

Please answer the questions below as accurately as possible.  
This information will help us to better meet your needs.



**Affordable Housing**  
COMMUNITY DEVELOPMENT CORPORATION



Date \_\_\_\_\_ Time \_\_\_\_\_

CLIENT INFORMATION		
YOUR Full Name:	Date of Birth: / /	SSN: ___ - ___ - ___
Is anyone buying/renting the home with you? (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, fill out the following:		
HIS/HER Full Name:	Date of Birth: / /	SSN: ___ - ___ - ___
Total Household Size:	Adults (18 and older):	Children (18 or younger):

CONTACT INFORMATION			
Phone Number:		Email Address:	
Address:		County:	
City:	State:	Zip:	When did you move in?
Which housing situation best describes you now? (Check One): <input type="checkbox"/> I rent <input type="checkbox"/> I own the home <input type="checkbox"/> Other:			

INCOME INFORMATION	
Combined Monthly Household Income (Before Taxes): \$	
Source(s) of Income:	

	YES	NO
Do you speak English?		
If NO, list the preferred language:		
Does anyone in your household have a disability, as defined by Social Security?		
Are you a single parent?		
Are you 62 years old or older?		
Are you a U.S. Citizen?		
Are you a Veteran?		

ETHNICITY (Check One):
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Non-Hispanic

SEX (Check One):
<input type="checkbox"/> Female
<input type="checkbox"/> Male

EDUCATION (Check highest level completed):
<input type="checkbox"/> No High School Diploma
<input type="checkbox"/> Finished High School
<input type="checkbox"/> GED
<input type="checkbox"/> Some College
<input type="checkbox"/> 2 year degree
<input type="checkbox"/> Professional License
<input type="checkbox"/> 4 year degree
<input type="checkbox"/> Master's degree
<input type="checkbox"/> Doctoral degree

RACE (Check all that apply):
<input type="checkbox"/> American Indian
<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Pacific Islander/ Hawaiian
<input type="checkbox"/> White

MARITAL STATUS (Check One):
<input type="checkbox"/> Unmarried
<input type="checkbox"/> Married
<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed

AHC Use ONLY:	
Date Received: _____	Rental Resource Guide Given? <input type="checkbox"/> YES <input type="checkbox"/> NO
Income Confirmed by: _____	Application Fee Paid? <input type="checkbox"/> YES <input type="checkbox"/> NO



812 South Washington Street  
Marion, IN 46953-1967

765.662.1574  
Fax: 765.662.1578  
www.ahcindiana.org

## **Agency Disclosure**

*NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

### **Counseling Services Offered-**

Affordable Housing Community Development Corporation (AHDC) is a HUD-approved local housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, reverse mortgage, rental and homeless counseling.

**I understand that it will not be the responsibility of the counselor to “fix” the problem, but rather to provide guidance and education which may enable me to resolve my personal financial challenges. I understand that it is my responsibility to work cooperatively with the housing counselor and actively participate in the process and that failure to do so will result in the discontinuation of my counseling.**

### **Agency Conduct-**

We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. Employees of AHDC are not attorneys. Any information provided is to be used as a resource and is based solely on the experiences and training of the counselors. No information provided should be regarded as legal advice.

**I understand that AHC will not provide me with legal advice, and that when making legal decisions, I should consult with an attorney or a legal advisor. I will not hold AHDC, its employees, agents, and directors liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in AHDC counseling; and I hereby release and waive all claims of action against Smith HCA and its affiliates. I understand that in the event I am dissatisfied, I can request a copy of the Complaint Process, which is available upon request.**

### **Agency Relationships-**

AHDC has financial and professional affiliations with HUD, Indiana Housing and Community Development Authority, USDA Rural Development, the City of Marion, and the Grant County Economic Growth Council. We also partner with lenders, real estate agents, and other housing professionals to provide accurate information to clients and increase access to down-payment assistance programs. AHC may give information about a variety of professional services available in the area.

