



HIGH RISE APPLICATION REQUIREMENTS

(PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS)

WHAT IS THE HIGH RISE?

The Great Bend Housing Authority owns the High Rise located at 1101 Kansas Ave., Great Bend. The High Rise is a federally funded housing program for people 55 years of age and older, however we can admit 20% of our tenants to those under the age of 55.

HOW DO I APPLY TO LIVE IN THE HIGH RISE?

You must complete and submit an application, along with the following documentation for every member of your household:

- **Original** Social Security Cards
- **Original** government issued driver's license or photo identification
- Income verification
- Pay stubs – last 6 consecutive pay stubs for all adults (18 years of age or older) in your household
- Financial Institution and/or bank statements
- Child support, Alimony, Legal Separation and Divorce papers

WHAT ARE THE REQUIREMENTS FOR ELIGIBILITY?

You must meet the income guidelines established by the Dept. of Housing & Urban Development, be 55 years of age or older (20% of our residents can be under age 55), have a good rental history, criminal background, etc.

WHAT IF I CANNOT PROVIDE A GOOD RENTAL HISTORY?

If the applicant is unable to provide 3 years of acceptable rental history from persons not related to the applicant(s), 3 character reference letters will be required by a person not related to the applicant(s) such as former teacher, employer, minister, etc.

HOW LONG WILL IT BE BEFORE I AM HOUSED?

There is a chance there is a waiting list for assistance. Ask what the current estimated wait time is.

HOW MUCH WILL MY RENT BE?

Your rent will be determined by your income; you will pay 30% of your monthly adjusted gross income minus any allowable deductions; or a minimum rent of \$25.00, whichever is greater.

WILL I BE REQUIRED TO PAY A SECURITY DEPOSIT?

Yes, the security deposit you will be required to pay may not exceed the legal limits set by the Kansas Landlord Tenant Act. The GBHA security deposit is currently \$600.00 and we allow tenants to make payments of \$100 per month on the deposit.

CAN I HAVE A PET?

If tenants wish to have a pet they must get written approval from GBHA and pay the pet deposit of \$300 in full before the pet is allowed in the building. Only one dog or cat is allowed and cannot weigh more than 25 pounds. Proof must be provided that the pet has had its shots and that it has been spayed or neutered.

CAN I HAVE A SERVICE ANIMAL?

Tenants that require a service animal must return our form signed by a doctor specifying that the tenant needs an animal for their medical condition and how that animal will alleviate their symptoms. Proof must be provided that the pet has had its shots and the \$300 pet deposit will not be required. Service animals still must adhere to city code regulations, the City of Great Bend has a "pooper scooper" rule that must be followed.

IS THERE A LIMIT OF OVERNIGHT GUESTS?

Yes GBHA residents can only have overnight guests 14 nights per year and they must notify the office prior to the visit or the following day by 10:00 am so that the nights can be documented in their file. Tenants that allow guests to stay in excess of 14 nights per year will be evicted.

WE ARE A SMOKE-FREE FACILITY

Smoking or vaping is not allowed in the High Rise or within 25 feet of the building. There is an outdoor designated area tenants and their guests are allowed to smoke.

CASH IS NOT ACCEPTED

Please understand that all payments must be made in the form of personal check, cashier's check or money order. This is for your protection as well as ours.

WHAT SHOULD I DO IF ANYTHING CHANGES WHILE I AM ON THE WAITING LIST?

Be sure to notify this office in writing immediately, especially if your address changes.

HOW CAN I CONTACT THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT DIRECTLY?

You may contact the Department of Housing and Urban Development at www.hud.gov or by calling 913-551-6916.



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs and activities. In order for us to provide a reasonable accommodation, we ask that you request what assistance is desired by contacting the Great Bend Housing Authority, 1101 Kansas Ave., Great Bend, KS 67530, or call 620-793-7761 (or 800-766-3777 TTD Kansas Relay Center).

(PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS)

**NOTICE TO HOUSING CHOICE VOUCHER PROGRAM LANDLORDS/OWNERS/MANAGERS,
PARTICIPANTS AND APPLICANTS AND SECTION 8 PROGRAM PARTICIPANTS REGARDING THE VIOLENCE
AGAINST WOMEN ACT**

The United States Congress passed the Violence Against Women Act (VAWA) and the Department of Justice Reauthorization Act of 2005, and President Bush signed the law in January 2006. This law affects the resident selection, lease provisions that deal with termination and eviction, the termination of assistance or eviction provision in the Housing Assistance Payment (HAP) contract, the Tenancy Addendum, and the housing authority's relationship with the resident. The Department of Housing and Urban Development (HUD) says the law is effective immediately although it has not issued a revised HAP contract incorporating these terms. Therefore the legal relationship between the Great Bend Housing Authority (GBHA), Owners, Applicants and residents, are changed as set out below. Applicants and residents may utilize certification forms which were created by HUD. The GBHA does not give legal advice to owners, applicants, or residents (program participants). Consult your attorney with questions.

SELECTION OF PARTICIPANTS OR TENANTS

The fact that an applicant for program assistance or a lease applicant is or has been the victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance, or denial of admission to the program if they are otherwise qualified.

LEASE TERMS

An incident or incidents of actual or threatened domestic violence, dating violence, of stalking may not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy or occupancy rights of the victim of such violence.

TERMINATION OF ASSISTANCE/EVICTION

Criminal activity directly relating to domestic violence, dating violence, or stalking engaged in by a member of the tenant's household or any guest or other person under the tenant's control shall not be the cause for termination of tenancy occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that domestic violence, dating violence, or stalking.

The GBHA may terminate assistance and/or the landlord/owner/manager may bifurcate the lease to terminate assistance to remove a lawful occupant or tenant who engages in criminal acts of violence to family members or others without terminating the assistance/evicting of victimized lawful occupants.

The GBHA and or landlord/manager/owner may honor court orders regarding rights of access or control of the property.

Nothing limits the GBHA or landlord/manager/owner from terminating assistance or evicting for other good cause unrelated to the incident or incidents of domestic violence, provided that the victim is not subject to a “more demanding standard” than non-victims.

Nothing prohibits the termination of assistance or eviction if the GBHA or owner/manager/landlord can demonstrate an actual and imminent threat to other tenants or those employees at or providing service to the property if that tenant’s assistance is not terminated or if that tenant is not evicted.

Any other federal, state or local laws that provide greater protections to victims of domestic violence, dating violence, or stalking are not superseded by these provisions.

The GBHA and/or owner/landlord/managers may require certification of the individual or his or her status as a victim of domestic violence, dating violence or stalking in order to qualify for the protections implemented in the statute. Such certifications must be maintained confidentially. The landlord/owner/manager is not required to demand a certification from the resident.

If the Housing Authority terminates assistance, a resident who claims that the termination is brought because criminal activity directly relating to domestic violence, dating violence or stalking, must provide written certification to the GBHA that they are a victim of domestic violence, dating violence, or stalking, and that the incident or incidents which are the subject of the termination of assistance are bona fide incidents of actual or threatened abuse. This written certification must be provided 14 business days after GBHA requests the certification in writing. For GBHA purposes, the date of the request shall be the date of termination of assistance letter. If the landlord/owner/manager requires a certification, they shall inform the resident of the date the response must be returned, which shall not be less than 14 business days from the date the certification is requested by the landlord/owner/manager. The certification requirement may be compiled with by completing the certification form, which is available at the GBHA office, 1101 Kansas Ave., Great Bend, KS or by calling 620-793-7761. Information provided in the certification form shall be retained in confidence, shall not be retained in confidence, shall not be entered into a shared data base, and shall not be provided to a related entity unless the tenant consents in writing, the information is required for use in eviction proceedings, or its use is otherwise required by law.

FOR QUESTIONS OR MORE INFORMATION:

LYNN A. FLEMING, EXECUTIVE DIRECTOR

GREAT BEND HOUSING AUTHORITY

1101 KANSAS AVE.

GREAT BEND, KS 67530

620-793-7761 FAX 620-712-3010

housing@greatbend.com

www.gbhaks.org

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GREAT BEND, KS 67530

620-793-7761 FAX 620-793-7790

housing@greatbend.com

www.gbhaks.org



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... **IS FRAUD WORTH IT?**

DO YOU REALIZE...?

- If you commit fraud to obtain assisted housing from HUD, you could be:
- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

DO YOU KNOW THAT...

- You are committing fraud if you sign a form knowing that you provided false or misleading information.
- The information you provide on housing assistance application and recertification forms will be verified.
- The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies.
- Certifying false information is fraud



So Be Careful!

