

Tax Credit Application

Instructions:

This community is a Tax Credit Property. This means that in order to receive lowered rents applicants income must not exceed the maximum household limits set by Section 42 of the Internal Revenue Service.

- Please call the Community Manager for an appointment to review and sign application if application was mailed or taken out of the office.
- All documents are required to be signed and dated in the presence of the Community Manager. The requirements may be waived due to distance or confinement due to health. The manager will need to document the file as to why the documents were not signed and dated in the presence of the manager.
- Each household member 18 years of age or older must complete his/her own Ohio Housing Finance Agency Applicant/Tenant Sworn Income and Asset Statement and Student Status Certification.
- Social Security Cards for all household members and proper photo identification such as a driver's license or State ID card for each adult member must be available for review.
- Print legibly all entries using an ink pen, preferably blue.
- All items must be answered with relevant information.
- Corrections are to be made in the presence of the Community Manager by drawing one line through the incorrect information, then print the correct information above the error. Both the Applicant and Community Manager are to initial and date. White out of any type is prohibited.

Application Fee: Waived

- Once approved and unit is available, security deposit must be paid within 3 days to reserve the unit for 10 business days. If the unit is not taken possession of within 10 business days, the deposit is forfeited.

Community Information:

Name: Holly Hills and Jackson Run
Manager: Tiffany Bolen
Address: 700 Holly Hills Drive
Jackson, OH 45640
Tel: 740-286-6700
Fax: 740-286-6973
Email: TBolen@CManagementServices.com

Section One - General Information:

Please circle answers and complete lines with appropriate information.

1. Desired Move-In Date: _____ Rent Range: From _____ to _____

2. Why is this date important _____

3. Please circle any features the apartments have at this community that you prefer. If you will accept any apartment, please circle that as well. Your choices will impact the wait list. Please review carefully with the Community Manager.

Bedroom Size: Any One Two Three Four
Other: Any Back Patio End arage Handicapped Specify Floor: _____

4. Would an apartment specifically designed for mobility, hearing or visual impairment benefit anyone in your household es No If yes, would you like more information: es No

5. If there is no availability at this time, do you wish to continue the application process and be placed on the wait list
es No

6. How did you hear about us Drive By Newspaper Advertisement Internet/Website
Social Agency: _____ Current Resident: _____
Word of Mouth Other: _____

7. How many adults 18 years and older are in your household ____

8. Are there any members temporarily missing es No - If yes, please explain who, the relationship and anticipated return date:

9. How many children under the age of 18 in your household ____ Do the child/children live with you at you at least 51 of the time es No - If no, please explain: _____

10. Do you anticipate a change in your family size es No - If yes, please explain:

11. Is there anyone living with you now that will not reside with you es No - If yes, please explain:

12. Do you have a pet s or anticipate having a pet s es No If yes, how many _____
If yes, please describe: _____

13. Has anyone in your household ever been evicted es No - If yes, please complete below:
Who: _____ When: _____
Why: _____

14. Has anyone in your household ever been arrested, charged, indicted or convicted of any crime
es No If yes, please complete below:
Who: _____ When: _____
Why: _____

15. Is anyone in the household sub ect to State lifetime sex offender registration in any state es No

16. Please list all states where applicants have lived regardless of age:

Section Two - Household Members & Demographic Information:

Please complete information regarding each household member. Ethnicity and race are optional questions. Questions are asked to ensure non-discrimination. Information provided will not affect eligibility. CIMS manages several apartment communities with different funding sources. Some properties include units which are reserved for or provide a preference to people with disabilities. Answering the disability question is optional. However if you choose not to answer, management may not be able to accurately determine your eligibility for the unit or preference. Federal laws define a person with a disability as Any person who has a physical or mental impairment that substantially limits one or more major life activities has a record of such impairment or is regarded as having such an impairment.