**I understand that I am not obligated to use the products and services of AHC or its partners. I am free to choose among lenders, lending products, and homes regardless of recommendations made by counselors.**

### **Other Services Offered-**

AHDC offers various services as funding allows, including: building, rehabilitating and selling properties; administering Individual Development Accounts; managing rental properties; packaging USDA Direct loans; and more.

**I understand that I am not required to use any of AHC’s other services in order to receive housing counseling.**

### **Fees-**

AHDC charges fees for credit reports and some types of counseling. There is no charge for foreclosure or homeless prevention counseling. The fee schedule is posted in AHDC’s office, and a copy is attached to this form. Clients will not be turned away because of a documented inability to pay.

**I understand that AHC charges fees for service, and that I will be responsible for paying those fees.**

*(Form continues on next page)*



## Privacy Policy

Affordable Housing and Community Development Corporation (AHCDC) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

### **What is nonpublic, personal information?**

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

### **What personal information does AHCDC collect about you?**

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

### **What categories of information do we disclose and to whom?**

We may disclose the following personal information to Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

### **How is your personal information secured?**

We restrict access to your nonpublic personal information to AHCDC employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

**I acknowledge that I received, reviewed, and agree to AHCDC's Program Disclosures and Privacy Policy.**

\_\_\_\_\_  
Name 1 (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name 2 (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Affordable Housing**  
COMMUNITY DEVELOPMENT CORPORATION

## Action Plan

This is a summary of what you and your counselor discussed.

Date: \_\_\_\_\_ Client ID: \_\_\_\_\_



**Affordable Housing**  
COMMUNITY DEVELOPMENT CORPORATION



### CASE INFORMATION

Client Name(s):		Type: Rental
Counselor Name:	Phone: <b>(765)662-1574</b>	Email:
Current Housing: <input type="checkbox"/> Rental <input type="checkbox"/> Owned/Occupied <input type="checkbox"/> Other:		
Current Housing Costs \$		

### INITIAL ASSESSMENT

Monthly Income: \$	Monthly Debt: \$	Credit Score:	<input type="checkbox"/> Balanced Budget
Housing Goals:			
To find adequate rental housing or improve current rental situation.			

NEXT STEPS CLIENT	Target Date	Date Finished
1) Return completely filled out application		
2) Submit application fee AFTER follow up phone call from intake specialist		
3) Update application with any changes including phone number or income		
4)		
5)		



NEXT STEPS COUNSELOR	Target Date	Date Finished
1) Review application for current vacancies		
2) Follow up with client within 30 days for progress. (counselor has noted on calendar)		
3) Review file and make necessary updates from client.		

SIGNATURES			
_____ Client 1	_____ Date	_____ Counselor	_____ Date
_____ Client 2	_____ Date		



812 South Washington Street  
Marion, IN 46953-1967

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Fax: 765.662.1578  
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REQUIRED BROCHURES – RECEIPT CERTIFICATION

I certify that I was given the following information:

- “Protect Your Family From Lead in Your Home”
- “Are You a Victim of Housing Discrimination”
- “For Your Protection: Get a Home Inspection”
- “Ten Important Questions to Ask Your Home Inspector”
- “AHCDC Property Management Supportive Services”

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date



AHC is a not-for-profit HUD approved and state certified housing counseling agency and a  
Community Housing Development Organization certified by the Indiana Housing & Community Development Authority





**Affordable Housing**  
COMMUNITY DEVELOPMENT CORPORATION

**Monthly Household Budget**

Name \_\_\_\_\_ Date \_\_\_\_\_

Income	
Paycheck	
Social Security	
Child Support	
<b>Total Income</b>	

Saving	
Emergency	
Replacement/Repairs	
Long Term	
<b>Total</b>	

Spending	
<i>Household</i>	
Groceries	
Liquor/Tobacco	
Toiletries/Cosmetics	
Diapers/Formula	
Clothing	
Health Insurance	
Medical/Prescriptions	
<b>Total</b>	

