APPLICATION

NATH COMPANIES

Glen Lake Landing Apartments
5416 Beacon Hill Road
Minnetonka, MN 55345
(952)935-7710
glenlake@nathcompanies.com

Thank you for your interest in housing at Glen Lake Landing Apartments. Attached is the requested application for housing.

To Qualify: you must be a senior 62 years of age or older or handicap/disabled and the household income cannot exceed:

Number of Persons in the Household

2017				
Income Limit	1	2	3	4
Extremely				
Low	\$19,000	21,700	24,400	27,100
Very Low				
(50%)	\$31,650	36,200	40,700	45,200
Low (80%)	\$47,600	54,400	61,200	68,000

It is Glen Lake Landing Apartment's policy to accept and process applications in accordance with HUD Handbook Rules and Regulations.

Occupancy Standards

Number of	Min. # Household	Max. # Household
Bedrooms	Members	Members
1	1	2
2	2	4

All applications may be submitted to the on-site rental office or by mail. Applications must be completed in full and signed in order to be accepted. Incomplete applications will be returned. Please complete the attached application in full and return to the Glen Lake Landing Apartment's office.







Initial	Date/Time Rec'd	
Recertifi	cation	

Minnesota Housing		Rental A _l Section		□ Recertificat	ion	a
Project Name Glen Lake	Landing			AND THE RESERVE OF THE PROPERTY OF THE PROPERT	ATT METODAY AND AN ANNOUNCE OF THE PROPERTY OF	Colonia 2 of Alexandrina Continuos Colonia (America (1923)
Address 5416 Beacon H	II Road, Mi	nnetonka,	MN 55345	Unit #	# of Bedroo	oms
Manager or Representative:	Jolene	Klink	952-935-	7710		
Applicant's Home Tel.#	Applic	ant's Work Te	d. #	Emergency Con	tact Name	Tel.#
All applicants, age 1 Any applicant who purposefully fal and/or incomplete information on t those questions that do not apply th	sifies, misreprese his application o	ents or withhold r during the into	s any informati erview may be r	on related to program ejected for housing.	m eligibility or sui All questions mu	bmits inaccurate
			D COMPOSIT			
Complete in your own handwriting. Give the relationship of each family	List the Head of member to the he	Household and	all other person	who will be living	in the unit.	ication
Member's Full Name	Relation			of Birth	The state of the s	Security #
	Hea	d				
					A decision of the second of th	· · · · · · · · · · · · · · · · · · ·

					Western description of the section o	

			**************************************			AMARIA DA AMARIA
The Department of Housing and Urb Household for applicants. You are n housing.	an Development not required to an	requires that, fo swer, nor does y	r statistical pur vour answer affi	poses only, we repor ect your position on c	t the race and ethi our waiting list or	nicity of the Head of your eligibility for
Race of Head of Household	□ White	□ Black	☐ Asian/Pacific	Islander	erican Indian/Nati	ve American
Ethnicity of Head of Household	☐ Hispanic	□ Non Hispani	ic			
Are you a Non-Citizen Student	□ Yes	□ No				
Are you a United States Citizen?	□Yes	□ No				
If no, are you a Non-Citizen with eli-	gible alien status'	Yes 🗆 I	No			
Citizenship or Eligible		N 1977 N 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		cument recognized)	hy the Federal ony	prnmpni
	AND THE TAX		IOUSING STA		y and I charter gov	
		CORRENT	LOUSING STA	.105		CONTRACTOR
Address			City	V-11-2-14-14-14-14-14-14-14-14-14-14-14-14-14-	State	Zip
Name of Landlord:				Phone #:	A	
Landlord's Address:			m & francisco			
How long have you resided at yo		ess:	From		To:	CONTRACTOR OF THE PARTY OF THE
If	less than 3 years		ous Housing onal information	on on an additional	sheet.	
Address			City		State	Zip
Name of Landlord:	And the second s			Phone #:	· · · · · · · · · · · · · · · · · · ·	
Landlord's Address:	and the state of t					
How long have you resided at yo	ur current addre	ess:	From		To:	

