**Alpena Pines Apartments**

LHM Asset Management  **Rental Application Return this application to:** 100 Mayer Road **Equal Opportunity Provider**

Frankenmuth, MI 48734 **202 Woods Circle**

  **Alpena, MI 49707**

Apartment Size (please circle)- **1 2** Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Have you previously applied for this apartment project?\_\_\_\_\_\_\_\_\_\_. If yes, specify approximate date\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_

If you were rejected for occupancy at this project please specify reason.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you/Co-Tenant previously rented an apartment managed by LHM Asset Mgmt.\_\_\_\_ If yes specify Project name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number (\_\_\_\_\_)-\_\_\_\_\_ -\_\_\_\_\_\_\_\_

 PLEASE PRINT CLEARLY

Birthdate \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Marital Status: Married\_\_\_\_ Single\_\_\_\_ Divorced\_\_\_\_ Separated\_\_\_\_ Widowed\_\_\_

Social Security Number \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_ Driver’s License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Co-Tenant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number (\_\_\_\_\_\_)-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_ Marital Status: Married\_\_\_\_ Single\_\_\_\_ Divorced\_\_\_\_ Separated\_\_\_\_ Widowed\_\_\_

Social Security Number \_\_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_ Driver’s License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List below all persons (other than those listed above) that will occupy this apartment**

 Name Gender Birthdate Social Security No. Relationship to Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Own \_\_\_Rent From\_\_\_\_\_-\_\_\_\_\_to\_\_\_\_\_-\_\_\_\_\_\_ Monthly Payment for Rent$\_\_\_\_\_\_\_\_\_\_ Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Landlord/Mortgage Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number(\_\_\_\_\_\_)-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you related to Landlord/Mortgage Holder?\_\_\_\_\_\_\_\_ If Yes, specify relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for moving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently living in an apartment subsidized by Rural Development? YES NO**

Previous Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Own \_\_\_Rent From\_\_\_\_\_-\_\_\_\_\_to\_\_\_\_\_-\_\_\_\_\_\_ Monthly Payment for Rent$\_\_\_\_\_\_\_\_\_\_ Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Landlord/Mortgage Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number(\_\_\_\_\_\_)-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Are you related to Landlord/Mortgage Holder?\_\_\_\_\_\_\_\_ If Yes, specify relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for moving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number(\_\_\_\_)-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How long have you had this job\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income: Hourly Wage $\_\_\_\_\_\_\_\_ Average hours worked per week \_\_\_\_\_\_\_\_\_\_\_ Gross Monthly Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Tenant’s Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number(\_\_\_\_\_\_)-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How long have you had this job\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income: Hourly Wage $\_\_\_\_\_\_\_\_ Average hours worked per week \_\_\_\_\_\_\_\_\_\_\_ Gross Monthly Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Assistance/Welfare Caseworker Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number (\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

Monthly Grant Amount $\_\_\_\_\_\_\_ Monthly Amount for Food Stamps $\_\_\_\_\_ How long have your received assistance?\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_ Social Security received per month. (include Medicare)

$\_\_\_\_\_\_\_\_\_\_\_ SSI received per month.

$\_\_\_\_\_\_\_\_\_\_\_ Pension received per month.

$\_\_\_\_\_\_\_\_\_\_\_ Veterans Administration benefits received per month.

$\_\_\_\_\_\_\_\_\_\_\_ Workman’s Compensation received per week.

$\_\_\_\_\_\_\_\_\_\_\_ Child Support or Alimony received per week.

$\_\_\_\_\_\_\_\_\_\_\_ Unemployment Benefits received per week.

$\_\_\_\_\_\_\_\_\_\_\_ Interest earned per year.

$\_\_\_\_\_\_\_\_\_\_\_ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal References (List Three) No relatives.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Automobiles**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a pet?\_\_\_\_\_\_\_\_\_\_\_ If Yes, Specify kind of pet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person to contact in the case of an emergency**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number (\_\_\_\_\_)-\_\_\_\_-\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

~Would anyone in your household need the features of a barrier free apartment? \_\_\_\_\_\_\_\_

~An elderly household is defined where the tenant or co-tenant is disabled regardless of age; or the tenant or co-tenant is 62 or over. Are you applying for status as an Elderly Household? \_\_\_\_\_\_\_\_

~ Have you ever been convicted of a felony? If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**~I/we certify that the rental unit in which I/we will occupy will be my/our permanent residence, and further certify that we do not and will not maintain a separate subsidized rental unit in a different location.**

**~I AGREE THAT LHM ASSET MANAGEMENT MAY INVESTIGATE MY RENTAL/CREDIT/CRIMINAL/LIVING HISTORY BY CONTACTING MY REFERENCES, PRESENT/PAST LANDLORDS, AND ANY OTHER SOURCES NECESSARY TO EVALUATE RENTING RISKS.**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant(s) Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This institution is an equal opportunity provider.**

**The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through its Rural Housing Service, that Federal laws prohibiting discrimination against tenant application on the basis of race, color national origin religion, sex, familial status, age, and disability 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. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.**

GENDER: \_\_\_\_\_Male \_\_\_\_\_\_Female

RACE: \_\_\_American Indian or Alaskan Native \_\_\_Asian \_\_\_Black or African American \_\_\_Native Hawaiian or Other Pacific Islander \_\_\_\_White

ETHNICITY \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_\_Non-Hispanic or Latino

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LHM Asset Management 100 Mayer Road Frankenmuth, MI 48734**

**QUESTIONNAIRE**

Please mark Yes or No to each item reflecting the income and assets of each household member 18 years or older. You will be required to show proof of each item you checked Yes. Following most items is explained what type of proof will have to be furnished to us.