Spending	
<i>Housing</i>	
Mortgage (PITI)/Rent	
Rental/Home Insurance	
Electric	
Gas	
Water	
Telephone	
Cell Phone	
Cable/ Satellite	
Internet	
<b>Total</b>	
<i>Debt</i>	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Credit Card 5	
Student Loans (Total)	
Personal Loans	
Payment Plans	
<b>Total</b>	
<i>Vehicles</i>	
Car Payment 1	
Car Payment 2	
Gas/Oil	
Car Insurance	
Maintenance	
<b>Total</b>	

Spending	
<i>Giving</i>	
Donations/Tithe	
<b>Total</b>	
<i>Entertainment</i>	
Lunches/Fast Food	
Restaurants	
Coffee	
Movies/Events	
Hobbies/Lessons	
<b>Total</b>	
<i>Miscellaneous</i>	
Child Care/Babysitting	
Allowances	
Gifts/Parties	
Barber/Beauty	
Other	
<b>Total</b>	

Totals	
Total Income	
Less Planned Saving	
Less Total Expenses	
<b>Surplus/Shortage</b>	

Projections	
Housing Ratio (Net)	
Debt Ratio (Net)	
Savings after 1 year	

<b>COVER SHEET / FAX TRANSMITTAL</b>  <b>AUTHORIZATION TO RELEASE INFORMATION</b>	Date: _____  Number of pages including cover sheet: _____
---	---

To:
Attention:
Company:
Address:
Phone:
Fax:
Email:

From: Affordable Housing Corporation
812 South Washington Street
Marion, IN 46953
Phone: 765-662-1574
Fax: 765-662-1578

The undersigned individual has applied for residency at \_\_\_\_\_. The property is operated under the Low-Income Housing Tax Credit Program within Section 42 of the Internal Revenue Code and/or United States Department of Housing and Urban Development HOME Investment Partnerships Program, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with federal regulations requesting verification of all income, assets, and allowances for residents of this property, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Credit and Criminal Activity                      - Identity and Marital Status                      - Residences and Rental Activity
- Employment, Income, and Assets                      - Medical Allowances                      - Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

- Courts and Post Offices                      - Past and Present Employers                      - Utility Companies                      - Law Enforcement Agencies
- State Unemployment Agencies                      - Credit Providers and Bureaus                      - Medical Providers                      - Veterans Administration
- Welfare Agencies                      - Social Security Administration                      - Retirement Systems                      - Internal Revenue Service
- Previous Landlords                      - Banks/Financial Institutions

**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 in the management office and will stay in effect for two (2) years from the date signed. I/we understand I/we have a right to review my/our file and correct any information that can be proven is incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the rental housing program.**

**TO BE COMPLETED BY APPLICANT/RESIDENT:**

Applicant/Resident Name (Printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Co-Applicant/Co-Resident Name (Printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_



Equal Opportunity Housing \* Equal Opportunity Employer  
 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.





**RENTAL APPLICATION FOR SUBSIDIZED HOUSING**

*Applicants must be 18 years of age or older and have the legal capacity to sign a lease.*

**FOR OFFICE USE ONLY** Application Received: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide answers to all of the questions below. If a question does not apply to you, then answer, "N/A".

**PLEASE PRINT**

I am applying for a unit at (check all that apply): \_\_\_ Springhill \_\_\_ Emerson \_\_\_ Evergreen \_\_\_ Plaza Green

Applicant's Name: \_\_\_\_\_  
 (First) (Middle) (Last)

Address: \_\_\_\_\_  
 (Street and Apartment #) (City) (State) (Zip)

Telephone 1: ( ) \_\_\_\_\_ Telephone 2: ( ) \_\_\_\_\_

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

**HOUSEHOLD COMPOSITION: Please complete all boxes for each person that will be occupying the unit (start with you).**

Full Name	Relationship to Head of Household	Date of Birth	Social Security Number
	Head of Household		



**RENTAL APPLICATION FOR SUBSIDIZED HOUSING**

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1) Are there any absent household members who under normal conditions would live with you?  Yes  No

If yes, please explain: \_\_\_\_\_

2) Does someone other than you or another adult in your household have primary physical custody of each child listed in this application?  Yes  No

If yes, please explain \_\_\_\_\_

3) Does your household have or plan to have any pets other than those used as service animals?  Yes  No

If yes, please explain (type, breed, weight): \_\_\_\_\_

4) Do you consider yourself, or another member of the household, as having a disability?  Yes  No

If yes, please complete the attached "Determination of Disability to Determine Eligibility for Housing".

