# Volunteers of America

# Property Forms Manual

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| APARTMENT NAME  |                    |                  |                         |          |
| STREET  |                    |                  |                         |          |
| ВОХ   |                    |                  |                         |          |
| CITY STATE ZIP  |                    |                  |                         |          |
| P.O. # PROPERTY #   |                    |                  |                         |          |
| DATE ATTENTION  |                    |                  |                         |          |
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# Volunteers of America - National Housing Management Forms Price List

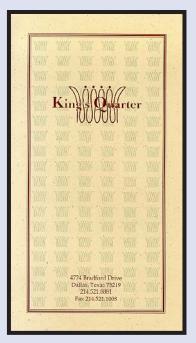
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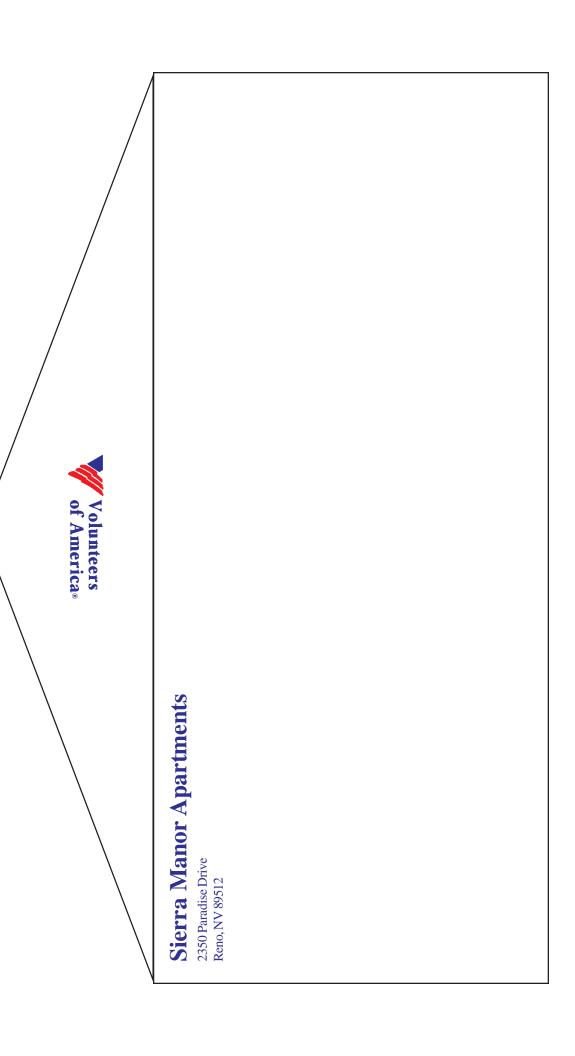
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Suite A

Maintenance Supervisor

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of America

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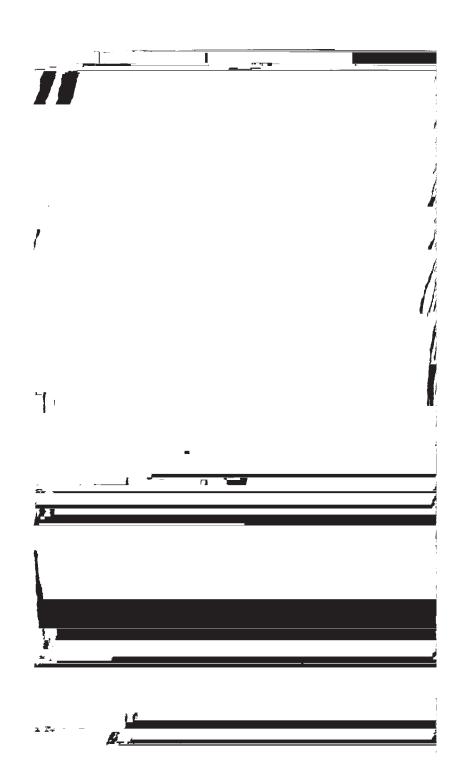


# **Sierra Manor Apartments**

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| FIRE   | AMBULANCE   |
|  | GENCY 911<br>GERATOR CARD   |
| DATE CARD COMPLETED                                    | DATE CARD COMPLETED   |
| PHONE DATE OF BIRTH                                    |   |
| SOCIAL SECURITY NUMBER ALLERGIES                       |   |
| MAYOR ILLNESSES  | MAJOR ILLNESSES  WHOM TO CONTACT NAME & PHONE >   |
| WHOM TO CONTACT THATE IS PROVIDE.                      | 1   |
| DOCTOR   | DOCTOR  |
| HEALTH CARE PLAN                                       |   |
| MEDICARE *   | MEDICARE /  |
|  |   |
| A Community Service o                                  | of W Volunteers of America  |
| YOA WAS ESTABLISHED IN 1896 AND IS ONE OF AMERICA'S LA | AUGUST MULTI PURPORE SERVICE AGDICUES, OPPERING PROGRAMS FOR THE<br>AUGUSTS AND THE DISABLED. CompinioNE of VOA AUGUSTAL HOURING CORP |

