

Wagon Works Apartment Homes

719 East 5th Street
Huntingburg, IN 47542
Phone 812-684-9800 Fax 812-684-9810
wagonworksapartmenthomes@outlook.com

Information Sheet

- Photo ID for everyone over the age of 18
- Social Security cards for all household members
- Birth Certificates for all household members
 - Divorce Decree
 - Child Support Order
- Award letter from Social Security

Please let us know if you have any questions!



WAGON WORKS APARTMENTS

APPLICATION SCREENING COVER NOTICE

An application fee of \$25.00 is charged per adult. **NO CASH PLEASE** (check or money order only). The application fee covers the cost of checking landlord, credit, employment and criminal history. It is not refunded if the application is denied and does not apply toward the security deposit or rent if approved.

All applications will be screened using the criteria listed below. Applications not meeting the required criteria will be denied and the applicant will be notified in writing of the reason for denial. All applications are screened on the criteria stated without regard to race, color, religion, national origin, sex, marital status, familial status, sexual orientation, gender identity, disability or age, (provided that the applicant has the capacity to enter into a binding contract).

Wagon Works Apartments is a Non-Smoking Apartment Community. Smoking is not allowed on the grounds of the Apartment Community.

To be approved applicants must meet the following criteria:

CREDIT CRITERIA:

The applicant or co-applicant must have a credit score of 500 on the Empirica scoring system of Trans Union Credit Screening Company. If the Empirica screening indicates an insufficient amount of information to provide a score the applicant or co-applicant must provide proof of one of the following: A) Steady income for at least one (1) year. B) Checking and/or Savings Account for at least one (1) year. C) Payment history of at least one (1) year with no late payments on an account such as; Utility Payments, Insurance Payments, In-House Financing (buy-here, pay-here car dealership for example) or D) Excellent rental history for at least one (1) year.

If the credit score is between 480-500 the application may still be approved with the following:

1. Excellent rental history for at least one (1) year
2. Good credit reference from a source with a payment history of no less than one (1) year from one of the following or a similar account:
 - a. Utility Payments
 - b. Insurance Payments
 - c. Telecommunication Payments
 - d. In-House financing: Buy Here Pay Here Auto Dealership, Rent to Own Furniture Store, Store Accounts
3. Pay an increased security deposit equal to 1 ½ times the rental amount or \$700.00; whichever is higher. The security deposit must be paid in full before signing the lease agreement. No payment agreements will be made for the payment of the security deposit.

If the credit score is between 460-479 the application may still be approved with the following:

1. Excellent Rental History for at least one (1) year
2. Good credit reference from a source with a payment history of no less than one (1) year from one of the following or a similar account:
 - a. Utility Payments
 - b. Insurance Payments
 - c. Telecommunication Payments
 - d. In-House Financing: Buy Here Pay Here Auto Dealership, Rent to Own Furniture Store, Store Accounts
3. Pay an increased security deposit equal to two (2) times the rental amount or \$900.00; whichever is higher. The security deposit must be paid in full before signing the lease agreement. No payment agreements will be made for the payment of the security deposit.
4. Pay a total of two (2) month's rent in advance of signing the lease agreement or have rental assistance such as a Housing Choice Voucher, Section 8, or other similar forms of Rental Assistance.

If the credit score is between 450-459 the application may still be approved with the following:

1. Excellent Rental History for at least one (1) year
2. Good credit reference from a source with a payment history of no less than one (1) year from one of the following or a similar account:
 - a. Utility Payments
 - b. Insurance Payments
 - c. Telecommunication Payments
 - d. In-House Financing: Buy Here Pay Here Auto Dealership, Rent to Own Furniture Store, Store Accounts



3. Pay an increased security deposit equal to 2.5 times the rental amount or \$1,000.00; whichever is higher. The security deposit must be paid in full before the signing of the lease agreement. No payment agreements will be made for the payment of the security deposit.
4. Pay a total of three (3) month's rent in advance of signing the lease agreement or have rental assistance such as a Housing Choice Voucher, Section 8, or other similar forms of rental assistance.

If you have previously filed for Bankruptcy protection, you must show proof the bankruptcy has been dismissed, finalized, or discharged.

RESIDENTIAL CRITERIA:

Must not have a residential history of repeated late rent payments, non-payment of rent, noise complaints, cleanliness problems, damages to the dwelling, history of unauthorized occupants, unauthorized pets, failure to comply with required certification procedures, a history of eviction; skip out, or of breaking a lease without just cause. Applicant must provide sufficient residential history for the previous two years to the present without gaps. Applicant must certify that the unit will serve as the household's primary residence.