ASK QUESTIONS!

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest.

You must include:

- All sources of income and changes in income (raise or bonus) you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.
- Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.
- All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.
- All income from assets, such as interest from savings and checking accounts, stock dividends, etc.
- Any business or asset (your home) that you sold in the last two years at less than full value.
- The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.



Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay especially if you pay in cash.
- Get a written explanation if you are required to pay for anything other than rent (maintenance, utility charges, or fees).

The U.S. Department of Housing and Urban Development (HUD) Office of Inspector General (OIG) is the Department's law enforcement and auditing arm and is responsible for investigating complaints of fraud, waste and mismanagement in HUD funded programs.

REPORTING FRAUD

*Serious allegations of fraud should be reported to your local
HUD Office of Inspector General or to the HUD OIG Hotline at:*

<http://www.hudoig.gov/report-fraud>



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

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Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/thiip/iv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

**GREAT BEND HOUSING AUTHORITY
RENTAL APPLICATION**

<u>Applicant Name</u>			Other names used (maiden):
Phone number		Social Security #	
Driver's License #		Issuing State	
Current Street Address	City	State/Zip Code	#of years at current address
Do you currently own ___ or rent ___			
Former Street Address	City	State/Zip Code	#of years at former address
Do you currently own ___ or rent ___ at former address			
Name and address of employer		Type of business	Self employed _____ Yes _____ No
Business phone number (____)	Position/Title	Start Date	Years in this line of work
Name and address of previous employer		# of years with previous employer	Business phone number (____)
Sex:	Race:	Ethnicity:	Citizenship:
Race: White, Black/African American; American Indian/Alaskan Native; Asian; Native Hawaiian/Pacific Islander; Mixed			
Ethnicity: Hispanic/Latino; Not Hispanic/Latino			

<u>Co-Applicant Name</u>			Other names used (maiden):
Phone number		Social Security #	
Driver's License #		Issuing State	
Current Street Address	City	State/Zip Code	#of years at current address
Do you currently own ___ or rent ___			
Former Street Address	City	State/Zip Code	#of years at former address
Do you currently own ___ or rent ___ at former address			
Name and address of employer		Type of business	Self employed _____ Yes _____ No
Business phone number (____)	Position/Title	Start Date	Years in this line of work
Name and address of previous employer		# of years with previous employer	Business phone number (____)
Sex:	Race:	Ethnicity:	Citizenship:
Race: White, Black/African American; American Indian/Alaskan Native; Asian; Native Hawaiian/Pacific Islander; Mixed			
Ethnicity: Hispanic/Latino; Not Hispanic/Latino			

HOUSEHOLD COMPOSITION

List all persons who will reside in the apartment.

List the Head of Household first and the relationship of each family member to the head

	<u>Full Name</u>	<u>Relation-ship to Head</u>	<u>Marital Status</u> Married Legal Separation Separated Divorced Never Been Married Widowed	<u>Birth Date</u>	<u>Age</u>	<u>Social Security Number</u>	<u>Full-time Student</u> Y/N
HEAD							
2							
3							

Applicant or co-applicant hereby certifies he/she has legal custody of minor children at least 6 months of the year?
 Yes No. If no, explain _____

Do you anticipate any addition to the household in the next twelve months? Yes No If yes, explain _____

Does anyone live with you who are not listed above? Yes No If yes, explain _____

Do you require wheelchair or other accessibility features? Yes No

Will **every person** in the household be **or** have been full-time students during 5 calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

If yes, answer the following questions:

Is any full-time student married and filing a joint tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is any full-time student a single parent living with his/her minor child and the parent and child are not dependents of

another individual outside the household? Yes No

Is any full-time student receiving assistance under Title IV of the Social Security Act of TANF? Yes No

Is any full-time student enrolled in a job-training program receiving assistance under the Job Training Partnership Act ("JTPA"), a welfare-to-work program or under other similar federal, state or local laws? Yes No

Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? Yes No

MONTHLY INCOME

List ALL sources of income as requested below. List **GROSS** income before any deductions. **Do not leave any blanks.**

Write N/A if a section does not apply.