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|--|------|-----------|---------------|---------------------------------------|-----------------------|-----------|-----------|-------------------------|--------------|-------|----------------|----------|----------------|-------------------------------------|-------------|-------------------|-------------|------------|--------------|--|
| Project Name:                                  |      |           |               | iction Data Movi                      |                       |           |           |                         |              |       |                |          |                |                                     |             |                   |             |            |              |  |
| Unit No. / Name:                               |      |           |               | iction ()gto blow<br>if Koys at Move- |                       |           |           |                         |              |       |                |          |                |                                     |             |                   |             |            |              |  |
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| ITEM ENTRANCE Door & Stop                      | 888. | Unicat.   | Liet Work     | M0000                                 | Set.                  | Umant.    | Charge To | 140001                  | ∄            |       |                |          |                |                                     |             |                   |             |            |              |  |
| Deertell<br>Panchale                           | -    |           | <del> </del>  |                                       |                       |           |           |                         | 71           |       |                |          |                |                                     |             |                   |             |            |              |  |
| Light Fidure Security Cleim                    | #    |           |               |                                       | =                     |           |           |                         | <b>= 1</b>   |       |                |          |                |                                     |             |                   |             |            |              |  |
| Dead Belts<br>LIVING ROOM                      | 1-   | -         | <b>!</b>      |                                       |                       |           |           |                         | <b>   </b>   |       |                |          |                |                                     |             |                   |             |            |              |  |
| Floor Covering<br>Walls & Colling              | -    |           |               |                                       |                       |           |           |                         | 71           |       |                |          |                |                                     |             |                   |             |            |              |  |
| Doors & Stops<br>Westerns                      | -    |           |               |                                       |                       | _         |           |                         | <b>∃</b>     |       |                |          |                |                                     | ٦.          |                   |             |            |              |  |
| Window Covering<br>Reds / Holwe                |      |           |               |                                       |                       |           |           |                         | 71           |       |                |          |                |                                     |             |                   |             |            |              |  |
| Light Fisture<br>Elec. Switches & Outlets      | 1    |           |               |                                       |                       |           |           | -                       | ⇉╽           |       |                |          |                |                                     | ŀ           |                   |             |            |              |  |
| Screens<br>Storm Windows                       | 1    | 1         |               |                                       |                       |           |           |                         | 71           |       |                |          |                |                                     |             |                   |             |            |              |  |
| T.V. Outlets<br>Celling Fan                    | -    |           | -             |                                       |                       |           |           |                         | <b>-    </b> | TWOOK | MISSES         | Set.     | Steered        | CHARGE TO TENANT                    |             |                   |             |            |              |  |
| KITCHEN<br>Floor Counting                      | -    |           |               |                                       |                       |           |           |                         | 7            |       |                |          |                |                                     |             |                   |             |            |              |  |
| Walts & Cetting<br>Light Fixtures              |      |           |               |                                       | -                     |           |           |                         | ] [:         |       |                | F        |                |                                     |             |                   |             |            |              |  |
| Elec. Switches & Outlets Vent Fan              | E    |           |               |                                       | E                     |           | <u> </u>  |                         | ∃  :         |       |                |          | =              |                                     |             |                   |             |            |              |  |
| Sink & Steppers<br>Disposal                    |      | E         |               |                                       | E                     |           |           |                         | ]  :         |       |                |          | $\equiv$       |                                     |             |                   |             |            |              |  |
| Counter Tops<br>Cupboards                      |      |           |               |                                       | $\vdash$              |           |           |                         | ] [:         |       |                | F        |                |                                     |             |                   |             |            |              |  |
| Stove Top<br>Oven                              |      |           |               |                                       |                       |           |           |                         | ∃ [:         |       |                |          |                |                                     |             |                   |             |            |              |  |
| Refrigerator<br>Window                         |      |           |               |                                       |                       |           |           |                         | :            |       |                |          |                |                                     |             |                   |             |            |              |  |
| Window Covering<br>Window Screen               |      | <u> </u>  |               |                                       |                       |           |           |                         | <u> </u>     |       |                |          |                |                                     |             |                   |             |            |              |  |
| Storm Windows<br>BEDNOOM                       |      |           |               |                                       |                       |           |           |                         | -   :        |       |                |          |                |                                     |             |                   |             |            |              |  |
| Deers & Steps<br>Floer Covering                |      |           | ļ             |                                       |                       |           |           |                         | <b>∃</b> [:  |       |                |          |                |                                     |             |                   |             |            |              |  |
| Walls & Colling<br>Light Ficture               |      |           | <b></b>       |                                       |                       |           |           |                         | <b>∃</b> [:  |       |                |          |                |                                     |             |                   |             |            |              |  |
| Elec. Settches & Dutlets<br>Window             | +    |           |               |                                       | _                     |           |           |                         | <b>=</b>     |       |                | -        |                |                                     | List Work 6 | ested             | Set.        | Basel.     | Che          | nga To Tonant  |
| Window Covering<br>Window Screen               | +=   |           |               |                                       |                       |           |           |                         | = 1          |       |                | -        |                |                                     |             |                   |             |            |              |  |
| Sterm Window<br>Cleast Door                    | 1    |           |               |                                       |                       |           |           |                         | ן ן:         |       |                | -        |                |                                     |             |                   |             |            |              |  |
| Cleant Red<br>Emergency Switch<br>BATHROOM     | =    |           |               |                                       |                       |           |           |                         | ≓ l          |       |                |          |                |                                     |             |                   |             |            |              |  |
| Door & Step Floor Covering                     |      |           |               |                                       |                       |           |           |                         | ⊐ I          |       |                | _        |                |                                     |             |                   |             |            |              |  |
| Walls & Colling<br>Morrow / Medicine Calalnet  | 1    |           |               |                                       |                       |           |           |                         | <b>#</b>     |       |                |          |                |                                     |             |                   |             |            |              |  |
| Tub & Shower                                   |      |           |               |                                       |                       |           |           |                         | <b>=  </b>   | _     |                |          |                |                                     |             |                   |             |            |              |  |
| Shower Head<br>Lavellery<br>Commade            | -    |           |               |                                       |                       |           |           |                         | ⊐ I          |       |                |          |                |                                     |             |                   |             |            |              |  |
| Cabinets                                       | 1    | ==        |               |                                       |                       |           |           |                         | <b>=</b>     |       |                |          |                |                                     | 1           |                   |             |            |              |  |
| Ught Flature Vent Fan Elec, Switches & Gullete |      |           |               |                                       |                       | =         |           |                         | ⊐ I          | _     |                |          |                |                                     |             |                   |             |            | -            |  |
| Towel Racks<br>Grab Bars                       | 1    |           |               |                                       |                       |           |           |                         | <b>∃</b> I:  |       |                |          |                |                                     |             |                   |             |            |              |  |
| Counter Top<br>Tissue Holder                   | -    |           |               |                                       |                       |           |           |                         | <b>7</b> I:  |       |                | -        |                |                                     | I           |                   |             |            |              |  |
| Emergency Panel Handicap Stewer Bench          | 1    |           |               |                                       |                       |           |           | -                       | 7 I          |       |                |          |                |                                     |             |                   |             |            |              |  |
|  |      |           |               |                                       |                       |           |           |                         |              |       |                | $\vdash$ |                |                                     |             |                   |             |            |              | <del></del>  |
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|  |      |           |               | Carr                                  | t Red                 |           |           | $\mathbf{I}^{-}$        |              |       |                |          |                |                                     |             |                   |             |            |              |  |
|  |      |           |               | 6.300                                 |                       |           |           | $\overline{\mathbf{I}}$ |              |       |                |          |                |                                     |             |                   |             |            |              |  |
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|  |      |           |               |                                       |                       |           |           |                         |              | ı     | Work Orders    | resued ( | or repairs     | álo llams at Move-In                |             |                   |             |            |              |  |
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|  |      |           |               |                                       |                       |           |           |                         |              |       | Hausshauerry   | W Q. /.  |                |                                     | Outr        |                   |             |            | -            |  |
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| то:  |   |                       |                   |
|--|---|-----------------------|-------------------|
|  |   |                       |                   |
|  |   |                       |                   |
| Property   | Unit No.  |                       |                   |
| Resident's Name  |   |                       |                   |
| Address  |   | n of Rent \$          |                   |
| Date Occupied Date Vacated   |   |                       |                   |
| Forwarding Address   |   |                       |                   |
| (or last known) (street address)   | (city)  | (state)               | (zip code         |
| Amount of Security, Damage, and Cleaning Deposit   | \$  |                       |                   |
| Amount of Other Deposit (Explain)  | \$  |                       |                   |
| Rate Refund, if applicable (for periodto)  | \$  |                       |                   |
|  | TOTAL CREDITS   |                       |                   |
|  | TOTAL CREDITS:  | \$                    | <u> </u>          |
| DEDUCTIONS:  |   |                       |                   |
| Date Notice Given (attach copy)  |   |                       |                   |
| Amount Forfeited, if applicable  | \$  |                       |                   |
| Rent Due (for period to)   | \$  |                       |                   |
| Keys Not Returned  | ' <b>s</b>  |                       |                   |
| *Excessive Cleaning (Explain)  | \$  |                       |                   |
|  |   |                       |                   |
| *Pannire (Evplain)   | \$  |                       |                   |
| *Repairs (Explain)   | \$  |                       |                   |
| *Miscellaneous (Explain)   | s   |                       |                   |
| Outstanding Delinquent Charges (by Code)   | \$  |                       | _)                |
|  | s   | (Code                 | _)                |
| Remarks  |   |                       |                   |
| AA   | Penort  |                       |                   |
| *Amounts must correspond to items listed on Unit Inspection F  | TOTAL DEDUCTI   | ONS: \$(              | )                 |
|  |   |                       |                   |
| UNIT INSPECTION REPORT MUST BE ATTACHED TO T   | HIS REPORT.   |                       |                   |
| BALANCE:   |   |                       |                   |
| Amount Due Resident  |   | \$                    |                   |
| OR   |   |                       |                   |
| Amount Due Property  |   | \$(                   | )                 |
| If due the Property, please remit the Property on site Rental G<br>matter will be turned over for collection. If due the Resident, | Office within 5 days from the check is enclosed with this | ne receipt of this no | otice, or else th |
| INSPECTION BY:   |   |                       |                   |
|  |   |                       |                   |
| APPROVED BY: (Community Administrator)   | _ Date  |                       |                   |
| For Accounting Only:   |   |                       |                   |
| Interest due \$ Total refund \$  | Ck.#  | Date Po               | l                 |
|  |   |                       |                   |