Head of Household

| | | | | | | | | | |
|--|--|----------------------|------------|---|---------------------|---|--|--|--|
| First Name | | Last Name | | Last 4 of SS | | Birth Date | | Age | |
| Student Status | | Relationship to Head | | Race | | Ethnicity | | Disabled | |
| <input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | | Self | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Other: | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Cell Phone: | | | Telephone: | | | Email: | | | |
| Current Street Address: | | | | | | <input type="checkbox"/> Own or mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend | | | |
| Current City, State, Zip: | | | | | | | | | |
| Mortgage Holder or Landlord: | | | | | | Telephone: | | | |
| Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why | | | | | | | | | |
| Present Residence Move- In Date: | | | | | Reason for leaving: | | | | |
| Vehicle Description: | | | | | | | | | |
| License Plate Number: | | | | | | | | | |

Household Member 2

| | | | | | | | | | |
|--|--|--|------------|---|---------------------|---|--|--|--|
| First Name | | Last Name | | Last 4 of SS | | Birth Date | | Age | |
| Student Status | | Relationship to Head | | Race | | Ethnicity | | Disabled | |
| <input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | | <input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other: | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Other: | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Cell Phone: | | | Telephone: | | | Email: | | | |
| Vehicle Description: | | | | | | | | | |
| License Plate Number: | | | | | | | | | |
| <input type="checkbox"/> Check here and do not complete if all adults in the household share the same current address. | | | | | | | | | |
| Current Street Address: | | | | | | <input type="checkbox"/> Own or mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Live with family or friend | | | |
| Current City, State, Zip | | | | | | | | | |
| Mortgage Holder or Landlord: | | | | | | Telephone: | | | |
| Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why | | | | | | | | | |
| Present Residence Move- In Date: | | | | | Reason for leaving: | | | | |

se for additional household members:

Household Member 3

| | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|---|--|
| First Name | | Last Name | | Last 4 of SS | | Birth Date | | Age | | | |
| | | | | | | | | | | | |
| Student Status | | Relationship to Head | | Race | | Ethnicity | | Disabled | | Gender | |
| <input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | | <input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other: | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Household Member 4

| | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|---|--|
| First Name | | Last Name | | Last 4 of SS | | Birth Date | | Age | | | |
| | | | | | | | | | | | |
| Student Status | | Relationship to Head | | Race | | Ethnicity | | Disabled | | Gender | |
| <input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | | <input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other: | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Household Member 5

| | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|---|--|
| First Name | | Last Name | | Last 4 of SS | | Birth Date | | Age | | | |
| | | | | | | | | | | | |
| Student Status | | Relationship to Head | | Race | | Ethnicity | | Disabled | | Gender | |
| <input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | | <input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other: | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Household Member 6

| | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|---|--|
| First Name | | Last Name | | Last 4 of SS | | Birth Date | | Age | | | |
| | | | | | | | | | | | |
| Student Status | | Relationship to Head | | Race | | Ethnicity | | Disabled | | Gender | |
| <input type="checkbox"/> Non-Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | | <input type="checkbox"/> Spouse/Co-Head <input type="checkbox"/> Dependent Child <input type="checkbox"/> Adult Relative <input type="checkbox"/> Roommate <input type="checkbox"/> Other: | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> Choose Not To Disclose <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Section Three - Adult household member(s) residential history se back of application if necessary :

Has any household member lived at another address in the last two years **Yes** **No**

If yes, complete for two years below:

| | | |
|-----------------------------|--|--|
| Household Member Name s : | | |
| Street Address: | | <input type="checkbox"/> Own or mortgage <input type="checkbox"/> Rent <input type="checkbox"/> ive with family or friend |
| City, State, ip | | |
| Move-In Date: | | Move-Out Date: |
| Reason for leaving: | | |
| Mortgage Holder or andlord: | | Telephone: |

| | | |
|-----------------------------|--|--|
| Household Member Name s : | | |
| Street Address: | | <input type="checkbox"/> Own or mortgage <input type="checkbox"/> Rent <input type="checkbox"/> ive with family or friend |
| City, State, ip | | |
| Move-In Date: | | Move-Out Date: |
| Reason for leaving: | | |
| Mortgage Holder or andlord: | | Telephone: |

Section Four - Emergency Contacts:

ist a person who does not live in the household for each adult household member that may be contacted in case of an emergency:

