EBMC
REAL ESTATE AND PROPERTY MANAGEMENT
Trusted by Owners, Valued by Residents — Powered by EBMC
The Village at Hawk View
1500 Steelwood Lane
Reno, NV 89512
P: 775.398.5319
F: VHV.EBMCPORTALS.COM
TTY: 711

AFFORDABLE HOUSING APPLICATION

Office Use Only

Date Received		Unit Size	☐0BR ☐ 1BR ☐2BR ☐ 3BR ☐4BR	Original Application	YES ☐ NO ☐
Time Received		Additional Adult Apps	YES ☐ NO ☐	Updated Application	YES ☐ NO ☐
Date Entered Into Yardi		Meets Occupancy	YES ☐ NO ☐	Sec 8 HVC HH	YES ☐ NO ☐
App Complete	YES ☐ NO ☐ *IF No, Enter in Yardi and reject application	Total Income Declared	$	504/RA Needed	YES ☐ NO ☐
Prospect Code		Mgr. Initials		Prequal AMI Status	EVLI ☐ VLI ☐ LI ☐

PLEASE READ INSTRUCTIONS BELOW BEFORE COMPLETING

Please complete the following application and RETURN IT TO THE PROPERTY. All Items must be complete in order to determine your eligibility. Failure to complete all sections will result in the application being rejected. Application must be completed using BLUE/BLACK ink. If an item does not apply to you, please check N/A next to the question. Do not use white-out. Please use one line on corrections and initial corrections made. Completed applications can be returned via email to TheVillageAtHawkview@ebmc.com, to the site directly, or via an email attachment to the site manager's email above. If applying as SPOUSE OR ROOMMATES, individual applications are required for privacy protection and must be submitted simultaneously. ***CA only applicants: If SB267 is elected on Page 7, Option 2 , your application will be incomplete until you provide all supporting documentation and will not be added to the waitlist until all supporting documentation is provided with the application.***

NOTE: Wait lists are maintained by bedroom size. A separate application is required for different unit sizes.

APPLICANT INFORMATION

I/We are applying for a: _____ Bedroom Unit (Please indicate bedroom size).
Do You or a Member of Your Household Have a Verifiable Special Need? _____
If yes, List Need: _____

First Name		Last Name	
Street Address		City State Zip	
Mailing Address		City State Zip	
Phone 1		Phone 2	
Email 1		Email 2	

PLEASE NOTE: The information you provide on the application will be treated as confidential. It includes both the information necessary for determining your eligibility for housing and information required for statistical purposes. The race, ethnicity and gender information are requested to assure the Federal government that Federal laws prohibiting discrimination against applicants are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you, in any way. Any information found to be incomplete and/or falsified will cause the application to be denied and not processed.

For Marketing Purposes, Please Let Us Know How You Heard About Us:

☐Newspaper Ad ☐Drove By ☐Word of Mouth ☐Web Site ☐Google Search
☐Resident Referral ☐Management Website ☐Other: _____

State Your Current Living Situation:

☐ Own my Home ☐Live with Family/Friend ☐Renting ☐Unhoused ☐Fleeing Violence

HOUSEHOLD MEMBER INFORMATION

List below All of the People You Expect to Reside in Your Household at Move-In

FULL NAME	RELATION HOH - Head of Household S-Spouse CH-Co-Head D-Dependent O-Other	CITIZENSHIP *Enter One of the Following for subsidy eligibility:* EC-Eligible Citizen EN-Eligible Non-Citizen IC-Ineligible Child IN-Ineligible Non-Citizen IP-Ineligible Parent	GENDER Male Female *Leave Blank-if you choose not to report*	DATE OF BIRTH	SOCIAL SECURITY NUMBER xxx-xx-xxxx	STUDENT STATUS N= None PT= Part Time FT= Full Time
	HOH					

☐ Unborn / Anticipated Delivery Date:_____

RENTAL HISTORY (Last 3 years)

CURRENT Landlord/Contact Name	
Address	
Phone	
Fax	
Email	
Move-In and Move Out Dates	
Reason for Moving Out	
PRIOR Landlord/Contact Name	
Address	
Phone	
Fax	

Email	
Move-In and Move Out Dates	
Reason for Moving Out	
PRIOR Landlord/Contact Name	
Address	
Phone	
Fax	
Email	
Move-In and Move Out Dates	
Reason for Moving Out	

HOUSEHOLD COMPOSITIONS and CHARACTERISTICS

1. ☐Yes ☐ No Are you expecting any future additions to your household due to pregnancy, adoption, foster child (ren) or custody of children? If yes, explain:

