



The Neel Management Team, Inc.

Specializing in the Management of Affordable Housing



TERWILLIGER PLAZA TENANT SELECTION CRITERIA

245 SW 5th St. #03 Pendleton, OR 97801
Phone: (541) 276-0416 TDD 1-800-735-2900

1. Application/Eligibility:

This apartment community is managed by The Neel Management Team, Inc (NMT). The policy of NMT is one of equal housing opportunity; no person shall be refused tenancy or discriminated against on the basis of race, color, religion, sex, familial status, national origin, age or disability.

All persons interested in an apartment must complete and submit an application for tenancy. **Applications must be filled out in full to be accepted and** will be returned if not filled out in full.

Funding for construction of this property came from the Department of Housing and Urban Development (HUD). This property is a 20 unit housing project **reserved for housing persons with chronic mental illness**. All tenants at Terwilliger Plaza are eligible to receive rental assistance (subsidy) through HUD's 811 PRAC program. To be eligible for admission, applicants cannot have a gross annual income that exceeds the HUD very low income limits. Applicants must demonstrate the ability to pay monthly utilities and other essential living expenses in addition to rent.

Eligibility for the unit size is based on HUD Handbook 4350.3 regulations. There are one, two and three bedroom units in this apartment complex. Occupancy guidelines are as follows:

<u>Bedroom Size</u>	<u>Minimum Occupants</u>	<u>Maximum Occupants</u>
1	1 person	3 persons

2. Waiting List:

All applicants will be notified of the acceptance or rejection of their application. All applications are placed on a master waiting list by date and time received. Those determined ineligible due to income or occupancy status will be notified of the reason for their rejection, and their name will be removed from the waiting list.

Applicants with eligible income and occupancy levels are placed on the waiting list and categorized by bedroom size, date and time of application and whether or not they qualify for and desire to be housed in a handicap accessible unit. HUD regulations specify applicants must be selected chronologically from the waiting list with an exception to those who require a handicap accessible unit. In the event no households who need the special unit features apply to live in a vacant handicap accessible unit, HUD will be contacted for permission to house other households in these units. In this circumstance, tenants will sign a lease addendum agreeing to transfer (at their expense) to another unit later on should an appropriate unit become available and there are households needing the benefit of the handicap accessible unit on the waiting list at that time.

All applicants may inquire as to their chronological place on the waiting list. HUD regulations pertaining to waiting lists, tenant selection and eligibility will be reviewed with all applicants.

For applications to be accepted they must be completed in full (including income and asset documentation) and the applicant must supply references that can be checked. Management is available to answer any questions an applicant may have in regard to filling out their application.

Should the average wait time for applicants on the wait list exceed two years, management will close the waiting list to new applicants. Once the average wait time for applicants is down to below two years, management will open the waiting list again to new applicants. Management will notify potential applicants when the waiting list opens and closes by sending letters and posting ads as described in the Affirmative Fair Housing Marketing Plan and by posting ads in the local newspaper.

3. Selection/Rejection:

Applicants who meet the income/occupancy guidelines and have come to the top of the HUD income priority list will be notified their application is ready to be processed for residency. At this time, the applicant must come in for an interview and supply management with current income and asset documentation. Documentation must also be provided if a deduction to income for medical expenses is requested. In addition, at this point applicants must provide a written release and all information necessary for management to check rental and/or personal references and order a Criminal/Credit and Public Records check. Trans-Union Credit currently provides applicant credit checks, while Pacific Screening, Inc. provides the criminal and public records checks. Management will house no applicant without an interview and credit, criminal, public records and reference check. Some applicants may have no previous or current rental or credit references. In such cases the applicant will need to offer at least three personal, non-related references.

4. Criminal History Criteria:

A conviction, guilty plea, or plea of no contest to any of the following offenses will be grounds for denial of your rental application:

- a) Felony involving injury, assault, kidnapping, death, arson, rape, extensive property damage, drug related offenses including manufacturing and/or distribution, delivery or possession with intent to sell, felony burglary or robbery at any time.
- b) Any other felony charge in which disposition or parole has occurred within the past eight years.
- c) Any misdemeanor involving assault, intimidation, drug related, property damage or weapons charges in which release or parole has occurred within the past three years.
- d) Any misdemeanor involving criminal trespass, theft or prostitution in which release or parole has occurred within the past three years.