| •                                   | _        |  |   |                            | of In                                  | spect                                   | ion:  |
|-------------------------------------|----------|--|---|----------------------------|--|---|---|
| name of Fa<br>Init No.:  _          | •        |  | No. of B.R  | 's:                        |  |   | No. of Baths:   |
| I TCHEN                             |          | table<br>No                                      | Repairs Needed<br>(Comments)  | BEDROOM NO. 3              | Accept                                 | able<br>Mo                              | Repairs Needed<br>(Comments)  |
| riting                              | 1.23     |  |   | Doors                      |  | $\rightarrow$                           |   |
| oors                                | -        | <del></del>                                      |   | Valls<br>Ceiling           |  |   |   |
| loors                               | $\vdash$ | <del>                                     </del> |   | Floor                      |  |   |   |
| tove                                |          |  |   | Elec Fixtures              |  |   |   |
| efrigerator                         | <u> </u> | $\vdash$   |   | Window                     |  |   |   |
| rainboard                           | $\vdash$ | 1  |   | Closet                     |  |   |   |
| ink<br>lec Fixtures                 |          |  |   | BEDROOM NO. 4              |  |   |   |
| abinets                             |          |  |   | Doors                      |  |   |   |
| ther                                |          |  |   | Walls                      |  | <del>  </del>                           |   |
|                                     |          |  |   | Ceiling<br>Floor           | -                                      | 1                                       |   |
| ATHROOM<br>oors                     | т        | 1  |   | Elec Fixtures              |  | 1-1                                     |   |
| alls                                |          |  |   | Window                     |  |   |   |
| eiling                              |          |  |   | Closet                     | L                                      | لــــــــــــــــــــــــــــــــــــــ |   |
| loor                                | 1        |  |   |                            |  |   |   |
| oilet                               | +        | <del>                                     </del> |   | NEATING EQUIPM             | EN1                                    | 1                                       |   |
| ub or Shower                        | 1        |  |   | Filter                     |  |   |   |
| lec Fixtures                        |          |  |   | Thermostat                 | 1                                      | 1                                       |   |
| Indou                               |          |  |   | Hot Water Htr              | ــــــــــــــــــــــــــــــــــــــ | 1                                       | L   |
| IVING ROOM A                        | WD 01    | MING AREA  |   | MISCELLANEOUS              |  |   |   |
| DOLS                                | 7        | HING AREA  |   | Screens                    | Ι                                      |   |   |
| olis                                |          |  | <u> </u>  | Drapes/Blinds              |  |   |   |
| eiling                              | +-       | <del>  </del>                                    |   | Porch                      | +                                      |   |   |
| lec Fixtures                        | +-       | +  |   | Stairs                     |  |   | I   |
| lindou &                            | 1        | 1-1-   |   | YARDS                      |  |   |   |
| Screen                              | 1        | $\perp$  |   | Front                      | $\perp$                                |   |   |
| loset                               |          |  |   | Back                       |  |   |   |
| EDROOM NO. 1                        |          |  |   | Side                       |  |   |   |
| oors                                | <u> </u> |  |   | OTHER                      |  |   |   |
| Jalls                               |          |  |   | A/C_Filter                 | $\top$                                 | 1                                       |   |
| Ceiling                             | +-       |  |   | Smoke Alarm                |  | +                                       |   |
| Floor<br>Elec fixtures              |          |  |   | Emergency Cail Sys.        | 1                                      |   |   |
| Hindow                              | 4        |  |   | Basement                   |  |   |   |
| Closet                              |          |  |   | Housekeeping               |  |   |   |
|                                     |          |  |   | Mailbox                    | _                                      |   |   |
| BEDROOM NO. 2                       | ┺┯—      |  |   | Drapes/Shades              |  | +-                                      |   |
| Doors<br>Walls                      | +        | +  |   | Hot Water Mtr              | +                                      | +-                                      |   |
| Ceiling                             |          | 1-1-   |   |                            | 工                                      |   |   |
| Floor                               |          |  |   |                            |  |   |   |
| Elec Fixtures                       | 4-       |  |   |                            | +                                      | +                                       | <del> </del>  |
| Window<br>Ciacat                    | +-       | ++-  |   |                            |  | +                                       | -   |
| Closet                              |          |  |   |                            |  |   | ·   |
| Closet  1 certify the conditions of | fthe     | foregoing<br>above-ident                         | rtification<br>report correctly represen<br>ified unit.<br>who made this inspection | condition of<br>closes any | of the<br>defic                        | he for<br>above                         | mer's Certification  regoing report correctly represents  dentified unit. If this report  s, I certify that they will be rem date this tenant moves into this |
| aignature or                        |          |  |   | Signature o                | of Own                                 | er:                                     |   |

YOUR NAME
YOUR ADRESS
CITY, STATE ZIP CODE

| Date:                               |                |  |
|-------------------------------------|----------------|--|
| Apartment No.:                      |                |  |
| Dear                                | _;             |  |
| During the recent annual inspection | , we found the | following items needing attention:         |
| Your Responsibility                 |                | Our Responsibility                         |
|                                     |                |  |
|                                     |                |  |
|                                     | -              |  |
|                                     | e Children     |  |
|                                     |                |  |
|                                     |                |  |
| <u></u> .                           | _              |  |
|                                     |                |  |
|                                     |                |  |
|                                     | _              |  |
|                                     | _              |  |
|                                     |                |  |
|                                     |                |  |
| ***                                 |                |  |
| Your apartment will be re-inspected |                |  |
| reasonable time period.             | -              | enance request and will be repaired within |
| Please report any repairs needed bu | not listed.    |  |
| Thank you for your cooperation.     |                |  |
| Sincerely,                          |                |  |
|                                     |                |  |

# RENT COLLECTION POLICY LEASE ADDENDUM

- All rents are due and payable on or before the first day of the month at the Rental Office.
- All payments must be by check, money order or cashier's check. The Rental Office is not permitted to accept cash.
- A late charge of \$10.00 will be assessed on any payments not received on or before the 5th calendar day of the month. The payment MUST actually be received, not simply postmarked.
- 4. No rental payments will be accepted after the <u>fifteenth</u> day of any month without prior written agreement with management. Anyone requesting to pay late rent must make arrangements with management, in writing, on or before the <u>fifth</u> day of the month. Late payments must be made on the date agreed to in writing. Legal action will be filed within 24 hours of the expiration of the extension agreement. After that, payment must be made in accordance with any court judgements.
- All notices "TO PAY OR QUIT" and eviction notices for nonpayment of rent as required by State and Federal law will be posted as directed by law, in lieu of any written agreement.
- If eviction proceedings are started due to non-payment, any and all legal cost incurred will be the responsibility of the resident.

