

**FOR OFFICE USE ONLY**

(Record with a date & time stamp OR write in and initial the date and time the application was received)

**Date & Time Received:**

**Property Name:**

Oliver Crossing

**Unit Number:**

**Effective Date:**

**TO BE COMPLETED BY APPLICANT**

**Head of Household Name:**

**State Issued ID # (Head of Household):**

**State:**

**Home phone:**

**Cell phone:**

**Email:**

**Preferred Number of Bedrooms:**



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, or handicap.

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**FOR APPLICANT USE ONLY**

Please answer all applicable questions. Each household member age 18 years or older and under 18 if head, spouse, or co-head must sign and date the application.

NOTE: Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility, or submits inaccurate and/or incomplete information on this application or during the interview, may be rejected for housing.

**HOUSEHOLD COMPOSITION**

1. **List the Head of Household and all other persons who will be living in the unit. Give the relationship of each household member to the head of household.**

Member #	Household member First name, middle initial, and last name	Relationship	Date of Birth	Sex If decline, put "D"	Marital Status Single, Married, Separated, Widowed, Divorced	Student Status this and/or next calendar year	Disabled?	SSN
1		HEAD				Full-Time Part-Time Not a Student	Yes No Decline	
2						Full-Time Part-Time Not a Student	Yes No Decline	
3						Full-Time Part-Time Not a Student	Yes No Decline	
4						Full-Time Part-Time Not a Student	Yes No Decline	
5						Full-Time Part-Time Not a Student	Yes No Decline	
6						Full-Time Part-Time Not a Student	Yes No Decline	
7						Full-Time Part-Time Not a Student	Yes No Decline	
8						Full-Time Part-Time Not a Student	Yes No Decline	
9						Full-Time Part-Time Not a Student	Yes No Decline	



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## HOUSEHOLD QUESTIONS

The following questions pertain to yourself and everyone who will occupy the unit. Check either **Yes** or **No** in response to each question. An explanation must be provided below if the answer is **Yes**. Use additional sheets, if necessary.

2. <b>Will any member of the household require a live-in aide?</b>	Yes	No	If <b>Yes</b> , list name(s) below:
3. <b>Is any member of this household temporarily absent, but under normal conditions would live in the unit?</b>	Yes	No	If <b>Yes</b> , list name(s) below:
4. <b>Have you or any member of your household ever used different names from the names given on this application?</b>	Yes	No	If <b>Yes</b> , explain:
5. <b>Have you or any member of your household ever used social security numbers different from those listed on this application?</b>	Yes	No	If <b>Yes</b> , explain:
6. <b>Do you anticipate any change in your household (someone moving in or out) during the next 12 months?</b>	Yes	No	If <b>Yes</b> , list name(s) below:
7. <b>Will all minor household members live in this unit with a parent or guardian who has at least 50% custody?</b>	Yes	No	If <b>No</b> , list name(s) below:    N/A
8. <b>Does/Will this household receive rent assistance?</b>	Yes	No	If <b>Yes</b> , please indicate the source (Housing Choice Voucher, Rural Development RA, etc.)
9. <b>List all states and counties in which all household members have ever lived:</b>			



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## INCOME INFORMATION

For each household member (including temporarily absent and/or foster family members), list current and anticipated income sources for the twelve-month period beginning on the anticipated move-in date. All information must be verified. Include all full-time, part-time, or seasonal income even if completing this application in the off-season.