Pending charges or outstanding warrants for any of the above will cause the application to be suspended until the charges are resolved. No unit will be held awaiting the result of pending charges.

5. Credit History Criteria:

Good credit will be required for an unconditional approval. If negative or adverse credit is reported, the following criteria will be used:

- a) Outstanding, delinquent debt of more than \$3,000 listed on the credit report will result in denial, unless the debts are verifiable medical expenses, or the debts were included in a bankruptcy filing and no negative, non-medical debts are reported since the bankruptcy was filed.
- b) Ten or more past-due accounts listed on the credit report will result in denial.

6. Public Records, Rental References:

- a) Applicants who have been evicted from a residence within the past five years will be denied.
- b) Applicants who have been evicted from more than one residence, regardless of how long ago the evictions occurred will be denied.
- c) Rental references which indicate the applicant caused significant damage to the unit, vacated the unit owing rent, were late paying their rent on more than four occasions, caused disturbances at the property on more than one occasion or maintained their unit in an unsanitary condition could be grounds for denial.
- d) Applications will be denied if references indicate the applicant used the rental for illegal activities.
- e) Unsatisfied legal judgments of \$500 or more will be grounds for denial.

7. Other Screening Criteria:

Any of the following will result in denial of application:

- a) Households containing one or more members who were evicted from federally assisted housing for drug related criminal activity in the last three (3) years;
- b) Households in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents;
- c) Households in which any member is subject to a state sex offender lifetime registration requirement, and/or has a conviction, guilty plea, or plea of no contest to any type of sex related crime or offence;
- d) Households in which there is reasonable cause to believe that any member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening of which will be based on behavior, not the condition of alcoholism or alcohol abuse.

Applicants will be rejected if it is determined that their presence or the presence of any of their household members would likely result in a threat to the health and/or safety of any staff, residents, guests or anyone else frequenting Terwilliger Plaza. Rejection may also occur if the current living circumstances are determined to be unsanitary or the unit is damaged due to applicant abuse. Knowingly submitting false information on the application for tenancy or to management will also result in rejection of an application.

Management reserves the right to deny an applicant if at the time of applying the applicant is clearly intoxicated, belligerent or is behaving in a manner that indicates applicant may be under the influence of a controlled substance.

8. EIV Screening:

Each applicant at the time of being selected from the wait list will have their social security number run against the HUD Enterprise Income Verification (EIV) system Existing Tenant Search. We use the EIV Existing Tenant Search to ensure that applicants to our property are not already receiving a federal housing subsidy elsewhere. If the report comes back positive we will have to delay your application until the issue has been resolved. Applicants are not eligible for admission while receiving a federal housing subsidy elsewhere.

9. Review Rights, Residency Requirements and other Application Requirements:

If rejected, an applicant will have 14 days after he or she has received the rejection letter to request a review of the decision to reject their application. Management will answer the applicant's request within 5 days of receiving their request for a review of the rejection. No person shall be refused tenancy or discriminated against on the basis of race, color, religion, sex, familial status, national origin, age or disability. Persons with disabilities have the right to request reasonable accommodations to participate in an informal hearing process.

By law, only U.S. citizens and eligible noncitizens may benefit from federal rental assistance. In order to comply with these laws, assistance will not be provided for members who are not U.S. Citizens or Nationals, or for non-citizens that do not have eligible immigration status. All applicants will be required to submit documentation of citizenship or eligible immigrant status for all prospective household members. All members, regardless of age, will be required to declare their citizenship status.

