

WAJ MANAGEMENT, LLC
P.O. BOX 17022
RALEIGH, NC 27619
TELEPHONE: 919-847-8350 FAX: 919-847-4709

The list of items provided below is used to insure your application information is completed and processed in a timely manner. Please do not date anything until you have returned your application.

Please have, with you, all of the following when you return your application:

1. COMPLETE APPLICATION - FRONT & BACK
2. INCOME ASSET QUESTIONNAIRE
3. COPY OF ALL SOCIAL SECURITY CARDS FOR EACH MEMBER OF THE HOUSEHOLD
4. COPY OF ALL BIRTH CERTIFICATES FOR EACH CHILD AND/OR MINOR IN HOUSEHOLD
5. LANDLORD REFERENCES FOR THE PAST 3 YEARS, OR 5 PERSONAL REFERENCES
6. COPY OF STATE ID OR DRIVERS LICENSES FOR EACH PERSON 16 AND OLDER
7. \$20.00 MONEY ORDER FOR CREDIT REPORT. NO CASH ACCEPTED!!

If Management does not obtain the above list of information, your application will be considered incomplete.

CRYSTAL COVE APARTMENTS

815-A Suffolk Blvd. • Raleigh, NC 27603

Office: 919-833-0908 • Fax 919-833-0984

Email - crystalcove@bellsouth.net

RE CEIVED COMPLETE

DATE

TIME

LEASING APPLICATION

APPLICANT INFORMATION

NAME _____ BIRTHDATE _____ SOCIAL SECURITY # _____
DRIVER'S LICENSE # _____ STATE ISSUED _____ HOW MANY VEHICLES? _____
CURRENT ADDRESS _____ HOW LONG? _____ PHONE # _____
CURRENT LANDLORD _____ LANDLORD ADDRESS _____
LANDLORD PHONE # _____ REASON FOR MOVING _____
CURRENT EMPLOYER _____ ADDRESS _____ PHONE _____
OCCUPATION _____ LENGTH OF EMPLOYMENT _____ SUPERVISOR _____
YEARLY INCOME _____ HOURLY RATE \$ _____
DO YOU RECEIVE AFDC? _____ IF YES, HOW MUCH? _____ ARE YOU PAID WEEKLY, BI-WEEKLY OR MONTHLY? _____
IS ANY HOUSEHOLD MEMBER A FULL-TIME STUDENT? _____ YES _____ NO _____ DO YOU RECEIVE CHILD SUPPORT? _____ IF YES, HOW MUCH? _____
DO YOU HAVE ANY ASSETS? (SUCH AS CHECKING ACCOUNTS, SAVINGS ACCOUNTS, CD'S, STOCKS, BONDS, LAND, A HOME, ETC.) IF YES, PLEASE LIST THE AMOUNTS AND TYPE OF ASSET. _____ YES _____ NO _____

TYPE _____ AMOUNT \$ _____ TYPE _____ AMOUNT \$ _____
TYPE _____ AMOUNT \$ _____ TYPE _____ AMOUNT \$ _____
HAVE YOU DISPOSED OF ANY ASSETS IN THE LAST 2 YEARS FOR LESS THAN FAIR MARKET VALUE? _____ IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, WHEN AND WHY? _____
PREVIOUS RESIDENCES FOR THE LAST 3 YEARS: _____