5) Will your household be receiving Section 8 housing assistance?  Yes  No

Number of bedrooms allowed with Section 8 voucher. \_\_\_\_\_

6) Have you or any household member...

- a) ever been convicted of a crime other than traffic violations?  Yes  No
- b) ever been evicted?  Yes  No
- c) ever filed for bankruptcy?  Yes  No
- d) ever willfully or intentionally refused to pay rent?  Yes  No
- e) ever been an illegal user of a controlled substance?  Yes  No
- f) ever been arrested/convicted of a drug-related crime?  Yes  No
- g) ever lived in subsidized housing and had tenancy or assistance terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures?  Yes  No

Please explain all "yes" answers to questions a) through g):

\_\_\_\_\_  
\_\_\_\_\_

**RENTAL HISTORY**

Present Landlord Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
(Street and Apartment #) (City) (State) (Zip)

Dates of Occupancy: from \_\_\_\_\_ to \_\_\_\_\_

Related?  Yes  No If yes, how are you related? \_\_\_\_\_

Monthly Payment: \$\_\_\_\_\_ Reason for Moving: \_\_\_\_\_



**RENTAL APPLICATION FOR SUBSIDIZED HOUSING**

*Applicants must be 18 years of age or older and have the legal capacity to sign a lease.*

**RENTAL HISTORY (continued)**

**Previous Address:** \_\_\_\_\_  
(Street and Apartment #) (City) (State) (Zip)

Previous Landlord Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
(Street and Apartment #) (City) (State) (Zip)

Dates of Occupancy: from \_\_\_\_\_ to \_\_\_\_\_

Related? \_\_\_\_ Yes \_\_\_\_ No If yes, how are you related? \_\_\_\_\_

Monthly Payment: \$\_\_\_\_\_ Reason for Moving: \_\_\_\_\_

.....  
**Previous Address:** \_\_\_\_\_  
(Street and Apartment #) (City) (State) (Zip)

Previous Landlord Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
(Street and Apartment #) (City) (State) (Zip)

Dates of Occupancy: from \_\_\_\_\_ to \_\_\_\_\_

Related? \_\_\_\_ Yes \_\_\_\_ No If yes, how are you related? \_\_\_\_\_

Monthly Payment: \$\_\_\_\_\_ Reason for Moving: \_\_\_\_\_

.....  
**PERSONAL/CHARACTER REFERENCES**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

.....  
**CREDIT REFERENCES**

Loans/Credit Cards/Other: \_\_\_\_\_

.....  
**AUTOMOBILE INFORMATION**

How many automobiles do you own? \_\_\_\_ Please provide Make(s)/Model(s)/Year(s)/Color(s)/License Plate #(s):  
\_\_\_\_\_



**RENTAL APPLICATION FOR SUBSIDIZED HOUSING**

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**INCOME AND ASSETS**

Employee Name	Employer Name	Amount Per Hour	Hours Per Week	Amount Per Week
Head of Household:		\$	\$	\$
Other Adult:		\$	\$	\$
Other Adult:		\$	\$	\$

Other Income Sources	Household Member	Amount Per Month	Contact Information
TANF		\$	
SSI		\$	
SSI		\$	
Social Security		\$	
Social Security		\$	
Child Support		\$	
Alimony		\$	
Military/Retirement		\$	
Pension		\$	
Income on Rental Property		\$	
Unemployment		\$	
Disability		\$	
Worker's Compensation		\$	
Student Financial Assistance for Tuition Only:		\$	
Student Financial Assistance for Books, Etc. (Non-Tuition):		\$	
Other:		\$	
Other:		\$	
Other:		\$	

Asset	Household Member	Estimated Balance/Value	Contact Information and Account Numbers
Cash on Hand		\$	
Checking		\$	
Savings		\$	
Certificates of Deposit (CDs)		\$	
Stocks/Bonds		\$	
Real Estate		\$	
Other:		\$	
Other:		\$	



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**RENTAL APPLICATION FOR SUBSIDIZED HOUSING**

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**DETERMINATION OF DISABILITY TO DETERMINE ELIGIBILITY FOR HOUSING**

Do you consider yourself, or another member of the household, as having a disability?  Yes  No  
If no, stop here.