	В		IPLOYMENT INFO			A Command of the Comm	X-200
Ho	usehold Member's Employer	30.00 AM, A			Phone #:		100000000000000000000000000000000000000
Add	dress		City		State	Zir	
	rting Date					•	
	ary: _\$ Annually						
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			□ Hourl		
Hor	sehold Member's Employer				Phone #:		
Add	dress		City	***************************************	State	Zip)
Star	rting Date	Position		Super	rvisor	Account to Annual to the second	and the state of t
Sala	ary: \$ \text{Annually}	☐ Monthly	☐ Bi-Weekly	□ Weekly	☐ Hourl	y	
DESIGNATION AND ADDRESS.	PAPPAREA A AND AND AND AND AND AND AND AND AND		INCOME INFORM				
	(Al	information w	ill be verified by a	third party)	и сиссеми с при принцере		
twe	each household member age 18 or olde lve-month period commencing on antici household member has more than one s	pated date of occ	cupancy or recertifi	cation. Includ	le all full time,	l anticip part tin	pated income for ne and seasonal.
	DO YOU RECEIVE OR EXPECT	TO RECEIVE:			Yes	No	Monthly Amount
1	Wages, salaries, (includes overtime, tip	N 558	11 12 15 AM 200 S	loyment)?			\$
2	Does any member work for someone v	370 370	cash?				\$
3	Regular pay for a member of the arme						\$
4	Welfare or disability benefits (Example	es: MFIP, SSI, e	tc.)?				\$
5	Worker's compensation?						S
6	Unemployment benefits, or severance	A A					\$
7	Child support? (If court ordered, inclu	de even if it is n	ot being received)				\$
8	Alimony?						\$
9	Social Security payments (include une	arned income of	minor children)?				\$
10	Pensions (PERA, railroad, etc.)?						\$
11	Retirement benefits?						\$
12	Death benefits?						\$
13	Annuities or life insurance dividends?						\$
14	Lump sum payment(s) (i.e., inheritance, in	surance settlement	s, lottery winnings, ca	apital gains)?			\$
15	Net income from rental property?						\$
16	Regular cash contributions or gifts from						\$
17	Other (list)?		The state of the s				\$
18	Other (list)?						\$
19	Other (list)?		a control of the cont				\$
20	Other (list)?		The second secon	5			\$
21	Other (list)?						\$
22	Other (list)?						\$
	Other (list)?			***************************************			\$
7-4	Other (list)?						\$