ADDRESS _____ LANDLORD _____ LANDLORD PHONE # _____ FROM - TO _____

CO-APPLICANT INFORMATION

NAME _____ BIRTHDATE _____ SOCIAL SECURITY # _____
DRIVER'S LICENSE # _____ STATE ISSUED _____ HOW MANY VEHICLES? _____
CURRENT ADDRESS _____ HOW LONG? _____ PHONE # _____
CURRENT LANDLORD _____ LANDLORD ADDRESS _____
LANDLORD PHONE # _____ REASON FOR MOVING _____
CURRENT EMPLOYER _____ ADDRESS _____ PHONE _____
OCCUPATION _____ LENGTH OF EMPLOYMENT _____ SUPERVISOR _____
YEARLY INCOME _____ HOURLY RATE \$ _____ ARE YOU PAID WEEKLY, BI-WEEKLY OR MONTHLY? _____
DO YOU RECEIVE AFDC? _____ IF YES, HOW MUCH? _____ DO YOU RECEIVE CHILD SUPPORT? _____ IF YES, HOW MUCH? _____
DO YOU HAVE ANY ASSETS? (SUCH AS CHECKING ACCOUNTS, SAVINGS ACCOUNTS, CD'S, STOCKS, BONDS, LAND, A HOME, ETC.) IF YES, PLEASE LIST THE AMOUNTS AND TYPE OF ASSET. _____

TYPE _____ AMOUNT \$ _____ TYPE _____ AMOUNT \$ _____
TYPE _____ AMOUNT \$ _____ TYPE _____ AMOUNT \$ _____
HAVE YOU DISPOSED OF ANY ASSETS IN THE LAST 2 YEARS FOR LESS THAN FAIR MARKET VALUE? _____ IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, WHEN AND WHY? _____
PREVIOUS RESIDENCES FOR THE LAST 3 YEARS: _____

ADDRESS _____ LANDLORD _____ LANDLORD PHONE # _____ FROM - TO _____

IF YOU FEEL THAT YOU QUALIFY AND WOULD LIKE TO REQUEST THE HANDICAPPED/DISABLED ADJUSTMENT TO YOUR INCOME OR A SPECIAL HANDICAPPED ACCESSIBLE UNIT OR BOTH, PLEASE INDICATE IN THE SPACE PROVIDED: _____

FMHA REGULATIONS REQUIRE THAT ALL APPLICANTS/TENANTS REVEAL ALL SOURCES OF INCOME AND ASSETS. THIS APPLICATION IS NOT CONSIDERED COMPLETE AND THEREFORE CAN NOT BE PROCESSED UNTIL THE ATTACHED CERTIFICATION OF INCOME AND ASSETS HAS BEEN COMPLETED BY BOTH THE APPLICANT AND CO-APPLICANT. IN CASES OF ELDERLY, HANDICAPPED OR DISABLED APPLICANTS A MEDICAL EXPENSE QUESTIONNAIRE MUST ALSO BE FILLED OUT AS PART OF THE APPLICATION PROCESS.



EQUAL HOUSING OPPORTUNITY

FULL NAME _____ RELATIONSHIP _____ BIRTHDATE _____ SOCIAL SECURITY # _____

AUTOMOBILE INFORMATION

MODEL _____ MAKE _____ TAG # _____ COLOR _____

IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT, PLEASE NOTIFY:

NAME _____ RELATIONSHIP _____ PHONE # _____
ADDRESS _____ CITY _____ HOSPITAL _____
DOCTOR _____ PHONE # _____ ST _____

BY SIGNING THIS RENTAL APPLICATION, I (WE) HEREBY SPECIFICALLY AUTHORIZE THE MANAGEMENT (OR IT'S AGENT) OF THIS COMPLEX, FOR PURPOSES OF THIS APPLICATION, TO CONTACT AND OBTAIN ANY INFORMATION REQUIRED FROM ANY OF THE INDIVIDUALS OR ENTITIES LISTED ON THIS APPLICATION, OR FROM ANY OTHER INDIVIDUALS OR ENTITIES AS MAY BE REQUIRED.

ALSO, I (WE) UNDERSTAND THAT THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND ACCURATELY. I (WE) CERTIFY THE INFORMATION PROVIDED IS ACCURATE AND I (WE) UNDERSTAND THAT ANY MISREPRESENTATION WILL DISQUALIFY ME (US). I (WE) FURTHER CERTIFY THAT THE HOUSING OCCUPIED ON THESE PREMISES WILL BE MY (OUR) PERMANENT RESIDENCE AND I (WE) DO NOT WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT AT ANY OTHER LOCATION.