INCOME CRITERIA:

Must provide all income and asset information as requested. Must meet the income guidelines for all federal programs pertaining to the apartment community for which you are applying. If rental assistance is not available; the gross monthly income must be equal to or more than two and a half (2 1/2) times the rental amount. For example; if the rent is \$500.00 per month, the household must have documented sources of income of \$1250.00 per month, before taxes in order to income qualify for the apartment.

ADDITIONAL CRITERIA:

All information provided must be factual. Any materially false or misleading information will be grounds for immediate denial of the application or termination of the lease. Should the applicant have any pending offenses; the applicant agrees that the application will be put on hold until the charges are no longer pending and additional information is available. When the application is put on hold for this reason an apartment or waiting list position will not be held.

Must not have any household members currently engaged in illegal use of drugs or any household members that have a pattern of illegal drug or alcohol use which may interfere with the health, safety and right to peaceful enjoyment of the community by other residents.

Within the previous 3 years; applicant must not have any convictions for misdemeanor battery, unless there is proof that an anger management program was successfully completed since the conviction. Applicants currently involved in an anger management program agree to place the application on hold until participation in the program is completed.

Within the previous 5 years; applicant must not have any felony convictions or a pattern of arrests (considered felony or misdemeanor) with convictions; for drug related offences, unless there is proof that a substance abuse recovery program was successfully completed since the arrest or conviction. Applicants currently involved in the substance abuse recovery program agree to place the application on hold until participation in the recovery program is completed.

Within the previous 10 years, applicant must not have any convictions related to Felony Battery with Bodily Injury, Breaking & Entering, Burglary, Property Damage, Theft, or Auto Theft.

During the applicant's lifetime; the applicant must not have any convictions related to Violent Crimes or Sexual Crimes, or Stalking. Applicants and prospective household members must not be currently required to register on a sex offender registry, or were previously required to register on a sex offender registry. Violent Crimes are defined as: Child Abuse, Sexual Abuse, Child Sexual Abuse, All forms of Assault, Cruelty to Animals, Domestic Violence, Harassment, Sexual Harassment, Homicide, Arson, All forms of Murder, All forms of Manslaughter, All forms of Rape and Robbery.

Must not have any history of fraud related to any government assistance program.

Must not have a history of presenting checks for payment that are returned unpaid from the bank for any reason. If such circumstances present themselves; personal checks will not be accepted for any type of payment: Rent, Late Fees, Security Deposit etc.

Must provide proof that applicant is at least 18 years old or be legally emancipated and able to sign a binding contract. Proof of emancipation must be provided before application is approved or denied.



Must provide verification of the social security number for all household members over the age of 18 when applying. Verification of the social security number can be from the following sources:

1. Original Social Security Card
2. Driver's License with Social Security Number
3. ID Issued By a State
4. Local or Federal Agency or Medical Insurance Provider, Employer or Trade Union.
5. IRS Form 1099

Must not have any false social security numbers listed on the credit report.

By my signature below, I certify that I have read and understand the above listed information regarding my application.

Applicant signature Date

Co-applicant signature Date



FOR OFFICE USE:

DATE REC'D: _____

TIME REC'D: _____

References: _____

RENTAL APPLICATION

Section 42 Tax Credit, HOME, CDBG, NSP, AHP, and Trust Fund Communities

Note: Applicants must be over 18 and/or have the legal capacity to sign a lease

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Landlord and is subject to verification by Landlord. In the event any information provided is later determined to be false, Landlord will have the right, in Landlord's discretion, to terminate any lease. The Landlord's gathering of information from and about prospective tenants is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community. Additionally, the information provided is subject to verification by the IRS as part of the Section 42 Tax Credit Program, HUD and or Rural Development.

(Please Print)

Applicant's Full Name: _____ Date of Application: _____

Apt. Community Desired: _____ Desired Move-In Date: _____

Type and Size of Apartment Desired: _____

PRESENT RESIDENCE:

2-YEAR HISTORY REQUIRED

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone: _____ Comments: _____

PREVIOUS RESIDENCE #1:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone: _____ Comments: _____

PREVIOUS RESIDENCE #2:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone: _____ Comments: _____

HOUSEHOLD COMPOSITION:

NAMES OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	ESTIMATED ANNUAL INCOME	DATE OF BIRTH	Are You A STUDENT?
	HEAD				



Does the head of household possess legal capacity to enter into a legal contract? Yes: _____ No: _____

Do you expect any additions to the household within the next twelve months? Yes: _____ No: _____

Do you currently live in a subsidized housing community? Yes: _____ No: _____

DISABILITY STATUS:

1. Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes: _____ No: _____

2. Would you like to be placed on a priority waiting list for a handicap-accessible unit? Yes: _____ No: _____

3. Do you require any accommodation for any disability? Yes: _____ No: _____

4. If you are disabled, do you require any modifications to the unit for any disability? Yes: _____ No: _____

If so, please list the specific modifications needed: _____

STUDENT STATUS:

1. Are you or anyone in your household currently a full-time or part-time student enrolled in a public or private elementary school, middle or junior high school, senior high school, college or university, technical, trade, or mechanical schools or planning to be one within the next 12 months? (Do not include on-the-job training) Yes: _____ No: _____

If yes, please explain: _____

2. Were you or was anyone in your household enrolled as a full-time student in public or private elementary school, middle or junior high schools, senior high school, college universities, technical, trade, or mechanical schools during any 5 months of the calendar year? (Do not include on-the-job training) Yes: _____ No: _____

If yes, please explain: _____

MARITAL STATUS:

I understand that if I am currently single but have been previously married, I must provide copies of the divorce decree proving my current single status. I also understand that if I am currently court ordered to receive any income from any court settlement such as alimony or child support I must provide copies of the court order(s) showing the ordered amount I am to receive. This is true of all court ordered amounts whether I am actually receiving them or not. All court ordered amounts will be included in my income unless I provide documentation of legal action being taken as a result of the failure to receive the court ordered sum(s).

Applicant: I duly state that my current marital status is: (Check the one that applies)

Married____ Separated____ Divorced____ Widowed____ Single, Never Married____

Co-Applicant: I duly state that my current marital status is: (Check the one that applies)

Married____ Separated____ Divorced____ Widowed____ Single, Never Married____

GENERAL INFORMATION:

Have you, your spouse, or any other proposed occupant ever:

1. Filed for bankruptcy? Yes: _____ No: _____

2. Been evicted from any residence? Yes: _____ No: _____

3. Been arrested and charged with any misdemeanor or felony? Yes: _____ No: _____

If yes, please explain: _____

4. Been arrested for drug usage, sale or delivery of any illegal or controlled substance? Yes: _____ No: _____

If yes, please explain: _____

5. Been required to register as a sex offender? Yes: _____ No: _____

6. Have you or any other proposed occupant ever, had tenancy or assistance terminated for fraud, nonpayment of rent, failure to comply with the lease or failure to cooperate with the recertification procedures? Yes: _____ No: _____

7. Do you have any pets? Yes: _____ No: _____

If yes, please describe (include breed and weight): _____

8. How did you hear about our apartment community: _____



VEHICLES: List any cars, trucks, or other vehicles owned.

Type of Vehicle _____ Year/Make: _____

Color: _____ License Plate #: _____

EMERGENCY CONTACT: Please provide information for one person not planning to occupy the Premises whom we may contact in the event of an emergency, or to locate you:

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

NOTE: In considering this application from you, Management will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any references that you have listed.

I do hereby certify that the information listed on this form and the questions answered are true and complete to the Best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. As part of the Housing Program, there is an established process to match resident wage and benefit data with federal and state records to assure that applicants/residents are fully disclosing income. I hereby consent to release wage matching data to Landlord and the Housing Finance Authority for the State in which I reside.

Date: _____ Applicant Signature: _____

Date: _____ Co-Applicant Signature: _____

For Management Use Only:



INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

☐ Initial Certification ☐ Recertification ☐ Addition of Household Member

YES NO

1. <input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below. Section 8 Contract / Letter Required Housing Authority Name _____	Note: This is not counted as household income.
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INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

(Use net income from business)

2. <input type="checkbox"/> <input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: Rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), 1099-contractors, etc. List types: 1) _____ 2) _____	\$ _____ \$ _____
3. <input type="checkbox"/> <input type="checkbox"/>	I have a job and receive the following types of pay. Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____
4. <input type="checkbox"/> <input type="checkbox"/>	I receive cash contributions of gifts, including but not limited to rent, utility payments, cell phone, transportation, etc. on an ongoing basis from persons not living with me. <u>Name of Person Providing Contribution</u> 1) _____ 2) _____	\$ _____ \$ _____
5. <input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits. Copy of Benefit Letter or Printout Required	\$ _____