<u>Source</u>	<u>Applicant</u>	<u>Co-Applicant</u>	<u>Other Household Members 18 or older</u>	<u>Total</u>
Salary				
Overtime				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business/Self Employment				
Net Rental Income				
Social Security				
SSI/SSDI				
Pensions, Retirement Funds				
Unemployment Benefits				
Workers or Disability Compensation				
Alimony				
Child Support				
Welfare or Public Assistance				
Educational Financial Assistance (Scholarships, Grants)				
VA Benefits				

Military Pay				
Recurring Gifts of Contributions				
Other Income				

Total Gross Annual Income based on the monthly amounts listed above times 12 = \$ _____

Do you anticipate any changes in this income in the next 12 months? Yes No If yes, explain _____

ASSETS

Please request an additional form if your number of assets exceeds the spaces on this page. **Do not** leave any blank spaces. **Write N/A** if a section does not apply.

<u>Source</u>	<u>Applicant</u>	<u>Co-Applicant</u>	<u>Other Household Members 18 or Older</u>	<u>Total</u>
Cash	\$	\$	\$	\$
Checking Accounts Bank Name & Checking Account #	\$	\$	\$	\$
Savings Accounts Bank Name & Savings Account #	\$	\$	\$	\$
Credit Union Credit Union Name & Account #	\$	\$	\$	\$
Trust Account Bank Name & Trust Account #	\$	\$	\$	\$
Certificate of Deposit Bank Name & CD Account #	\$	\$	\$	\$
Money Market Bank Name & MM Account #	\$	\$	\$	\$
Savings Bonds Savings Bond Maturity Date	\$	\$	\$	\$
Life Insurance Cash Value	\$	\$	\$	\$

Mutual Funds	\$	\$	\$	\$
# of Shares & Interest/Dividend				
Stocks – Value				
# of Shares & Interest/Dividend				
Bonds – Value	\$	\$	\$	\$
# of Shares & Interest/Dividend				
IRA/Keogh/401K	\$	\$	\$	\$
Bank Name				
Investment Property Appraised Value	\$	\$	\$	\$

Do you or any member of the household own any real estate property? Yes No

If yes, list type of property
Property Owner
Location of property:
Appraised or Market Value \$
Mortgage or outstanding loan value \$
Amount of annual insurance premium \$
Amount of most recent tax bill \$

Do you or any member of your household own additional real estate property? Yes No

If yes, list type of property
Property Owner
Location of property
Appraised or Market Value \$
Mortgage or outstanding loan value \$
Amount of annual insurance premium \$
Amount of most recent tax bill \$

Have you or any member of the household disposed of any property in the last two years? Yes No

If yes, list type of property
Market value when sold/disposed \$
Amount sold/disposed for \$
Date of transaction

Any additional disposed of assets by any household member in the last 2 years? Yes No

(Example: given away money to relatives, set up Irrevocable Trust Accounts?) If yes, describe the asset

Date of disposition
Describe disposition
Amount disposed \$

Date of disposition
Describe disposition
Amount disposed \$

Do you or any member of the household have any other assets not listed above excluding personal property? Yes

No If yes, please list:

VETERAN INFORMATION

	YES	NO
Are you or a member of your household currently serving in any branch of the US Military?		
Are you or a member of your household a member of the National Guard or Reservist?		
Have you or a member of your household previously served in any branch of the US Military?		
Have you or a member of your household been discharged from any branch of the US Military?		
If yes was it: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable/or <input type="checkbox"/> Other?		
Are you a spouse or surviving spouse of a Veteran or Active Duty US Military member?		

ADDITIONAL INFORMATION

Have you or any member of your household EVER been arrested or issued a citation for ANY reason? (bad checks, DUI, no liability insurance, theft, driving without a license, battery, assault, etc) Yes No

If yes, describe: _____

Have you or any member of your household EVER been convicted of ANY misdemeanor or a felony? Yes No

If yes, describe: _____

Have you or any member of your household ever been evicted from ANY housing? Yes No

If yes, describe: _____

Have you or any member of your household ever filed for bankruptcy? Yes No

If yes, describe: _____

Is ANY household member on any State's Sexual Predator List? Yes No

If yes, describe: _____

Has ANY household member been convicted of manufacture or sale of methamphetamine? Yes No

If yes, describe: _____

REFERENCE INFORMATION

Current Landlord (persons NOT related to you)	<u>Applicant</u>	<u>Co-Applicant</u>	<u>Other Household Member 18 or Older</u>	<u>Other Household Member 18 or Older</u>
Name				
Address				
Phone number				
How long at this address?				

