

## Tax Credit Application Instructions

Applicants Initials	Mgr. Initials	Information Reviewed
		1. This is a Tax Credit Community. In order to live here, you must income qualify. The manager has reviewed the income limits with me/us.
		2. I/We understand that our income must at least be two times the rent. The manager has reviewed rents with me/us.
		3. I/We understand that there is a Resident Selection Criteria and the manager has reviewed the criteria with me/us.
		4. I/We understand my/our application will not be processed unless I/we provide photo identification for all adult household members and Social Security numbers of all household members. The documents will not be copied for your protection. The manager must be positive the applicants are who they say they are prior to obtaining background checks and verifications.
		5. I/We understand that I/we must inform the manager during the application process or during my/our residency if approved, of any changes in the household size or members.
		6. I/We understand that I/we must inform the manager during the application process if there are any changes in our income or financial situation.
		7. I/We understand providing any false information will be an automatic denial.
		8. I/We understand that documents are required to be signed and dated with the manager. The only exceptions are: <ul style="list-style-type: none"> <li>• The applicant(s) do not live within the vicinity</li> <li>• The applicant(s) are confined due to health</li> </ul>
		9. I/We understand that using blue ink is preferred to ensure the integrity of originals. It is very difficult to distinguish between black ink and copied documents. Copied documents could be easily altered.
		10. I/We understand the I/We must complete our own documents unless I/We have specifically requested assistance or I have a POA. The POA documentation must be obtained by the manager prior to processing.
		11. I/We understand that we must print legible and answer all questions.
		12. I/We understand that each household member that are 18 years or older must complete: <ol style="list-style-type: none"> <li>1. OHFA Applicant/Tenant Income and Asset Statement</li> <li>2. Student Status Certification.</li> </ol>
		13. I/We understand that corrections must be corrected by drawing one line through the incorrect information, writing the correct information above, the applicant must initial and date as well as the manager must initial and date.
		14. I/We understand the use of any sort of White Out, correction fluid or tape will void the application.
		15. I/We understand that the Community Managers are not able to approve applications nor advise on how to qualify. Only the Compliance Department personnel may approve an application.
		16. I/We understand that managers are not permitted to discuss any specific unit until my/our application is approved and a unit has been placed on notice. Please be aware that a resident may decide to stay, and the unit may not become available.
		17. I/We understand only when my/our application is approved by the Compliance Department and a unit is vacated with an estimated rent-ready time, may a manager offer me a specific unit.
		18. I/We understand a security deposit must be paid within 3 business days. If the security deposit is not paid within 3 business days, any scheduled move-in will be cancelled and the application is denied.
		19. I/We understand I/we must take possession within 10 business days of the unit being ready. If the applicant(s) do not take possession within 10 days, the security deposit is forfeited, and the application denied.
		20. I/We have discussed and understand the following fees: <ul style="list-style-type: none"> <li>• Application fee: \$14/Adult - Check or MO only</li> <li>• Pet Deposit: \$300/pet</li> <li>• Pet Rent/Month: \$25.00/Pet</li> </ul>
		21. I/We understand the pet restrictions of: <b>Quantity: 2    Weight Restriction: Not to exceed 35 lbs fully grown</b>

I/We understand the following:

- The Compliance Department will not review any incomplete applications which include proper corrections.
- The Compliance Department will not review the application unless this document has been properly initialed, signed and dated.

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Community Manager's Signature      Date

**Manager:**  
Tanya Sturgell  
**Property:**  
Cross Creek Meadows  
**Tele:**  
740-779-9777  
**Fax:**  
740-779-9782  
**Email:**  
CrossCreekMeadows@CIMSproperty.com

**Section One - General Information:**

Please circle answers and complete lines with appropriate information.

