

Dear Applicants:

Thank you for applying with us! To help this process along, there are a few things I will need to process your application. Social Security cards for all household members, and for adults, I will need a copy of ID and for children I will need a copy of birth certificate or birth announcement. Please sign all documents where indicated and start gathering proof of income documentation. Our email address is as follows:

pinegrove@medallionmgmt.com. Our fax number is:

269-686-8498 and our office number is **269-673-5310**.

Have a great day and call or email with questions!

PINE GROVE TERRACE APARTMENTS





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

APPLICATION FOR OCCUPANCY

Received _____
Date: _____
Time: _____

Pine Grove Terrace Apartments

Development Name

1. Name _____ Date _____
Social Security No. _____ Driver's License No. _____
2. Date Occupancy Desired _____ Bedroom Size Desired 1 2 3 4
Term of Lease (years) _____ Barrier Free Unit? Yes _____ No _____
Monthly Rent \$ _____
3. Present Address _____
Street Name & Number _____ City _____ State _____ Zip _____
Home Phone No. _____ How Long There? _____
Present Monthly Rent \$ _____
Name of Present Landlord _____ Telephone No. _____
Are you a student? Yes _____ No _____ If so, where? _____
4. Name, age and sex of all persons who will occupy unit (including temporarily absent members). Age is used to determine eligibility for senior and elderly housing.

Name	Sex	Date of Birth	Relationship	Elderly	Student

If you are applying for eligibility of elderly status, you will be required to provide written documentation of being 62 years of age or older, or disabled of any age. Elderly status qualifies you for medical expenses exceeding 3% of your annual income and a \$400 per year household deduction.



"This institution is an equal opportunity provider."





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

5. Employer / Income Information

Applicant's Employer _____ Supervisor _____

Employer's Address _____ City _____ Telephone # () _____

Job Title _____ How long have you had this job? _____

Income: Hourly Wage \$ _____ Average hours worked per week _____ Gross Monthly Income \$ _____

Co-Applicant's Employer _____ Supervisor _____

Employer's Address _____ City _____ Telephone # () _____

Job Title _____ How long have you had this job? _____

Income: Hourly Wage \$ _____ Average hours worked per week _____ Gross Monthly Income \$ _____

Public Assistance/Welfare Caseworker Name _____ Telephone # () _____

Monthly Grant Amt \$ _____ Monthly Amt for Food Stamps \$ _____ How long have you rec'd Assistance? _____

\$ _____ Social Security received per month (include Medicare)

\$ _____ SSI received per month.

\$ _____ Pension received per month.

\$ _____ Veterans Administration benefits received per month.

\$ _____ Worker's Compensation received per week.

\$ _____ Child Support or Alimony received per week.

\$ _____ Unemployment Benefits received per week.

\$ _____ Interest earned per year.

\$ _____ Other (specify) _____

6. Bank Reference

Name _____

Address _____

7. Personal Reference (Non-Family)

Name _____

Address _____



"This institution is an equal opportunity provider."





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

8. Credit Reference
Name _____ Name _____
Address _____ Address _____
Telephone _____ Telephone _____
9. Notify in case of accident _____ Telephone _____
10. How did you learn about these apartments? Newspaper _____ Radio _____ Resident _____
Drive By _____ Road Signs _____ Other _____

Please note that this is an application and gives no lease or rent rights. Additional information and a deposit will be required at a later date to complete processing.

I authorize Medallion Management Inc., to obtain a copy of my credit report through the credit-reporting agency of their choice to verify any and all information made on this application.