2002			(/	HOUSEHOLD All information will					
1 Check	HAVE MONEY HELD IN	Yes	No	Current Balance		ADDOC WAS QUOCAL MIXTER CHARGES	Yes	No	Current
	king Accounts			Salance	9	401K*			Balance
	gs Accounts			\$	10	IRA/KEOGH Accounts			\$
3 Stock				\$. 11				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	al Investments			\$	12	Certification of Deposits Pension/retirement Funds			\$
5 Bond				\$					\$
6 Trusts				\$	13	Money Market Funds			\$
7 Secur	and the same of th	(2004)			. 14	Treasury Bills			\$
	nce Settlements			\$. 15	Safety Deposit Box			\$
				\$	16	Other			\$
* Include	Trusts, 401K, etc., only if the a	ccounts ar	re acces	ssible to the house	hold pi	rior to termination of employmen	ıt, retirei	nent, or	r death.
							Yes	No	Value
	you now own Real Estate?								\$
lf :	ves, list address (es), expenses	paid and it	ncome	received:					
			******************				-		
18 Do	you hold a contract for deed?								\$
	you have any coin collections	, antique c	ars, ge	ms/iewelry, stamp	s or an	v other items held as an		tund.	
19 inv	estment (wedding rings and pe	ersonal jew	velry de	not count)?		,			\$
			•				Laure .	-	•
Wh	at assets are held jointly with a	nother per	son? L	ist person and ass	et(s).				E-1935 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
20				-					\$
		List below	v all ite	ems from above th	hat we	re checked "YES"			The state of the s
и с					AND A A COURT OF STREET				Number of
# from	Name of company, financia	al institutio	on or	Mailing addres	s of co	ompany financial institution or se	urce		any, financial
Above	source	4						institu	tion or source
							1		
						* * ***			
www.hanaumanc.ecasomerc.	Please attach documen	tation ava	ilable	to verify income (i.e., di	vorce/settlement papers, tax r	turns, e	tc.)	
	y certify that I/we have ha	ave not	sold	or disposed of any	assets	ivorce/settlement papers, tax re for less than Fair Market Value	during th	e two	year (24 month)
period pred	y certify that I/we have have have the date of this applicate	on. Any a	_ sold o	or disposed of any old or disposed of	assets	for less than Fair Market Value is than Fair Market Value are ide	during th	e two	year (24 month)
period pred	y certify that I/we have have have the date of this application	on. Any a	_ sold o	or disposed of any	assets	for less than Fair Market Value	during th	elow.	year (24 month)
period pred	by certify that I/we havehedding the date of this applicate hold Member As	on. Any a	_ sold o	or disposed of any old or disposed of	assets	for less than Fair Market Value is than Fair Market Value are ide	during the ntified be An	elow.	- Anna Anna Anna Anna Anna Anna Anna Ann
period pred	y certify that I/we have have have the date of this application	on. Any a	_ sold o	or disposed of any old or disposed of	assets	for less than Fair Market Value is than Fair Market Value are ide	during the ntified b	elow.	- Anna Anna Anna Anna Anna Anna Anna Ann
period pred	by certify that I/we havehedding the date of this applicate hold Member As	on. Any a	_ sold o	or disposed of any old or disposed of	assets	for less than Fair Market Value is than Fair Market Value are ide	during the ntified be An	elow.	- Anna Anna Anna Anna Anna Anna Anna Ann
period pred	by certify that I/we havehedding the date of this applicate hold Member A.	on. Any a	_ sold o	or disposed of any old or disposed of d Amount	assets for les	for less than Fair Market Value is than Fair Market Value are ide Date sold/disposed	during the ntified be An \$	elow.	- Anna Anna Anna Anna Anna Anna Anna Ann
period pred	by certify that I/we havehedding the date of this applicate hold Member A.	on. Any a	_ sold of assets so timate.	or disposed of any old or disposed of	assets for les	for less than Fair Market Value s than Fair Market Value are ide Date sold/disposed NFORMATION	during the ntified be An \$	elow.	- Anna Anna Anna Anna Anna Anna Anna Ann
House	by certify that I/we havehisteding the date of this applicate hold Member A. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	HOU	_ sold (assets sold it imate) USEH((Allowable)	or disposed of any old or disposed of d Amount OLD ALLOWAN II information with a sa a deduction from	assets for les	for less than Fair Market Value as than Fair Market Value are ide Date sold/disposed NFORMATION Perified) ar annual income. Eligible expensions	during the ntified be Am \$ \$ \$ \$ \$ \$	elow.	Received