1. Desired Move-In Date: \_\_\_\_\_ Rent Range: From \$ \_\_\_\_\_ to \$ \_\_\_\_\_
2. Why is this date important? \_\_\_\_\_
3. Please circle any features the apartments have at this community that you prefer. If you will accept any apartment, please circle that as well. Your choices will impact the wait list. Please review carefully with the Community Manager.  
Bedroom Size:            Any                    One                    Two                    Three                    Four  
Other: Any    Back Patio    End    Garage    Handicapped                    Specify Floor: \_\_\_\_\_
4. Would an apartment specifically designed for mobility, hearing or visual impairment benefit anyone in your household?    Yes                    No    If yes, would you like more information: Yes    No
5. If there is no availability at this time, do you wish to continue the application process and be placed on the wait list?  
Yes    No
6. How did you hear about us? Drive By    Newspaper Advertisement    Internet/Website  
Social Agency: \_\_\_\_\_                    Current Resident: \_\_\_\_\_  
Word of Mouth    Other: \_\_\_\_\_
7. How many adults (18 years and older) are in your household? \_\_\_\_
8. Are there any members temporarily missing?    Yes    No - If yes, please explain who, the relationship and anticipated return date:  
\_\_\_\_\_
9. How many children (under the age of 18) in your household? \_\_\_\_ Do the child/children live with you at you at least 50% of the time?    Yes    No - If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
10. Do you anticipate a change in your family size? Yes    No - If yes, please explain:  
\_\_\_\_\_
11. Is there anyone living with you now that will not reside with you? Yes    No - If yes, please explain:  
\_\_\_\_\_
12. Do you have a pet(s) or anticipate having a pet(s)?    Yes    No – If yes, how many? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_
13. Has anyone in your household ever been evicted? Yes    No - If yes, please complete below:  
Who: \_\_\_\_\_ When: \_\_\_\_\_  
Why: \_\_\_\_\_
14. Has anyone in your household ever been arrested, charged, indicted or convicted of any crime?  
Yes    No – If yes, please complete below:  
Who: \_\_\_\_\_ When: \_\_\_\_\_  
Why: \_\_\_\_\_
15. Is anyone in the household subject to State lifetime sex offender registration in any state? Yes    No
16. Please list all states where applicants have lived regardless of age:  
\_\_\_\_\_  
\_\_\_\_\_

## Section Two - Household Members & Demographic Information:

Please complete information regarding each household member. Ethnicity and race are optional questions. Questions are asked to ensure non-discrimination. Information provided will not affect eligibility. CIMS manages several apartment communities with different funding sources. Some properties include units which are reserved for or provide a preference to people with disabilities. Answering the disability question is optional. However if you choose not to answer, management may not be able to accurately determine your eligibility for the unit or preference. Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

### Head of Household

First Name	Middle Initial	Last Name	Last 4 of SS#	Birth Date	Age	
Student Status		Relationship to Head	Race	Ethnicity	Disabled	Gender
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Self	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female
Cell Phone:		Telephone:		Email:		
Current Street Address:			<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend			
Current City, State, Zip:						
Mortgage Holder or Landlord:				Telephone:		
Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?						
Present Residence Move- In Date:			Reason for leaving:			
Vehicle Description:						
License Plate Number:						

### Household Member 2

First Name	Middle initial	Last Name	Last 4 of SS#	Birth Date	Age	
Student Status		Relationship to Head	Race	Ethnicity	Disabled	Gender
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female
Cell Phone:		Telephone:		Email:		
Vehicle Description:						
License Plate Number:						
<input type="checkbox"/> Check here and do not complete if all adults in the household share the same current address.						
Current Street Address:			<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend			
Current City, State, Zip						
Mortgage Holder or Landlord:				Telephone:		
Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?						
Present Residence Move- In Date:			Reason for leaving:			

Use for additional household members:

Household Member 3

First Name	Middle initial	Last Name	Last 4 of SS#	Birth Date	Age
Student Status	Relationship to Head	Race	Ethnicity	Disabled	Gender
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female

Household Member 4

First Name	Middle initial	Last Name	Last 4 of SS#	Birth Date	Age
Student Status	Relationship to Head	Race	Ethnicity	Disabled	Gender
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female

Household Member 5

First Name	Middle initial	Last Name	Last 4 of SS#	Birth Date	Age
Student Status	Relationship to Head	Race	Ethnicity	Disabled	Gender
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female

Household Member 6

First Name	Middle initial	Last Name	Last 4 of SS#	Birth Date	Age
Student Status	Relationship to Head	Race	Ethnicity	Disabled	Gender
<input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other:	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female

**Section Three - Adult household member(s) residential history** (Use back of application if necessary):

Has any household member lived at another address in the last two years?      **Yes**      **No**

If yes, complete for two years below:

Household Member Name(s):		
Street Address:		<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend
City, State, Zip		
Move-In Date:		Move-Out Date:
Reason for leaving:		
Mortgage Holder or Landlord:		Telephone:

