**Ginger Hills Apartments**

414 W. Factory St.

Winslow, IN 47598

Phone / Fax: 812-789-2067



Email: [gingerhills@newgenmgnt.com](mailto:gingerhills@newgenmgnt.com)

Web: http://gingerhills.weebly.com

**Application for Tenancy**

This application must be completely filled out and signed in all the requested places before it can be processed. **Incomplete information will result in the application being returned to you.**

**1.** You will be notified within a 10-day period if your application is approved or denied.

**2. An application fee of $17.00 will be charged per adult and must be in the form of a money order. The application will not be screened until this fee is received.**

**3.** The application fee covers the cost of checking histories for prior landlord, credit, employment and criminal background. It is not refundable, even if the application is denied, and does not apply toward the security deposit or rent if approved.

**4.** All applications will be screened using the criteria listed below. All applications are screened on the criteria stated without regard to race, color, religion, national origin, sex, marital status, familial status, disability or age, (provided that the applicant has the capacity to enter into a binding contract).

**To be approved applicants must meet the following criteria:**

**5. Credit Criteria**

1. The applicant or co-applicant must have a credit score of no less than 500 on the Empirical scoring system of Trans Union Credit Screening Company. New Generation Management will obtain this Credit Screening through a 3rd party credit agency. If the Empirical screening indicates an insufficient amount of information to provide a score, the applicant or co-applicant must provide proof of one of the following: 1) at least 12 full months of stable employment, 2) a current 12-month history of a checking account with a positive balance or 3) a landlord reference which indicates a current, paid-to-date account.

**6. Residential Criteria**

1. Must not have a residential history of repeated (more than 3 instances in the past 12-months) late rent payments or non-payment of rent.
2. Must not have a residential history of noise complaints, cleanliness problems or damages to the dwelling.
3. Must not have a residential history of illegal or unauthorized occupants, or pets, or failure of comply with required certification procedures.
4. Must not have a residential history of eviction,; skip out, or lease termination without just cause.
5. Must provide sufficient residential history for the immediate three years prior to this application, without gaps.

**7. Income Criteria**

1. Must provide all income and asset information as requested.
2. Must have a legal source of regular, verified, income.
3. Must have sufficient income to meet the minimum rent payment (including utility allowance) without using more than 45% of the family’s adjusted gross income.
4. Must meet the income guidelines for all federal programs pertaining to the property.

**8. Additional Criteria**

1. All information provided must be factual. Any materially false or misleading information will be grounds for immediate denial of the application or termination of the lease.
2. Must not have a history of a felony conviction (including guilty pleas).
3. If conviction is for drug or alcohol related offenses, this can be overridden with proof that a substance abuse recovery program has been successfully completed (or is in progress) since the conviction.
4. Must not be required to register on any state or national registry for sex offenders.
5. Must not have any history of fraud, including that related to any government assistance program.
6. Must provide proof that applicant is 18 years old or older or be legally emancipated. Marriage does not automatically emancipate a minor. Parents may not co-sign the lease for a minor in order to meet this criterion if the parents themselves will not be living in the unit.
7. Must have no false social security numbers listed on the credit report.

By my signature below, I certify that I have read and understand the above listed information regarding my application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature Date Co-applicant Signature Date**

**Application for Tenancy (please print)**

**Household Information:**

List all household members that will reside in the unit:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Relationship to Head of Household | Social Security Number | Birth date  month/day/year |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| **Current Address:** |  | |
|  | |
|  | |
| **Contact:** | **Cell:** | **Email:** |
| **Phone Day:** | **Phone Evening:** |

**YES NO**

|  |  |  |
| --- | --- | --- |
|  |  | Is there anyone residing with you now who won't be residing in the apartment? Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to head of household:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Do you expect any additions to the household within the next twelve months? Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to head of household:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Are there any absent household members who under normal conditions would be living with you (i.e. military leave, boarding school, etc.)? Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Do you have full custody of the children who will be residing in the unit? Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Does the household anticipate any pets or service animals residing in the unit? Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Rental History** | | |
|  |  | Has anyone named on this application been convicted of a felony? Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Has anyone named on this application been convicted of property damage? Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Has anyone named on this application been evicted from a rental unit of any type? Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Has anyone named on this application filed for bankruptcy? Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Housing References**

Please list housing references for the past three years:

|  |  |  |  |
| --- | --- | --- | --- |
| **Landlord Name/Address/phone** | **Address of housing where you lived** | **Own or Rent** | **Dates you lived there** |
| Name:  Address:  Phone: |  | Own  Rent | Move in date:  Move out date: |
| Name:  Address:  Phone: |  | Own  Rent | Move in date:  Move out date: |
| Name:  Address:  Phone: |  | Own  Rent | Move in date:  Move out date: |

**Past Employment**

Please list places of employment over the past three years.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employed By** | **Date of Employment** | **Location** | **Phone** |
|  | Start:  End: |  |  |
|  | Start:  End: |  |  |
|  | Start:  End: |  |  |