YES NO

MONTHLY GROSS INCOME

6. <input type="checkbox"/> <input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. Copy of Benefit Letter or Printout Required	\$ _____
7. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic Social Security payments or Supplemental Social Security Income (SSI). Copy of Benefit Letter or Printout Required	\$ _____
8. <input type="checkbox"/> <input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.). Copy of Benefit Letter or Printout Required	\$ _____
9. <input type="checkbox"/> <input type="checkbox"/> Use CF# 28	I receive periodic payment from lottery winnings.	\$ _____
10. <input type="checkbox"/> <input type="checkbox"/> Use CF# 28	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/> <input type="checkbox"/> Use CF# 22	I receive Public Assistance Income (examples: TANF, SNAP) DO NOT INCLUDE FOOD STAMPS	\$ _____
12. <input type="checkbox"/> <input type="checkbox"/> If YES, Use CF# 49 If NO, Use CF# 60	I am entitled to receive child support payments through court order or other agreement. CF# 4 required for YES or NO answer. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____ List the amount received if not receiving the full agreement amount Court Order or 12-Month History, if available, is required.	\$ _____ (amount ordered) \$ _____ (amount received)
13. <input type="checkbox"/> <input type="checkbox"/> If YES, Use CF# 28	I am entitled to receive alimony/spousal maintenance payments Court Order or 12-Month History, if available, is required.	\$ _____
14. <input type="checkbox"/> <input type="checkbox"/> Use CF# 28	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or donation banks (such as plasma donations). If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
15. <input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property. Lease Agreement Required, use Real Estate Calc Worksheet	(Use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/> <input type="checkbox"/> Use CF# 59	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 Housing Choice Voucher rental assistance.	\$ _____ per semester
17. <input type="checkbox"/> <input type="checkbox"/> Use CF# 27	I am claiming zero income. If property has RD funding, also Use CF#27 – HB 2-3560 Attachment	



ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO		INTEREST RATE	CASH VALUE
18. <input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
Use CF# 3			
19. <input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
Use CF# 3			
20. <input type="checkbox"/> <input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	Most recent transaction statement required CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
Use CF# 33			
22. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____%	Trust documentation required \$ _____
23. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		Foreclosure documents required \$ _____
Use CF# 50 CF# 51			
24. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
Use CF# 2			



YES NO		INTEREST RATE	CASH VALUE
25. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
Use CF# 2			
26. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
Use CF# 3			
27. <input type="checkbox"/> <input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
Use CF# 2			
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
Use CF# 2			
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not reoccurring periodic payments).		Payment statement required \$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
Use CF# 7			
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____		\$ _____
Use CF# 3			
33. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through crowdfunding (e.g., GoFundMe)		Most recent transaction statement required CURRENT BALANCE \$ _____



YES NO		INTEREST RATE	CASH VALUE
34. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING, OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

_____	_____	_____
PRINTED NAME OF APPLICANT/TENANT	SIGNATURE OF APPLICANT/TENANT	DATE



Student Status Self-Certification For Rental Housing Tax Credit Program

***A separate form must be completed by each adult member of the household.**

Name: _____

Check A, B, or C, as applicable (note that students include 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):

A. _____ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.

C. _____ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, answer the questions below:

1-5, below must be circled (ONLY IF "C" IS CHECKED ABOVE):

1. Is at least one student receiving assistance under Title IV of the Social Security Act?
Yes / No
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) Yes / No
3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) Yes / No
4. Household consists entirely of single parent(s) with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than a parent?
Yes / No
5. Are the students married and entitled to file a joint tax return? Yes / No

Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Tenant Signature: _____

Date: _____

Tenant Printed Name: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



CONSENT FOR RELEASE OF INFORMATION

Apartment Community Requesting the Information: Wagon Works Apartment Homes
Street Address of Apartment Community: 719 East 5th Street
City, State, and Zip Code: Huntingburg, IN 47542
Phone Number: 812-684-9800 Fax Number: 812-684-9810
Email: wagonworksapartmenthomes@outlook.com

Your signature on this form authorizes Landlord/Management Agent to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex in which you reside/have applied. Any individual or organization may be asked to release information.

Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income	Family Composition
Self-Employment Income	Disability Income	
Pension Income	Other Sources of Income	
Assets of Any Kind	Medical/Pharmaceutical Expenses	
Credit References	Childcare Expenses	
Credit Report & Score	Handicap Apparatus Expenses	
Benefits	Other Qualifying Expenses	
Student Status	Landlord References	
Federal, State, Tribal, and Local	Personal References	
Prescriptions	Criminal History	

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

Please Complete This Section:

I understand that failure to consent to the release of this information will render me ineligible for housing complex at which I have applied. I give my permission for Landlord, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to Landlord.

Applicant Information:

Name: _____ Social Security #: _____

Signature: _____ Date: _____

Co-Applicant Information:

Name: _____ Social Security #: _____

Signature: _____ Date: _____

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, the PHA and any owner (or employee of HUD, the PHA 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 purposes cited above. Any person who knowingly or willfully 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, the PHA 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 U.S.C. 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.