Include income for all members of the household

10. <b>Employment wages/salaries</b> (include tips, bonuses, commissions, and seasonal employment)	Yes	No
11. <b>Regular pay for a member of the military</b>	Yes	No
12. <b>Self-Employment</b> (Including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)	Yes	No
13. <b>Unemployment benefits or severance pay</b>	Yes	No
14. <b>Workers' compensation or other insurance settlements</b>	Yes	No
15. <b>Social Security Income</b> (including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))	Yes	No
16. <b>Supplemental Security Income (SSI)</b>	Yes	No
17. <b>Disability benefits</b>	Yes	No
18. <b>Public assistance</b> (TANF, GA, W2, AFDC, cash assistance, etc. - excluding food stamps and medical assistance)	Yes	No
19. <b>Child support</b> (answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	Yes	No
20. <b>Alimony/Spousal maintenance</b>	Yes	No
21. <b>Regular cash and non-cash contributions</b> (including assistance with paying rent, bills or gifts from individuals not living in the unit - excluding groceries)	Yes	No
22. <b>Student financial aid</b> (public or private - excluding student loans)	Yes	No
23. <b>Veterans benefits</b>	Yes	No
24. <b>Regular payments from pensions</b> (including PERA, railroad, etc.)	Yes	No
25. <b>Regular payments from retirement benefits</b>	Yes	No
26. <b>Periodic payments from Indian Trusts</b>	Yes	No
27. <b>Death benefits</b> (receiving income as a beneficiary of annuities, pensions, life insurance, etc.)	Yes	No
28. <b>Regular payments from annuities or life insurance dividends</b>	Yes	No
29. <b>Other (list):</b>	Yes	No

30. <b>Does any adult member of the household have zero income?</b>	Yes	If Yes, please list name(s):	No



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**ASSET INFORMATION**

For each household member (including children), list all assets. All information must be verified.

Include assets for all members of the household

31. <b>Checking accounts</b>	Yes	No
32. <b>Savings accounts</b>	Yes	No
33. <b>Cash Card</b> (including government benefits cards)	Yes	No
34. <b>Stocks</b>	Yes	No
35. <b>Bonds</b>	Yes	No
36. <b>Money Market/Mutual Funds</b>	Yes	No
37. <b>Certificate of Deposit</b>	Yes	No
38. <b>Trust</b>	Yes	No
39. <b>Lump Sum Receipts</b> (ie. from inheritances, insurance settlements, lottery winnings, or capital gains)	Yes	No
40. <b>401(k) or 403(b) Account</b>	Yes	No
41. <b>IRA Account</b>	Yes	No
42. <b>Keogh Account</b>	Yes	No
43. <b>Capital Investments</b>	Yes	No
44. <b>Real Estate</b>	Yes	No
45. <b>Land Contracts</b>	Yes	No
46. <b>GoFundMe/Crowdsourcing Funds</b>	Yes	No
47. <b>Bitcoin/Cryptocurrency</b>	Yes	No
48. <b>Life Insurance Policies</b> (excluding Term Life Insurance)	Yes	No
49. <b>Pension/Annuity/Other Retirement Accounts</b>	Yes	No
50. <b>Cash on Hand</b>	Yes	No
51. <b>Personal items held as an investment</b>	Yes	No
52. <b>Other (list):</b>	Yes	No

**ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE**

53. I/We hereby certify that I/We **have** **have not sold or given away any assets within the last two years where the amount received was \$1,000 or more below the total fair market value**

If applicable: Identify assets sold or disposed of for less than fair market value

Household Member	Asset Type	Market Value	Date Sold/Disposed	Amount Received
		\$		\$
		\$		\$
		\$		\$
		\$		\$



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**SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE**

54. **Applicant name**

55. **Applicant signature**

**Date**

The following section is optional and is used to help determine eligibility for special accessible housing features. All answers will be verified.

56. **Would you like to provide information to help determine your eligibility for special accessible housing features?**  
**Yes**      **No** (If No, skip to the next page)

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person’s ability to live independently
- is such that the person’s ability to live independently could be improved by more suitable housing conditions

57. **Do you or a household member have a mobility impairment which meets the definitions stated above?**      Yes      No

58. **If yes, list name(s) of family members:**

59. **Do you or a household member have a condition which requires (check those that apply):**

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications, please explain: \_\_\_\_\_

60. **Please explain exactly what you need to accommodate your situation:**

61. **Who should we contact to verify your need for the above housing features?**

Name

Address

City	State	Zip	Phone
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**SIGNATURES**

I/We understand the information in this application will be used to determine eligibility for housing assistance programs and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the owner to make inquiries to verify the statement herein. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member or my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

All household members age 18 or older (and under age 18 if Head, Spouse, or Co-Head) must sign and date below:

