



Picerne Real Estate Group

Crescent Park Manor
243 Crescent View Avenue, Riverside, RI 02915
Phone: 401-433-3100 / Fax: 401-437-4240

Effective 5/1/2013, "RESOLVED That notification of the adoption of the preference to all persons on the respective waiting lists shall be mailed to each waiting list applicant and shall be provided with all new applicant documentation. The form of such notification shall be in substantially same form as "Exhibit A" annexed hereto."

EXHIBIT A

NOTICE TO APPLICANTS

The development known as Crescent Park Manor Apartments (the "Development") will adopt an "elderly preference" in accordance with the United States Department of Housing and Urban Development Occupancy Handbook 4350.3 REV-1, at Chapter 3, Section 3-18-A, effective May 1, 2013. Except for those units reserved for occupancy only by disabled families or individuals who are neither elderly nor near elderly, which units are not affected by the elderly preference, a family in which the head of household, co-head or spouse is at least sixty-two years of age shall be granted preference on a waiting list when a unit becomes available.

Aside from the elderly preference, all other existing policies regarding applications for occupancy of a unit of the Development, including without limitation those policies regarding income ranges and chronological application dates, shall remain in effect.

This does not mean that any nonelderly applicant is ineligible to occupy a unit of the Development. Any nonelderly applicant is, however, currently ineligible for the elderly preference.

If you have any questions about this Notice, you may contact the management office at (401) 433-3100.

Sincerely,

Crescent Park Manor



Picerne Real Estate Group

Crescent Park Manor
 243 Crescent View Avenue, Riverside, RI 02915
 Phone: 401-433-3100 / Fax: 401-437-4240

PRE-RENTAL APPLICATION FOR HOUSING

Dear Applicant,

Thank you for choosing our community.

Enclosed is the Pre-rental Application you requested for residency. To ensure a complete pre-rental application, please use this checklist to certify all appropriate documentation is sent. Failure to send all required information will impede the processing of your pre-rental application. This pre-rental application packet may be mailed, electronically sent or hand delivered to the address listed above.

Please note as a pre-application, this application will be used to determine initial eligibility for the program. This application does not constitute an offer of an apartment. Once you have reach the top of the waiting list, you will be required to a complete a full rental application to determine final eligibility for the program.

In order for a pre-rental application to be complete the following must be completed.

- A complete, **signed** pre-rental application for Head of Household and all Applicants.
- A complete, **signed** supplement to application for Federally Assisted Housing (**Head of Household Only**)
- A copy of each family member's or applicant's **Birth Certificate**.
- A copy of each family member's or applicant's **Social Security Card**.
- A copy of driver's license or any other state or federal issued **Photo ID** for each family member or applicant, 18 years or older.
- A completed **HUD Form 92006A** on the last page of the application.

We will accept a pre-rental application for admission from any person or family. Pre-rental applications are available at the management office(s) at the address(es) listed above. All pre-rental applications must be completed in full. Pre-rental applications may be submitted in person, fax, email or by mail. Each applicant will receive a receipt, indicating the official date of Pre-Rental Application at the time a **completed** pre-rental application is submitted. You should keep this record in a safe place since it is **your only proof** of the date of your completed pre-rental application.

YOUR RESPONSIBILITY

It is your responsibility to keep us informed of any changes to your income or family composition which may affect your eligibility for admission.

In addition, it is your responsibility to inform us of any change in address and/or telephone number. This requirement is important because we will periodically update the waiting lists. If you do not respond to your update notice, you will be removed from the waiting list and you must reapply.

ALWAYS KEEP US INFORMED OF YOUR CURRENT ADDRESS!!

Current Income Limits

| FY 2024 Income Limit Area | Median Family Income | FY 2024 Income Limit Category | Persons in Family | | | | | | | |
|---|----------------------------|--|-------------------|----------|----------|-----------------|----------|-----------|-----------|-----------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Providence -Fall River, RI-MA HUD Metro FMR AREA | \$112,400 | Very Low (50%) Income Limits | \$39,350 | \$45,000 | \$50,600 | \$56,200 | \$60,700 | \$65,200 | \$69,700 | \$74,200 |
| | | Extremely Low (30%) Income Limits | \$23,600 | \$27,000 | \$30,350 | \$33,700 | \$36,580 | \$41,960 | \$47,340 | \$52,720 |
| | | Low (80%) Income Limits | \$62,950 | \$71,950 | \$80,950 | \$89,900 | \$97,100 | \$104,300 | \$111,500 | \$118,700 |