\*Please note that Lakeview Apartments provides forms to be filled out for those items marked with a \* next to the [Yes]. Call our office to receive a form if it has not already been included for you.

**Tenant Co-Tenant**

Yes No Yes No **INCOME**

[ ] [ ] [ ] [ ]I receive income from employment.

[ ] [ ] [ ] [ ] I am self employed. (Provide previous year’s Income Tax Return)

[ ] [ ] [ ] [ ] I receive cash contributions or gifts on an ongoing basis from persons not living with me (statement from person paying)

[ ] [ ] [ ] [ ]I receive periodic payments from Workman’s Compensation. (Statement from Insurance Company)

[ ] [ ] [ ] [ ] I receive military active duty allotments.

[ ] [ ] [ ] [ ] I receive Veteran’s Administration benefits. (Provide letter of benefits from VA)

[ ] [ ] [ ] [ ] I receive G.I. bill benefits.

[ ] [ ] [ ] [ ] I have a family member who is 17 years of age or younger who has unearned income. (example: social security)

[ ] [ ] [ ] [ ] I receive Social Security. (Contact Social Security Administration at 1-800-772-1213)

[ ] [ ] [ ] [ ] I receive Supplemental Security Income (SSI). (Contact Social Security Administration at 1-800-772-1213)

[ ] [ ] [ ] [ ] I receive quarterly payments from DHS for the State-paid portion of a SSI grant.

[ ] [ ] [ ] [ ] I receive a Pension or Annuity.

[ ] [ ] [ ] [ ] I receive payments from insurance policies. (Provide letter from insurance company making payments))

[ ] [ ] [ ] [ ] I receive payments from a trust or inheritance.

[ ] [ ] [ ] [ ] I receive disability or death benefits other than Social Security.

[ ] [ ] [ ] [ ] I receive Public Assistance-check those that apply: Cash Assistance\_\_\_ Food Stamps \_\_\_ Medicaid\_\_\_

[ ] [ ] [ ] [ ] I receive Child Support or Alimony. (Provide letter from Friend of the Court)

[ ] [ ] [ ] [ ] I receive Unemployment Benefits. (Provide check stubs)

 **ASSETS**

[ ] [ ] [ ] [ ] I receive income from rental or real estate or personal property. (Provide tax bill and proof of rent received)

[ ] [ ] [ ] [ ] I own a home or mobile home. (Circle one) (Provide tax bill)

[ ] [ ] [ ] [ ] I am selling a home on Land Contract. (Provide proof of balance owing, interest rate and monthly payment amount)

[ ] [ ] [ ] [ ] I have checking account(s). How many? \_\_\_\_\_\_\_\_

[ ] [ ] [ ] [ ] I have savings account(s). How many? \_\_\_\_\_\_\_\_

[ ] [ ] [ ] [ ] I have certificate of deposit(s) (CD). How many? \_\_\_\_

[ ] [ ] [ ] [ ] I have IRA or Keogh accounts.

[ ] [ ] [ ] [ ] I have stocks. (Provide copy of Sock certificate, value per share and dividends received)

[ ] [ ] [ ] [ ] I have Savings Bonds. (Provide copy of Savings Bond)

[ ] [ ] [ ] [ ] I have Life Insurance with a Cash Value (Provide proof of the cash value of the policy)

[ ] [ ] [ ] [ ] I have personal property held for investment purposes. (Gems, jewelry, coin and stamp collection, etc.)

[ ] [ ] [ ] [ ] I have sold, given away or transferred ownership of assets within the last two years. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **DEDUCTIONS**

[ ] [ ] [ ] [ ] I pay child care expenses that are not reimbursed to me for a child 12 or under in order to be employed.

[ ] [ ] [ ] [ ] I pay child care expenses that are not reimbursed to me for a child 12 or under in order to further my education.

[ ] [ ] [ ] [ ] I pay care expenses for a disabled family member in order to be gainfully employed.

[ ] [ ] [ ] [ ] I pay equipment expenses for a disabled family member which are not covered by insurance

 **MEDICAL DEDUCTIONS**

 **(For Elderly or Disabled Households only)**

[ ] [ ] [ ] [ ] I pay Medicare Premiums.

[ ] [ ] [ ] [ ] I pay medical insurance premiums other than Medicare. (Provide copy of most recent paid receipt)

[ ] [ ] [ ] [ ] I pay medical or prescription expenses which are not reimbursed by insurance (Provide anticipated cost for 12 months)

 **OTHER**

 I have income or assets from sources other than those listed above. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I do hereby certify that to the best of my knowledge, all statements are true and when circumstances change, I will notify my Property Manager or Resident Manager for possible recertification. I further certify that I have revealed all assets currently held or previously disposed of and that I have no assets other than those listed on this form (other than personal property). I realize that false statements are fraudulent and are criminal offense which is punishable by fine or imprisonment or both.**

**Tenant’s Siganature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Co-Tenant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_**

 **V-QUES-1**