

THE AVENUE APARTMENTS

1300 Madison Ave SE
Grand Rapids, MI 49507

Dear Applicant,

We appreciate your interest in our apartment community. There is a **\$20.00 application fee** needed to process your application. Please send money order payable to: "**The Avenue**" along with your completed application. Personal checks are not accepted and applications cannot be processed without a \$20.00 money order. Please allow up to 5 business days for your application to be processed.

Please read before completing application:

- Applicants 18 & over **must each complete an application & checklist**
- You **must put N/A for answer that is not applicable** to your household and initial any mistakes or cross outs. **DO NOT USE WHITE OUT.**
- If you are pre-approved, **ANY INCOME** you check "YES" to on the checklist attached to the application **MUST be verified** for final move-in approval. If you are receiving social security benefits or child support, be prepared to have a printout from each source stating how much you are receiving.
- Be prepared to provide a Picture ID (each adult), Social Security Card (all household members), and Birth Certificate (for any children under the age of 18).
- We will perform a background check & landlord reference.
- Your application cannot be processed if any signatures are missing. Please make sure you sign any applicable areas.

Return completed application along with \$20.00 money order to:

**LINC Community Revitalization
1167 Madison Ave SE
Grand Rapids, MI 49507
Office: 616.451.9140 Fax: 616.451.0615**

Please schedule an application consultation if you need further information or assistance with completing your application.

AUTHORIZATION FOR CRIMINAL HISTORY CHECK

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with KMG Prestige. It KMG Prestige's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

Full Name <i>(no nicknames)</i> _____					
Maiden Names(s), Nickname(s), Other Name(s) <i>(please include dates used)</i> _____				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number _____			Date of Birth _____		
Driver's License Number _____			State _____		
Is Your Driver's License Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No ⇨ <i>Please give details</i>					
All addresses for the last 7 years: <i>(Street / City / County / State / Years From-To)</i>					
In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.					
	Street Address	City	County	State	Years From-To
1.	_____ /	_____ /	_____ /	_____ /	_____ /
2.	_____ /	_____ /	_____ /	_____ /	_____ /
3.	_____ /	_____ /	_____ /	_____ /	_____ /
4.	_____ /	_____ /	_____ /	_____ /	_____ /
5.	_____ /	_____ /	_____ /	_____ /	_____ /
6.	_____ /	_____ /	_____ /	_____ /	_____ /
(attach additional pages if necessary)					

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release KMG Prestige, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from KMG Prestige is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

X	_____ Signature	_____ Date
----------	---------------------------	----------------------

For Office Use Only	Date Rec'd	Time Rec'd	Initials
---------------------	------------	------------	----------

Preliminary Rental Application

Please note that this is a preliminary application and gives no lease or rent rights.

Community _____ Office Phone () _____ Date _____

Unit Size 1 2 3 4 Unit Type: Apartment Studio Townhouse

Would you or a member of your household benefit from the design features of a barrier free unit? **Yes** or **No**

Would you request a disability adjustment to income? **Yes** or **No**

Applicant: _____ Email _____ Phone () _____

Co-Applicant: _____ Email _____ Phone () _____

Applicant's History	
Applicant:	Co-Applicant

Current Address: _____
 Date: From _____ Rent: \$ _____
 To: _____
 Reason for Moving: _____
 Current Landlord: _____
 Address: _____
 Phone _____

Current Address: _____
 Date: From _____ Rent: \$ _____
 To: _____
 Reason for Moving: _____
 Current Landlord: _____
 Address: _____
 Phone _____

Previous Address: _____
 Date: From _____ Rent: \$ _____
 To: _____
 Reason for Moving: _____
 Previous Landlord: _____
 Address: _____
 Phone _____

Previous Address: _____
 Date: From _____ Rent: \$ _____
 To: _____
 Reason for Moving: _____
 Previous Landlord: _____
 Address: _____
 Phone _____

Previous Address: _____
 Date: From _____ Rent: \$ _____
 To: _____
 Reason for Moving: _____
 Previous Landlord: _____
 Address: _____
 Phone _____

Previous Address: _____
 Date: From _____ Rent: \$ _____
 To: _____
 Reason for Moving: _____
 Previous Landlord: _____
 Address: _____
 Phone _____

If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet.

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

Head of Household _____ Date _____

Co-Applicant, Spouse/Co-Head _____ Date _____



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TDD 1-800-649-3777



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 5/31/2011)

Name of Property _____ Project No. _____ Address of Property _____

Name of Owner/Managing Agent _____ Type of Assistance or Program Title: _____

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented,



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TDD 1-800-649-3777



owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You may mark one or more.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 4. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TDD 1-800-649-3777



DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION

KMG Prestige, Inc., Affinity Property Management, LLC. and/or _____ Apartments is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

- Employment purposes, or
- Housing at _____ Apartments

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

“Consumer” means an individual.