Sincerely,
 Picerne Real Estate Group



PICERNE REAL ESTATE GROUP PRE-RENTAL APPLICATION

For Office Use Only

| | |
|--|--|
| Completed Pre-Rental Application Checklist <input type="checkbox"/> Photo ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Pre-Rental Application <input type="checkbox"/> HUD-92006 | Date/Time Received Complete Application Manager Signature |
|--|--|

Any applicant, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview process may be rejected for housing. All questions must be answered; for those questions that do not apply, the applicant is required to indicate by answering "NA".



| PLEASE CHOOSE WHICH COMMUNITY YOU ARE APPLYING FOR <i>(If no community is checked, you will be automatically placed on all qualifying communities)</i> | |
|---|--|
| | <input type="checkbox"/> Crescent Park Manor 243 Crescent View Avenue Riverside, RI 02915 |
| PLEASE CHOOSE ALL APARTMENT TYPE APPLYING FOR <i>(If no type is checked, you will be automatically placed on all qualifying apartment types)</i> | |
| <input type="checkbox"/> One-Bedroom | <input type="checkbox"/> Two-Bedroom |

Pre-Rental Application Section 1 Head of Household Information

| | | | | | |
|---|--|---|--|-------------------------------|--------------------------------|
| Applicant Name (First, Middle, Last Name) | | | | | |
| Social Security Number: | _____ - _____ - _____ | <i>If you have no social security number, you claim exempt because:</i> | <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/2010 and receiving HUD Housing assistance as of 1/31/2010. | | |
| Present Street Address: | | | | | |
| Present City: | | | | | |
| Present Zip Code: | | | | | |
| Primary Phone Number: | | <input type="checkbox"/> Home | <input type="checkbox"/> Mobile | <input type="checkbox"/> Work | <input type="checkbox"/> Other |
| Secondary Phone Number: | | <input type="checkbox"/> Home | <input type="checkbox"/> Mobile | <input type="checkbox"/> Work | <input type="checkbox"/> Other |
| Email Address: | | | | | <input type="checkbox"/> N/A |
| Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to report | Citizenship Status: | <input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen | | |

| APARTMENT SPECIAL FEATURES: Please check all that apply. If none apply, please leave blank. |
|---|
| <input type="checkbox"/> Mobility Accessible Unit <input type="checkbox"/> Hearing and Visually Accessible Unit <input type="checkbox"/> Other Special Features: Please describe below. |
| |

| PETS & ASSISTANCE ANIMALS: <i>Please review the current property pet/assistance animal rules. The presence of any animal must be approved before housing the animal in the unit. Restrictions apply.</i> | | |
|---|------------------------------|-----------------------------|
| Do you plan to house an animal in the unit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If you Answered "Yes" above, please complete below.</i> | | |
| Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The community "Pet" policy allows for one (1) "Pet" per apartment. Do you agree to comply with the pet policy of the community limiting one (1) "Pet" per apartment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Pre-Rental Application Section 2 HUD Regulations and Eligibility

The following information will be required by the federal government to monitor this owner's compliance with equal housing opportunity and fair housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

| | |
|--|--|
| Ethnic Categories (Select One) | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I Do Not Wish to Provide This Information |
| Racial Categories (Select All That Apply) | <input type="checkbox"/> American Indian or Alaska <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> I Do Not Wish to Provide This Information |

Pre-Rental Application Section 2A HUD Regulations and Eligibility

HUD Requires all applicants to list all states and you and all household members have resided lived in. Please check all states that apply which includes the current state in which you reside.

| | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> CT | <input type="checkbox"/> IL | <input type="checkbox"/> ME | <input type="checkbox"/> MO | <input type="checkbox"/> NM | <input type="checkbox"/> OR | <input type="checkbox"/> TX | <input type="checkbox"/> WI |
| <input type="checkbox"/> AK | <input type="checkbox"/> DE | <input type="checkbox"/> IN | <input type="checkbox"/> MD | <input type="checkbox"/> MT | <input type="checkbox"/> NY | <input type="checkbox"/> PA | <input type="checkbox"/> UT | <input type="checkbox"/> WY |
| <input type="checkbox"/> AZ | <input type="checkbox"/> FL | <input type="checkbox"/> IA | <input type="checkbox"/> MA | <input type="checkbox"/> NE | <input type="checkbox"/> NC | <input type="checkbox"/> RI | <input type="checkbox"/> VT | |
| <input type="checkbox"/> AR | <input type="checkbox"/> GA | <input type="checkbox"/> KS | <input type="checkbox"/> MI | <input type="checkbox"/> NV | <input type="checkbox"/> ND | <input type="checkbox"/> SC | <input type="checkbox"/> VA | |
| <input type="checkbox"/> CA | <input type="checkbox"/> HI | <input type="checkbox"/> KY | <input type="checkbox"/> MN | <input type="checkbox"/> NH | <input type="checkbox"/> OH | <input type="checkbox"/> SD | <input type="checkbox"/> WA | <input type="checkbox"/> D.C. |
| <input type="checkbox"/> CO | <input type="checkbox"/> ID | <input type="checkbox"/> LA | <input type="checkbox"/> MS | <input type="checkbox"/> NJ | <input type="checkbox"/> OK | <input type="checkbox"/> TN | <input type="checkbox"/> WV | <input type="checkbox"/> P.R. |