   _____

2. ☐ Yes ☐ No Do you have any household members away at school, who will live at your residence during school recesses?
   If yes, their name: _____
3. ☐Yes ☐ No Are any household members 18 years of age or older, that are Full-Time Students:
   If yes, List Name and Age: _____
4. ☐Yes ☐ No Are there any family members who are ***temporarily*** absent from the household due to:
   ☐Employment ☐Military Service ☐Foster Care ☐Nursing Home ☐Hospital
5. ☐Yes ☐ No Are there any family members who are ***permanently*** confined in a nursing home?
   If yes, will you still be including/counting this individual as part of the household? ☐ Yes ☐ N o
6. ☐Yes ☐ No Do you require a Live-In Attendant and have a doctor's verification showing medical need?
7. ☐Yes ☐ No Are you or any household member currently in the US military or a US military veteran?
8. ☐Yes ☐ No Are you or any household member a Presidentially Declared Disaster victim?
9. ☐Yes ☐ No Do you or any household member currently live in, or have you ever lived in Public or HUD assisted housing or in HUD's Housing Choice Voucher/Certificate Program? If yes, List below:

Landlord and/or Complex Name	
Landlord Phone Number	
Property Address	
Move In Date	
Move Out Date	

10. ☐Yes ☐ No Do you or any household member owes any monies to HUD, an apartment community, and or previous landlord? If yes, provide:

Landlord and/or Complex Name	
Landlord Phone Number	
Balance Due Landlord	

11. ☐Yes ☐ No Have you ever committed fraud in a HUD-assisted housing program, been asked to repay money for knowingly misrepresenting information, or been evicted from any rental?
If yes, explain: _____

12. ☐Yes ☐ No Are you or any household member subject to lifetime sex offender registration requirement any/a state? If Yes, Please Explain:

Household Member Name	
State	
Registration Date	
Explanation	

14. List ALL States family members have lived in: _____

15. ☐ Yes ☐ No Do you or any household member have a criminal or juvenile record? If yes, Name(s) of Household Member (s) and Explain:

_____

16. ☐Yes ☐ No Have you or any household member ever been convicted or adjudicated of a misdemeanor/ felony or any other criminal activity, including a violation of the Controlled Substances Act. This also includes harassment, sexual assault, drug abuse, & any other crimes. If yes:

Household Member Name	
Explanation	
Household Member Name	
Explanation	

IF you answered "YES" to any questions listed above in the Criminal Background Section of this application, please provide an explanation below. Include the date, circumstances, and nature of the offenses, as we verify criminal record in the following jurisdictions: AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, & WY

Explanation:

17. ☐Yes ☐ No Are you or any household member a current user of a non-prescribed controlled substance, including any marijuana substances.

18. ☐Yes ☐ No Are you or any household member currently engaged or exhibit a pattern of alcohol abuse, which may threaten the health & safety of residents or staff or hinders the peaceful enjoyment of the housing premises.

19. ☐Yes ☐ No Have you or any household member ever used any other name, alias and/or social security number, other than the one listed on this application? If yes, Name(s) Used and by Which Household Member, Social Security Number Used and Explain: _____

DISABLED HOUSEHOLDS and REASONABLE ACCOMODATIONS

Elderly families are defined by HUD as families where the head, spouse, or co-head is 62 years of age, or 18 years of age and a person with disabilities. If you wish to be considered as an elderly family due to a disability, HUD requires that we receive your consent to verify your disability. In addition, persons with disabilities have the right to request reasonable accommodations, which include changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that -will allow a qualified disabled person to participate fully in a program, take advantage of a service, live in a dwelling, or perform a job. Please complete both questions below.

20. ☐Yes ☐ No Are you 18 years of age, considered a disabled person, and give consent to have your disability verified?
21. ☐Yes ☐ No Do you or any household member require any special accommodations in your unit?
22. ☐Yes ☐ No Do you require a unit with accessible features?

If yes to 21 and/or 22, Please explain: _____

EXPENSES/ALLOWANCES

23. ☐Yes ☐ No Do you have expenses for childcare of an aged 12 or younger? If yes, what are your out-of-pocket childcare costs? ☐ Weekly $ _____ ☐ Monthly $ _____

Provider	
Provider Address	
Provider Phone	
Provider Email	

24. ☐Yes ☐ No Do you pay for a care attendant or for any equipment for any handicapped or disabled household member(s) that are necessary to permit that person or someone else in the household to work? If yes, provide information, what are your out-of-pocket expenses?