House	by certify that I/we havehisteding the date of this applicate hold Member A	HOU may be all	_ sold (assets sold itemate) USEH((A) lowable urance	or disposed of any old or disposed of d Amount OLD ALLOWAN Il information with as a deduction from premiums, costs of	assets for les	for less than Fair Market Value as than Fair Market Value are ide to be sold/disposed Date sold/disposed NFORMATION rerified) ar annual income. Eligible expensive devices, cost of attendant can	during the ntified be Am \$ \$ \$ \$ \$ \$	elow.	Received
House	by certify that I/we havehisteding the date of this applicate hold Member A	HOU may be all	_ sold (assets sold itemate) USEH((A) lowable urance	or disposed of any old or disposed of d Amount OLD ALLOWAN Il information with as a deduction from premiums, costs of the old	assets for les	for less than Fair Market Value s than Fair Market Value are ide Date sold/disposed NFORMATION erified)	during the ntified be Am \$ \$ \$ \$ \$ \$	elow.	Received
House House All or part payments of dental cost	oy certify that I/we havehave deding the date of this applicate hold Member A	HOU may be all addical insidering; e.g.	_ sold (assets sold in assets sold i	or disposed of any old or disposed of d Amount OLD ALLOWAN II information with as a deduction from the premiums, costs of ance, Medicare, st.	VCE IN II be vom you f assistate age	for less than Fair Market Value as than Fair Market Value are ide to be sold/disposed Date sold/disposed NFORMATION rerified) ar annual income. Eligible expensive devices, cost of attendant can	during the ntified be Am \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	elow. nount I	Received Id care costs, medical and
All or part payments of dental cost	or certify that I/we havehedding the date of this applicate hold Member A	HOU may be all addical instance; e.g.	sold cassets sitimates USEHC (A lowable urance continued in the continued	or disposed of any old or disposed of any old or disposed of d Amount OLD ALLOWAN II information with as a deduction from the premiums, costs of ance, Medicare, st.	ICE In II be vom you f assistate age	for less than Fair Market Value are idensified than Fair Market Value are idensified that Said Market Value are idensified to the sold/disposed and said of the sold of the so	during the ntified be Am \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	elow. nount I ude chi	Received Id care costs, medical and
All or part payments of dental cost DO YOU 1 Chil	or certify that I/we havehedding the date of this applicate hold Member A	HOU may be all ledical instaurce; e.g. F THE FO	usend consistency of the consist	or disposed of any old or disposed of any old or disposed of d Amount OLD ALLOWAN II information with as a deduction from the premiums, costs of ance, Medicare, st. /ING EXPENSES member to work,	NCE IN III be vom you f assist ate age	for less than Fair Market Value as than Fair Market Value are ide to than Fair Market Value are ide Date sold/disposed NFORMATION serified) ar annual income. Eligible expensive devices, cost of attendant carency or charitable organization.	during the ntified be Am \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	elow. nount I ude chi	Received Id care costs, medical and
All or part payments of dental cost DO YOU 1 Chil Atte	of your household's expenses on outstanding medical bills, medical	HOU may be all ledical instaurce; e.g. F THE FO nother hour or disabled	usend consistency of the consist	or disposed of any old or disposed of any old or disposed of d Amount OLD ALLOWAN II information with as a deduction from the premiums, costs of ance, Medicare, st. /ING EXPENSES member to work,	NCE IN III be vom you f assist ate age	for less than Fair Market Value as than Fair Market Value are ide to than Fair Market Value are ide Date sold/disposed NFORMATION serified) ar annual income. Eligible expensive devices, cost of attendant carency or charitable organization.	Anna Anna Anna Anna Anna Anna Anna Anna	ude chi	Id care costs, medical and
All or part payments of dental cost DO YOU 1 Chil Atte	or certify that I/we havehedding the date of this applicate hold Member A	HOU may be all ledical instaurce; e.g. F THE FO nother hour or disabled	usend consistency of the consist	or disposed of any old or disposed of any old or disposed of d Amount OLD ALLOWAN II information with as a deduction from the premiums, costs of ance, Medicare, st. /ING EXPENSES member to work,	NCE IN III be vom you f assist ate age	for less than Fair Market Value as than Fair Market Value are ide to than Fair Market Value are ide Date sold/disposed NFORMATION serified) ar annual income. Eligible expensive devices, cost of attendant carency or charitable organization.	during the ntified be Am \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ude chi	Id care costs, medical and