Statement Required By the Privacy Act

RURAL DEVELOPMENT (RD) IS AUTHORIZED BY TITLE V OF THE HOUSING ACT OF 1949, AMENDED (42 U.S.C. 1471 ET. SEQ.) TO SOLICIT INFORMATION REQUESTED ON THIS FORM. DISCLOSURE OF THE INFORMATION REQUESTED IS VOLUNTARY. HOWEVER, FAILURE TO DISCLOSE CERTAIN ITEMS OF INFORMATION MAY RESULT IN A DELAY IN THE PROCESSING OF YOUR ELIGIBILITY OR REJECTION, EXCEPT THAT IT IS UNLAWFUL FOR RD TO DENY ELIGIBILITY BECAUSE OF THE REFUSAL TO DISCLOSE THE SOCIAL SECURITY NUMBER. THE PRINCIPLE PURPOSES FOR COLLECTING THE REQUESTED INFORMATION ARE TO DETERMINE ELIGIBILITY FOR OCCUPANCY IN THE RD FINANCED RENTAL PROJECT AND TO DETERMINE THE AMOUNT OF THE TENANT CONTRIBUTION FOR RENT. THE INFORMATION COLLECTED ON THIS FORM MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE AND LOCAL AGENCIES WHEN RELEVANT TO CIVIL, CRIMINAL OR REGULATORY PROCEEDINGS.

I HEREBY CERTIFY THAT THIS UNIT WILL BE MY PRIMARY RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

Applicant _____ Date _____

Co-Applicant _____ Date _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES: THE INFORMATION REGARDING RACE, ETHNICITY, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE, THAT THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND DISABILITY ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE, ETHNICITY, AND SEX OF INDIVIDUAL



"This institution is an equal opportunity provider."





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

Applicant:

National Origin: Hispanic/Latino _____ Non-Hispanic/Latino _____
Race: American Indian/Alaskan Native _____ Asian _____ Black/African American _____
Native Hawaiian/Pacific Islander _____ White _____
Sex: Male _____ Female _____

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400
Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.



"This institution is an equal opportunity provider."





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

RENTAL HISTORY CHECK

Date: _____

To: _____

PLEASE RETURN TO THIS ADDRESS WITHIN 7 DAYS:

COMMUNITY: Pine Grove Terrace Apartments

ADDRESS: 120 Sunset Dr.

Allegan, MI 49010

PHONE: 269-673-5310

FAX: 269-686-8498

Dear Sir/Madam:

The person listed below has filed an application with us for housing.

Written permission has been given to release to this office, information regarding conduct, character, and past/present rental history. If the person listed below has rented from you or your agency, please complete the attached questionnaire and return it to our office.

If the person has not rented from you or your agency, please check the appropriate box below and return this form to our office.

Sincerely,
Medallion Management, Inc. for
Pine Grove Terrace Apartments

APPLICANT CONSENT:

I hereby authorize the release of information on this date.

Printed Name _____

Signature _____

Date _____

Date of Birth _____

xxx-xx-_____
Social Security Number

Previous Address _____

City, State _____

Zip _____

"This institution is an equal opportunity provider."





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

_____ Yes, the named above has rented from my agency.

_____ No, the named above has not rented from my agency.

1. Name Rented Under: _____
Rental Address: _____
Rented From-To (Dates): _____
2. How would you rate this applicant's housekeeping?
Excellent _____ Good _____ Fair _____ Poor _____
3. To your knowledge, were persons living with the applicant other than those listed on the lease?

4. In general, was the applicant's (and family's) conduct in accordance with your established Rules and Regulations?

5. How would you rate this applicant's rent paying habits?
Excellent _____ Good _____ Fair _____ Poor _____
6. Did you ever take judgment against this applicant?
Yes _____ No _____
7. What was the reason the applicant vacated the premises?

8. How would you rate the condition of the premises after the applicant vacated?
Excellent _____ Good _____ Fair _____ Poor _____
9. Does the applicant owe your agency any balance due for rent in arrears or damages?
Yes _____ No _____
10. If further information is required, may we call your office?

Name of person providing information

Relationship to Applicant

Address

Telephone No.

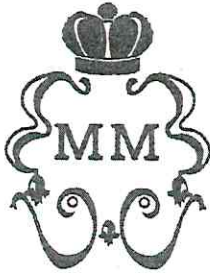
Signature

Date

"This institution is an equal opportunity provider."

