CERVELLI

real estate · property management · consulting

TO ALL APPLICANTS

Copies of the following **MUST be SUBMITED** with your application or you **WILL NOT** be added to the waiting list:

- Birth Certificate or "Green Card" for EVERYONE who will reside in the apartment
- Social Security Card for EVERYONE who will reside in the apartment
- Photo Identification for ANYONE 18 years or older
- Proof of Income for ANYONE 18 years or older (e.g., Last four pay stub, SSI, SSD, Disability, TANF, unemployment, Child Support, etc.)
- 6 Months Bank Statements of Checking, Savings, and/or Direct Express Accounts (including Zelle, Cash App, etc.)
- **THESE DOCUMENTS MUST BE CURRENT WITHIN THE LAST SIX MONTHS**

Please read the application carefully. Sign and date *ONLY* in the are as you are required to sign. Some forms will need to be copied and filled out by all members of the household 18 years or older. Other forms may need to be copied and filled out for all members of the household, regardless of age.

Return to: 1 Marine Plaza, Suite 304, North Bergen NJ 07047
Email: e.aquino@realestatenj.com / cervellimanagement@realestatenj.com
Fax to: 201-868-6055 (attention to: Waitlist Coordinator)

Rental Application

Property Name	RHAF Company LLC	**FOR OFFICE USE ONLY**	Date Received _____
Contract Number	249832811 01-0		Time Received _____
Property Address	44 Mackenzie Road		Received By _____
Property City, State Zip	Hampton, NJ 08827		Apartment Size _____

How did you hear about our property? ☐ Referral by Tenant ☐ Referral by Friend ☐ Advertising ☐ Drive By ☐ Website ☐ Other _____

HOUSEHOLD SUMMARY INFORMATION ***Please print legibly.*** List each household member who will be residing in the unit.

Please complete a separate Applicant Information Attachment for each household member, regardless of age.

First Name	MI	Last Name	DOB MM/DD/YR	Relationship to Head of Household Options: *Spouse, Co-Head, Dependent, Other Family Member, Foster Child/Adult, Live-in Aide*	Sex M, F, N/A (Not disclosed)	Social Security Number OR Applicable Exemption Code from list below	Are you a U.S. Citizen?
				Head of Household			☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No

Social Security Number Exemption Codes:
1 – Ineligible, non-citizen (not contending eligible immigration status) **2** – Under 6 years old and added to household within past 6 months
3 – Was 62 or older on 01/31/10 and was receiving assistance at another subsidized apartment building

Are any household members temporarily absent? ☐ Yes ☐ No
If Yes, list the names _____

Are any members of the household enrolled as a **student at an Institution of higher education** as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? ☐ Yes ☐ No
If Yes, list the names _____

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next 12 months? ☐ Yes ☐ No

Do any applicant household members appear on any state sex offender's lifetime registry? ☐ Yes ☐ No
If Yes, list individual name(s) and state name(s): _____

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

_____ _____
Head of Household Signature Date

☐ Check box if form is signed on behalf of head of household. If checked, indicate relationship to head of household ☐ **Guardian** ☐ **Power of Attorney**

_____
Print Name

FOR OFFICE USE ONLY

In compliance with TSP, check only those applicable:

Rental History	☐ Acceptable	☐ Not Acceptable	☐ N/A
Credit Check	☐ Acceptable	☐ Not Acceptable	☐ N/A
HUD-approved residency preference?	☐ Yes	☐ No	☐ N/A

If Yes, Identify _____

☐ **Application Accepted**

☐ Application Rejected
Date rejection letter sent _____

Total Estimated Annual Income _____ Income Limit ☐ Low ☐ Very Low ☐ Extremely Low

Notes _____

_____ _____ _____
Completed by Title Date

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Rental Application – Applicant Information Attachment

Property Name RHAF Company LLC Contract Number 249832811 01-0

Household Member Name _____

To Be Completed For Each Household Member, Regardless Of Age

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form MUST be completed only for the member listed above.

MEMBER INFORMATION ☐ **CHECK IF HEAD OF HOUSEHOLD**

Is address different than Head of Household ? ☐ Yes ☐ No If Yes, please list address.