☐ Weekly $ _____ ☐ Monthly $ _____

Type of Equipment	
Name of Company	
Address	
Phone	
Email	

25. ☐Yes ☐ No Are any of the above expenses paid for or reimbursed by an outside agency? If yes, provide information: Amount reimbursed, frequency and which expense

Type of Agency	
Name of Company	
Address	
Phone	
Email	
Monthly Reimbursement	

26. ☐Yes ☐ No Do you or any household member(s) pay for Medicare?

If Yes, Monthly Amount Paid	$

27. ☐Yes ☐ No Do you or any household member(s) have any other type of medical insurance?

If Yes, Monthly Amount Paid	$
Name Of Carrier/Company	
Address	
Phone Number	
Policy Number	

28. ☐Yes ☐ No Do you or any household member have any outstanding medical bills?

If Yes, please provide a list	

29. ☐Yes ☐ No Do you or any household members expect to incur any medical expenses within the next 12 months?

If Yes, please explain	

30. ☐Yes ☐ No Do you or any household member use a pharmacy on a regular basis?

If Yes, Pharmacy	
Phone Number	
Address	

TOTAL HOUSEHOLD INCOME

PLEASE REPORT FOR ANY HOUSEHOLD MEMBER:

30. ☐Yes ☐ No Employed? If Yes: Lists Below & Check Employment Status

Full Name	Full Time	Part Time	Seasonal Work

31. ☐Yes ☐ No Expect to work ANY period during the next 12 months?

If Yes, please explain	

32. ☐Yes ☐ No Work for someone who pays in CASH?

If Yes, please explain	

33. ☐Yes ☐ No Does anyone regularly give the household cash or any other financial help?

34. ☐Yes ☐ No Does anyone regularly pay any of the household's bills; such as rent, utilities, phone, etc.?

If Yes, please explain	

35. ☐Yes ☐ No Do you receive death benefits under someone else's social security number?

If Yes, Social Security / ITIN number	

Below list ALL money earned or received by each member of your household, such as wages, self-employment, unemployment, child support, alimony, family financial support, Social Security/SSI, Workman's Compensation, retirement benefits, pensions, trusts, annuities, AFDC, Welfare, Veterans benefits, Military Pay, insurance benefits, etc.

HOUSEHOLD MEMBER NAME	INCOME SOURCE (S)	HOURLY	WEEKLY	MONTHLY	ANNUALLY

TOTAL HOUSEHOLD ASSETS

36. ☐Yes ☐ No Do you or any household member (*including children*) have Assets such as Cash, Checking, Savings, CD's, 401K, Trusts, etc.? If Yes, List information below.

ACCOUNT TYPE	HOUSEHOLD MEMBER NAME	ACCOUNT NUMBER	BANK/ INSTITUTION NAME	CURRENT VALUE	ANNUAL INCOME FROM ASSET
Cash/ Deposit Box				$	$
Pre-Paid Debit Card (Visa/MC)				$	$
EBT/Welfare/ CalWORKs				$	$
Checking				$	$
Savings				$	$
Money Market				$	$
Unemployment Card				$	$
CD's Stocks Bonds				$	$
Trusts				$	$
Retirement/ Pension Fund				$	$

ACCOUNT TYPE	HOUSEHOLD MEMBER NAME	ACCOUNT NUMBER	BANK/ INSTITUTION NAME	CURRENT VALUE	ANNUAL INCOME FROM ASSET
Life Insurance (Whole/ Universal)				$	$
Funeral/Burial Insurance/ Account				$	$
Real Estate				$	$
Bitcoin				$	$
Cash App:				$	$
Venmo				$	$
Chime				$	$
Other				$	$
Other				$	$

37. ☐Yes ☐ No Have you or any household member disposed of or given away any asset(s) for less than fair market value during the past two years?

If yes, asset disposed of	
Fair Market Value	$
Sales Price (if applicable)	$

38. ☐Yes ☐ No Have you or any household member sold any real estate (U.S.A. or Another Country) in the last two years?

If yes, describe	
Address	$
Sales Price	$

39. ☐Yes ☐ No Do you or any household member own or have an interest in any real estate or mobile home (U.S.A. or Another Country)?

If yes, describe	
Address	$
Fair Market Value	$

HOUSEHOLD VEHICLES							
MAKE	MODEL	YEAR	COLOR	TAG/ EXP	STATE	VEHICLE INSURANCE COMPANY	VEHICLE INSURANCE POLICY #

40. ☐Yes ☐ No Do you have any pets?