2





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

AUTHORIZATION FOR CREDIT and CRIMINAL HISTORY

Date _____

FULL LEGAL NAME:

First _____ Middle _____ Last _____ Suffix _____

Address _____

Date of Birth _____

Male or Female _____

Social Security # _____

I hereby authorize Medallion Management, Inc. to investigate my credit status, criminal history, sex offender registration and also agree to furnish any other information relative to my credit and criminal standing past and present; and release the same to representatives of Medallion Management, Inc.

I expressly authorize owner, or owner's agent (including a collection agency) to obtain by consumer credit report, which owner or owner's agent may use if attempting to collect past due rent payments, late fees, or other charges from me, both during the term of the lease and thereafter.

Signature: _____ Date: _____

Please run credit check _____ run criminal check _____

Property Manager Approval: _____ Development Code: _____

"This institution is an equal opportunity provider."





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

HOUSEHOLD INFORMATION SHEET

Community: Pine Grove Terrace Apartments Unit #: _____
Effective Date: _____ Unit Size: _____
Move In: _____ Annual: _____ Unsheduled: _____

This form must be completed **IN YOUR OWN HANDWRITING**. You must use the correct legal name for each member of your household as it appears on the social security card. **ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION IS CORRECT.**

LEGAL NAME	BIRTHDATE	SEX	SOCIAL SECURITY #	RELATIONSHIP	DISABLED (Yes OR No)	RACE

The HUD Access Rule is intended to ensure that housing across HUD programs is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status.

_____ Initial here if you choose not to disclose the sex information listed above.

Is the Household expecting a Family addition(s)? YES _____ NO _____
If Yes above, please indicate expected change: Adoption ____ Pregnancy _____ Foster Children _____

I do hereby swear and attest that all information above about me is true and correct. I also understand that **ALL CHANGES** in the income of any member of the household as well as **ANY CHANGES** in the household members must be reported to the Development Office **IMMEDIATELY**.

Do you understand that if we discover during the verification process or lease term others are living in your household that are not listed on this form that is grounds to cancel your application or terminate your lease agreement?

YES _____

Signature

Date

Signature

Date



"This institution is an equal opportunity provider."

F:\MasterFormsBook\Microsoft Word\Verifications\householdinfo.doc 10/22





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

INCOME CHECKLIST

Complete a separate form for each household member (excluding under 18). Every item on the checklist must be answered "Yes" or "No".

- | YES | NO | |
|-----------|-------|---|
| 1. _____ | _____ | I receive income (wages, tips, bonuses, commission) from employment.
How many employers? _____ |
| 2. _____ | _____ | I regularly receive cash contributions or gifts from persons not living with me
(Including rent or utility payments). |
| 3. _____ | _____ | I receive periodic payments from Workers Compensation. |
| 4. _____ | _____ | I receive Veterans Administration Benefits. |
| 5. _____ | _____ | I receive G.I. Bill benefits. |
| 6. _____ | _____ | I receive disability or death benefits, other than Social Security. |
| 7. _____ | _____ | I receive unearned income from family members age 17 or under. |
| 8. _____ | _____ | I receive Social Security. |
| 9. _____ | _____ | I receive Supplemental Social Security.
If yes, send Public Assistance verification to verify SSI state portion. |
| 10. _____ | _____ | I receive Public Assistance (<i>excluding Medicaid and Food Stamps</i>).
Quarterly payments from FIA for SSI grant (state paid portion). |
| 11. _____ | _____ | I AM A <u>FULL TIME</u> or <u>PART TIME</u> STUDENT. |
| 12. _____ | _____ | I receive educational grants or scholarships. If yes, from how many sources? _____ |
| 13. _____ | _____ | I receive unemployment benefits. |
| 14. _____ | _____ | I have been awarded a judgment for child support or alimony.
I may or may not be receiving child support or alimony. |
| 15. _____ | _____ | I receive periodic payments from trust, annuity or inheritance. |
| 16. _____ | _____ | I receive periodic payments from insurance policy. |
| 17. _____ | _____ | I receive periodic payments from retirement funds or pensions periodic funds. |
| 18. _____ | _____ | I receive periodic payments from lottery winnings. |
| 19. _____ | _____ | I receive income from the adoption incentive program to compensate support of minors. |
| 20. _____ | _____ | I receive income from temporarily absent family members. |
| 21. _____ | _____ | I receive income from interest or dividends. |
| 22. _____ | _____ | I receive income from rental of real or personal property. |
| 23. _____ | _____ | I have real estate, land contracts or mobile homes. |
| 24. _____ | _____ | I have checking account(s). How Many Banks? _____
Bank Name _____ |

"This institution is an equal opportunity provider."