Current Full Address Street City/State/Zip

_____

Mailing Full Address (if different) ☐ N/A

_____

This member's current housing *(Check one)* ☐ Standard ☐ Substandard ☐ Homeless ☐ Fleeing/Attempting to flee violence ☐ Public Housing

Is this member displaced due to a Presidentially Declared Disaster? ☐ Yes ☐ No

Does this member need an accessible unit? ☐ Yes ☐ No

Is this member a U.S. military veteran? ☐ Yes ☐ No

Cell Phone ☐ N/A (_____) _____ Home Phone ☐ N/A (_____) _____

Work Phone ☐ N/A (_____) _____ Email ☐ N/A _____

Do you wish to receive text messages about your application? ☐ Yes ☐ No

Emergency Contact Information:

Full Name: _____ Phone Number: _____

Email Address: _____ Relationship to Applicant: _____

Yes or No - Would you like to provide access to the unit upon an emergency? _____

List **all** states the member has ever lived in

_____

Demographic Information (for Head of Household only) ☐ Choose not to disclose

Ethnicity ☐ Hispanic ☐ Non-Hispanic

Race ☐ White ☐ Black/African-American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Other

ADULT STATUS

Is household member 55 years of age or older ?

☐ Yes

☐ No

RENTAL HISTORY ☐ **Same as Head of Household** ☐ **No Rental History**

Lack of rental history will not be considered a negative factor.

Current Apartment Complex Name / Landlord Name

_____

Current Apartment Landlord Address

_____

Phone _____ E-mail _____

Length of residency as of application date # _____ Years # _____ Months

Do you live in a subsidized apartment building? ☐ Yes ☐ No If Yes, are you currently receiving housing assistance? ☐ Yes ☐ No

Do you live in a military housing? ☐ Yes ☐ No If Yes, does the military pay for all or some of your housing? ☐ All ☐ Some

Move in Date: _____ Move Out Date: _____

Reason for Leaving:

_____

☐ **No Previous Rental History (if box is unchecked, must complete this section)**

Previous Apartment Complex Name / Landlord Name _____

Previous Apartment Landlord Address _____

Phone (_____) _____ Email _____

Length of residency as of application date # Years # Months

CREDIT HISTORY

Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Credit History should positively reflect the applicant's ability and willingness to make payments as required by the Lease. Lack of credit history will not be considered a negative factor.

Have you ever filed bankruptcy? ☐ Yes ☐ No If Yes, Court & Case # _____

Are you party to any lawsuits? ☐ Yes ☐ No If Yes, please describe _____

Are there any judgments against you? ☐ Yes ☐ No If Yes, please describe _____

Rental Application – Applicant Information Attachment

Property Name RHAF Company LLC Contract number: 249832811 01-0

Household Member Name

To Be Completed For Each Household Member, Regardless Of Age

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form MUST be completed only for the member listed above.

INCOME SOURCE(S) FOR THIS MEMBER

Employment Income ☐ Yes ☐ No If Yes ☐ Full Time ☐ Part Time Start Date

Employer Employer Phone ( )

Employer Address, including City, State, Zip

Gross Annual Income Amount $ (*Before taxes and withholdings*) Job Title:

Supervisor Name and Contact Number:

Additional Employment Income ☐ Yes ☐ No If Yes ☐ Full Time ☐ Part Time Start Date

Employer Employer Phone ( )-

Employer Address, including City, State, Zip

Gross Annual Income Amount $ (*Before taxes and withholdings*) Job Title:

Supervisor Name and Contact Number:

Unemployment	☐ Yes	☐ No	Start Date	Amount $	☐ Weekly ☐ Bi-Weekly ☐ Monthly
Worker's Comp.:	☐ Yes	☐ No	Start Date	Amount $	☐ **Weekly** ☐ **Bi-Weekly** ☐ **Monthly**
Long/Short Term Disability	☐ Yes	☐ No	Start Date	Amount $	☐ Weekly. ☐ Bi-Weekly ☐ Monthly

ADDITIONAL Estimated **Annual** Income:

Dual Entitlement	☐ Yes ☐ No $	Rental Income	☐ Yes ☐ No $
If yes, SSA Benefit/Claim #		Source of Rental Income:	
SSI - Supplemental Security Income (Federal)	☐ Yes ☐ No $	Self-Employment	☐ Yes ☐ No $
SSI - State. Portion	☐ Yes ☐ No $	Periodic Payments from Retirement/ Annuity Accounts	☐ Yes ☐ No $
General Assistance (TANF) (Does not include Food Stamps)	☐ Yes ☐ No $	Pension	☐ Yes ☐ No $
Do you have a court order for child support?	☐ Yes ☐ No $	Is anyone outside the household giving you money or paying your bills on a regular basis?	☐ Yes ☐ No $
Do you receive child support?	☐ Yes ☐ No $	Scholarships/Grants/Work Study	☐ Yes ☐ No $
If you aren't receiving court ordered support, have you taken action to collect?	☐ Yes ☐ No $	Do you have a court order for alimony (maintenance)?	☐ Yes ☐ No $
		Do you receive alimony (maintenance)?	☐ Yes ☐ No $
		Other Income?	☐ Yes ☐ No $
		If Yes, identify source below:	

Rental Application – Applicant Information Attachment

Property Name RHAF Company LLC Contract Number 249832811 01-0

Household Member Name

To Be Completed For Each Household Member, Regardless Of Age
DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form MUST be completed only for the member listed above.

