed for non-payment of rent?

YES NO

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

YES NO

E. Did the tenant-paid utilities ever get disconnected for non-payment?

YES NO

#### **2. Caring for the Unit**

A. Was the unit kept clean, safe and sanitary?

YES NO

B. Did the above-named tenant cause any chargeable damage to the unit?

YES NO

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

C. Did the damage get paid for?

YES NO

D. Does the above-named person owe you any money?

YES NO

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

E. 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. Did the tenant allow unauthorized persons to reside in the unit on a regular basis?  | YES | NO |
| B. Has the above-named tenant or tenant's guests engaged in criminal activity, including drug-related activity, on or near your property? | YES | NO |
| C. Has the above-named tenant acted in a physically violent and/or verbally abusive way toward neighbors and/or staff?                    | YES | NO |
| D. Has the above-named tenant given the required notice to vacate, if applicable?   | YES | NO |
| E. Does the above-named tenant currently receive subsidy?   | YES | NO |
| If yes, through which Agency/Program _____  |     |    |
| What date they will he/she be released from subsidy? _____  |     |    |
| F. Will the above-named tenant be moving out voluntarily or after judicial eviction? _____  |     |    |
| G. Would you re-rent to the above-named tenant? If no, please explain:  | YES | NO |
| _____   |     |    |
| _____   |     |    |

Additional Comments, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Phone #: \_\_\_\_\_

**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 uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes 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.



**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](http://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





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

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Phone: 800-736-8476 x2 [www.yardi.com/yrs](http://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