

Waiting List Application for Housing

Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Criteria.

1st Choice: _____ 2nd Choice: _____
 3rd Choice: _____ **Housing Preferences Selected**

Limited English Proficiency (LEP) Requirement: What is the primary language spoken in the household?

How did you hear about the property?

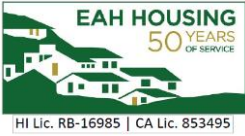
Email Address(es):

Household Information

| FULL LEGAL NAME (First, Middle, Last) | SEX | RELATIONSHIP | SOCIAL SECURITY/ ALIEN REG. # | GOVERNMENT ISSUED PHOTO ID # | BIRTH DATE | FULL TIME STUDENT Y/N | VETERAN |
|--|----------------------|---------------------------------|----------------------------------|------------------------------------|--------------|--------------------------|-------------|
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| Applicant Day Time Phone: | | Applicant Evening Phone: | | | | | |
| Do you have any Animals? | | # of Animals: | | Description: | | | |
| Vehicle Make | Vehicle Model | | License Plate | | Color | | Year |
| | | | | | | | |
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Additional Household Information

| FULL LEGAL NAME (First, Middle, Last) | LIST ALL THE STATES YOU HAVE LIVED IN | HISPANIC/LATINO | RACE (LIST ONE OR MORE) | DECLINED TO REPORT RACE |
|--|--|-----------------|-------------------------|----------------------------|
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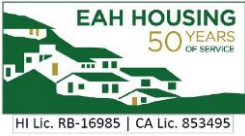
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|---|--|-----|----------------------------------|--|
| | | | | |
| *For those applicants without a Social Security Number, do you qualify for one of the three allowable exceptions? | | Y/N | If Yes, provide members name(s). | |
| 1) Ineligible, non-citizen member – not contending eligible immigration status. | | | | |
| 2) Members that were 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010. | | | | |
| 3) Members under the age of 6 eligible for a 90-day extension to provide their SSN, if added to the household within the last 6 months. | | | | |

| Residency Information (Past Two Years) | | | | |
|---|-------------------------------|--------------------------------------|------------------------------|---|
| CURRENT FULL STREET ADDRESS: | | | | OWN, RENT OR OTHER: |
| CITY: | | STATE: | | ZIP CODE: |
| HOME PHONE NUMBER: | CELL PHONE NUMBER: | EMAIL ADDRESS: | MOVE IN DATE: | MOVE OUT DATE: |
| LANDLORD NAME: | | PROPERTY/LANDLORD PHONE: | | MONTHLY RENT: |
| PAST FULL STREET ADDRESS: | | | | OWN, RENT OR OTHER: |
| CITY: | | STATE: | ZIP CODE: | Move In Date: Move Out Date: |
| LANDLORD NAME: | | PROPERTY/LANDLORD PHONE: | | MONTHLY RENT: |
| Utilities paid by you: | <input type="checkbox"/> Heat | <input type="checkbox"/> Electricity | <input type="checkbox"/> Gas | <input type="checkbox"/> Other |
| Approximate monthly cost of utilities paid by you (excluding phone and cable TV): | | | | |

| Emergency Contact Information | | | |
|---|-----------------------|---------------|------------------|
| IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE CONTACT: | | | |
| NAME: | | | |
| ADDRESS: | CITY: | STATE: | ZIP CODE: |
| PHONE NUMBER: | EMAIL ADDRESS: | | |

| Household Questions | Y/N | If Yes Explain |
|--|-----|--|
| Do you expect any additions to the household within the next twelve months? | | Name of New Member: |
| Is there anyone living with you now who won't be living with you at this community? | | Name of Member Leaving: |
| Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)? | | Name of Absent Member: |
| Will you or any ADULT household member require a live-in caregiver or aide? | | Name of Caregiver: Recipient of Care: |
| Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above? | | |
| Do you or anyone in your household have a Section 8 Voucher through the | | |