Household Member Name(s):		
Street Address:		<input type="checkbox"/> Own (or mortgage) <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend
City, State, Zip		
Move-In Date:		Move-Out Date:
Reason for leaving:		
Mortgage Holder or Landlord:		Telephone:

**Section Four - Emergency Contacts:**

List a person who does not live in the household for each adult household member that may be contacted in case of an emergency:

Name: \_\_\_\_\_  Parent  Son/Daughter  Sibling  Friend

Street Address: \_\_\_\_\_ City,

State, Zip: \_\_\_\_\_ Primary

Phone: \_\_\_\_\_  Cell  Home  Work

Secondary Phone: \_\_\_\_\_  Cell  Home  Work

Email: \_\_\_\_\_

Name: \_\_\_\_\_  Parent  Son/Daughter  Sibling  Friend

Street Address: \_\_\_\_\_ City,

State, Zip: \_\_\_\_\_ Primary

Phone: \_\_\_\_\_  Cell  Home  Work

Secondary Phone: \_\_\_\_\_  Cell  Home  Work

Email: \_\_\_\_\_

**Section Five - Certifications and Acknowledgments:**

I certify that the information and statements provided are true and complete to the best of my knowledge and belief. I understand that providing false information or making false statements may be grounds for denial of my application and/or grounds for eviction if approved.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Management Receipt of Application:**

I certify that I have visually inspected photo IDs of each adult person and every household members' social security card and found the information provided true and accurate.

I certify that I reviewed the information with the applicant(s) and all signatures and dates were signed in my presence.

\_\_\_\_\_  
Signature of Agent for Owner

\_\_\_\_\_  
Date/Time

Notifications: Community Investment Management Services manages several apartment communities with different funding sources. One or more of the following notifications may be required depending on the funding source. If you have questions, please consult your Community Manager.

- Warning: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or the obtaining of federal funds.
- Warning: 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. IRS, HUD and any owner (or any employee of IRS, HUD 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 purposes cited above. Any person who knowingly or willingly 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 IRs, HUD 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).
- We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, familial status, national origin, military status, disability or ancestry.
- This property is an equal opportunity provider.
- Apartments at this property were constructed as part of a federally funded project and an environmental review of the project was completed required under the National Environmental Policy Act. Community Investment Management Services maintains a copy for review by a prospective resident or current resident.





Applicant/Resident \_\_\_\_\_

**TO BE COMPLETED BY ALL APPLICANTS/RESIDENTS OVER THE AGE OF 18**

**Are you a part or full-time student?** Yes  No

“Student” includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses or those pursuing a GED. *If you are not sure, please mark “yes” and the property management company will verify your student status.*

**If you answered NO, please skip the following questions and sign below.**

**If you answered Yes, please complete the following questions:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Are you a part-time student?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a full-time student? (will you or have you attended school for five months or more this calendar year with a full-time status?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you disabled? (HUD/HOME)  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving Section 8 assistance as of November 30, 2005   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a graduate or professional student? (HUD/HOME)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you over 23 years of age? (HUD/HOME)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you a veteran of the United States military? (HUD/HOME)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you receiving any financial assistance to pay for your education? (HUD/HOME)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will you be living with your parents? (HUD/HOME, LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |
| If no:   |                          |                          |
| a. Are your parents receiving or eligible to receive Section 8 assistance? (HUD/HOME)  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent’s tax return? (HUD/HOME)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you married? (HUD/HOME, LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a dependent child? (HUD/HOME, LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Were you an orphan or a ward of the court through the age of 18? (HUD/HOME, LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Receiving assistance under Title IV of the Social Security Act – (e.g. TANF) (LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Enrolled in government-sponsored job training program (e.g. Job Corp, AmeriCorp) (LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |

**Penalties for Misuse of this Form**

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 and any owner (or any employee of HUD 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 purposes cited above. Any person who knowingly or willingly 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 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

PC-E42  
Effective 1/1/2019



**Applicant / Tenant Sworn Income and Asset Statement**

**NOTE: All household members 18 years of age or older are required to complete a separate income statement. All applicable questions must be completed in their entirety.**





Name: \_\_\_\_\_ S.S. # (Last 4 digits): \_\_\_\_\_

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

**Document Yes answer with third party verification.**

<u>Income Source</u>	I have or I receive the following: (Check YES or NO)		Monthly Amount	Notes
Job 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Job 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Self Employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
TANF / AFDC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Unemployment Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Workers Compensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Educational Financial Assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____