By affixing my signature below, I acknowledge that I have read and fully understand the conditions of this policy and that I have a copy of the document in my possession for further

SIGNATURES:

TENANT:

BY:

1. \_\_\_\_\_\_ DATE: \_\_\_\_\_

2. \_\_\_\_ DATE: \_\_\_\_\_

LANDLORD:

DATE:

Reprint 8/95 Rc\$10.fee

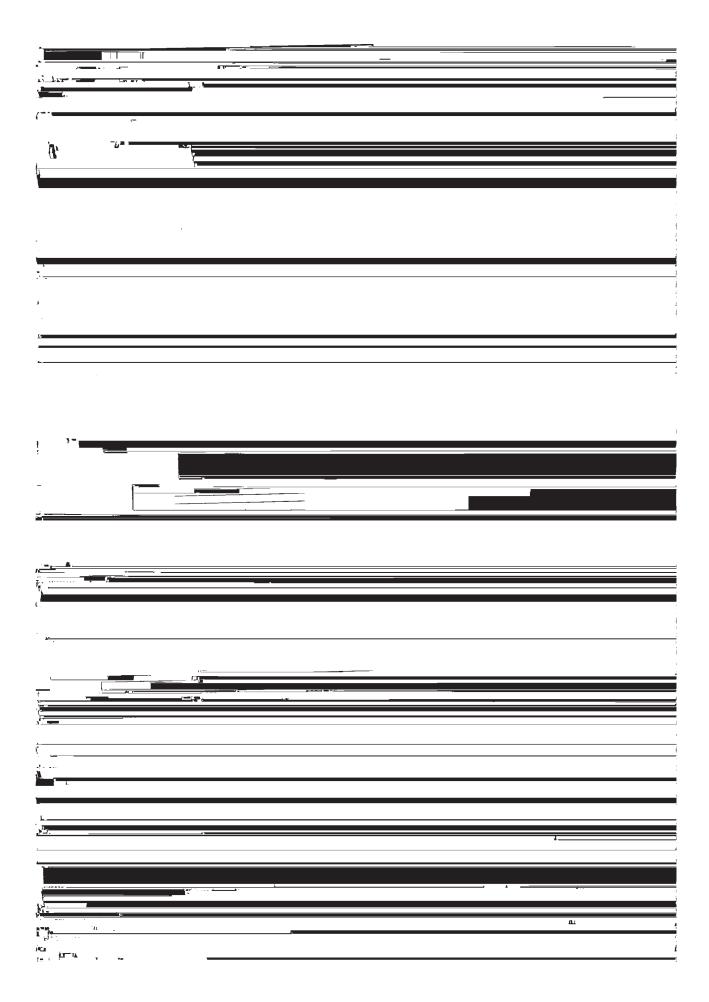
BY:

reference.

| PLEASE NOTE RETURN ADDRESS  | GIVEN BELOW  |
|---|--|
|   | Date   |
| TO:   |  |
|   |  |
|   |  |
|   | RE:  |
|   | Social Security Number   |
|   | Disability Claim Number  |
|   | District Chair Transco   |
|   |  |
| Disability Plan Number  |  |
| -   |  |
| Current Gross Monthly Disability Payr   | nents \$   |
| Current Gross Monthly Disability Payre  |  |
| Current Gross Monthly Disability Paym Total Gross Disability Income expected  | nents \$   |
| Current Gross Monthly Disability Paym Total Gross Disability Income expected  | t for the next 12 months \$                                      |
| Current Gross Monthly Disability Paym Total Gross Disability Income expected  | t for the next 12 months \$                                      |
| Current Gross Monthly Disability Paym Total Gross Disability Income expected  | t for the next 12 months \$                                      |
| Current Gross Monthly Disability Paym Total Gross Disability Income expected Remarks (Please indicate any anticipate      | for the next 12 months \$bd changes):                            |
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|   | VERIFICATION OF ASSETS   | _<br>S   |          |
|---|--|--|----------|
|   | 1111   | ·-   | 1        |
|   | <u> </u>   |  | <u>_</u> |
| 4   |  |  |          |
|   |  |  |          |
|   |  |  |          |
|   |  |  |          |
|   | Tr.  |  |          |
| Occupancy Manager   |  |  |          |
|   |  |  |          |
| PETURN THIS VERI  | FICATION OF THE PERSON LISTED HERE   |  |          |
|   | mation Supplied by an Applicant for Housing Assista  | ance   |          |
| *   |  |  |          |
| SSN   |  |  |          |
|   |  |  |          |
|   | <del></del>  | •  |          |
| This person has applied for housing<br>(HUD) HUD requires the housing<br>benefits | g assistance under a program of the $U$ S. Department of Hous cowner to verify all information that is used in determining the       | sing and Urban Development<br>his person's eligibility or fevel of |          |
| We ask your cooperation in provid   | ing the following information and returning it to the person is  | isted at the top of the page. Your                                 |          |
| prompt return of this information<br>addressed, stamped envelope for the<br>below | will help to assure timely processing of the application for ass<br>its purpose. The applicant, tenant has consented to this release | se of information as shown   |          |
|   | (SSN)  | currently holds the following                                      |          |
| Savings account(s)  |  | ,  |          |
| Account #   | Current balance  | interest rate  |          |
|   | \$<br>\$   |  |          |
| Checking Account(s)   | Average balance Current  | Interest   |          |
| Account #   | for past 6 months Balance S  | rate   |          |
|   | \$ \$  |  |          |
|   |  |  |          |
|   |  |  |          |

| Account<br>Number   | Type of Account  |               | Interest<br>Rate  | Total<br>Value     | Cash<br>Value*                                      |
|---|--|---------------|---|--------------------|---|
| stocks  |  | ~_            |   |                    |   |
| Description   | Value<br>per share<br>S  | # of shares   | Dividend<br>Frequency   | Amount of last div | Cash<br>Value*                                      |
|   | s  |               |   | s                  | - S   |
| Name  | ed by  |               | Title   |                    | Date  |
|   | ed by  |               | Title   | Phone Number       | Date  |
| Name Institution YOU DO NOT H. THE ORGANIZA' RELEASE I here consent is limited to | AVE TO SIGN THE TION SUPPLYING the authorize the root of information that to verify information. | elease of the | FEITHER THE I<br>DRMATION IS L<br>requested inform<br>than 12 months<br>to 5 years old, w | REQUESTING OR      | GANIZATION OR obtained under this inces which would |