All or part payments of dental cost DO YOU 1 Chil Atte 2 work	of your household's expenses on outstanding medical bills, mes NOT covered by an outside sexpense of your household and outside sexpenses on outstanding medical bills, mes NOT covered by an outside sexpense outside sexpenses on outside sexpenses on outstanding medical bills, mes NOT covered by an outside sexpense outside sexpenses of the sexpense of the sexpense of the sexpense outside sexpenses of the sexpense	HOU may be all ledical instaurce; e.g. F THE FO nother hour or disabled	usend consistency of the consist	or disposed of any old or disposed of any old or disposed of d Amount OLD ALLOWAN II information with as a deduction from the premiums, costs of ance, Medicare, st. /ING EXPENSES member to work,	NCE IN III be vom you f assist ate age	for less than Fair Market Value as than Fair Market Value are ide to than Fair Market Value are ide Date sold/disposed NFORMATION serified) ar annual income. Eligible expensive devices, cost of attendant carency or charitable organization.	An S S S S S S S S S S S S S S S S S S S	ude chi	Id care costs, medical and Amount \$
All or part payments of dental cost DO YOU 1 Chil Atte 2 worl 3 Med	of your household's expenses on outstanding medical bills, mes NOT covered by an outside sexpense or a handicapped or a handicapped or a handicapped or a handicapped or a seek employment or go to so icare premiums?	HOU may be all aedical instource; e.g. F THE FO nother hour or disabled shool.?	usend consistency of the consist	or disposed of any old or disposed of any old or disposed of d Amount OLD ALLOWAN II information with as a deduction from the premiums, costs of ance, Medicare, st. /ING EXPENSES member to work,	NCE IN III be vom you f assist ate age	for less than Fair Market Value as than Fair Market Value are ide to than Fair Market Value are ide Date sold/disposed NFORMATION serified) ar annual income. Eligible expensive devices, cost of attendant carency or charitable organization.	during the ntified by Am \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ude chi	Id care costs, medical and Amount \$
All or part payments of dental cost DO YOU 1 Chil Atte 2 worl 3 Med 4 Other	of your household's expenses on outstanding medical bills, ms NOT covered by an outside sexpense of your household's expenses on outstanding medical bills, ms NOT covered by an outside sexpect TO INCUR ANY Od care, which enables you or a maintain care for a handicapped of x, seek employment or go to so icare premiums?	HOU may be all hedical instruction in the rounce; e.g. F THE FO nother hour or disabled chool.?	usehold househ	or disposed of any old or disposed of any old or disposed of d Amount OLD ALLOWAN II information with a sa a deduction from the premiums, costs of ance, Medicare, stored EXPENSES member to work, and member, so the cost of	NCE IN III be vom you f assist ate age	for less than Fair Market Value as than Fair Market Value are ide to than Fair Market Value are ide Date sold/disposed NFORMATION serified) ar annual income. Eligible expensive devices, cost of attendant carency or charitable organization.	An S S S S S S S S S S S S S S S S S S S	ude chi	Id care costs, medical and Amount \$ \$ \$
All or part payments of dental cost DO YOU 1 Chil Atte 2 worl 3 Med 4 Othe 5 Outs	of your household's expenses on outstanding medical bills, me some care for a handicapped ox, seek employment or go to so icare premiums?	HOU may be all ledical instruction in the Hour may be all ledical instruction may be all ledical instruction in the Hour may be all ledical in the Hour ma	usehold (Alowable urance), insur	or disposed of any old or disposed of any old or disposed of d Amount OLD ALLOWAN Il information with as a deduction from the premiums, costs of ance, Medicare, stored EXPENSES member to work, and member, so the y paying>	NCE IT III be vom you f assistate age	for less than Fair Market Value as than Fair Market Value are ide to than Fair Market Value are ide Date sold/disposed NFORMATION serified) ar annual income. Eligible expensive devices, cost of attendant carency or charitable organization.	during the ntified by Am \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ude chi	Id care costs, medical and Amount \$ \$ \$ \$ \$ \$ \$