Applicants do not need to disclose or provide verification of a Social Security Number (SSN) for all non-exempt household members at time of application and for placement on the waiting list. However, if all non-exempt household members have not disclosed and/or provided verification of their SSNs at the time a unit becomes available, the next eligible applicant will be offered the available unit. Applicants will have ninety (90) days to provide documentation of SSN at the time the applicant is at the top of the waiting list or offered a unit. (This does not mean the available unit will be held for 90 days.) After ninety (90) days, if SSN documentation has not been provided, the applicant will be determined ineligible and removed from the waiting list. Members exempt from this policy include those who are 62 years of age or older and whose initial determination of eligibility was started prior to January 31, 2010, and those who are not contending eligible immigration status. If no social security number has been assigned to an exempt member, the applicant must sign a certification stating that no social security number has been assigned to that member.

Handicap accessible units will be marketed to qualified handicap/disabled households who would benefit from the unit features. We will consider any request for reasonable accommodation, including alterations to non-accessible units. We will reply in writing to such requests. In the event no households apply who need the special unit features, HUD will be contacted for permission to house other households in these units. In this circumstance, tenants will sign a lease addendum agreeing to transfer (at their expense) to another unit should an appropriate unit become available and there are households needing the benefit of the handicap accessible unit now on the waiting list.

All tenants/applicants must be legally capable of entering into a lease agreement.

Should an applicant fail to come to two scheduled interviews, the application will be removed from the waiting list and the applicant will need to complete a new application in order to be considered for residency. Should an applicant be selected and refuse occupancy for reasons other than a medical emergency, that applicant's name will be removed from the waiting list. That applicant may reapply and will be placed on the waiting list by the new date of application.

The applicant must check in with the agent/site manager at least once every six months if he/she wishes to remain on the list. Failure to do so will result in automatic removal from the waiting list.

All accepted tenants must pay rent as determined on the Tenant Certification Form, and sign that form along with the apartment complex's HUD approved lease and attachments.

This tenant selection criteria is an attachment to the Management Plan and shall be revised should HUD regulations or management policies change.

10. Unit Transfers

Tenants will be permitted to transfer to another unit within Terwilliger Plaza only in cases of reasonable accommodation of a disability or where a tenant would benefit from the features on a handicap accessible unit. To qualify to transfer to another unit as a reasonable accommodation the tenant must demonstrate that the transfer would enable the tenant to more fully utilize their unit or common areas of Terwilliger Plaza or more fully participate in a program or service. The need for the unit transfer must also be directly related to a disability.

Income Limits for Terwilliger Plaza

	1 PER	2 PER	3 PER	4 PER	5 PER	6 PER	7 PER	8 PER
VL	\$19,050	\$21,800	\$24,500	\$27,200	\$29,400	\$31,600	\$33,750	\$35,900

The Neel Management Team, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in it's federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Dan Dizney
 155 South 1st Street P.O. Box 760
 Creswell, OR 97426
 (541) 895-8801 voice (541) 895-8805 fax
 Oregon public TTY number: 711
mail@nmteam.com

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



THE NEEL MANAGEMENT TEAM, INC.
TENANT APPLICATION FORM
Oregon public TTY number: 711

To be filled out in full by all prospective tenants and returned to the manager with income, employment, asset and asset income documents.

Applicant _____ Sex ____ Age ____ Date of Birth _____ Social Security # _____

Co-Applicant _____ Sex ____ Age ____ Date of Birth _____ Social Security # _____

Present Address/City/State/Zip: _____

Telephone Number: _____ Have you ever lived in subsidized housing? _____

If yes, give name/address: _____

Would anyone in your household benefit from a handicap accessible unit? _____

Size of unit desired (1 Bedroom, 2 Bedroom, etc.) _____ (One person does not qualify for a two- bedroom unit.)

Will you take a smaller unit than desired if a vacancy exists? _____ Will you accept an upstairs unit if a vacancy exists? _____

HOUSEHOLD MEMBERS (List all members of household – applicant, co-applicant, dependents, care attendants, etc.)						
Full Name	Sex	Relationship	Date of Birth	Social Security #	Occupation	Drivers Lic. #

EMPLOYMENT STATUS:

APPLICANT: Name of Employer _____ Telephone _____

Address _____ Length of Employment _____

CO-APPLICANT Name of Employer _____ Telephone _____

Address _____ Length of Employment _____

APPLICANT: Retired: _____ CO-APPLICANT: Retired: _____

GIVE TWO PERSONAL REFERENCES: Two persons not related or living with you, whom you have known at least 1 yr.

