RENTAL APPLICATION



FOURTH AV	E MANOR	HOPE MANOR	PAGE HOUSE	PROSPE	CT MANOR	
List all applicants to the	e apartment.					
NAME I	RELATIONSHIP	SOCIAL SECURITY N	JMBER DATE C	OF BIRTH	TELEPHONE NUMBER	
	Head of Household					
Current Email:						
In the spaces below list the person who receives income, the source and the amount expected in next 12 months.						
Name of Household Member		ource of Income		Number of Emplo	yer Annual Amount	
	e.g. socia	l Security, Employment	FOL	erification		
Residence History						
Current Address		City, State, Zip		Email Address		
Current Landlo	rd	Address, City,	State, Zip	Tele	phone Number	



SIGNATURE PAGE

APPLICANT'S STATEMENT: I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this application and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all income and assets currently held or previously disposed of and that I/we have no other assets than those listed (other than personal property). I/we certify this unit will serve as the household's primary residence. I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under federal law.

Signature:	Date:
Signature of Co-Applicant:	Date:
I hereby authorize law enforcement agencies to release crimin information to Lake Agassiz Development Group, to a public I Lake Agassiz Development Group to conduct criminal backgroup	housing authority, or to an agency contracted by
PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is general making false or fraudulent statements to any department of the any owner (or any employee of HUD, the PHA or the owner) making of the owner of information collected based of collected based on this verification form is restricted to the puror willfully requests, obtains or discloses any more than \$5,000 negligent disclosure of information may bring civil action for dappropriate, against the officer or employee of HUD, the PHA disclosure or improper use. Penalty provisions for misusing the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of U.S.C. 408 (f) (g) and (h).	ne United States Government. HUD, the PHA and may be subjected to penalties for unauthorized on the consent form. Use of the information urposes cited above. Any person who knowingly and applicant or participant affected by damages, and seek other relief, as may be a or the owner responsible for the unauthorized e social security number are contained in the
Privacy Statement: Public Law [02-550, authorizes the Department of Housin information (except the Social Security Number (SSN)] which will be used by actions.	
actions.	Form HUD – 92006 (05/09)
ADVANTAGE CREDIT 5050 47th Stree Fargo, ND 5810 701-239-9977	et S 04
This signature authorizes Advantage Credit Bureau to conduct eviction check, and/or a former address check on the following	
Signature:	Date:
Signature of Co. Applicants	Date:

*This consent is valid for 15 months from the date it is signed.