All or part payments of dental cost DO YOU 1 Chil Atte 2 worl 3 Med 4 Othe 5 Outs 6 Cost	of your household's expenses on outstanding medical bills, me some care for a handicapped ox, seek employment or go to so icare premiums? The medical bills on which of assistive devices for a handing medical bills on which of assistive devices for a handing medical bills on which of assistive devices for a handing medical bills on which of assistive devices for a handing medical bills on which of assistive devices for a handing medical bills on which of assistive devices for a handing medical bills on which of assistive devices for a handing medical bills on which the medical bills on which of assistive devices for a handing medical bills on which the medical bills on the medical bill	HOU may be all aedical instruction in the Hour may be all aedical instruction in the Hour ardisabled shoot.?	usehold (Alowable urance), insurousehold household urance).	or disposed of any old or disposed of any old or disposed of d Amount OLD ALLOWAN Il information with the as a deduction from the premiums, costs of ance, Medicare, stored EXPENSES member to work, sold member, so the sy paying led household member of the sy paying led household member of the sy paying led household member.	NCE IT III be vom you f assistate age : go to saat an a	for less than Fair Market Value are ide than Fair Market Value are ide Date sold/disposed NFORMATION erified) ar annual income. Eligible expensive devices, cost of attendant carency or charitable organization. school or to seek employment? adult household member can	sees incline and arr	ude chi	Id care costs, medical and Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
All or part payments of dental cost DO YOU 1 Chil Atte 2 worl 3 Med 4 Othe 5 Outs 6 Cost 7 Do y	of your household's expenses on outstanding medical bills, me some care, which enables you or a maintain care for a handicapped ox, seek employment or go to so icare premiums? The medical bills on which of assistive devices for a handicapped of a sisting medical bills on which of assistive devices for a handicapped or a medical insurance premiums.	HOU may be all hedical instruction of the Hour may be all hedical instruction of the Hour r disabled hool.?	usehold householic r disable public	or disposed of any old or disposed of any old or disposed of d Amount OLD ALLOWAN II information with a sa a deduction from the premiums, costs of ance, Medicare, stored of the cost of	NCE IT II be vom you f assist age is go to shat an a	for less than Fair Market Value are ide to than Fair Market Value are ide Date sold/disposed NFORMATION erified) ar annual income. Eligible expensive devices, cost of attendant carency or charitable organization. school or to seek employment? adult household member can	during the ntified by Am \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ude chi	Id care costs, medical and Amount \$ \$ \$ \$ \$ \$ \$ \$ \$
All or part payments of dental cost DO YOU 1 Chil Atte 2 worl 3 Med 4 Othe 5 Outs 6 Cost 7 Do y Do y	of your household's expenses on outstanding medical bills, me some care, which enables you or a maintain care for a handicapped ox, seek employment or go to so icare premiums? The medical bills on which of assistive devices for a handicapped of a sisting medical bills on which of assistive devices for a handicapped or a medical insurance premiums.	HOU may be all hedical instruction of the Hour may be all hedical instruction of the Hour r disabled hool.?	usehold (A) LUSEHO (A) LUSEH	or disposed of any old or disposed of any old or disposed of d Amount OLD ALLOWAN II information with as a deduction from the premiums, costs of ance, Medicare, stored work, and member to work, and member, so the property of the property	CE I'll be vom you f assist age is go to shat an a	for less than Fair Market Value are ide to than Fair Market Value are ide to be than Fair Market Value are ide to be the standard of the sold/disposed NFORMATION erified) are annual income. Eligible expensive devices, cost of attendant carency or charitable organization. School or to seek employment? adult household member can	sees incline and arr	ude chi	Id care costs, medical and Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