| | | |
|---|------------------------------|-----------------------------|
| If the head-of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household or co-head/spouse is disabled? (Only applicable for elderly/disabled section 8 properties) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|--|------------------------------|-----------------------------|
| Are You or Any Household Member Subject to The Lifetime Sex Offender Registry in Any State? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Pre-Rental Application Section 3 Project Requirements and House Rules

| | |
|-----------------------------------|---|
| How did you hear about us? | <input type="checkbox"/> I Do Not Wish to Provide This Information. |
|-----------------------------------|---|

| | | |
|---|------------------------------|-----------------------------|
| Have you ever been evicted from federally funded housing program for a lease violation including drug use or failure to report a crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you answered "Yes" to the question above, please provide when: | Date: | |
| Are you currently using any illegal controlled substances including marijuana for recreation or medicinal purposes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|---|---|-----------------------------|
| Have you been displaced from your current housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you answered "Yes" to the question above, please answer the following: | <input type="checkbox"/> Government Action <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Private Action | |
| Please describe your current housing status. (Please choose one) | <input type="checkbox"/> Substandard <input type="checkbox"/> Standard <input type="checkbox"/> Conventional Public Housing <input type="checkbox"/> Lacking a Fixed Nighttime Residence <input type="checkbox"/> Fleeing/Attempting to Flee Violence | |

Pre-Rental Application Section 4 Income Certification

All questions must be answered. For questions answered “Yes”, a monthly gross (before taxes or deductions) dollar amount must be included. For questions answered “No”, the monthly amount should be left blank. Totals should be for all household members.

| Income Type | Answer Yes or No | | Monthly Gross Amount |
|---------------------------|---|--|-----------------------------|
| <i>Example Question 1</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | \$ 1,000 |
| <i>Example Question 2</i> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | \$ |

| Income Type | Answer Yes or No | | Monthly Gross Amount |
|--|--|-----------------------------|-----------------------------|
| I receive Social Security Retirement income? (SS) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive Social Security Disability income? (SSDI) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive Supplemental Security Income? (SSI) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive unearned income on behalf family members age 17 or under <i>(Example: Social Security)?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive State Supplemental Security Income? (State SSI) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive quarterly payments from Family Independence Agency for the State-Paid portion of a SSI Grant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive cash contributions or gifts, including rent or utility payments, on an on-going basis from persons not living with me? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive periodic payments from Workers’ Compensation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive Veteran’s Administration benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive GI Bill benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive military active duty allotments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive Rail Road Retirement Income? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive adoption assistance payments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive unemployment benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive periodic payments from lottery winnings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive income from rental property or real estate or personal property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have lump sum receipts or one-time receipts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I am a member of an Indian Tribe receiving gaming payments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I am self-employed? <i>(List the types of jobs you do.)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have a job and receive money/wages, tips or bonuses? <i>(List the businesses that pay you.)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive periodic payments from trust, annuity or inheritance? <i>(List Sources):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive periodic payments from insurance policies? <i>(List Sources):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive periodic payments from retirement funds or pensions? <i>(List Sources):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive child support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| If you answer “yes” above, from how many orders for support do you receive? | Enter Number of Orders _____ | | |
| If you answer “yes” above, Is the child support paid directly by FIA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| I have been awarded a judgment for child support, but have not been receiving payments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I anticipate or plan to take legal action on an unpaid child support claim within the next twelve months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I receive Public Assistance? <i>(If yes, check all that apply)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| If you answer “ yes ” above, please check all that apply | <input type="checkbox"/> Food Stamps | | \$ |
| | <input type="checkbox"/> Cash Assistance | | \$ |
| | <input type="checkbox"/> WIC | | \$ |
| | <input type="checkbox"/> TANF | | \$ |
| I have income from sources other than those listed above? <i>(List Type Below)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | | \$ |