| VERIFICATION OF UNEMPLOYMENT BENEFITS  |  |
|--|--|
|  |  |
| Date   |  |
| le   |  |
|  |  |
|  |  |
| From   |  |
|  |  |
|  |  |
| RETURN THIS VERIFICATION TO THE PERSON LISTED HERE.  |  |
|  |  |
| Subject Verification of Information Supplied by an Applicant for Housing Assistance  |  |
| Name   |  |
| Address  |  |
|  |  |
|  |  |
| This person has applied for housing assistance under a program of the U.S. Department of Housing and   |  |
| Urban Development (HUD). HUD requires the housing owner to verify all information that is used in de-  | le <sup>r</sup> ·  |
| mining this person's eligibility or level of benefits  |  |
| We ask your cooperation in providing the following information and returning it to the person listed at the  | •  |
| top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant tenan- | ; <del>2</del> -   |
| has consented to this release of information as shown below  |  |
| INFORMATION BEING REQUESTED  |  |
|  |  |
| Cross Weekly Payment S Date of Initial Payment   |  |
|  |  |
| If "Yes", how many weeks"  NO  |  |
| If "No", what is the termination date of benefits "  |  |
|  | _  |
| NAME AND TITLE OF PERSON AGENCY/ORGANIZATION SUPPLYING THE INFORMATION (PRINT)   |  |
|  | _  |
| SIGNATURE DATE   |  |
|  |  |
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|  |  |
| _  |  |
| Γ  | -  |
| Γ  | YOL DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION C  |
|  | YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OF THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK  |
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|  | THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK  RELEASE 1 hereby authorize the release of the requested information information obtained under th  |
|  | THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK  RELEASE. I hereby authorize the release of the requested information. Information obtained under it consent is limited to information that is no older than 12 months. There are circumstances which would   |
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|  | THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK  RELEASE. I hereby authorize the release of the requested information. Information obtained under the consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.   |
|  | THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK  RELEASE. I hereby authorize the release of the requested information. Information obtained under the crossent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a   |
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|  | THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK  RELEASE. I hereby authorize the release of the requested information. Information obtained under the consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.  SIGNATURE.  DATE.  PENALTIES FOR MISUSING THIS CONSENT.  Title 18. Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and will making false or fraudulent statements to any department of the United States Government. HCD, the file of the consent of the United States Government.  |
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|  | RELEASE 1 hereby authorize the release of the requested information. Information obtained under the consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.  SIGNATURE  DATE  PENALTIES FOR MISUSING THIS CONSENT  Title 18. Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willing false or fraudulent statements to any department of the United States Government. HUD, the P and any owner (or any employee of HUD), the PHA or the owner I may be subject to penalties for unautized disclosures or improper uses of information collected based on the consent form. Use of the infortion collected based on this venification forms is restricted to the purposes cited above. Any person who   |
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|  | THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK  RELEASE. I hereby authorize the release of the requested information. Information obtained under the consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.  SIGNATURE.  DATE.  PENALTIES FOR MISUSING THIS CONSENT.  Title 18. Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and will making false or fraudulent statements to any department of the United States Government. HUD, the fand any owner for any employee of HUD, the PHA or the owner in may be subject to penalties for unality to consent of the United States Government. HUD, the fand only owner for any employee of HUD, the PHA or the owner in may be subject to penalties for unality to consent of the United States Government. HUD, the Fand on the owner in the subject to a finisher state of the proposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false precenses concerning an applicant or participant may be subject to a missemeanor and fined not more than \$5,000. Any applica participant affected by neclipsent disclosed the may be subject to a missemeanor and fined not more than \$5,000. Any applica participant affected by neclipsent disclosed in may be given affected by enclipsent disclosed the manages, and seek.  |
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does not discriminate on the basis of nandicapped status in the admission or access to, or treatment or employment in, its federalic assisted programs and activities

|  | Verification of Alimony/Child Support  |
|--|--|
| Date:  |  |
| To:  |  |
|  |  |
| From:  |  |
|  |  |
|  | RETURN THIS VERIFICATION TO THE PERSON LISTED HERE.  |
| Subject:   | Verification of Information Supplied by an Applicant for Housing Assistance.   |
|  | Name:  |
|  | SSN:Address:   |
|  |  |
| 77 C Daw   | extment of Bousing and Urban Development (HUD). HUD requir   |
| U.S. Depthe house determine we ask y returning prompt process; self-add applications shown be                | rson has applied for housing assistance under a program of to lattent of Housing and Urban Development (HUD). HUD requiring owner to verify all information that is used in ling this person's eligibility or level of benefits.  Your cooperation in providing the following information and ig it to the person listed at the top of the page. Your eturn of this information will help to assure timely ing of the application for assistance. Enclosed is a irressed, stamped envelope for this purpose. The intressed, stamped envelope for this purpose. The surpose is a live.  Ty that I pay S per as alimon   |
| U.S. Depthe house determine we ask y returning prompt process; self-add applications shown be                | son has applied for housing assistance under a program of to artment of Housing and Urban Development (HUD). HUD requiring owner to verify all information that is used in ling this person's eligibility or level of benefits. Four cooperation in providing the following information and git to the person listed at the top of the page. Your return of this information will help to assure timely ing of the application for assistance. Enclosed is a bressed, stamped envelope for this purpose. The information as slow.  |
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| U.S. Depthe house determine house determine we ask y returning process; self-add aphonom be I certifor child | son has applied for housing assistance under a program of the same of the content of Housing and Orban Development (HUD). HUD requiring owner to verify all information that is used in ling this person's eligibility or level of benefits.  Our cooperation in providing the following information and ig it to the person listed at the top of the page. Your etcurn of this information will take the page and your etcurn of this information will take the Enclosed is a livessed, stamped envelope for this purpose. The information as allow.  It is a person of the perso |

TOU DO NOT EAVE TO SIGN THIS FORM IF RITHER THE REQUESTING ORGANIZATION OF THE ORGANIZATION SUPPLIENCE THE IMPORMATION IS LEFT BLAME.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

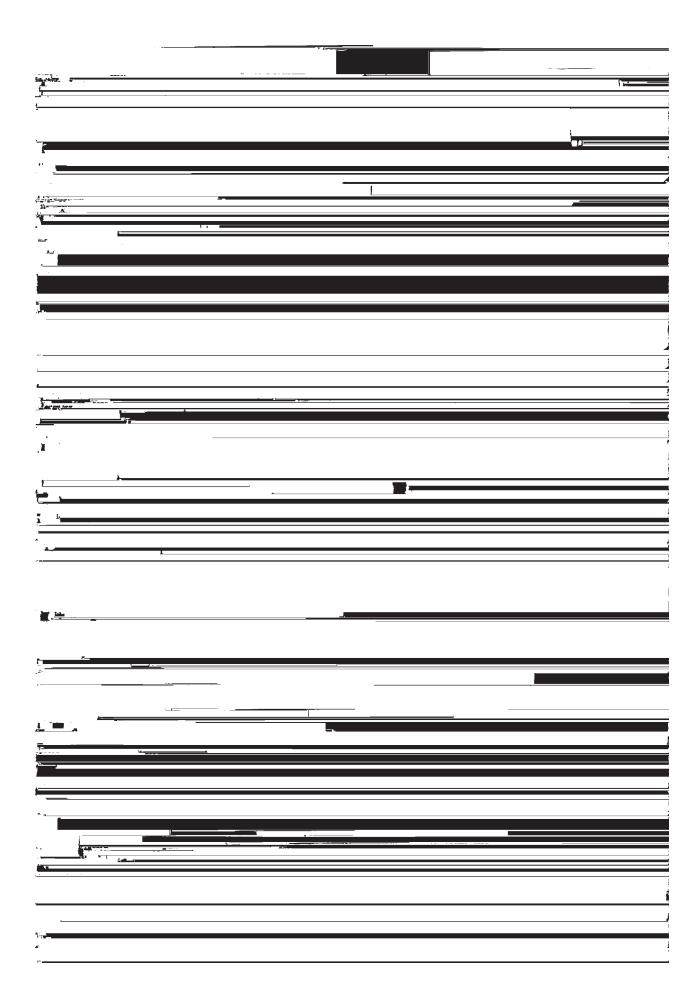
PERALTIES FOR MISUSING THIS COMSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making faise or fraudulent statements to any department of the United States Government. HUD. the PHA and any owner for any 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 faise preteness concerning an applicant or participant may be subject to a misdemeanor and fined not more than 55,000. Any applicant or participant affacted by negligen: 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 21 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g and h.