n .	MISCELLANEOUS
The following que	estions pertain to yourself and every member of your bousehold who will soom at a will be a series and a seri
to vaca question.	And all explanation must be provided below if the answer is YES. Use additional sheets, if necessary.
110	oes your household have any needs that might be better served by an apartment which is accessible to persons with mobility, earing or visual impairments?
Do	o you or anyone else in your household qualify for housing because of a handicap or disability?
W	ill anyone else live in the unit on either a full-time or part-time basis?
	o you have sole legal and physical custody of your children? If no explain:
Ar	re you now living or have you lived in a government-subsidized development? If yes, when:
Na	ame of Development:
Ac	ddress: State: Zin Code:
rec	as your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with certification procedures, for drug-related criminal activity or for any other reason? If yes, explain:
Ha	ave you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic plation?
Ar	e you or any member of your household subject to a lifetime registration under the State sex offender registration program?
Do	you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to aceful enjoyment of the premises by other tenants?
	you or any member of your household use an illegal drug or other illegal controlled substance?
Ha	ave you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal ag or other controlled substance?
	we you or any member of your household ever used different names from the names given in this application?
Ha	we you or any member of your household ever used social security numbers different from those listed in this application?
Hav	ve you or any member of your household lived in any other states? If yes, please include a listing of all states where all household imbers have ever resided:
Но	w did you hear of this housing development?
	SIGNATURES
TANA MARKANA	
this information v	the information in this application will be used to determine eligibility for Section 8 housing assistance and that will be verified. I/We understand that any false information may makeme/us ineligible for a unit.
I/We certify that information is fa my/our lease agree	will be verified. I/We understand that any false information may makeme/us ineligible for a unit. t all information given in this application is true, complete and accurate. I/We understand that if any of this alse, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate element.
I/We certify that information is fa my/our lease agree I/We understand intimidate, threat interfere with the	will be verified. I/We understand that any false information may make me/us ineligible for a unit. It all information given in this application is true, complete and accurate. I/We understand that if any of this also, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate element. That any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, ien or are perceived by management to harass, intimidate or threaten the health or safety of the management stall or management of the property is grounds for management to decline my/our application for housing.
I/We certify that information is fa my/our lease agree I/We understand intimidate, threat interfere with the I/We understand management staf application is ground.	tall information given in this application is true, complete and accurate. I/We understand that if any of this also, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate element. that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, ien or are perceived by management to harass, intimidate or threaten the health or safety of the management stall or management of the property is grounds for management to decline my/our application for housing. that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the ff responsible for determining either my/our placement on the waiting list of processing of my/our housing bunds for management to decline my/our application for housing.
I/We certify that information is fa my/our lease agree I/We understand intimidate, threat interfere with the I/We understand management staff application is grown I/We authorize more later with rent verification information in the I/We information information information in the I/We authorize more later with rent verification information information in the I/We authorize more later with rent verification information in the I/We authorize more later with rent verification information in the I/We authorize more later with rent verification information in the I/We authorize more later with rent verification information in the I/We authorize more later with rent verification information in the I/We authorize more later with rent verification information in the I/We authorize more later with rent verification information in the I/We authorize more later with rent verification information in the I/We authorize more later with rent verification information in the I/We authorize more later with rent verification information in the I/We authorize more later with rent verification information in the I/We authorize more later with rent verification information in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with rent verification in the I/We authorize more later with the I/We authorize more later with the I/We authorize mo	tall information given in this application is true, complete and accurate. I/We understand that if any of this also, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate element. that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, are or are perceived by management to harass, intimidate or threaten the health or safety of the management stall or management of the property is grounds for management to decline my/our application for housing. that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the ff responsible for determining either my/our placement on the waiting list of processing of my/our housing bunds for management to decline my/our application for housing. tanagement to make any and all inquiries to verify this information, directly or through information exchanged now tal and credit screening services, and to contact previous and current landlords or other sources for credit and mation which may be released to appropriate Federal, state or local agencies.