Name: _____ Parent Son/Daughter Sibling Friend

Street Address: _____

City, State, ip: _____

Primary Phone: _____ Cell Home Work

Secondary Phone: _____ Cell Home Work

Email: _____

Name: _____ Parent Son/Daughter Sibling Friend

Street Address: _____

City, State, ip: _____

Primary Phone: _____ Cell Home Work

Secondary Phone: _____ Cell Home Work

Email: _____

Section Five - Certifications and Acknowledgements:

I certify that the information and statements provided are true and complete to the best of my knowledge and belief. I understand that providing false information or making false statements may be grounds for denial of my application and/or grounds for eviction if approved.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Management Receipt of Application:

I certify that I have visually inspected photo IDs of each adult person and every household members social security card and found the information provided true and accurate.

I certify that I reviewed the information with the applicant s and all signatures and dates were signed in my presence.

Signature of Agent for Owner

Date/Time

Notifications: Community Investment Management Services manages several apartment communities with different funding sources. One or more of the following notifications may be required depending on the funding source. If you have questions, please consult your Community Manager.

- Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or the obtaining of federal funds.
- 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. IRS, HUD and any owner or any employee of IRS, 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 IRS, HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 a 6, 7 and 8. Violation of these provisions are cited as violations of 42 U.S.C. 408 a 6, 7 and 8.
- We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, familial status, national origin, military status, disability or ancestry.
- This property is an equal opportunity provider.
- Apartments at this property were constructed as part of a federally funded project and an environmental review of the project was completed required under the National Environmental Policy Act. Community Investment Management Services maintains a copy for review by a prospective resident or current resident.



Student Certification



Applicant/Resident _____ Certification Date _____

TO BE COMPLETED BY ALL APPLICANTS/RESIDENTS OVER THE AGE OF 18

Are you a part or full-time student? Yes No

Student includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses or those pursuing a GED. *If you are not sure, please mark "yes" and the property management company will verify your student status.*

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

If you answered Yes, please complete the following questions: Yes No

- . Are you a part-time student Yes No
- . Are you a full-time student will you or have you attended school for five months or more this calendar year with a full-time status Yes No
- . Are you disabled (HUD/HOME) Yes No
 - . If yes, were you receiving Section 8 assistance as of November 30, 2005 Yes No
- . Are you a graduate or professional student (HUD/HOME) Yes No
- . Are you over 23 years of age (HUD/HOME) Yes No
- . Are you a veteran of the United States military (HUD/HOME) Yes No
- . Are you receiving any financial assistance to pay for your education (HUD/HOME) Yes No
- . Will you be living with your parents (HUD/HOME, LIHTC) Yes No
 - If no:
 - . Are your parents receiving or eligible to receive Section 8 assistance (HUD/HOME) Yes No
 - . Are you claimed as a dependent on your parent's tax return (HUD/HOME) Yes No
- . Are you married (HUD/HOME, LIHTC) Yes No
- . Do you have a dependent child (HUD/HOME, LIHTC) Yes No
- . Were you an orphan or a ward of the court through the age of 18 (HUD/HOME, LIHTC) Yes No
- . Receiving assistance under Title I of the Social Security Act e.g. TANF (LIHTC) Yes No
- . Enrolled in government-sponsored job training program e.g. Job Corp, AmeriCorp (LIHTC) Yes No

Penalties for Misuse of this Form

This form is for use only by the Housing Finance Agency. It is not to be used for any other purpose. The Housing Finance Agency is not responsible for any misuse of this form. The Housing Finance Agency is not responsible for any misuse of this form. The Housing Finance Agency is not responsible for any misuse of this form.

Signature _____ **Date** _____



Applicant / Tenant Sworn Income and Asset Statement



NOTE: All household members 18 years of age or older are required to complete a separate income statement. All applicable questions must be completed in their entirety.