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

YES NO

25. _____ I have savings account(s). How Many Banks? _____
Bank Name _____
26. _____ I have time certificate(s). How Many Banks? _____
Bank Name _____
27. _____ I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____
28. _____ I have IRA's Keogh accounts.
29. _____ I have treasury bills.
30. _____ I have stocks.
31. _____ I have bonds.
32. _____ I have cash on hand, held for investment.
33. _____ I have personal property held for investment (gems, jewelry, coin & stamp collections, etc.).
34. _____ I have disposed assets within the last two (2) years. If yes, see attached statement.
35. _____ I have Whole Life insurance policy (is).
36. _____ I pay Medicare premiums.
37. _____ I pay medical insurance premiums, other than Medicare.
38. _____ I pay medical or prescription expenses which are not reimbursed by insurance.
39. _____ I pay child care expenses. (In order to be gainfully employed or to further education)
- CHILD MUST BE UNDER 13.**
40. _____ I have provided proof of social security numbers (and employment identification numbers, if an employer) for all household members.

I hereby certify that to the best of my knowledge, all statements are true and that when circumstances change, I will notify the Resident Manager for possible recertification.

Signature

Date

Community

Unit #

Name

Birthdate

Witness Signature

Date

"This institution is an equal opportunity provider."





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

INCOME CHECKLIST

Complete a separate form for each household member (excluding under 18). Every item on the checklist must be answered "Yes" or "No".

- | YES | NO | |
|-----------|-------|---|
| 1. _____ | _____ | I receive income (wages, tips, bonuses, commission) from employment.
How many employers? _____ |
| 2. _____ | _____ | I regularly receive cash contributions or gifts from persons not living with me
(Including rent or utility payments). |
| 3. _____ | _____ | I receive periodic payments from Workers Compensation. |
| 4. _____ | _____ | I receive Veterans Administration Benefits. |
| 5. _____ | _____ | I receive G.I. Bill benefits. |
| 6. _____ | _____ | I receive disability or death benefits, other than Social Security. |
| 7. _____ | _____ | I receive unearned income from family members age 17 or under. |
| 8. _____ | _____ | I receive Social Security. |
| 9. _____ | _____ | I receive Supplemental Social Security.
If yes, send Public Assistance verification to verify SSI state portion. |
| 10. _____ | _____ | I receive Public Assistance (<i>excluding Medicaid and Food Stamps</i>).
Quarterly payments from FIA for SSI grant (state paid portion). |
| 11. _____ | _____ | I AM A <u>FULL TIME</u> or <u>PART TIME</u> STUDENT. |
| 12. _____ | _____ | I receive educational grants or scholarships. If yes, from how many sources? _____ |
| 13. _____ | _____ | I receive unemployment benefits. |
| 14. _____ | _____ | I have been awarded a judgment for child support or alimony.
I may or may not be receiving child support or alimony. |
| 15. _____ | _____ | I receive periodic payments from trust, annuity or inheritance. |
| 16. _____ | _____ | I receive periodic payments from insurance policy. |
| 17. _____ | _____ | I receive periodic payments from retirement funds or pensions periodic funds. |
| 18. _____ | _____ | I receive periodic payments from lottery winnings. |
| 19. _____ | _____ | I receive income from the adoption incentive program to compensate support of minors. |
| 20. _____ | _____ | I receive income from temporarily absent family members. |
| 21. _____ | _____ | I receive income from interest or dividends. |
| 22. _____ | _____ | I receive income from rental of real or personal property. |
| 23. _____ | _____ | I have real estate, land contracts or mobile homes. |
| 24. _____ | _____ | I have checking account(s). How Many Banks? _____
Bank Name _____ |

"This institution is an equal opportunity provider."