**Vehicle Identification**

Please list information for all vehicles that are owned or operated by anyone residing in the unit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Make** | **Model** | **Year** | **Color** | **License Plate #** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Emergency Contact (REQUIRED)**

Please list 2 people that live in the area that are not listed on this application:

Emergency Contact # 1

|  |  |
| --- | --- |
| Name: | Phone: |
| Address: | |
| Relationship: | Years Known: |

Emergency Contact # 2

|  |  |
| --- | --- |
| Name: | Phone: |
| Address: | |
| Relationship: | Years Known |

**Income Information:** QUESTIONNAIRE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Tenant Name : Date: | | | | | | |
| **YES NO** | Are you self employed (list nature of employment)? | | | | $ | |
| **YES NO YES NO**  **YES NO**  **YES NO**  **YES NO**  **YES NO** | Are you employed?  Do you receive wages or a salary,  Commissions,  Overtime pay  Tips,  Bonuses or Other compensation? | | | | $\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_ | |
| **YES NO** | Do you receive cash contributions of gifts including rent or utility payments on an ongoing basis from persons not living in your household? | | | | $ | |
| **YES NO** | Do you receive unemployment benefits? | | | | $ | |
| **YES NO** | Do you receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income? | | | | $ | |
| **YES NO** | Do you receive periodic social security payments? | | | | $ | |
| **YES NO** | Do you receive unearned income for family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)? | | | | $ | |
| **YES NO** | Do you receive supplemental Security Income (SSI)? | | | | $ | |
| **YES NO** | Do you receive disability or death benefits other than Social Security? | | | | $ | |
| **YES NO** | Do you receive Public Assistance Income (example: TANF, AFDC)? | | | |  | |
| **COMPLETE ONE COLUMN**  **FOR EACH**  **HOUSEHOLD DEPENDENT** | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Minor’s name |  |  |  |  | | Does minor live with both parents? |  |  |  |  | | Is child support court ordered? |  |  |  |  | | How much is court ordered? | $ | $ | $ | $ | | Is child support received? | $ | $ | $ | $ | | How much is received? | $ | $ | $ | $ | | Has legal action been taken? |  |  |  |  | | Is Social Security received instead of child support? |  |  |  |  | | | | | | |
| **YES NO** | Do you receive alimony/spousal maintenance payments? | | | | $ | |
| **YES NO YES NO YES NO YES NO YES NO YES NO YES NO** | Do you receive periodic payments from trusts,  annuities,  inheritance,  retirement funds or  pensions,  insurance policies,  Or lottery winnings? | | | | $\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ | |
| **YES NO** | Do you receive income from real estate ? | | | | $ | |
| **YES NO** | Do you receive income from any personal property? | | | | $ | |
| **Asset Information :** | | | | | |
| **YES NO** | | Do you have a checking account(s)? How many? \_\_\_\_\_\_\_\_\_\_  List bank names:  1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Interest rate**  \_\_\_\_\_%  \_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | | Do you have a savings account(s)? How many? \_\_\_\_\_\_\_\_\_\_\_  List bank names:  1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_%  \_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | | I/we own real estate. If yes, please provide description  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Market Value**  $\_\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | | I/we own Stocks, Bonds, or Treasury Bills.  If yes, please list sources/bank names:  1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_%  \_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | | I/we have Certificate of Deposit (CD) or Money Market Account(s).  If yes, please list sources/bank names:  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_%  \_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | | I/we have an IRA/Lump Sum Pension/Keogh Account/401K.  If yes, please list bank(s):  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_%  \_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | | I/we have a **whole life** (policy that can be turned in for cash prior to death) insurance policy. If yes, how many policies? \_\_\_\_\_\_\_\_\_\_\_ | | $\_\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | | I/we have cash on hand. |  | $\_\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | | I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years.  If yes, please list items and date dispose:  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | | I/we have income from assets or sources other than those listed above.  If yes, list type below:  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_%  \_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**ALLOWANCES (FOR RD PROPERTIES ONLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **YES NO** | Do you pay for child care for minors under the age of 13 or handicap care for any household member that allows all adult household members to work or go to school? If so, how much? |  | $\_\_\_\_\_\_\_\_\_\_\_ |
| **YES NO** | Is the tenant or co-tenant of your household age 62 or older, handicapped or disabled? |  |  |
| **YES NO** | IF you answered yes to the question above, do you pay out of pocket medical expenses that are not reimbursed by any agency or medical insurance? If so, how much? |  | $\_\_\_\_\_\_\_\_\_\_\_\_ |