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

NEAREST RELATIVE: (for emergency contact)

Name _____ Address _____ Telephone _____

Automobiles:

Make/Model _____ Color _____ Year _____ Lic # _____ State _____

Make/Model _____ Color _____ Year _____ Lic # _____ State _____

Where did you hear about this apartment complex? Newspaper Ad ____ Phonebook ____ Posted Notice ____ Friend ____ Other _____

INCOME INFORMATION

Applicant employment (GROSS – BEFORE DEDUCTIONS) _____
 Co-Applicant employment (GROSS – BEFORE DEDUCTIONS) _____
 Applicant Social Security (ANNUALLY) – include Medicare _____
 Co-Applicant Social Security (ANNUALLY) – include Medicare _____
 Retirement Pensions (ANNUALLY) _____
 Disability Income (ANNUALLY) _____
 Unemployment (GROSS – BEFORE DEDUCTIONS) _____
 Gifts given regularly (ANNUAL AMOUNT) _____
 Other Income _____
TOTAL: _____

ANNUAL INCOME

ASSET INFORMATION

(For annual income, give amount of income from interest, principal payments, etc. For asset net worth, give current value.)

<u>ASSET INFORMATION</u>	<u>ANNUAL INCOME</u>	<u>ASSET NET WORTH</u>
Property (contracts on property that you are holding)	_____	_____
Checking Account(s)	_____	_____
Savings Account(s)	_____	_____
Time Certificates, Treasury Bills, Money Market Acct., etc.	_____	_____
Individual Retirement & Keogh Accounts	_____	_____
Other (Identify) _____	_____	_____
Other (Identify) _____	_____	_____
<u>TOTALS:</u>	_____	_____

Previously disposed of assets: Have you sold/disposed of any property/assets in the last 2 years? _____. If yes, type of property/assets: _____ Date sold/disposed of: _____ Amount received from property/asset: _____
 Have you given away any asset/property in the past 2 years? _____. If yes, what was the fair market value? _____.

DEDUCTIONS:

Is anyone in the household other than the applicant or co-applicant a full-time student and 18 years of age or older? _____. (To be a student, he/she must carry a subject load considered full-time by the institution attended.)

Does any tenant request an adjustment to income due to payment of child care which enables them to work or go to school? _____. (The amounts paid by the household for the care of minors under 13 may be deducted for expenses that are not reimbursed. Deductions for these expenses are permitted only when such care is necessary to enable a tenant to further his/her education or to be gainfully employed.) Expected annual expense: \$ _____. Name & address of provider: _____

Does anyone in the household request a handicap/disability adjustment to income? _____. This deduction is allowed only if the applicant or co-applicant(s) is elderly (62 years or older), disabled or handicapped. If a medical deduction is requested (expenses NOT covered by Medicare or other insurance), please complete the following:

Amount of anticipated expense(s) for prescriptions and non-prescription items prescribed by a doctor the next 12 months:

<u>Place of Purchase</u>	<u>Expected Annual Expense</u>
_____	\$ _____
_____	\$ _____

Amount of anticipated expense for hospital, doctor, dentist, etc. for the next 12 months:

<u>Name of Provider</u>	<u>Expected Annual Expense</u>
_____	\$ _____
_____	\$ _____

Amount of anticipated expense for medical insurance for the next 12 months:

<u>Name of Provider</u>	<u>Expected Annual Expense</u>
_____	\$ _____
_____	\$ _____

1. Do you have pet(s)? _____ If yes, specify type and description _____
2. Are you or a member of your household a current illegal user and/or distributor of a controlled substance? ___Yes ___No
3. Have you or a member of your household been convicted of the illegal use or possession of a controlled substance? ___Yes ___No
4. Have you or a member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? ___Yes ___No
5. If you answered yes to questions 3, 4 or 5 above, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? ___Yes ___No
7. Have you or any member of your household been convicted of a felony? ___Yes ___No
8. Have you ever been bankrupt or have a bad credit history? ___Yes ___No
9. Have you ever been evicted from a rented house or apartment? ___Yes ___No
10. Are you or a member of your household a student or plan on becoming a student at an institution of higher education? ___Yes ___No

Is there anything about yourself you would like to share with us? _____

I/We hereby certify that this apartment will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location.