If yes, describe	

Emergency Contacts

In cases of emergency, management requests that you provide the information below. An emergency is broadly defined as a case where management feels a resident's well-being is threatened and/or where management feels a resident's actions/conduct appear to be a lease violation. Some examples of this type of emergency are non-payment of rent; perceived criminal activity against persons\property; perceived abuse of an illegal substance; behavior violating the quiet enjoyment of other residents; and, housekeeping that violates safe and sanitary rules. An emergency is also defined as an urgent need for assistance or relief, or when there are unforeseen circumstances that call for immediate action.

FIRST FAMILY MEMBER/FRIEND TO NOTIFY IS:

Full Name	
Relationship	
Address	
City State Zip	
Phone 1	
Phone 2	
Email	

SECOND FAMILY MEMBER/FRIEND TO NOTIFY IS:

Full Name	
Relationship	
Address	
City State Zip	
Phone 1	
Phone 2	
Email	

Please describe any other information that will help us to process this application (add additional sheet if necessary):

CA Applicants/Residents Only: SB267: Review & Choose Option 1 or Option 2.

ALL OTHER Applicants, choose Option 1 ONLY

PART 8 – CONSIDERATION OF CREDIT HISTORY

Important Information, read carefully:

Under California law, applicants with a government rent subsidy have the option, at the applicant's discretion, of providing lawful, verifiable alternative evidence of the applicant's reasonable ability to pay the portion of the rent to be paid by the tenant, including, but not limited to, government benefit payments, pay records, and bank statements.

If an eligible applicant elects to submit such alternative evidence, Landlord will consider that alternative evidence instead of the applicant's credit history.

Option 1: Consideration of Credit History	**Option 2: Alternative Evidence of Ability to Pay** ***(This option is ONLY available to government rent subsidy recipients)***
If you either: • **Do NOT have a government rent subsidy OR** • **Do have a government rent subsidy but are not choosing to submit alternative evidence of your ability to pay rent to be considered instead of credit history** **Applicant: read and check the box below.** Applicant authorizes the Landlord to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. ❒	**If you both:** • **DO have a government rent subsidy AND** • **Are choosing to submit alternative evidence of your ability to pay rent to be considered instead of your credit history** **Applicant: read and check the box below.** Applicant authorizes the Landlord to obtain reports other than credit reports, such reports may include unlawful detainer (eviction) reports, social security number verification, fraud warnings, previous tenant history and employment history. Application will not be considered complete until Applicant submits their verifiable alternative evidence of the ability to pay. ❒

By signing below, Applicant represents that all the above statements are true and correct, authorizes verification of the above items, and agrees to furnish additional references upon request. Applicant authorizes Landlord to obtain the reports indicated in Part 8 of this Application. Applicant further consents to allow Landlord to disclose tenancy information to previous or subsequent Landlords.

Each CALIFORNIA applicant must select one of the two options referenced above next to their signature below. If you choose OPTION 2, your application must accompany verifiable alternative evidence of the ability to pay at time of application submission.

Applicant Signature		Option	Option 1: Consideration of Cre Option 2: Alternative Evidence

Certification and Consent to Release of Information

NOTE: All household members 18 and older must sign this Application. By signing this application, I/We certify the accuracy of the information contained herein. I/WE understand that the Department of Housing and Urban Development (HUD)/United States Department of Agriculture or other state and/or local

affordable program is authorized to collect this information. This application will be used to determine eligibility, appropriate bedroom size, and the amount my family will pay for rent. I/We also understand that this will be my only residence.

I/We authorize management to contact my present/prior landlords for information regarding my tenancy, and to access records pertaining to me which may be on file with credit bureau authorities.

I/We authorize a criminal background check and a check of the state/national sex offender registry for all adult family members. I/We understand that all information I have listed is subject to verification and that a final decision on eligibility cannot be made until all verifications are complete.

I/We understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or, for the purpose of securing a lower rent in a subsidized housing unit, and that the ***penalty for knowingly providing false information is up to five years in prison and/or $10,000 fine upon conviction and will cause an automatic denial of this application.***

I/We hereby do swear and attest that we have read and reviewed the Resident Selection Plan for The Village at Hawk View and all the information herein about me is true and correct. I understand that if no unit is currently available and I/We are placed on the waiting list, I/We must update all information abo ut me should it change or management require it to be updated. I/We understand my household at the tim e a unit becomes available and is offered may require to be updated.

Applicant Signature		Date	

☐ This application is submitted with my Spouse/Roommate(s). Other household member(s):

Received by:

Owner/Agent Signature		Date	

EXCEPTIONS TO DISCLOSURE OF SOCIAL SECURITY NUMBER - The Social Security Number requirements do not apply to: Individuals aged 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, and not contesting eligibility.