“Consumer Report” means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

“Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

“Employment Purposes” means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

“Adverse Action” means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initiated by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a “Consumer Report” and/or Investigative Report on you for **employment** purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TDD 1-800-649-3777



If we are obtaining a "Credit Report" with respect to your application for **housing**, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize KMG Prestige, Inc., Affinity Property Management, LLC., and/or _____ Apartments to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:

- Employment purposes
- Housing purposes
- Both

I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community as set forth in the disclosure that I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.

I acknowledge that I have received a copy of this document for my records.

Applicant

Date

Witness

Date

Q:\corporate\forms\Rental Application.HUD.MSHDA.doc



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TDD 1-800-649-3777



CHECKLIST

Complete a separate form for each household member who is age 18 or older or emancipated minor.

Name:	Unit:	Phone: () -
Email:		

	Yes	No	COMPLETE EACH ITEM:	
1			I am a citizen of the United States or a permanent legal resident.	
2			A member of my household is subject to a registration requirement under a state sex offender program.	
3			Is there an expected family addition? <input type="checkbox"/> Pregnancy <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Child	
4			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____	167 & 110
5			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.	167 & 110

INCOME				
6			I have a job and receive money/wages, tips or bonuses. (List the companies that pay you)	131
7			I am self-employed. (List the name of your company and the type of jobs you do.)	108
8			I receive Social Security or Rail Road Retirement Act income.	Benefit Letter
9			I receive Supplemental Security Income (SSI).	Benefit Letter
10			I receive quarterly payments from DHS for the State-paid portion of a SSI grant (Quarterly SSI).	148
11			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security).	Benefit Letter
12			I receive periodic payments from retirement funds or pensions. How many funds or pensions? __ List name(s) of fund or pension provider.	144
13			I receive disability or death benefits other than Social Security.	
14			I receive Veteran's Administration benefits.	171
15			I receive Public Assistance (other than Food Assistance (FAP) and Medicaid)	148
16			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.	116
17			I receive unemployment benefits.	170
18			I receive periodic payments from Workers' Compensation.	127
19			I receive periodic payments from a trust, annuity or inheritance. If yes, from how many sources?	169 / 111
20			I receive income from rental of real estate or personal property.	Current Lease
21			I receive periodic payments from lottery winnings.	135
22			I receive adoption assistance payments.	101
23			I receive alimony.	120
24			I receive GI Bill benefits.	Benefit Letter
25			I receive military active duty allotments.	138

CHECKLIST

Complete a separate form for each household member who is age 18 or older or emancipated minor.

Name:	Unit:	Phone: () -
Email:		

	Yes	No	COMPLETE EACH ITEM:	
1			I am a citizen of the United States or a permanent legal resident.	
2			A member of my household is subject to a registration requirement under a state sex offender program.	
3			Is there an expected family addition? <input type="checkbox"/> Pregnancy <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Child	
4			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____	167 & 110
5			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.	167 & 110

INCOME				
6			I have a job and receive money/wages, tips or bonuses. (List the companies that pay you)	131
7			I am self-employed. (List the name of your company and the type of jobs you do.)	108
8			I receive Social Security or Rail Road Retirement Act income.	Benefit Letter
9			I receive Supplemental Security Income (SSI).	Benefit Letter
10			I receive quarterly payments from DHS for the State-paid portion of a SSI grant (Quarterly SSI).	148
11			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security).	Benefit Letter
12			I receive periodic payments from retirement funds or pensions. How many funds or pensions? __ List name(s) of fund or pension provider.	144
13			I receive disability or death benefits other than Social Security.	
14			I receive Veteran's Administration benefits.	171
15			I receive Public Assistance (other than Food Assistance (FAP) and Medicaid)	148
16			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.	116
17			I receive unemployment benefits.	170
18			I receive periodic payments from Workers' Compensation.	127
19			I receive periodic payments from a trust, annuity or inheritance. If yes, from how many sources?	169 / 111
20			I receive income from rental of real estate or personal property.	Current Lease
21			I receive periodic payments from lottery winnings.	135
22			I receive adoption assistance payments.	101
23			I receive alimony.	120
24			I receive GI Bill benefits.	Benefit Letter
25			I receive military active duty allotments.	138