I/We agree to give the owner/owner's representative the authority to investigate and obtain my/our credit rating, current and past rental records, employment history and source of income to the household, current/past utility records, criminal records and any information necessary to determine my/our eligibility. The information obtained will be used for management purposes only and will be held in confidence. My/our signature(s) below certifies that the statements made on this application are TRUE and CORRECT. I/We understand that due to changes in circumstances, additional information may be requested at a later date to complete the processing of this application.

GIVING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN EVICTION AFTER OCCUPANCY.

WARNING: Section 1001 of Title 18, United States code provides, "whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false or fraudulent statement or entry shall be fined or imprisoned not more than five years, or both."

Applicants Signature _____ Date: _____

Email Address _____

Co-Applicants Signature _____ Date: _____

Email Address _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. 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, we are required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race: (Mark one or more)

Applicant: White ___ Black or African American ___ American Indian / Alaska Native ___ Asian ___
Native Hawaiian or Other Pacific Islander ___

Co-Applicant: White ___ Black or African American ___ American Indian / Alaska Native ___ Asian ___
Native Hawaiian or Other Pacific Islander ___

FOR OFFICIAL USE ONLY (Keep application in file for _____ years.)

Date Received _____ Time of Day _____ Income Level (Entry Code) _____ Date applicant's name added to waiting list _____ Date letter sent informing applicant name placed on list _____ Date contacted for residency _____ Date approved for residency _____ Date rejected for residency _____ Reason for rejection _____ Date rejection letter sent _____ Reason for removal from list _____
(found other housing, unable to contact, etc.)

The Neel Management Team, Inc. and this property do not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in it's federally assisted programs and activities, not do they discriminate on the basis of disability status in the admission or access to, or treatment or employment in it's federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8, dated June 2, 1988.)

Dan Dizney
155 South 1st Street P.O. Box 760
Creswell, OR 97426
(541) 895-8801 voice (541) 895-8805 fax
Oregon public TTY number: 711
mail@nmteam.com

THE NEEL MANAGEMENT TEAM, INC.

RENTAL REFERENCES

Please fill out the following and do not leave blank spaces or leave gaps in rental history. Make sure the telephone numbers are current. We need at least 3 years of your most recent rental references, and more if you have them. If you need more room, please use the back of this form. **If applicants do not have the same rental history, please fill out separate rental reference forms** (available at office).

Name of applicant: _____

Applicant's Current Address:

1. Name of Property Owner or Apartment Manager: _____ Telephone: _____

Address of Property Lived at: _____ City, State, Zip: _____

Length of Residency: _____ from _____ to _____
(number of months & years) (date) (date)

Reason for moving: _____ Amount of Rent You Paid: _____

2. Name of Property Owner or Apartment Manager: _____ Telephone: _____

Address of Property Lived at: _____ City, State, Zip: _____

Length of Residency: _____ from _____ to _____
(number of months & years) (date) (date)

Reason for moving: _____ Amount of Rent You Paid: _____

3. Name of Property Owner or Apartment Manager: _____ Telephone: _____

Address of Property Lived at: _____ City, State & Zip: _____

Length of Residency: _____ from _____ to _____
(number of months & years) (date) (date)

Reason for moving: _____ Amount of Rent You Paid: _____

4. Name of Property Owner or Apartment Manager: _____ Telephone: _____

Address of Property Lived at: _____ City, State & Zip: _____

Length of Residency: _____ from _____ to _____
(number of months & years) (date) (date)

Reason for moving: _____ Amount of Rent You Paid: _____