ASSETS FOR THIS MEMBER

Cash on Hand	☐ Yes	☐ No	If yes, Amount:_____			
Checking	☐ Yes	☐ No	☐ Single	☐ Joint		
Savings	☐ Yes	☐ No	☐ Single	☐ Joint		
Direct Express Debit Card	☐ Yes	☐ No	☐ Single	☐ Joint		
Money Market	☐ Yes	☐ No	☐ Single	☐ Joint		
CD	☐ Yes	☐ No	☐ Single	☐ Joint		
Stocks/Bonds	☐ Yes	☐ No	☐ Single	☐ Joint		
Mutual Funds	☐ Yes	☐ No	☐ Single	☐ Joint		
Annuities	☐ Yes	☐ No	☐ Single	☐ Joint		
Whole Life Insurance	☐ Yes	☐ No	☐ Single	☐ Joint		
Trusts	☐ Yes	☐ No	☐ Single	☐ Joint	☐ Revocable	☐ Irrevocable
Retirement Accounts	☐ Yes	☐ No				
Pensions	☐ Yes	☐ No				

Do you own real estate (home, land, etc.)? ☐ Yes ☐ No If Yes, Identify _____

If Yes, but you are **not** receiving rental income, please explain. _____

Do you own a collection held as an investment? ☐ Yes ☐ No If Yes, Identify _____

Have you made any donations/contributions to anyone? (Includes churches and not-for-profit organizations.) ☐ Yes ☐ No If Yes, Identify _____

EXPENSES FOR THIS MEMBER

Medical/Disability

Is the Head, Spouse, or Co-Head of your household age 62 (or older) **OR** disabled**?**

☐ No **If No**, **go to the next question** regarding childcare

☐ Yes **If Yes**, check any out-of-pocket expenses **this member** pays which are not reimbursed.

Monthly Medicare Premiums	☐ Yes	☐ No	Installment payments on outstanding medical bills	☐ Yes	☐ No
Prescription Medicare Cost (Part D)	☐ Yes	☐ No	Medical Insurance (other than Medicare)	☐ Yes	☐ No
Prescription Copay Costs	☐ Yes	☐ No	Doctor/Dentist Visits	☐ Yes	☐ No

Childcare

Is this member a minor under the age of 13?

☐ No **If No**, **go to Page 4.**

☐ Yes **If Yes**, answer the below questions.

Are childcare expenses paid by a household member for the care of **this** child? ☐ Yes ☐ No

Does this childcare allow the adult family member(s) to ☐ Work ☐ Seek Employment or ☐ Further academic or vocational education

If yes, list adult family member(s): _____

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Rental Application – Applicant Information Attachment

Property Name RHAF Company LLC Contract Number 249832811 01-0

Household Member Name

To Be Completed For Each Household Member, Regardless Of Age
DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form MUST be completed only for the member listed above.

CERTIFICATION OF APPLICANTS - VERY IMPORTANT - READ CAREFULLY

WARNING

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

PLEASE BE FURTHER ADVISED

The Department of Housing & Urban Development and/or the Contract Administrator will compare the information applicant families' supply with information federal, state and/or local agencies have on those same applicant families' income and household composition.

As required by federal law, applicants **must** provide all members' Social Security Numbers except those who have not yet been assigned a Social Security Number or who do not contend eligible immigration status. Households containing individuals who have not yet been assigned a Social Security Number **must** contact management immediately to discuss further.

Applicants on the waiting list may be contacted, via letter, to ensure continued interest and to update the original information provided at the time of initial application. Failure to respond to Management's request will result in the applicant being removed from the waiting list, which would require applicant household to reapply.

Under the Fair Housing Act, management does not take any of the following actions based on race, color, religion, gender identity, sexual orientation, familial status, or national origin: Deny anyone the opportunity to apply to rent housing, or deny to any qualified applicant the opportunity to lease housing suitable to his or her needs; Provide anyone housing that is different from that provided to others; Subject anyone to segregation, even if by floor or wing; Restrict anyone's access to any benefit enjoyed by others in connection with the housing program; Treat anyone differently in determining eligibility or other requirements for admission, in use of the housing amenities, facilities or programs, or in the terms and conditions of a lease; Deny anyone access to the same level of services; Deny anyone the opportunity to participate in a planning or advisory group that is an integral part of the housing program; Discriminate against someone because of that person's relation to or association with another individual; or Retaliate against, threaten, or act in any manner to intimidate someone because he or she has exercised rights under the Fair Housing Act. (HUD 4350.3 Change 4, 2-5B.)