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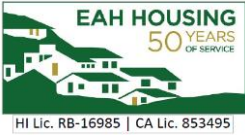
| | | |
|--------------------------|--|--|
| Housing Authority? | | |
| Section 8 Voucher number | | |

| Optional Information: | | |
|--|--|--------------------|
| Are you willing to provide information on your level of education and transportation needs? If yes, please answer the questions below: | | |
| (Head of Household) Highest level of Education completed | | |
| Are you using Public Transportation to get to work? | | If Yes, what type? |
| (Co-Head) Highest level of Education completed | | |
| Are you using Public Transportation to get to work? | | If Yes, what type? |

| Resident History | Y/N | If Yes Explain |
|--|-----|----------------|
| Have you or has any member of your household ever been evicted? | | |
| Have you or anyone in your household ever filed Bankruptcy? | | |
| Have you or anyone in your household willfully or intentionally ever refused to pay rent? | | |
| Have you or any member of your household been convicted of any fraud in a federally assisted housing program or been requested to repay for misrepresenting information for such housing program? | | |
| Have you or any member of your household ever been convicted of a felony within in the past seven (7) years? | | |
| Has assistance/subsidy/tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures? | | |
| Have you or any member of your household ever been convicted of engaging in acts of violence or threats of violence, including, but not limited to, unlawful activity involving weapons or ammunition within the past (7) years? | | |
| Have you or any member of your household ever been convicted of a criminal offense involving sexual misconduct? | | |
| Have you or any member of your household ever been convicted of engaging in the illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance within the past (7) years? | | |
| Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? | | |

| Student Information | | |
|--|--------------------|-----------|
| Do you or any household member (18 years or older) attend or plan to attend an "Institution of Higher Learning" - full or part time? | | |
| Members of your household who are attending or plan to attend "Institutions of Higher Learning", full or part-time. | | |
| Member Name: | Member Name: | |
| Institution: | Institution: | |
| Address of School: | Address of School: | |
| Full Time | Or | Part Time |
| Full Time | Or | Part Time |





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Reasonable Accommodations/Modification

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program. In addition to giving special considerations with regards to allowances in determining rent we also will make reasonable accommodations or modifications based on disability.

| | |
|--|--|
| Do you require mobility impaired upgrades? | |
| Do you require vision impaired upgrades? | |
| Do you require hearing impaired upgrades? | |
| Do you request special features? | |

Personal Reference

| Name | Address | Relationship | Phone |
|------|---------|--------------|-------|
| | | | |
| | | | |
| | | | |

Citizenship (For Project-based Section 8 properties ONLY):

| | | |
|----|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | Are you a U.S. Citizen? |
| 2. | <input checked="" type="checkbox"/> | If no, are you a Non-Citizen with eligible immigration status? |

HUD Section 236/221 D3 Program – Required HUD Regulatory Preferences

(a) This Community receives subsidy under the Section 236 Program and remains subject to regulatory oversight under the Section 236 Program. Property Name shall apply preferences in determining the order of an applicant’s placement on the waiting list for a basic rent unit assisted under the Section 236 Program. Pursuant to 24 CFR Part 236 and HUD Handbook 4350.3 REV-1, preference shall be provided to applicants displaced as a result of:

- (i) government action, or
- (ii) a Presidentially-declared disaster.

(b) In addition to the above, if the Development is also receiving Rental Assistance Payments, the Agent shall apply secondary preferences (in descending order of priority), as follows:

- (i) Applicants eligible for Rental Assistance Payments;
- (ii) Applicants eligible to pay less than the Section 236 “market rent” approved for the Development; and
- (iii) Applicants with income sufficient to pay the Section 236 “market rent” approved for the Development.

For purposes of this subsection, the Section 236 “market rent” shall be the market rent as it appears on the most recently approved Section 236 rent schedule for the Development. Documentation or sources of information, required to verify an Applicant’s qualification for a preference under this Section, shall be determined by HUD.