does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

| VERIFICATION OF PUBL   | CASSISTANCE                                    |             |
|--|--|-------------|
| Date   |  |             |
| То   |  |             |
|  |  |             |
| From   |  |             |
| Occupancy Manager  |  |             |
| RETURN THIS VERIFICATION TO THE PERSO  | LISTED HERE.                                   |             |
| Subject Verification of Information Supplied by an Applicant for   | ousing Assistance                              |             |
| Name<br>SSN  | _  |             |
| Address  |  |             |
|  |  |             |
| This person has applied for housing assistance under a program of the U.S. D.  | amount of Neurona and Lithen Development (HTT) |             |
| NFORMATION BEING REQUESTED  Date of Initial Assistance   | Rate Per Month                                 |             |
| Date of Hittas / Estatution  |  |             |
| Aid to Families with Dependent Children  | s  |             |
|  | s  |             |
| General Assistance   |  |             |
| General Assistance Amount Specifically Designated for Shelter and Utilities  | s  |             |
| General Assistance  Amount Specifically Designated for Shelter and Utilities  Other Assistance-Type  | s<br>s   |             |
| Amount Specifically Designated for Shelter and Utilities Other Assistance-Type TOTAL MONTHLY GRANT Other Income Source   | sssssssss                                      |             |
| Aid to Families with Dependent Children  General Assistance  Amount Specifically Designated for Shelter and Utilities  Other Assistance-Type  TOTAL MONTHLY GRANT  Other Income Source  Maximum allowance for Rent and Utilities | s<br>s   |             |
| General Assistance  Amount Specifically Designated for Shelter and Utilities  Other Assistance-Type  TOTAL MONTHLY GRANT  Other Income Source  | sssssssss                                      |             |
| Amount Specifically Designated for Shelter and Utilities Other Assistance-Type TOTAL MONTHLY GRANT Other Income Source   | sssssssss                                      |             |
| General Assistance  Amount Specifically Designated for Shelter and Utilities  Other Assistance-Type  TOTAL MONTHLY GRANT  Other Income Source  | sssssssss                                      | 2 months \$ |
| General Assistance  Amount Specifically Designated for Shelter and Utilities  Other Assistance-Type  TOTAL MONTHLY GRANT  Other Income Source  | \$   | 2 months S  |

| NAME AND TITLE OF PERSON<br>SUPPLYING THE INFORMATION (PRINT)   | FIRMORGANIZATION  |
|---|---|
| SIGNATURE   | DATE  |
|   | FORM IF EITHER THE REQUESTING ORGANIZATION OR THE INFORMATION IS LEFT BLANK.  |
| irmited to information that is no older the   | ise of the requested information. Information obtained under this consent is<br>in 12 months. There are circumstances which would require the owner to<br>if which would be authorized by me on a separate consent attached to a  |
| SIGNATURE   | DATE  |
| faise or fraudulent statements to any dep<br>for any employee of HUD, the PHA or t<br>improper uses of information collected by<br>verification form is restricted to the purp  | states that a person is guilty of a felony for knowingly and willingly making<br>intiment of the United States Government. HUD, the PHA and any owner<br>the owners may be subject to penalties for unauthorized discrosures of<br>issed on the consent form. Use of the information collected based on this<br>oses cited above. Any person who knowingly or willfully requests, obtains<br>sees cited above. Any person who knowingly or willfully requests, obtains  |
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| Title 18 Section 1001 of the U.S. Code faise or fraudulent statements to any detect any employee of HUD, the PHA or 1 improper uses of information collected to verification form is restricted to the pury or discloses any information under false meanor and fined not more than \$5.000 may bring civil action for damages, and HUD, the PHA or the owner responsibly missising the social security number are used in the provisions are cited as violating the social security number are used in the provisions are cited as violating the social security number are used to the social security number and number are used to the social security number and number are used to the social security number and number are used to the social security number are used to the social security number and number are used to the social security number and number are used to the social security number and number are used to the social security number a | states that a person is guilty of a felony for knowingly and willingly making irriment of the United States Government: HUD, the PHA and any owner to owner! may be subject to penalties for unauthorized disclosures of measted on the consent form. Use of the information collected based on this oses cited above. Any person who knowingly or willfully requests obtains orecreases concerning an applicant or participant may be subject to a misde-Any applicant or participant affected by negligent disclosure of information eek other relief, as may be appropriate, against the officer or employee of for the unautomized disclosure or improve use. Penalty provisions for ontained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of 42 U.S.C. 408, f, g and h. |



|                          | Asset   | Divestitur                        | e Certific            | ation              |                       |
|--------------------------|---|-----------------------------------|-----------------------|--------------------|-----------------------|
|                          |   | , (                               | certify that:         |                    |                       |
| Du val                   | ring the past 2 years, I haue.  | ive not sold or g                 | iven away any         | assets for less th | nan fair market       |
|                          | ring the past 2 years, I ha<br>market value.  | ive sold or giver                 | away only the         | assets listed be   | low for less than     |
|                          | Description   | Date<br>Disposed<br>of            | Amount<br>Sold<br>for | Market<br>Value    | Cash<br>Value*        |
|                          |   |                                   |                       |                    |                       |
|                          |   |                                   |                       |                    |                       |
| Cash Val                 | ue is the market value of<br>asset to cash. Such rea  | the asset minus sonable costs inc | reasonable cos        | ts incurred in se  | lling or converting   |
| 2.                       | Penalties for withdrawi<br>Broker/legal fees for th<br>Settlement costs for rea                                   | e sale or conver                  | sion of assets,       | -                  |                       |
| hat it is a<br>ionally m | en made aware of the pro<br>criminal offense, punisha<br>ake false or inaccurate st<br>r within its jurisdiction. | able by a \$10.00                 | 0 fine or 10 ve       | ars imprisonmer    | it or both, to inten- |
|                          |   |                                   |                       |                    |                       |

|  | DENDUM TO LEASE PERSONAL PROPERTY AGREEMEN   |
|--|--|
| Upon surrender or abandonment liable or responsible for storage of | of the apartment by the tenant, the landlord shall not or disposition of the tenant's personal property. |
| Tenant Signature   | Date   |
| Tenant Signature   | Date   |
| Site Manager   | Date   |
| Property Name  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

### 30 DAY NOTICE

OF

### TENANT'S INTENT TO VACATE

| то:  |
|--|
| Please be advised that the undersigned tenant intends to terminate his tenancy of the premises listed below on:  |
| TERMINATION DATE:  |
| CURRENT STREET ADDRESS:APT.#   |
| CITY: STATE: ZIP:  |
| This notice is in accordance with Sec. 1946 of the California Civil Code which that a 30 day written notice must be given and that rent shall be due and payable to and including the date of termination. |
| It is understood that any deposit refund, if applicable, will be forwarded to tenant at the address listed below after his realease of the apartment and subsequent inspection by Owner/Manager.           |
| Receipt of the above notice is hereby acknowledged:  |
| Tenant's Signature Owner/Manager's Signature   |
| Tenant's Forwarding Address:   |
| NAME   |
| ADDRESS  |
| CITYSTATEZIP   |
| An inspection of the unit will be made with the outgoing tenant after the unit is completely cleared out. This <u>MUST</u> be done during regular business office hours <u>ONLY</u> .                      |