By signing this application, I certify the information given in this application is accurate and complete. I further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Management. And by signing this application, I authorize Management to complete any and all background screening as required by HUD and as defined by the Management in the Tenant Selection Plan. I also understand that I have a right to request a copy of the Tenant Selection Plan.

Signature of Household Member/Applicant ☐ Check box if adult is signing for child (under 18 and not an emancipated minor) Date

If you are 18 or older, is there another individual that can sign on your behalf? ☐ Yes ☐ No ☐ Guardian ☐ Power of Attorney

If Yes
Name (Please Print) ( ) Phone
Street City/State/Zip

☐ **Owner, managing agent, or project employs less than 15 people, regardless of their location or duties, making the section below N/A**

Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the following person, responsible for related policies.

504 Coordinator Contact Information

Name _____ Title _____

Street Address _____ City, State, Zip _____ Phone Number _____

_____ TTY Number _____

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RHAF Company LLC

ZERO INCOME QUESTIONNAIRE

Unit Number:_____HOH Name: _____
Member Reporting Zero Income: _____

You have reported that you have no income however, there are normal living expenses that continue. When a household fails to report its full amount of income, tenants must pay HUD back for the extra (overpaid) assistance the household received. We want to avoid this, as much as possible, by making sure that countable income is not overlooked.

Please explain how you pay for routine living expenses by answering the questions below.

1. In the past twelve months, have you had any income from any source? ☐ Yes ☐ No

   IF YES: Where did the income come from? _____

   _____

2. Do you have money in the bank, or put away somewhere? ☐ Yes ☐ No

   IF YES: Where? _____

3. Do you do any odd jobs like handyman work, doing hair, babysitting, etc.? ☐ Yes ☐ No

   IF YES: What do you do and how often? _____

4. Do your parents, children, friends, or any other person or organization outside of your household help you meet your expenses? ☐ Yes ☐ No

   IF YES: Does anyone give you money? ☐ Yes ☐ No

   IF YES: How often?_____ How much? _____

   IF YES: Does anyone pay part or all of any of your bills? ☐ Yes ☐ No

   IF YES: Which bills? _____

5. Did you file a tax return last year? ☐ Yes ☐ No

Please indicate how you have paid for the following living expenses, both during the past months and now.

ITEM	N/A	MONTHLY AMOUNT	HOW THIS IS PAID
Rent			
Food			
Electricity and/or gas			
Telephone/cell phone			
Clothing and shoes			
Cleaning supplies (dish soap, 409)			
Paper (toilet paper, tissues, etc)			
Personal (shampoo, deodorant, etc)			
Toiletries (makeup, hair products)			
Grooming (haircuts, nails)			
Cable or satellite TV			
Internet service			
Car payment			
Gas/oil for car			
Car insurance			
Bus/train/subway fare			
Renters insurance			
Medical, dental, prescriptions			
Laundry			
Cigarettes/tobacco			
Alcoholic beverages			
Credit card payments			
Loan payments			
Baby items (diapers, formula, etc)			
School supplies and fees			
Child care and/or babysitting			
Pet supplies (food, license, vet, etc)			
Movies, game rentals, gifts, music			
Newspapers and magazines			

Additional comments:

_____

_____

Signature:_____ Date: _____

OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Signature of Applicant	**Date**

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

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

MARITAL STATUS AFFIDAVIT

To be completed by all applicants

Applicant/Tenant: _____**Unit #:** _____

Check ONE box:

☐ **I hereby certify that I have never been married**. *Stop here and sign and date bottom of form.*

I hereby certify that I am: ☐ **divorced** ☐ **separated** ☐ **widowed** ☐ **estranged**
from my spouse whose name is: _____

Date of divorce/separation/etc. _____

Check this box if you are ESTRANGED from your spouse and initial:

☐ I am **ESTRANGED** from my spouse (not yet legally separated or divorced). They will not be contributing financially and WILL NOT be living in the apartment at any time during my tenancy.
Initial here: _____

Check A or B:

A. ☐ I am NOT and will NOT be receiving any form of spousal contributions to my household.

B. ☐ I AM or DO anticipate receiving spousal contributions to my household

Spousal contribution in the amount of $_____ per month will be received during the next 12-month period (*verification is required*). I will immediately notify the office of any change in this amount.

Answer the following:

I have been awarded income such as alimony, child support, or survivor benefits
☐ **YES** ☐ **NO**

I am in possession of and can provide copies of legal documents to verify divorce, separation, etc. ☐ **YES** ☐ **NO** If NO please state why: _____

The following legal actions have been made to attempt to collect payments owed to me:
_____

These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.

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

_____ _____

Applicant Signature Date