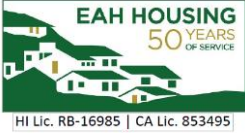
CHECK AS APPLICABLE:

| | | |
|----|--------------------------|--|
| 1. | <input type="checkbox"/> | I/we have been displaced by a government action; |
| 2. | <input type="checkbox"/> | I/we have been displaced by a Presidentially declared disaster; |
| 3. | <input type="checkbox"/> | I/we are eligible for Rental Assistance Payments; |
| 4. | <input type="checkbox"/> | I/we are eligible to pay less than the Section 236 “market rent” approved for the Development; |
| 5. | <input type="checkbox"/> | I/we have income sufficient to pay the Section 236 “market rent” approved for the Development; |

Income Source Questions

| | Yes | No |
|--|-----|----|
| Do you have full-time or part-time wages?* | | |
| Do you have any seasonal employment?* | | |
| Do you receive public assistance, TANF, AFDC, or food stamps?* | | |
| Do you receive unemployment payments, worker’s compensation, or severance packages?* | | |
| Do you receive child support?* | | |
| Do you receive alimony, spousal support, or other maintenance payments?* | | |
| Do you receive regular payments from a pension plan, retirement plan, or annuity?* | | |





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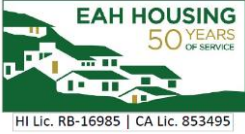
| If yes, to medical expenses.... | Y/N | Amount |
|--|-----|--------|
| Are you covered by any medical insurance? If yes how much are your monthly premiums? | | |
| Do you or any member have any prescription drug expenses not covered by insurance? If yes, how much do you anticipate paying out of pocket per month? | | |
| Do you have any anticipated medical expenses that are NOT covered by insurance? If yes, how much per month? | | |
| Do you anticipate any major dental, vision, or hearing-aid expenses in the coming year that are not covered by insurance? If yes, how much do you anticipate spending out of pocket next year? | | |
| If you or your co-head or spouse is employed, do you anticipate expenses in the COMING year, for the cost of a care attendant for you or your spouse as a handicapped or disabled person as defined by HUD? (If yes proof of actual expenses are required) If yes, how much do you anticipate out of pocket per month? | | |

| Medical Expenses | | |
|------------------|---------------------|---------------|
| Member Name | Expense Description | Annual Amount |
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| Child Care Expenses | | |
|---------------------|---------------------|---------------|
| Member Name | Expense Description | Annual Amount |
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| Disability Expenses | | |
|---------------------|---------------------|---------------|
| Member Name | Expense Description | Annual Amount |
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Household Signatures

CONSUMER REPORT AGREEMENT

I/we understand that, to determine eligibility, background inquiries may be requested. I/we understand that EAH, Inc. will use the service of an outside consumer reporting agency to obtain a "consumer report" or "investigative consumer report" about adult members of my/our household. This agency will provide a written report of its findings to EAH, Inc.

EAH, Inc. uses *Screening Works* ("Agency"), to perform background investigations.

Agency will utilize various sources of information to conduct a background check including but not limited to credit and criminal records. I/we have been given notice and understand that I/we have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice of authorization is all-encompassing allowing EAH, Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports to the extent permitted by law. I/we may review or obtain a copy of my/our report as provided by law.

Agency may be contacted at: *RentGrow, Inc., 177 Huntington Ave, Suite 1703 #74213, Boston, MA 02155, (800) 898-1351*

I/we hereby agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report about the adult members of my household. This authorization in original, electronic or copy form shall be valid as of the date indicated next to my/our signature. I/we agree, authorize and consent to the release and disclosure of any and all information including but not limited to that obtained from people, references, municipal, county, state and federal agencies and courts to provide all information that is requested by EAH, Inc. and Agency.

I/we certify that all statements made by me and contained anywhere herein are true. I/we agree that a copy of this document by fax or other electronic means shall be as valid as the original.

I understand that, all reports are confidential and provided to EAH, Inc. for decisions regarding housing in strict compliance with the federal Fair Credit Reporting Act (FCRA) and the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws. I understand that if there is any unsatisfactory finding directly related to the property selection criteria, I will not be allowed to reside on the property.

SIGNATURE CLAUSE:

I certify all information and answers to the questions are true and complete to the best of my knowledge and understand providing false information or making false statements may result in denial of my application and/or criminal penalties.

All household members 18 and over must sign below:

| | | |
|--------------------------|-------------------------|--------------------|
| Print Name: _____ | Signature: _____ | Date: _____ |
| Print Name: _____ | Signature: _____ | Date: _____ |
| Print Name: _____ | Signature: _____ | Date: _____ |
| Print Name: _____ | Signature: _____ | Date: _____ |
| Print Name: _____ | Signature: _____ | Date: _____ |
| Print Name: _____ | Signature: _____ | Date: _____ |