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

YES NO

25. _____ I have savings account(s). How Many Banks? _____
Bank Name _____
26. _____ I have time certificate(s). How Many Banks? _____
Bank Name _____
27. _____ I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____
28. _____ I have IRA's Keogh accounts.
29. _____ I have treasury bills.
30. _____ I have stocks.
31. _____ I have bonds.
32. _____ I have cash on hand, held for investment.
33. _____ I have personal property held for investment (gems, jewelry, coin & stamp collections, etc.).
34. _____ I have disposed assets within the last two (2) years. If yes, see attached statement.
35. _____ I have Whole Life insurance policy (is).
36. _____ I pay Medicare premiums.
37. _____ I pay medical insurance premiums, other than Medicare.
38. _____ I pay medical or prescription expenses which are not reimbursed by insurance.
39. _____ I pay child care expenses. (In order to be gainfully employed or to further education)
- CHILD MUST BE UNDER 13.**
40. _____ I have provided proof of social security numbers (and employment identification numbers, if an employer) for all household members.

I hereby certify that to the best of my knowledge, all statements are true and that when circumstances change, I will notify the Resident Manager for possible recertification.

Signature _____

Date _____

Community _____

Unit # _____

Name _____

Birthdate _____

Witness Signature _____

Date _____

"This institution is an equal opportunity provider."





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

Student Eligibility Questionnaire

Are you a student?

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

YES NO

--	--

1 Are you over the age of twenty-three?
(Must Be Verified)

YES NO

--	--

2 Will you be turning the age twenty-four before December 31st of this year?

--	--

3 Are you disabled?
a. If yes, were you receiving any rental assistance as of November 30, 2005?

--	--

--	--

4 Are you a Veteran?

--	--

5 Are you Married?

--	--

6 Do you have dependent children?

--	--

7 Were you an orphan or a ward of the court through the age of 13?

--	--

If you answered any one of questions #3 #4, #5, #6 or #7 "YES", please skip the following questions and sign below. If they were ALL "NO", please continue with the following questions.

8 Are you moving from a Parent's, Grandparent's, Relative's or Guardian's home to move into subsidized housing?

--	--

9 If you are moving from a Parent's, Grandparent's, Relative's or Guardian's home Guardian qualify for subsidized housing in their area?

--	--

10 If you are not moving to subsidized housing from your Parent's, Grandparent's, Relative's, or Guardian's home have you lived outside of your Parent's, Grandparents, Relative's, or Guardian's home for one year or more?

--	--

11 Do your Parents, Guardians or any other person claim you on their tax return?
(Must Be Verified)

--	--

*Verify Previous Address
*Verify Tax Return
*Verify Parents Support

Applicants Signature

Date



"This institution is an equal opportunity provider."





Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
239 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

Student Eligibility Questionnaire

Are you a student?

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

YES NO

--	--

☐ 1 Are you over the age of twenty-three?
(Must Be Verified)

YES NO

--	--

☐ 2 Will you be turning the age twenty-four before December 31st of this year?

--	--

☐ 3 Are you disabled?

a. If yes, were you receiving any rental assistance as of November 30, 2005?

--	--

--	--

☐ 4 Are you a Veteran?

--	--

☐ 5 Are you Married?

--	--

☐ 6 Do you have dependent children?

--	--

☐ 7 Were you an orphan or a ward of the court through the age of 13?

--	--

If you answered any one of questions #3 #4, #5, #6 or #7 "YES", please skip the following questions and sign below. If they were ALL "NO", please continue with the following questions.

☐ 8 Are you moving from a Parent's, Grandparent's, Relative's or Guardian's home to move into subsidized housing?

--	--

☐ 9 If you are moving from a Parent's, Grandparent's, Relative's or Guardian's home Guardian qualify for subsidized housing in their area?

--	--

☐ 10 If you are not moving to subsidized housing from your Parent's, Grandparent's, Relative's, or Guardian's home have you lived outside of your Parent's, Grandparents, Relative's, or Guardian's home for one year or more?