Name: _____ S.S. last 4 digits : _____
 Date: _____

Document Yes answer with third party verification.

| Income Source | I have or I receive the following: | | Monthly Amount | Notes |
|------------------------------------|------------------------------------|----------|----------------|-------|
| | Check | ES or NO | | |
| Job 1 | es | No | _____ | _____ |
| Job 2 | es | No | _____ | _____ |
| Self Employment | es | No | _____ | _____ |
| Social Security | es | No | _____ | _____ |
| Supplemental Security Income SSI | es | No | _____ | _____ |
| Pension / Veteran's Administration | es | No | _____ | _____ |
| TANF / AFDC | es | No | _____ | _____ |
| Unemployment Benefits | es | No | _____ | _____ |
| Workers Compensation | es | No | _____ | _____ |
| Educational Financial Assistance | es | No | _____ | _____ |
| Other | es | No | _____ | _____ |

Do you receive regular or periodic payments from:

Persons not living in the unit es No _____ Frequency _____
 Holder / Provider _____

Trust, Annuity, or Other Claims es No _____ Frequency _____
 Holder / Provider _____

Do you currently receive Assistance with your housing payment
 If yes, Agency Name: _____ es No

Do you **HAVE** court-ordered or an agreement for child support or alimony es No ORDERED AMOUNT
 This means there is an order for you to receive child support or alimony, not pay support to someone else _____

Are you currently receiving child support or alimony es No AMOUNT RECEIVED

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made es No N/A
 in State _____ and County _____ where granted.

Are you a student either full or part-time enrolled in an institution of higher learning es No

Applicant / Tenant Sworn Income and Asset Statement



Asset Source

| | 6 Month Avg. | | |
|--|--------------|-------|-----------------------|
| Do you have a Checking Account | Balance | _____ | Interest Rate _____ |
| Do you have a Savings / Holiday Account | Balance | _____ | Interest Rate _____ |
| Do you have a Certificate of Deposit CD | Cash value | _____ | Interest Rate _____ |
| Do you have a Direct Express Card or any card where benefits or pay are deposited | Balance | _____ | |
| Do you have Cash on Hand | Amount | _____ | |
| Do you have Stock, Bonds, or Annuities | Cash value | _____ | Annual Earnings _____ |
| Do you have Money Market or Mutual Funds | Cash value | _____ | Annual Earnings _____ |
| Do you have IRA, 401 , or eogh Accounts | Cash value | _____ | Annual Earnings _____ |
| Do you have Treasury Bills | Cash value | _____ | Annual Earnings _____ |
| Do you have a Safety Deposit Box What is held in the box _____ | | | Cash value _____ |
| Do you own any Personal Property held as on Investment | | | Cash value _____ |
| Do you own a Home, Rental Property or other Capital Investments | | | |
| Market value less unpaid balance and selling costs | Cash value | _____ | Cash value _____ |

Current Status / Intention: Keeping Selling Renting Being Foreclosed Living Away

Notes: _____

Have you received any lump Sum Amounts e.g. inheritances, capital gains, lottery winnings, insurance settlements
When _____ Amount _____

Do you have Whole life Insurance or Universal life Insurance Policies
Cash value _____ Annual Earnings _____

Have you sold, given away, or otherwise transferred ownership of assets within the last 2 years
If yes, list items: _____ Date: _____

Are there minor children in the household that have any assets Savings Account, Certificate of Deposit, Savings Bonds, etc. If yes, please provide:

| | | | |
|------------|-------------|------------------|--------------------|
| Type _____ | value _____ | Where Held _____ | Annual yield _____ |
| Type _____ | value _____ | Where Held _____ | Annual yield _____ |
| Type _____ | value _____ | Where Held _____ | Annual yield _____ |

Total of Net Family Assets _____ **Total Value of Assets Listed Above**

Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, furniture, daily-use autos, clothing, assets of an active business, or special equipment used by the disabled.

The information provided on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.

Signatures:

Signature of Applicant / lessee

Date

Owner / Management Agent Signature

Date

I A Income, Asset and Higher Education Contact Information

Types of Income include but are not limited to: Employment, Social Security, SSI, Pensions, Unemployment Benefits, Worker's Compensation, Child Support, Alimony and Monetary Gifts.

Types of Assets include but are not limited to: Checking, Savings, Certificates of Deposit, Annuities, Stocks, Bonds, Money Market/Mutual Funds, Whole/Universal Life Insurance, IRA, Roth and 401k. Please also give information for any mortgages or home loans.