Do you receive regular or periodic payments from:

Persons not living in the Unit      Yes       No       Amount \_\_\_\_\_      Frequency \_\_\_\_\_  
 Holder / Provider \_\_\_\_\_

Trust, Annuity, or Other Claims      Yes       No       Amount \_\_\_\_\_      Frequency \_\_\_\_\_  
 Holder / Provider \_\_\_\_\_

Do you currently receive Assistance with your housing payment?  
 If yes, Agency Name: \_\_\_\_\_      Yes       No

Do you **HAVE** court-ordered or an agreement for child support or alimony?  
 (This means there is an order for you to receive child support or alimony, not pay support to someone else)      Yes       No       ORDERED AMOUNT \$ \_\_\_\_\_

Are you currently receiving child support or alimony?      Yes       No       AMOUNT RECEIVED \$ \_\_\_\_\_

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made?      Yes       No       N/A   
 List State \_\_\_\_\_ and County \_\_\_\_\_ where granted.

Are you a student (either full or part-time) enrolled in an institution of higher learning?      Yes       No

# Applicant / Tenant Sworn Income and Asset Statement



## Asset Source

<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Checking Account?	6 Month Avg. Balance	\$ _____	Interest Rate _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Savings / Holiday Account?	Balance	\$ _____	Interest Rate _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Certificate of Deposit (CD)?	Cash Value	\$ _____	Interest Rate _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Direct Express ® Card? (or any card where benefits or pay are deposited)	Balance	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Cash on Hand?	Amount	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Stock, Bonds, or Annuities?	Cash Value	\$ _____	Annual Earnings \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Safety Deposit Box? What is held in the box? _____	Cash Value	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any Personal Property held as an investment? **	Cash Value	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash Value)	Cash Value	\$ _____	

Current Status / Intention:  Keeping  Selling  Renting  Being Foreclosed  Giving Away

Notes: \_\_\_\_\_

Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)  
When \_\_\_\_\_ Amount \_\_\_\_\_

Do you have Whole Life Insurance or Universal Life Insurance Policies? Cash Value \$ \_\_\_\_\_ Annual Earnings \$ \_\_\_\_\_

Have you sold, given away, or otherwise transferred ownership of assets within the last (2) years?  
If yes, list items: \_\_\_\_\_ Date: \_\_\_\_\_

Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bond(s), etc.)? If yes, please provide:

Type _____	Value \$ _____	Where Held _____	Annual Yield \$ _____
Type _____	Value \$ _____	Where Held _____	Annual Yield \$ _____
Type _____	Value \$ _____	Where Held _____	Annual Yield \$ _____

**Total of Net Family Assets \$ \_\_\_\_\_ (Total Value of Assets Listed Above)**

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, furniture, daily-use autos, clothing, assets of an active business, or special equipment used by the disabled.

**The information provided on this form will be used to determine maximum income eligibility.**

**Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.**

**Signatures:**

\_\_\_\_\_  
Signature of Applicant / Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner / Management Agent Signature

\_\_\_\_\_  
Date

Please provide additional contact information for questions answered "Yes" on page 1 or 2. This information will be used to obtain 3<sup>rd</sup>-party verifications.

	Company/Business /County/Person	Account # or other information	Contact Information such as Tele#
<b>Income – Page 1 of Applicant /Tenant Sworn Income and Asset Statement</b>			
Employment/Job 1		Hire Date:	
Employment/Job 2		Hire Date:	
Self-Employment		Start-Up Date:	Applicant to provide Tax Return
Social Security/SSI:	<input type="checkbox"/> Self <input type="checkbox"/> Other	If other, who:	SS Letter Needed
How is the SS/SSI payment received?	<input type="checkbox"/> Direct Deposited:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Direct Express	<input type="checkbox"/> Receive check in mail
Pension			
VA Benefits			
TANF / AFDC (Cash Assistance)			
Unemployment History		N/A	Applicant to provide 12-month payment history
Workers Compensation		N/A	Applicant to provide 4 current pay confirmations
Educational Financial Assistance			
Other:			
Gifts			
Trust / Annuity / Other Claims			
Housing Choice Voucher			
Alimony/Child Support Received			
Educational Institution			
<b>Assets – Page 2 of Applicant /Tenant Sworn Income and Asset Statement</b>			
Checking 1			
Checking 2			
Savings			
Certificate of Deposit 1			
Certificate of Deposit 2			
Debit Card (Benefit/Pay)			
Stocks/Bonds/Annuity			
Money Market/Mutual Funds			
Retirement Accounts (IRA / 401K / Keogh)			
Treasury Bills			
Real Estate	Address:		
Mortgage Company			
Whole/Universal Life Ins.			
Assets of Minors			

## Applicant 2nd Party Verification Checklist

All information in the application packet has to be third party verified or the proper due diligence evidenced in trying to obtain third party verifications. Providing the following documents will assist in obtaining third party verifications or used after proper due diligence has been completed. This should expedite the application processing.