I UNDERSTAND THAT THE MANAGING AGENT WILL VERIFY, IN WRITING THROUGH A THIRD PARTY, THE INFORMATION PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT MY HOUSEHOLD WAGES ARE SUBJECT TO BEING CHECKED THROUGH A THIRD PARTY SOURCE, BY FARMERS HOME ADMINISTRATION.

WARNING

SECTION 1001 OF THE TITLE 18, UNITED STATES CODE PROVIDES, "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH.

BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE.

AMOUNT OF DEPOSIT _____ RENT _____ CREDIT REPORT FEE _____
(NOT APPLICABLE WITH SECTION 8) PAID WITH THE APPLICATION. ANY RECEIPT GIVEN FOR A DEPOSIT ON THE ABOVE PROPERTY OR FOR THE FIRST MONTH'S RENT IS ISSUED SUBJECT TO APPROVAL AND ACCEPTANCE OF THIS APPLICATION. CREDIT REPORT FEE IS NOT REFUNDABLE. IF APPLICATION IS ACCEPTED NO REFUND WILL BE MADE EXCEPT TO COMPLY WITH STATE AND FEDERAL GUIDELINES. ONE FULL MONTH'S RENT MUST BE PAID, LEASE SIGNED AND APPROVED IN ADVANCE BEFORE OCCUPANCY OF THE PROPERTY. ALL RENT IS DUE AND PAYABLE IN ADVANCE AT THE SITE OFFICE ON THE FIRST DAY OF THE MONTH. BY SIGNING BELOW, I (WE), AGREE TO ALL TERMS STATED ABOVE.

DATE POSSESSION OF APARTMENT DESIRED _____

SIGNATURES _____
APPLICANT _____ DATE _____
CO-APPLICANT _____ DATE _____

THE INFORMATION REGARDING RACE, NATIONAL ORIGIN, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE FARMERS HOME ADMINISTRATION, THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND HANDICAP 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/NATIONAL ORIGIN AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

SEX OF APPLICANT _____ RACE _____ MARITAL STATUS: SINGLE _____ MARRIED _____ SEPARATED _____
SEX OF CO-APPLICANT _____ RACE _____ MARITAL STATUS: SINGLE _____ MARRIED _____ SEPARATED _____
HISPANIC OR LATINO _____ NON-HISPANIC OR LATINO _____

HOW DID YOU HEAR ABOUT OUR APARTMENT COMMUNITY? NEWSPAPER _____ PHONE BOOK _____ RESIDENT _____ FLYER _____ DRIVE-BY _____
BROCHURE _____ OTHER _____ EXPLAIN: _____

CERTIFICATION QUESTIONNAIRE

Property Name: _____ Date: _____

Apartment Size Desired: _____ Number of Bedrooms _____

To Be Completed by each Household Member ages 18 and older.

PLEASE ANSWER ALL QUESTIONS! Do not leave any space blank, write "No or N/A" where appropriate. PLEASE PRINT.

1. FAMILY DATA:

Household Member _____

Current Address: Street _____	City _____	State _____	Zip _____	Day Phone _____	Night Phone _____
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Current Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Have you ever used another name? (Y/N) _____ If so please indicate name _____

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number and your name.

2. HOUSEHOLD COMPOSITION: List each person living in the unit.

Member	Name(s)	Relationship to Head	Date of Birth	Gender (M/F)	Full Time Student (Y/N)	Employed (Y/N)	Social Security Number
1.	Head						
2.							
3.							
4.							
5.							
6.							
7.							