If yes, who has this disability? \_\_\_\_\_

What is the disability?

physical – please note the type of physical limitations and if any accommodation is required within the housing:  
\_\_\_\_\_

mental

developmental

chemical dependency

alcohol

drugs

currently receiving treatment  
date treatment to end: \_\_\_\_\_  
place of treatment: \_\_\_\_\_  
 in-patient  out-patient

have received treatment and in recovery  
date when finished last treatment: \_\_\_\_\_  
place of treatment: \_\_\_\_\_  
 in-patient  out-patient

have received treatment and not in recovery  
date when finished last treatment: \_\_\_\_\_  
place of treatment: \_\_\_\_\_  
 in-patient  out-patient

have not received treatment

How long have you been sober or clean? \_\_\_\_\_

Has this disability been diagnosed?  Yes. By whom? \_\_\_\_\_  
Attach written diagnoses, certification, evidence.

No. Why?  
 Have not pursued a diagnosis.

Have pursued but not able to have it diagnosed.



**RENTAL APPLICATION FOR SUBSIDIZED HOUSING**

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**APPLICANT CRIMINAL BACKGROUND CHECK  
RELEASE AND AUTHORIZATION FORM**

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ or other authorized representative of the apartment community bearing this release, or copy thereof, to obtain any information pertaining to criminal court records. I hereby direct you to release such information to \_\_\_\_\_ or other authorized representative of the apartment community.

I, \_\_\_\_\_ hereby fully release and discharge \_\_\_\_\_, their employees, agents, attorney, and their respective affiliates from all claims and damages arising out of or relating to any investigations of my background for residency at \_\_\_\_\_.

Name: \_\_\_\_\_  
First, Middle, Last – Print clearly

Current Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zipcode

How long at this address? \_\_\_\_\_

Previous Address (if less than one year at above address):

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zipcode

Other Name / Alias / Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Have you ever been convicted for any crime, including sex-related or child-abuse related offenses? \_\_\_\_ No \_\_\_\_ Yes.  
If yes, please provide detailed explanation on the back.

\_\_\_\_\_  
Signature Date

**FOR LAW ENFORCEMENT USE ONLY**

*The law enforcement agency must complete the below information and return this form, along with any record found to the person listed above.*

A search by \_\_\_\_\_ revealed that there WAS (records attached) WAS NOT a record found.  
(name of law enforcement agency)

Signature of person completing check	Printed name of person completing check	Date (month, day, year)
Title	E-mail address	Telephone number ( )



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**APPLICANT CRIMINAL BACKGROUND CHECK  
RELEASE AND AUTHORIZATION FORM**

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ or other authorized representative of the apartment community bearing this release, or copy thereof, to obtain any information pertaining to criminal court records. I hereby direct you to release such information to \_\_\_\_\_ or other authorized representative of the apartment community.

I, \_\_\_\_\_ hereby fully release and discharge \_\_\_\_\_, their employees, agents, attorney, and their respective affiliates from all claims and damages arising out of or relating to any investigations of my background for residency at \_\_\_\_\_.

Name: \_\_\_\_\_  
First, Middle, Last – Print clearly

Current Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zipcode

How long at this address? \_\_\_\_\_

Previous Address (if less than one year at above address):

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zipcode

Other Name / Alias / Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Have you ever been convicted for any crime, including sex-related or child-abuse related offenses? \_\_\_\_\_ No \_\_\_\_\_ Yes.  
If yes, please provide detailed explanation on the back.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR LAW ENFORCEMENT USE ONLY**

*The law enforcement agency must complete the below information and return this form, along with any record found to the person listed above.*

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(name of law enforcement agency)

Signature of person completing check	Printed name of person completing check	Date (month, day, year)
Title	E-mail address	Telephone number ( )