### Employment:

\_\_\_\_\_ Most current and consecutive four (4) paystubs.

### Self-Employment:

\_\_\_\_\_ Most current tax return which include Form 1040 and Schedule C.

### Social Security:

\_\_\_\_\_ New Benefit Social Security letter. If not available, Social Security letter to include Gross Amount, Deductions, Net Amount. If other than the Social Security New Benefit letter, the letter must be dated within 120 days of move-in.

### Social Security (SSI and/or Disability):

\_\_\_\_\_ Social Security letter to include Gross Amount, Deductions, Net Amount. The letter must be dated within 120 days of move-in.

### Pension:

\_\_\_\_\_ Most recent award letter or four (4) most current pay stubs or most recent quarterly pension account statement.

### Unemployment/Workers Compensation:

\_\_\_\_\_ Most current four (4) paystubs or records from agency stating payment amounts and dates or benefit notification letter.

### Checking:

\_\_\_\_\_ Most current and consecutive six (6) statements.

### Savings, CDs, Stock, Bonds, Annuities, Money Market, Mutual Fund, IR, 401K, Keogh Accounts, Whole/Universal Life Insurance:

\_\_\_\_\_ Most Current Statement

### Home/Property:

\_\_\_\_\_ Mortgage Statement if applicable

### ID:

\_\_\_\_\_ Photo ID

\_\_\_\_\_ Social Security Card

Please return requested documents to one of the following:

Manager: CrossCreekMeadows@CIMSproperty.com

Address: Cross Creek Meadows  
199 Frontier Drive  
Chillicothe, OH 45601

Fax: 740-779-9782

Email: CrossCreekMeadows@CIMSproperty.com

## Community Investment Management Services (CIMS) Authorization for Release of Information

**Purpose:** Community Investment Management Services, Inc. (CIMS) may use this authorization and the information obtained with it to administer and enforce rules and policies related to the rental of property owned and/or managed by the above named organization.

**Authorization:** I authorize the above named organization to obtain information about my family or me that is pertinent to the rental of property owned and/or managed by the organization.

**Information Inquiries May Be Made About:**

- |                                |                                     |
|--------------------------------|-------------------------------------|
| Credit History                 | Identity of Marital Status          |
| Criminal History               | Family Composition                  |
| Social Security Numbers        | Employment/Income/Pension/Assets    |
| Residential and Rental History | Federal/State/Tribal/Local Benefits |
| Disability/Impairments         |                                     |

**Individuals/Organizations That May Release Information:** Any individual or organization, including any governmental organization, may be asked to release information. For example information may be requested from:

- |  |                                    |
|--|------------------------------------|
| Banks and Other Financial Institutions | Utility Companies                  |
| Courts                                 | Welfare Agencies                   |
| Law Enforcement Agencies               | Providers of: Alimony              |
| Credit Bureaus                         | Child Support                      |
| Employers, Present and Past            | Credit/Landlords                   |
| Handicapped Assistance                 | Pensions/Annuities                 |
| Schools and Colleges                   | U.S. Department of Veteran Affairs |
| U.S. Social Security Administration    | SERS, OPERS                        |
| Medical/Non-Medical Professional       |                                    |

**Computer Matching Notice and Consent:** I agree that the above named organization may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or Local agencies. The government agencies include: U.S. Office of Personnel Management; U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Security Agencies and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

**Conditions:** I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I understand I may be denied occupancy of rental property owned and/or managed by Community Investment Management Services, Inc. I understand my signature grants authorization for 18 months.

Printed Name	Signature	Social Security No.	Date
Printed Name	Signature	Social Security No.	Date
Printed Name	Signature	Social Security No.	Date

**NOTE:** All persons over the age of 18 must sign this form.

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 and any owner (or any employee of HUD 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 purposes cited above. Any person who knowingly or willingly 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 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)