--	--

☐ 11 Do your Parents, Guardians or any other person claim you on their tax return?
(Must Be Verified)

--	--

*Verify Previous Address
*Verify Tax Return
*Verify Parents Support

Applicants Signature

Date



"This institution is an equal opportunity provider."





Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

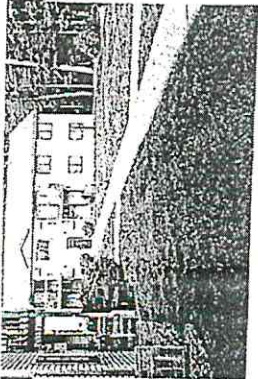
The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



Residence Features

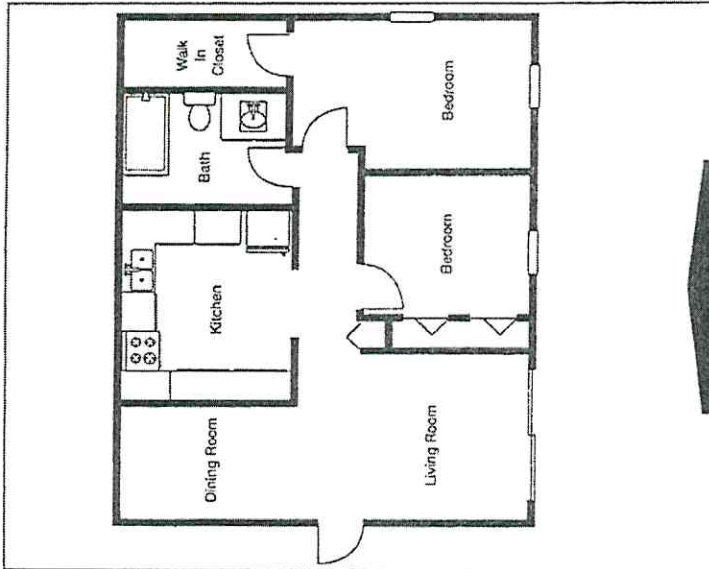
- Microwave
- Balcony
- Patio
- Smoke Detectors
- Walk-In Closets
- Convenient Parking
- Fully Equipped Kitchens
- Blinds
- Energy-Efficient Central Heat
- Spacious Floor Plans
- Soft Water

Community Amenities

- Picnic Area
- Attractive Landscaping
- Friendly Staff
- Well-Lighted Parking
- Wheelchair Access Units
- Fax Service
- Washer and Dryer in Each Hallway
- Resident Events
- 24-Hour Emergency Maintenance

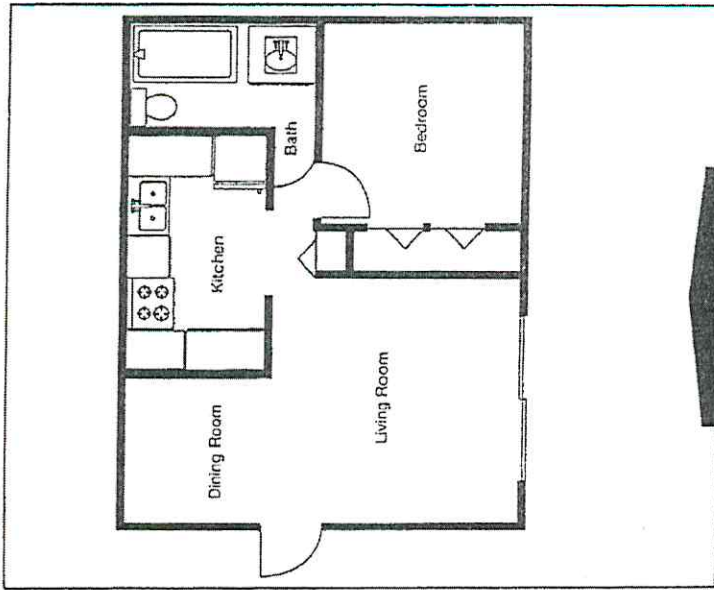
Heat, water, sewer, trash removal, lawn care and snow removal included in rent.

Floor Plan A



645 SQ FT.

Floor Plan B



550 SQ FT.