I/We certify that information is fa my/our lease agree I/We understand intimidate, threate interfere with the I/We understand management staff application is grown I/We authorize more later with rendered in the I/We understand management staff application in formal I/We authorize more later with rendered in the I/We understand management staff application in formal I/We authorize more later with rendered in the I/We understand in formal I/We authorize more later with rendered in the I/We au	tall information given in this application is true, complete and accurate. I/We understand that if any of this alse, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate element. that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, ten or are perceived by management to harass, intimidate or threaten the health or safety of the management stall or amanagement of the property is grounds for management to decline my/our application for housing. that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the ff responsible for determining either my/our placement on the waiting list of processing of my/our housing bunds for management to decline my/our application for housing. tanagement to make any and all inquiries to verify this information, directly or through information exchanged now tal and credit screening services, and to contact previous and current landlords or other sources for credit and mation which may be released to appropriate Federal, state or local agencies. Attorn is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the termy/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility ge.
I/We certify that information is fa my/our lease agree I/We understand intimidate, threate interfere with the I/We understand management staff application is grown I/We authorize more later with rendered in the I/We understand management staff application in formal I/We authorize more later with rendered in the I/We understand management staff application in formal I/We authorize more later with rendered in the I/We understand in formal I/We authorize more later with rendered in the I/We au	tall information given in this application is true, complete and accurate. I/We understand that if any of this alse, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate element. that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, ten or are perceived by management to harass, intimidate or threaten the health or safety of the management stall or amanagement of the property is grounds for management to decline my/our application for housing. that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the fir responsible for determining either my/our placement on the waiting list of processing of my/our housing bunds for management to decline my/our application for housing. tanagement to make any and all inquiries to verify this information, directly or through information exchanged now tall and credit screening services, and to contact previous and current landlords or other sources for credit and mation which may be released to appropriate Federal, state or local agencies. Attion is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility ge.
I/We certify that information is fa my/our lease agree I/We understand intimidate, threate interfere with the I/We understand management staf application is ground I/We authorize more later with rent verification inform If my/our application in the provide housing I/We agree to not composition.	tall information given in this application is true, complete and accurate. I/We understand that if any of this alse, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate element. that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, en or are perceived by management to harass, intimidate or threaten the health or safety of the management stall or management of the property is grounds for management to decline my/our application for housing. that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the ff responsible for determining either my/our placement on the waiting list of processing of my/our housing that it of management to decline my/our application for housing. Imagement to make any and all inquiries to verify this information, directly or through information exchanged now tall and credit screening services, and to contact previous and current landlords or other sources for credit and mation which may be released to appropriate Federal, state or local agencies. Intion is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility ge.
I/We certify that information is fa my/our lease agree I/We understand intimidate, threats interfere with the I/We understand management staff application is ground I/We authorize more later with rent verification inform If my/our application in the provide housing I/We agree to not composition. My/Our signature	tall information given in this application is true, complete and accurate. I/We understand that if any of this alse, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate element. that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, en or are perceived by management to harass, intimidate or threaten the health or safety of the management stall or management of the property is grounds for management to decline my/our application for housing. that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the ff responsible for determining either my/our placement on the waiting list of processing of my/our housing that it of management to decline my/our application for housing. Imagement to make any and all inquiries to verify this information, directly or through information exchanged now tall and credit screening services, and to contact previous and current landlords or other sources for credit and mation which may be released to appropriate Federal, state or local agencies. Intion is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility ge.
I/We certify that information is fa my/our lease agree I/We understand intimidate, threats interfere with the I/We understand management staff application is ground I/We authorize more later with rent verification inform If my/our application in the provide housing I/We agree to not composition. My/Our signature	tall information given in this application is true, complete and accurate. I/We understand that if any of this alse, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate element. that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, an or are perceived by management to harass, intimidate or threaten the health or safety of the management stall or a management of the property is grounds for management to decline my/our application for housing. that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the ff responsible for determining either my/our placement on the waiting list of processing of my/our housing unds for management to decline my/our application for housing. tanagement to make any and all inquiries to verify this information, directly or through information exchanged now tal and credit screening services, and to contact previous and current landlords or other sources for credit and mation which may be released to appropriate Federal, state or local agencies. tion is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility get in management in writing regarding any changes in household address, telephone numbers, income and household ets), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as All household members age 18 or older sign below:

PENALTIES FOR MISUSING THIS CONSENT: 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, the PHA and any owner (or any employee of HUD the PHA or the owner) 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 this verification form is restricted to the purposes cited above. 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, the PHA 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 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h).