	Yes	No	COMPLETE EACH ITEM:	
26			I am a member of an Indian Tribe receiving gaming payments.	
27			I receive periodic payments from insurance policies, if yes, how many policies? _____	
28			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.	127
29			I receive other recurring or periodic income not listed above. (Includes financial aid under the Higher Education Act of 1965 from private sources or institution) Describe _____	167
CHILD SUPPORT				
30			I receive child support. From how many parents do you receive support? _____	120 /FOC Print Out
31			Is Child Support Paid Directly to DHS?	148 /FOC Print Out
32			I have been awarded a judgment for child support but have not been receiving payments.	120 /FOC Print Out
33			I anticipate filing a claim for child support within the next twelve months.	105

ASSETS				
(Include all assets held or owned either in or outside of the United States)				
34			I have a savings account(s) and/or Money Market Account(s) at: List name(s) of Financial Institution(s) _____	113
35			I have a checking account(s) at: _____ (List name(s) of Financial institution(s))	113
36			I have certificates of deposit at: _____ (List name(s) of Financial institution(s))	113
37			I have cash held in my home or in a safety deposit box.	102/107
38			I have savings bonds. If yes, how many? _____	treasurydirect.com
39			I have Treasury Bills. If yes, how many? _____	
40			I have stocks at: _____ (List name(s) of Financial institution(s))	166
41			I have a 401k at: _____ (List name(s) of Financial institution(s))	100
42			I have bonds at: _____ (List name(s) of Financial institution(s))	166
43			I have Mutual Funds at: _____ (List name(s) of Financial institution(s))	166
44			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution(s))	134
45			I have an annuity(ies) at: _____ (List name(s) of institution(s))	111
46			I own real estate. If yes, how many properties? _____ Address of Property(ies) _____	152/150
47			I own a mobile home.	152
48			I have land contracts. If yes, how many? _____	Amortization schedule
49			I hold a mortgage or deed of trust.	151
50			I have revocable trusts. If yes, how many trusts? _____	Copy of Trust
51			I have a whole life or universal life insurance policy(ies). If yes, how many policies? _____ at: _____ (List name(s) of institution(s))	172
52			I have personal property held for investment purposes (gems, jewelry, collections, etc.).	Appraisal(s)

	Yes	No	COMPLETE EACH ITEM:	
53			I have lump sum receipts or one-time receipts.	
54			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.	
55			I have joint ownership on one or more of the above assets.	
56			I have income/assets from sources other than those listed above. (Describe) _____	
57			A member of my household is under the age of 18 and has assets (see Question #66 for list of assets). (Describe) _____	

	Yes	No	COMPLETE EACH ITEM:	
(Complete the items below for Section 8, Section 236, Section 202, 811 PRAC, Section 101, Section 221, Moderate and Rural Development Projects Only)				
58			I am a single parent with Joint physical custody and the other parent resides in subsidized housing.	
59			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.	Benefit Letter
60			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.	137
61			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.	137
62			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.	137
63			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.	121
64			Family Independence Agency (FIA) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays: <input type="checkbox"/> full <input type="checkbox"/> partial.	148
65			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.	121
66			I pay handicap equipment expenses for a handicapped/disabled family member which is not covered by insurance.	137

OTHER ITEMS				
67			I have provided proof of Social Security numbers (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)	SS Card(s)

DISPOSAL / DIVESTITURE OF ASSETS				
Initial Column (all tenants and prospective residents in all types of projects must complete the section below)				
68	Yes	No	<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years for under Fair Market Value.</p> <p>Initial the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):</p> <p>_____</p> <p>_____</p> <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>	103

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature _____

Date _____

NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Property Name Requesting Information:

By signing this consent form, I am authorizing the above-referenced housing community for which I am applying to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing assistance. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information, which I have provided on my original application for housing.

Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification and at each recertification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age, they must also sign the relevant consent forms.

Signatures:

_____	_____
Head of Household	Date
_____	_____
Spouse	Date
_____	_____
Other Family Member over age 18	Date
_____	_____
Other Family Member over age 18	Date



TDD 800-649-3777



NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Please select the disclosure(s) that apply to your community.

HUD Disclosure

"Title 18, Section 1001 of the U.S. Code states that a person 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 owner) may be subject to penalties for unauthorized disclosures or improper use of the 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 pretences 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 relief, as may be appropriate, against the office 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).**"

Rural Development Disclosure

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 759-3272 (voice) or (202) 720-6382 (TDD). This institution is an equal opportunity provider and employer.

LIHTC – Tax Credit - None Applicable at this time



TDD 800-649-3777