Do all of the above household members reside in the household 100% of the time? (Y/N) _____ If no, please list those not living in the household 100% of the time _____

Are there any students 18 years or age of older in your household? (Y/N) _____

CERTIFICATION QUESTIONNAIRE

CERTIFICATION QUESTIONNAIRE

Name: _____

3. CURRENT EMPLOYMENT INFORMATION

Employer's Name		City		State	Zip Code
Date Hired	Gross Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly <input type="checkbox"/> bi-Weekly <input type="checkbox"/> Other	<input type="checkbox"/> twice a month <input type="checkbox"/> Other	Hours worked per week	
Termination Date	Supervisor's Name	Work Telephone #		Work Fax #	

ADDITIONAL EMPLOYMENT

Employer's Name		City		State	Zip Code
Date Hired	Gross Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly <input type="checkbox"/> bi-Weekly <input type="checkbox"/> Other	<input type="checkbox"/> twice a month <input type="checkbox"/> Other	Hours worked per week	
Termination Date	Supervisor's Name	Work Telephone #		Work Fax #	

IF CURRENTLY UNEMPLOYED, LIST PREVIOUS EMPLOYMENT

Employer's Name		City		State	Zip Code
Date Hired	Gross Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly <input type="checkbox"/> bi-Weekly <input type="checkbox"/> Other	<input type="checkbox"/> twice a month <input type="checkbox"/> Other	Hours worked per week	
Termination Date	Supervisor's Name	Work Telephone #		Work Fax #	

4. SOURCE OF INCOME

Is income received from any of the following? Please mark "yes" or "no" for each source of income.

Employment Income	Checked one	Amount Received	Frequency
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Commission /fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Overtime pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Typical overtime worked throughout the year		Hourly Rate \$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Pay Period <input type="checkbox"/> Month
<input type="checkbox"/> Occasional or seasonal overtime		Hours Worked _____	<input type="checkbox"/> Week <input type="checkbox"/> Pay Period <input type="checkbox"/> Month
Workers compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate \$ _____	
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Overtime Hours _____	
		Amount / Month \$ _____	
		Amount / Month \$ _____	

CERTIFICATION QUESTIONNAIRE

CERTIFICATION QUESTIONNAIRE

Name: _____

5. OTHER SOURCES OF INCOME

Is income received from any of the following sources? Please mark "yes" or "No" for each source of income.

Type of Income	Check One	Monthly Amount
Wages, Salary, etc. thru Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income from a Business or Profession	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AFDC or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability or Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regularly Recurring monetary gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Educational Entitlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular, Special Armed Forces Allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular Occurring Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Students	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive Medicare-Part D benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION QUESTIONNAIRE

CERTIFICATION QUESTIONNAIRE

Name: _____

6. HOUSEHOLD ASSETS

Do you or anyone in the household have any of the following assets? Please mark "yes" or "No" for each source of asset.

Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificates of Deposits*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mutual Funds/Stock*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRA 401K*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Retirement Accounts*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuities Income*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance Policies (Whole Life)*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension Funds*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it revocable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property Held for Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash held in Safety Deposit Boxes, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
House/Real Estate*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any lump sum payments such as the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have child care expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have medical expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION QUESTIONNAIRE

GENERAL CONSENT

I/We, _____
(list all names of adults 18 years or older) the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and / or assets to _____ Apartments
for purposes of verifying information on my / our apartment rental application.

INFORMATION COVERED

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

- Past and Present Employers
- Veterans Administration
- Public Housing Agencies
- Welfare Agencies
- Retirement Systems
- State Unemployment Agencies
- Social Security Administration
- Support and Alimony Providers
- Banks and Other Financial Institutions
- Medical and Child Care Providers
- Current and Previous Landlords

CONDITIONS

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

SIGNATURES

Applicant / Resident _____ Print Name _____ Date _____

Social Security Number: _____

Co-Applicant / Resident _____ Print Name _____ Date _____

Social Security Number: _____

Other Adult Household Member _____ Print Name _____ Date _____

Social Security Number: _____

Other Adult Household Member _____ Print Name _____ Date _____

Social Security Number: _____

Other Adult Household Member _____ Print Name _____ Date _____

Social Security Number: _____