Pre-Rental Application Section 5 Asset Certification

All questions must be answered. For questions answered "Yes", please enter the current value of your asset. If you do not know the current value, please provide an estimated value. For questions answered "No", the monthly amount should be left blank. Totals should be for all household members.

| Income Type | Answer Yes or No | | Current Asset Value |
|--------------------|---|--|----------------------------|
| Example Question 1 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | \$ 500.00 |
| Example Question 2 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | \$ |

| Asset Type | Answer Yes or No | | Current Asset Value |
|---|------------------------------|-----------------------------|----------------------------|
| I have a checking account(s)? <i>(Name Of Institution):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have a savings account(s)? <i>(Name Of Institution):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have a whole life or universal life insurance policy(ies)? <i>(List Sources):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have a term life insurance policy(ies)? <i>(List Sources):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have revocable trusts? <i>(List Sources):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have land contracts? <i>(List Sources):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I own real estate? <i>(List Sources):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have a mortgage or deed of trust? <i>(List Sources):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I own a mobile home? <i>(List Sources):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have savings bonds? <i>(List Sources):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have personal property held for investment purposes (<i>gem, jewelry, coin or stamp collection, etc</i>)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have certificates of deposit? (CD's) <i>(Name Of Institution):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have a 401K account(s)? <i>(Name Of Institution):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have IRA(s) or Keogh account(s)? <i>(Name Of Institution):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have Treasury Bills? <i>(List Sources and Quantity):</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have stocks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have mutual funds OR bonds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have a Direct Express or other Debit Card? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have cash held in the household/safety deposit box? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| I have given away more than \$1,000 or disposed of other assets (which includes but not limited to, charitable donations, property, cash and/or other assets) for less than fair market value in the past 2 (two) years? If Yes, list items and date: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| | | | |
| I have Assets from sources other than those listed above. <i>(List Type Below)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | | \$ |

Pre-Rental Application Section 6 Acknowledgements

| | | |
|---|------------------------------|-----------------------------|
| I have provided a copy of all household members Social Security Cards with my application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you answered "No" above, please provide a reason why | | |
| I have provided a copy of all household members Photo ID's with my application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you answered "No" above, please provide a reason why | | |
| I have provided a copy of all household members Birth Certificates with my application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you answered "No" above, please provide a reason why | | |

Pre-Rental Application Section 7 Additional Household Members

| | | |
|--|-------------------------------------|------------------------------------|
| Will other person(s) be residing in the household with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|-------------------------------------|------------------------------------|

If you answered "yes" above, please complete below. If you answered "no", please leave this page blank.

| | | | | | | | | | |
|---|---------------------------------|--|------------------------------------|---|--|---------------------------------------|--|--|--|
| Additional Household Member Number 1 (First, Middle, Last Name) | | | | | | | | | |
| Choose One | <input type="checkbox"/> Spouse | <input type="checkbox"/> Co-head | <input type="checkbox"/> Dependent | <input type="checkbox"/> Foster Child | <input type="checkbox"/> Live-In Caregiver | <input type="checkbox"/> Unborn Child | <input type="checkbox"/> Other | <input type="checkbox"/> None of The Above | |
| Social Security Number: | | _____ - _____ - _____ | | <i>If you have no social security number, you claim exempt because:</i> | | | <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/2010 and receiving HUD Housing assistance as of 1/31/2010. | | |
| Sex: | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to report | | Citizenship Status: | | | <input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen | | |

| | | | | | | | | | |
|---|---------------------------------|--|------------------------------------|---|--|---------------------------------------|--|--|--|
| Additional Household Member Number 2 (First, Middle, Last Name) | | | | | | | | | |
| Choose One | <input type="checkbox"/> Spouse | <input type="checkbox"/> Co-head | <input type="checkbox"/> Dependent | <input type="checkbox"/> Foster Child | <input type="checkbox"/> Live-In Caregiver | <input type="checkbox"/> Unborn Child | <input type="checkbox"/> Other | <input type="checkbox"/> None of The Above | |
| Social Security Number: | | _____ - _____ - _____ | | <i>If you have no social security number, you claim exempt because:</i> | | | <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/2010 and receiving HUD Housing assistance as of 1/31/2010. | | |
| Sex: | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to report | | Citizenship Status: | | | <input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen | | |

| | | | | | | | | | |
|---|---------------------------------|--|------------------------------------|---|--|---------------------------------------|--|--|--|
| Additional Household Member Number 3 (First, Middle, Last Name) | | | | | | | | | |
| Choose One | <input type="checkbox"/> Spouse | <input type="checkbox"/> Co-head | <input type="checkbox"/> Dependent | <input type="checkbox"/> Foster Child | <input type="checkbox"/> Live-In Caregiver | <input type="checkbox"/> Unborn Child | <input type="checkbox"/> Other | <input type="checkbox"/> None of The Above | |
| Social Security Number: | | _____ - _____ - _____ | | <i>If you have no social security number, you claim exempt because:</i> | | | <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/2010 and receiving HUD Housing assistance as of 1/31/2010. | | |
| Sex: | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to report | | Citizenship Status: | | | <input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen | | |

| | | | | | | | | | |
|---|---------------------------------|--|------------------------------------|---|--|---------------------------------------|--|--|--|
| Additional Household Member Number 4 (First, Middle, Last Name) | | | | | | | | | |
| Choose One | <input type="checkbox"/> Spouse | <input type="checkbox"/> Co-head | <input type="checkbox"/> Dependent | <input type="checkbox"/> Foster Child | <input type="checkbox"/> Live-In Caregiver | <input type="checkbox"/> Unborn Child | <input type="checkbox"/> Other | <input type="checkbox"/> None of The Above | |
| Social Security Number: | | _____ - _____ - _____ | | <i>If you have no social security number, you claim exempt because:</i> | | | <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/2010 and receiving HUD Housing assistance as of 1/31/2010. | | |
| Sex: | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to report | | Citizenship Status: | | | <input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen | | |

| | | | | | | | | | |
|---|---------------------------------|--|------------------------------------|---|--|---------------------------------------|--|--|--|
| Additional Household Member Number 5 (First, Middle, Last Name) | | | | | | | | | |
| Choose One | <input type="checkbox"/> Spouse | <input type="checkbox"/> Co-head | <input type="checkbox"/> Dependent | <input type="checkbox"/> Foster Child | <input type="checkbox"/> Live-In Caregiver | <input type="checkbox"/> Unborn Child | <input type="checkbox"/> Other | <input type="checkbox"/> None of The Above | |
| Social Security Number: | | _____ - _____ - _____ | | <i>If you have no social security number, you claim exempt because:</i> | | | <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/2010 and receiving HUD Housing assistance as of 1/31/2010. | | |
| Sex: | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to report | | Citizenship Status: | | | <input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen | | |

I hereby certify that the information I have provided in this pre-rental application is true and accurate. I understand that:

| | | |
|---|------------------------------|-----------------------------|
| Any misrepresentation or false information will result in my pre-rental application being cancelled or denied, or in termination of housing assistance; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| This is a pre-rental application for project-based rental assistance through Crescent Park Manor Apartments and its affiliates and is not an offer of housing; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| At the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations, Crescent Park Manor Apartments policy; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and Crescent Park Manor Apartments; and that I will be subject to a credit and criminal history check. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

This is to inform you that as part of our procedure for processing your application, an investigation report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation. Please note that this is a preliminary application and in no way ensures occupancy. Additional information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in this application. A false statement or misrepresentation on your application will affect approval or residency.

RIGHT TO REASONABLE ACCOMMODATION The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

LIMITED ENGLISH PROFICIENCY The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION The Agent for this property does not discriminate on the basis of race, color, religion, sex (including gender, gender identity, sexual orientation, and sexual harassment), familial status, disability or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

HEAD OF HOUSEHOLD PRINTED NAME:

HEAD OF HOUSHOLD SIGNATURE:

DATE:

ADDITIONAL ADULT MEMBER 1 PRINTED NAME:

ADDITIONAL ADULT MEMBER 1 SIGNATURE:

DATE:

ADDITIONAL ADULT MEMBER 2 PRINTED NAME:

ADDITIONAL ADULT MEMBER 2 SIGNATURE:

DATE:

ADDITIONAL ADULT MEMBER 3 PRINTED NAME:

ADDITIONAL ADULT MEMBER 3 SIGNATURE:

DATE:

ADDITIONAL ADULT MEMBER 4 PRINTED NAME:

ADDITIONAL ADULT MEMBER 4 SIGNATURE:

DATE:

ADDITIONAL ADULT MEMBER 5 PRINTED NAME:

ADDITIONAL ADULT MEMBER 5 SIGNATURE:

DATE:

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 and any owner (or any employee of HUD 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 purpose 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 \$5,000.00. 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 are contained in the Social Security Act at 208 (a) (6),(7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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.

| | |
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| 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) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| 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. | |

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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.