# ADDENDUM TO LEASE AGREEMENT This Addendum to the Lease Agreement, dated (Resident) and by and between \_\_\_\_ Volunteers of American National Housing Management (agent for \_\_\_\_ \_\_\_\_\_, the Owner, is All conditions and provisions of said Lease Agreement shall remain unchanged except for the following, which shall be adjusted as provided below, as of the effective date set forth above: \_\_\_\_ GROSS RENT \_\_\_\_ UTILITY ALLOWANCE CONTRACT RENT \_\_\_\_ ASSISTANCE PAYMENT \_\_\_\_ TOTAL TENANT PAYMENT \_\_ TENANT RENT The parties to the above referenced Lease Agreement hereby signify their agreement to this Addendum by affixing their signatures below: Resident/Date Resident/Date Landlord/Date By:

# 30 DAY NOTICE RENT CHANGE

|  |   |  | _  |                |                |
|--|---|--|--|----------------|----------------|
| Dear Res   | dent:   |  |  |                |                |
| position, y<br>is effective  | our rent has be with the rent   | een adjusted to a due for the mon                            | ur recent review of th of ease agreement w |                | . This new ren |
| rent you p   | ay for each mo  | onth.  Ital office upon re                                   | ceipt of this notice t                     |                |                |
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| You must which rep signed no if you hav                                  | ay for each mocome to the reraces the previous later thane a any question               | onth.  atal office upon re ous one and becomes or if you wis | ceipt of this notice tomes an addendur     | n to your leas | se and must be |
| rent you p<br>You must which rep<br>signed no<br>if you hav<br>Thank you | ay for each macome to the reraces the previous later thane a any question for your coop | onth.  atal office upon re ous one and becomes or if you wis | ceipt of this notice tomes an addendur     | n to your leas | se and must be |

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White-Original; Canary-Retain in File

### GENERAL LEDGER ADJUSTMENT FORM Preparied By: Resident Manager Community Name: Approved By District Manager Partnership Number: General Ledger Month Being Adjusted: Forwarded To: Analyst From Account Invoice Partial Account Reason For Adjustment Number Amount Number Vendor Name (Should equal total below) Total To Account Invoice Partial Account Reason For Adjustment Vendor Name Amount Rcl Number (Should equal total above) Total ONLY ONE VENDOR PER REQUEST

| 11 #<br>#   |  |          |                         | AN                | NAGEMENT USE O<br>NLAL<br>TERIM | ONLY: (Curcle One)           |
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| CHECKING<br>Family<br>Memoer                        |                         | mre: Bank Name          | Basic Address   |  |
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U.S. Department of Housing and Urban Development Office of Inspector General



P-88-2

### Things You Should Know

Don't risk your enanges for Federally assisted housing by providing faise, incomplete or inaccurate intermation on your application and recertification forms

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information

### Penalties for Committing

The United States Department of Housing and Urban Development (HLDplaces a high priority on preventing fraud. If your application or recertification forms contain faise or incomplete information, you may be

- Evicted from your apartment or house.
   Required to reper all overpaid rental assistance you received.
   Fined up to \$10,000.
- Imprisoned for up to 5 yeards, and/or
   Prohibited from receiving future assistance

Your State and local governments may have other laws and penalties as well

### Asking Questions

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your questions or find out what the answer is

Completing the When you give your answers to application questions, you must include the

- All sources of money you and any member of your family recent (wages, welfare payments, alianons, social security, pension, etc.)
  Any money you recent on behalf of your chaldren (child support, social) security for children (child support, social) security for children (child support, social).
  Income from seasest unserest from a savings account, credit onson or certificate of deposit, devalends from stocks, etc.).
  Examings from second jud or part tame job.
  Any associapsied second classic as a bosses or pay rais you expect to recent?

- All bank accounts, savings bonds, certificate of deposit, stocks, real estate etc., that are owned by you and any adult member of your family/househol who will be living with you
- Any business or asset you sold in the last 2 years for less than its full value such as your home to your children

### Members

Family/Household 4 The names of all of the people (adults and children) who will actually be irving with you, wheather or not they are related to you

### Signing the Application

- \* Do not sign any form unless you have read it, understand it, and are sure
- When you sign application and certification forms you are claiming that they are complete to the best of your knowledge and belief. You are commuting find of you agan a form knowing that it contains false or musleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal. State or private agencies to verify that it is correct.

### Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recordly. You must report on

- All income changes, such as per increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value

### Beware of

) on should be aware of the following fraud schemes

- \* Do not pay any money to file an applicat

- Do not par any money to me an appearation.

  Do not par any money to me waturing its:

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  Get a written explanation if you are required to pay any money other than
  rent (such as maintenance charges)

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to made faise maneneous, report them to the manager of your project of PHA. If you cannot report to the manager, call the local H.T.O office or the H.UD Holtme on (2021 474-400. That is not a toll fire number: You can also write to the H.UD HOTLINE. Room 8254. 451 Seventh Street. S. W.