Applicant / Tenant Name: _____

Type of Income:

Employment SS Pension Other

Company: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Account Number: _____

Type of Asset*:

Chkg/Svgs/CD/MM Wh./ Universal Life Other Assets

Company: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Account Number: _____

Type of Asset*:

Other Assets Mortgage for Real Estate

Company: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Account Number: _____

College/University/Etc:

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Account Number: _____

Student ID: _____

Applicant 2nd Party Verification Checklist

All information in the application packet has to be third party verified or the proper due diligence evidenced in trying to obtain third party verifications. Providing the following documents will assist in obtaining third party verifications or used after proper due diligence has been completed. This should expedite the application processing.

Employment:

_____ Most current and consecutive four (4) paystubs.

Self-Employment:

_____ Most current tax return which include Form 1040 and Schedule C.

Social Security:

_____ New Benefit Social Security letter. If not available, Social Security letter to include Gross Amount, Deductions, Net Amount. If other than the Social Security New Benefit letter, the letter must be dated within 120 days of move-in.

Social Security SSI and/or Disability :

_____ Social Security letter to include Gross Amount, Deductions, Net Amount. The letter must be dated within 120 days of move-in.

Pension:

_____ Most recent award letter or four (4) most current pay stubs or most recent quarterly pension account statement.

Unemployment/Workers Compensation:

_____ Most current four (4) paystubs or records from agency stating payment amounts and dates or benefit notification letter.

Checking:

_____ Most current and consecutive six (6) statements.

Savings, CDs, Stock, Bonds, Annuities, Money Market, Mutual Fund, IR, 401(k), Roth Accounts, Whole/Universal Life Insurance:

_____ Most Current Statement

Home/Property:

_____ Mortgage Statement if applicable

ID:

_____ Photo ID

_____ Social Security Card

Please return requested documents to one of the following:

Manager: TBolen@CIManagementServices.com

Address: Holly Hills
700 Holly Hills Drive
Jackson, OH 45640

Fax: 740-286-6973

Email: TBolen@CIManagementServices.com

Community Investment Management Services CIMS

Authorization for Release of Information

Purpose: Community Investment Management Services, Inc. CIMS may use this authorization and the information obtained with it to administer and enforce rules and policies related to the rental of property owned and/or managed by the above named organization.

Authorization: I authorize the above named organization to obtain information about my family or me that is pertinent to the rental of property owned and/or managed by the organization.

Information Inquiries May Be Made About:

- | | |
|--------------------------------|--------------------------------------|
| Credit History | Identity of Marital Status |
| Criminal History | Family Composition |
| Social Security Numbers | Employment/Income/Pension/Assets |
| Residential and Rental History | Federal/State/Tribal/ Local Benefits |
| Disability/Impairments | |

Individuals/Organizations That May Release Information: Any individual or organization, including any governmental organization, may be asked to release information. For example information may be requested from:

- | | |
|--|------------------------------------|
| Banks and Other Financial Institutions | Utility Companies |
| Courts | Welfare Agencies |
| Law Enforcement Agencies | Providers of: Alimony |
| Credit Bureaus | Child Support |
| Employers, Present and Past | Credit/ Landlords |
| Handicapped Assistance | Pensions/Annuities |
| Schools and Colleges | U.S. Department of Veteran Affairs |
| U.S. Social Security Administration | SERS, OPERS |
| Medical/Non-Medical Professional | |

Computer Matching Notice and Consent: I agree that the above named organization may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or Local agencies. The government agencies include: U.S. Office of Personnel Management U.S. Social Security Administration U.S. Department of Defense U.S. Postal Service State Employment Security Agencies and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I understand I may be denied occupancy of rental property owned and/or managed by Community Investment Management Services, Inc. I understand my signature grants authorization for 18 months.

| | | | |
|--------------|-----------|---------------------|------|
| Printed Name | Signature | Social Security No. | Date |
| Printed Name | Signature | Social Security No. | Date |
| Printed Name | Signature | Social Security No. | Date |

NOTE: All persons over the age of 18 must sign this form.

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. H D and any owner or any employee of H D 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 H D or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 a 6, 7 and 8. Violation of these provisions are cited as violations of 42 U.S.C. 408 a 6, 7 and 8