Previous Landlord (persons NOT related to you)	<u>Applicant</u>	<u>Co-Applicant</u>	<u>Other Household Member 18 or Older</u>	<u>Other Household Member 18 or Older</u>
Name				
Address				
Phone number				
How long at this address?				

In case of emergency notify:

Name	Phone #
Address	
Relationship	

VEHICLE INFORMATION (if applicable) List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle	License Plate #
Year/Make	Color
Type of Vehicle	License Plate #
Year/Make	Color

PET INFORMATION (if applicable) Do you own any pets? Yes No If yes, describe: _____

CERTIFICATION/CONSENT

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/we must pay a security deposit for this apartment. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that providing false, misleading or incomplete statements or information constitutes an act of fraud and punishable by law and will lead to cancellation of this application or termination of the lease agreement

after occupancy. All adult applicants, 18 or older, must sign this application. I/We consent to the disclosure of income and financial information from my/our employer or financial references for purposes of income and asset verification related to my/our application for tenancy.

Applicant's Initials _____

SIGNATURES:

(Signature of Applicant) (Date)

(Signature of Co-Applicant) (Date)

(Signature of Co-Applicant) (Date)



Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Great Bend Housing Authority
1101 Kansas Ave.
Great Bend, KS 67530

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.
Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



TENANT RELEASE AND CONSENT FORM

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, credit/background checks and/or assets to Great Bend High Rise/Great Bend Housing Authority for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income and assets; medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|-------------------------------|----------------------------------|---------------------------|
| Past and present employers | Full background checks with | Veterans Administration |
| Previous landlords (including | KBI and NATSB | Retirement systems |
| Public Housing agencies) | State Unemployment Agencies | Banks and other financial |
| Support and alimony providers | Social Security Administration | Institutions |
| | Medical and child care providers | Welfare agencies |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for twelve months from the date signed. I/We understand that I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident (Print Name) Date

Co-Applicant/Resident (Print Name) Date

Adult Household Member (Print Name) Date

Adult Household Member (Print Name) Date



DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

I am a citizen by birth, a naturalized citizen or a national of the United States;
OR

I have eligible immigration status and I am 62 years of age or older. (attach evidence of proof of age);
OR

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); OR

Permanent residence under 249 of INA; OR

Refugee, asylum, or conditional entry status under #207, 208 or 203 of the INA; OR

Parole status under #212(d) (f) of the INA; OR

Threat to life or freedom under #243(h) of the INA; OR

Amnesty under #254 of the INA.

Signature

Date

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date# _____

WARNING: 18 USC 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

PLEASE RETURN THIS FORM TO:
Great Bend Housing Authority



LANDLORD VERIFICATION FORM
(TO BE COMPLETED BY LANDLORD ONLY)

The following individual has applied for occupancy with the Great Bend Housing Authority Public Housing Program. In order to determine his/her eligibility and suitability for housing assistance, we must obtain past rental history for this applicant. Please provide us your cooperation by providing the questions below and return within ten (10) days. Thank you in advance for your prompt attention.

Name of Applicant: _____ Address of Property Rented: _____

My signature hereby authorizes the release of the requested information: _____

Are you a relative or friend of the applicant? If so, please describe relationship: _____

Dates of Applicant's Tenancy: From: _____ To: _____ Amount of monthly rent: _____

Did tenant pay on a timely basis? Yes No Were utilities maintained as required? Yes No

Were any written notices to vacate the premises issued to the Tenant at any time during tenancy? Yes No

If Yes, reason: _____

Do you have any knowledge of any behavior that was detrimental or a nuisance to other tenants? Yes No

If Yes, please describe: _____

Did the tenant keep his/her residence in a clean and sanitary condition? Yes No

If No, please explain: _____

Did the tenant vacate the premises owing a balance? Yes No

If Yes, how much? Rent \$ _____ Damages \$ _____ Other \$ _____ Total \$ _____

Has the balance been cleared as of this date? Yes No Is there a repay agreement in place? Yes No

Would you rent to this person again? Yes No

Please provide any additional information you feel would be helpful: _____

Landlord Printed Name: _____ Phone: (_____) _____

Landlord Address: _____

Landlord Signature: _____ Date _____

Thank you for your time and cooperation!