**Applicant Status**

|  |  |  |  |
| --- | --- | --- | --- |
| **YES NO** | Are any adult household members claiming zero income for the next twelve months?  Household member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | Are ALL members of the household (including anticipated future members of the household) expected to be full time students?    For the purpose of this application, full time student are defined as:  Any individual who is, or will be:   * 1. a full-time Student (as defined by the organization)   2. at an educational organization with regular facilities and Students   3. during 5 calendar months (consecutive or not)   4. In a taxable year of the taxpayer? | | |
| Please list all household members who are students: | | |
| Full time Part time | | Name: |
| Full time Part time | | Name: |
| Full time Part time | | Name: |
| Full time Part time | | Name: |
| **YES NO** | If yes to the previous question, does the household meet any of the qualifications listed below? Check all that apply. | | |
|  |  | 1. Receiving assistance under Title IV of the Social Security Act (AFDC/TANF). | |
|  | 1. Enrolled in a job training program receiving assistance through the Job Training Partnership Act (JTPA) or other similar program. | |
|  | 1. Married and filing a joint tax return. | |
|  | 1. Single parent with dependant child or children and neither the parent or child(ren) are dependant of another individual. | |
|  | 1. Any member of the household previously a foster child. | |
| **YES NO** | Will any household member require a live-in care attendant to live independently?  Name of attendant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | Will the household receive Section 8 rental assistance at time of move in?  Name of Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | Will the household be eligible or be applying for Section 8 rental assistance in the next 12 months?  Expected Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **YES NO** | Would the household like to be considered for a handicapped unit? | | |
| **YES NO** | Would any household member benefit from any adjustments to make this apartment accessible to individuals with disabilities? | | |
| **YES NO** | Will this apartment serve as the only primary residence for the tenant and co-tenant of this household? | | |
| **YES NO** | Is the tenant and co-tenant US citizens or a qualified alien? Legal or qualified alien refers to any person lawfully admitted to the country who meets the criteria in section 214 of the Housing and Community Development Act of 1980, 42 U.S.C. 1436a. | | |

I understand that management is relying on this information to prove eligibility of the household for the Internal Revenue Code Section 42 Program (Section 42). I certify, under penalties of perjury, that all information and answers to the questions contained on this form are true and complete to the best of my knowledge. I consent to release the necessary information to determine the eligibility of the household. I understand that providing false information or making false statements may be grounds for denial of the household's application. I further understand that providing false representations herein constitutes an act of fraud and 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 Section 42 requirements.

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

“The information regarding race, ethnicity, and sex designation solicited on this

application is requested in order to assure the Federal Government, acting through the

Rural Housing Service that the Federal laws prohibiting discrimination against tenant

applications on the basis of race, color, national origin, religion, sex, familial status, age,

and disability are complied with. You are not required to furnish this information, but are

encouraged to do so. This information will not be used in evaluating your application or

to discriminate against you in any way. However, if you choose not to furnish it, the

owner is required to note the race, ethnicity, and sex of individual applicants on the basis

of visual observation or surname.”

Ethnicity: Hispanic or Latino\_\_\_\_ Not Hispanic or Latino\_\_\_\_

Gender: Male\_\_\_\_\_\_ Female\_\_\_\_\_

Race: American Indian/Alaska Native\_\_\_\_ Black or African American\_\_\_\_\_\_

White\_\_\_\_\_ Asian\_\_\_\_ Native Hawaiian or Other Pacific Islander\_\_\_\_



RELEASE AUTHORIZATION FORM

(Send with all verification forms)

|  |  |  |
| --- | --- | --- |
| **Apartment Complex** | **GINGER HILLS APARTMENTS** | |
| **Street Address** | **414 W. FACTORY ST.** | |
| **City, State, Zip Code** | **WINSLOW, IN 47598** | |
| **Phone Number / Fax Number** | **Phone: 812-789-2067** | **Fax: 812-789-2067** |

The individual listed below has applied for or is currently living in an apartment community that is operated under the Federal guidelines for HUD, Rural Development, Home Funds or Low Income Housing Tax Credits (Sec 42 of the IRS tax code). One or more of these programs requires that third party written verification of the household’s income and assets be completed annually. Some of the programs listed above also allow deductions for acceptable medical or child care expenses with third party receipt of the actual expense. Please complete the attached verification form and return it to our office by fax or in the enclosed self addressed, stamped envelope.

Initial occupancy also requires verification of the applicant’s credit history, criminal history, identity, martial status, student status, residency and rental history. Martial status, student status, medical allowances, income and asset information will also be verified annually.

I (We) agree that a photocopy of this form will be used to authorize the release of all information listed above. The original of this authorization will be maintained in the management office and will remain in effect for two years from the date signed. I (We) understand that I have a right to review my (our) file and correct any information that can be proven incorrect.

The undersigned hereby authorizes the release of any information requested to verify my (our) eligibility for the programs listed above.

|  |  |
| --- | --- |
| **Head of household Name (printed):** | |
| **Social Security Number:** | **Date:** |
| **Signature:** | |

|  |  |
| --- | --- |
| **Co-Applicant Name (printed):** | |
| **Social Security Number:** | **Date:** |
| **Signature:** | |

|  |  |
| --- | --- |
| **Adult Household Member Name (printed):** | |
| **Social Security Number:** | **Date:** |
| **Signature:** | |