THE DOCUMENT MAY BE REPORTED

# Verifications depends on the control of the control

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Applicant's /Tenant's Consent to the
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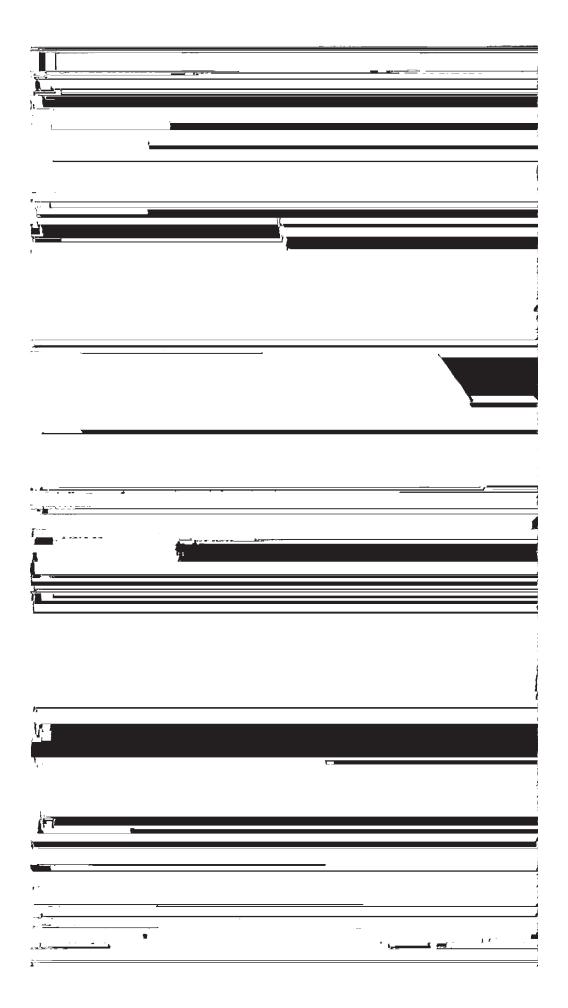
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| Resident's Name  |  |                  |          |                   |
|--|--|------------------|----------|-------------------|
| Resident's Name  | то:  |                  |          |                   |
| Resident's Name  |  |                  |          |                   |
| Resident's Name  | Dropastu   | Their No.        |          |                   |
| Address  |  |                  |          |                   |
| Date      |  |                  |          |                   |
| Forwarding Address or last known) (street address) (city) (state) (zip code or last known) (street address) (city) (state) (zip code or last known) (street address) (city) (state) (zip code or last known) (street address) (city) (state) (zip code or last known) (city) (city) (zip code or last known) (city) (cit |  |                  |          |                   |
| or last known) (street address) (city) (state) (zip code Amount of Security, Damage, and Cleaning Deposit  Amount of Other Deposit (Explain)   |  | Lease 1erm       |          |                   |
| Amount of Security, Damage, and Cleaning Deposit Amount of Other Deposit (Explain)  Rate Refund, if applicable (for periodto)  TOTAL CREDITS: \$  TOTAL CREDITS: \$  TOTAL CREDITS: \$  DEDUCTIONS:  Date Notice Given   | (or last known) (street address)                 |                  |          | (zip code         |
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| Amount Forfeited, if applicable  | DEDUCTIONS:                                      |                  |          |                   |
| Rent Due (for period to  | Date Notice Given (attach copy)                  |                  |          |                   |
| **Repairs (Explain)  | Amount Forseited, if applicable                  | \$               |          |                   |
| *Repairs (Explain) \$  | Rent Due (for period to)                         | , <b>s</b>       |          |                   |
| *Repairs (Explain)   | Keys Not Returned                                | \$               |          |                   |
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| S  |  | \$               |          |                   |
| PMiscellaneous (Explain)   |  |                  |          |                   |
| Coustanding Delinquent Charges (by Code) \$ (Code)  Remarks  |  |                  |          |                   |
| *Amounts must correspond to items listed on Unit Inspection Report  TOTAL DEDUCTIONS: \$()  UNIT INSPECTION REPORT MUST BE ATTACHED TO THIS REPORT.  BALANCE:  Amount Due Resident   | Outstanding Delinquent Charges (by Code)         |                  | (Code    | )                 |
| *Amounts must correspond to items listed on Unit Inspection Report  TOTAL DEDUCTIONS: \$(  |  | s                | (Code    | _)                |
| *Amounts must correspond to items listed on Unit Inspection Report  TOTAL DEDUCTIONS: \$(  | Remarks  |                  |          |                   |
| UNIT INSPECTION REPORT MUST BE ATTACHED TO THIS REPORT.  BALANCE:  Amount Due Resident   |  | Report           |          |                   |
| Amount Due Resident  | ,  | ·                | NS: \$(  | )                 |
| Amount Due Resident  | UNIT INSPECTION REPORT MUST BE ATTACHED TO T     | THIS REPORT.     |          |                   |
| Amount Due Property  | BALANCE:   |                  |          |                   |
| Amount Due Property  | Amount Due Resident                              | **************** | 5        |                   |
| If due the Property, please remit the Property on-site Rental Office within 5 days from the receipt of this notice, or else the natter will be turned over for collection. If due the Resident, check is enclosed with this statement.  INSPECTION BY:  Date  (Community Administrator)  For Accounting Only:  Interest due \$ Total refund \$ Ck.# Date Pd.   | OR   |                  |          |                   |
| natter will be turned over for collection. If due the Resident, check is enclosed with this statement.  INSPECTION BY:  Date  (Community Administrator)  For Accounting Only:  Interest due \$ Total refund \$ Ck.# Date Pd.   | Amount Due Property                              |                  | \$(      | )                 |
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| APPROVED BY:   | INSPECTION BY:                                   | Date             |          |                   |
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|  | For Accounting Only:                             |                  |          |                   |
|  | Interest due \$ Total refund \$                  | Ck.#             | Date Pd  | . <u></u>         |
|  |  |                  |          |                   |

|   | RECERTIFICATION  |
|---|--|
|   | HECKLIST  Proposity Name   |
| Move-In   | Property Name Head of Household  |
| Application and attachments                         | Address  |
| Move-In Inspection Report                           | Move-In Date   |
| 50059/Worksheet/Cover Letter                        | Program  |
| Income Verification (in writing)                    |  |
| All Other Verifications (in writing)                |  |
| Home Visit Report Credit Report                     |  |
| Verification of Rental History                      |  |
| Lease/House Rules                                   |  |
| Orientation Verification                            |  |
| Other   | Effective Date (mo./day/yr.)   |
| (describe)  | Encure bate (inc. day)   |
| Recertification                                     | Check  |
| Initial Notification (10 days)                      |  |
| Second Notice (10 days)                             |  |
| Termination of Assistance Notice                    |  |
| Termination of Tenancy Notice                       |  |
| Lease Addendum                                      |  |
| 50059/Worksheet/Cover Sheet                         |  |
| Income Verification (in writing)                    |  |
| All Other Verification (in writing)                 |  |
| Increase/Decrease Notice to Resident                |  |
| Annual Inspection Report                            |  |
| Interim Adjustment                                  | Clark I discussed in file  |
| 30 Day Notice Increase                              |  |
|   | Effective Date (mo./day/yr.)   |
| Post Incress  |  |
| Rent Increase  Increase/Decrease Notice to Resident | Chock if document is Ble   |
| 50059/Worksheet/Cover Letter                        |  |
| Lease Addendum                                      | and the second s |
|   |  |
| Move Out  |  |
| Date  |  |
| Keys Returned                                       | Transfers  |
| Security Deposit Refund Form                        | 50059/Worksheet  |
| Credit Report                                       | Lease  |
| Net Duc Resident \$                                 | Reason For Transfer  |
| Net Due Property\$                                  | New Unit #   |
| Move-Out Inspection                                 | Unit Inspection  |
| you lease to resident again - Yes or No?            | Security Deposit Transfer Documentation  |
| ents  |  |
|   |  |

| Name   |         |            |       |                        |
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### VERIFICATION PROGRESS REPORT

| TYPE OF VERIFICATION              | DATES       |               | NOTES    |   |
|-----------------------------------|-------------|---------------|----------|---|
|                                   | Sent        | 2nd<br>Notice | Returned |   |
| COME                              |             |               |          |   |
| cial Security Admin/SSI           |             |               |          |   |
| ailroad Retirement                |             |               |          |   |
| eterans Admin/Military            |             |               |          |   |
| /elfare                           | <del></del> |               | l        |   |
| hild Support                      |             |               |          |   |
| ployment sion & Annuities         |             |               |          |   |
| employment Compensation           |             |               |          |   |
| orkmen's /Disability Comp.        |             |               |          |   |
| ucational Asst. & F.T. Stud. Exp. |             |               |          |   |
| SSETS                             |             |               |          |   |
| Banking                           | ļ           |               |          |   |
| Real Estate                       |             |               |          |   |
| tocks/ Bonds                      |             |               |          |   |
|                                   |             |               |          |   |
| XPENSES                           | -           |               |          | [ |
| andicap Assist Expense            |             |               |          |   |
| hild Care/Depndnt/Handicap Care   |             |               |          |   |
| Medical Expense                   |             | <b> </b>      |          |   |
| dd'l Insurance Premiums           |             |               | i        |   |
| Payment Plan (Coll. Agency)       | 1           |               |          |   |
| RX (Pharmacy) & OTC Drugs         |             | I             |          |   |

VeriProg Rpt Effective 3-95

OTHER
Special Needs

| VERIFICATION OF PRESCRIPTION(S) & OTC DRUGS  | 1  |  |
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| ADDRESS  |  |  |
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| ADDRESS  This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person is eligibility or level of benefits.   |  |  |
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