Under penalty of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

1.	<b>Applicant Signature</b>	<b>Date</b>
2.	<b>Applicant Signature</b>	<b>Date</b>
3.	<b>Applicant Signature</b>	<b>Date</b>
4.	<b>Applicant Signature</b>	<b>Date</b>
5.	<b>Applicant Signature</b>	<b>Date</b>
6.	<b>Applicant Signature</b>	<b>Date</b>
7.	<b>Applicant Signature</b>	<b>Date</b>
8.	<b>Applicant Signature</b>	<b>Date</b>
9.	<b>Applicant Signature</b>	<b>Date</b>



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# Housing History Disclosure

Property name **Oliver Crossing**  
 Unit number \_\_\_\_\_

Head of household  
 Member name \_\_\_\_\_

Please provide the last \_\_\_\_\_ months of housing history. Each adult household member must complete this form at move-in.

This member has no address history from the required timeframe.  
*(If this box is checked, please provide an explanation below.)*

Explanation: \_\_\_\_\_

1.	Street Address:		
City:	State:	Zip Code:	
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) Rent      Own      Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes      No	This is my current address

2.	Street Address:		
City:	State:	Zip Code:	
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) Rent      Own      Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes      No	This is my current address

3.	Street Address:		
City:	State:	Zip Code:	
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) Rent      Own      Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes      No	This is my current address

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_



# Housing History Disclosure

Property name **Oliver Crossing**  
 Unit number \_\_\_\_\_

Head of household  
 Member name \_\_\_\_\_

Please provide the last \_\_\_\_\_ months of housing history. Each adult household member must complete this form at move-in.

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Explanation: \_\_\_\_\_

1.	Street Address:		
City:	State:	Zip Code:	
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) Rent      Own      Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes      No	This is my current address

2.	Street Address:		
City:	State:	Zip Code:	
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) Rent      Own      Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes      No	This is my current address

3.	Street Address:		
City:	State:	Zip Code:	
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) Rent      Own      Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes      No	This is my current address

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_



# Emergency Contact Form

**Property name** Oliver Crossing  
**Unit number**

**Head of household**  
**Member name**

## APPLICANT/RESIDENT CONTACT INFORMATION:

Applicant/Resident Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (Optional):

**Instructions:** 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.

Name of Emergency Contact Person or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Email 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 (if applicable) | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit                               | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent                             |  |

*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.

Signature of Applicant

Date



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# Emergency Contact Form

**Property name** Oliver Crossing  
**Unit number**

**Head of household**  
**Member name**

## APPLICANT/RESIDENT CONTACT INFORMATION:

Applicant/Resident Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (Optional):

**Instructions:** 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.

Name of Emergency Contact Person or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Email 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 (if applicable) | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit                               | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent                             |  |

*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.*

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Signature of Applicant

Date



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**TENNESSEE HOUSING DEVELOPMENT AGENCY  
CERTIFICATION OF STUDENT STATUS**

BIN Number	Head of Household Name	Unit Number
------------	------------------------	-------------

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses

**Please choose one option below that best describes your household**

<input type="checkbox"/>	The household contains no occupants who are students (full time or part time).
<input type="checkbox"/>	The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current calendar year and/or upcoming calendar year. (months need not be consecutive).
<input type="checkbox"/>	List non-student here:  
<input type="checkbox"/>	The household contains all students, but is qualified because at least one occupant is a part time student. Verification of part time student status is required.
<input type="checkbox"/>	List part time student here:  
<input type="checkbox"/>	The household contains all full time students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below.

		yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Signatures**

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

This form must be signed by each household member age 18 and older.

Resident Signature	Date
Resident Signature	Date
Resident Signature	Date
Resident Signature	Date

# Woda Cooper Companies

## Race and Ethnic Data Form

Property: Oliver Crossing

Unit Number: \_\_\_\_\_

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

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

<b>Ethnic Categories</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

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

\_\_\_\_\_  
Date

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).\*\*



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Update 4/3/17



# Woda Cooper Companies

## Race and Ethnic Data Form

Property: Oliver Crossing

Unit Number: \_\_\_\_\_

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

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

<b>Ethnic Categories</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

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

\_\_\_\_\_  
Date

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).\*\*



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Update 4/3/17