Managing Agent's Fair Housing and Section 504 Designated Representative: It is the policy of this company to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, color, national origin, ancestry, sex, age, disability, religion, familial status, marital status, sexual orientation, gender identity, or medical condition. If you feel you have been discriminated against in the processing of this application, please call the following representative of this company: EBMC 504 Coordinator at Compliance@Ebmc.com.

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☐ **English Is My First Language - No Other Translation Required, or**
Circle below the language of preference.

2004 Census Test — **United States Census 2010**

LANGUAGE IDENTIFICATION FLASHCARD

☐ ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
☐ Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք Հայերեն:	2. Armenian
☐ যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
☐ សូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ។	4. Cambodian
☐ Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
☐ 如果你能读中文或讲中文， 请选择此框。	6. Simplified Chinese
☐ 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
☐ Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8.Croatian
☐ Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
☐ Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
☐ Mark this box if you read or speak English.	11. English
☐ اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بزنيد.	12. Farsi

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U.S. CENSUS BUREAU

☐ Cocher ici si vous lisez ou parlez le français.	13. French
☐ Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
☐ Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
☐ Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
☐ अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
☐ Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
☐ Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	19. Hungarian
☐ Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
☐ Marchi questa casella se legge o parla italiano.	21. Italian
☐ 日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
☐ 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
☐ ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
☐ Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

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☐ Assinale este quadrado se você lê ou fala português.	26. Portuguese
☐ Însemnaţi această căsuţă dacă citiţi sau vorbiţi româneşte.	27. Romanian
☐ Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
☐ Обележите овај квадратић уколико читате или говорите српски језик.	29. Serbian
☐ Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
☐ Marque esta casilla si lee o habla español.	31. Spanish
☐ Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
☐ ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
☐ Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
☐ Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою.	35. Ukranian
☐ اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
☐ Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
☐ באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

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LANGUAGE PREFERENCE ACKNOWLEDGEMENT:

☐ Our Household Has NO Need of Translations

☐ I Prefer the Landlord/Agent to provide me with an interpreter free of charge.

☐ I prefer to use my own interpreter (interpreter must be 18 years or older):

Name of Interpreter	
Signature of Interpreter	
Relationship of Interpreter	

If available, do you want copies of written translations for documents you read/filled out today?

Choose One ☐ YES ☐ NO

I understand that all tenant file forms must be signed in English and that any translations provided to me are solely for my understanding of the contents of the form. If I disagree with the language services provided, I may contact Compliance@ebmc.com or call 916.443.6637 for my dispute. By signing this form, I affirm that all the information is true and accurate.

Resident Signature	
Date	

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Property Name	The Village at Hawk View
Owner Agent	Eugene Burger Management Corporation, Agent
Type of Assistance	
Head of Household	
Resident Address	
Unit	

Household Member 1	
Household Member 2	
Household Member 3	
Household Member 4	
Household Member 5	
Household Member 6	
Household Member 7	
Household Member 8	
Household Member 9	

Please select the corresponding self-identification(s) for each corresponding household member below:

ETHNIC CATEGORY (select one)	*HH1*	*HH2*	*HH3*	*HH4*	*HH5*	*HH6*	*HH7*	*HH8*	*HH9*
Hispanic									
Non-Hispanic									
Declined to Report									
RACIAL CATAGORIES (select all that apply)									
American Indian/Alaskan Native									
Asian									
Black/African American									
Native Hawaiian or Other Pacific Islander									
White									
Other									
Declined to Report									

SIGNATURE OF HEAD OF HOUSEHOLD	Date

The Village at Hawk View
1500 Steelwood Lane
Reno, NV 89512
P: 775.398.5319
F: VHV.EBMCPORTALS.COM
TTY: 711

Applicant/Tenant Release and Consent

THIS SECTION TO **BE COMPLETED BY THE APPLICANT/TENANT**

I/We

the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income, assets, and/or student status for purposes of verifying information on my/our application for housing. I/we authorize the release of this information without liability to the property listed above.

INFORMATION COVERED

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

Past and Present Employers	Residences and Rental Activity	Support and Alimony Providers
Welfare Agencies	State Unemployment Agencies	Social Security Administration
Credit Agencies	Veterans Administration	Retirement System
Banks and Other Financial Institutions	Medical and Child Care Providers	Utility Companies
Foster Care Agencies	Educational Institutions	Credit and Criminal Activity
Public Housing Authorities	Sex Offender Screening	

CONDITIONS

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

Applicant/Tenant Signature	Printed Name	Date

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506-T, "Request for Copy of a Tax Form" must be prepared and signed separately.

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 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).