



Volunteers of America

Property Forms Manual

Reorder From:

WOOD Printing Company

1418 Seegar Street

Dallas, Texas 75215

(214) 421-7393

(800) 327-4892

Fax (214) 426-4020

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VOA-National Housing Management Order Form

SEND OR FAX ALL ORDERS TO:

WOOD PRINTING COMPANY

P.O. BOX 152569

DALLAS, TEXAS 75315-2569

(214) 421-7393 • (800) 327-4892

FAX (214) 426-4020

NO. OF
PACKAGES

FORM NUMBER

PRICE
PER
PACKAGE

AMOUNT

APARTMENT NAME

STREET

BOX

CITY

STATE

ZIP

P.O. #

PROPERTY #

DATE

ATTENTION

SHIP VIA

☐

UPS

☐

UPS 2ND DAY

☐

UPS NEXT DAY

SPECIAL INSTRUCTIONS:

☐ Please Call About Printing Brochures or Stationary

☐ Other:

\$ 10.00 Minimum

TOTAL ➡

Volunteers of America - National Housing Management

Forms Price List

V-000	2-Color Business Cards	500	51.45
V-001	2-Color Letterheads	500	120.00
V-001A	2-Color Mailing Labels	500	156.45
V-002	2-Color Envelopes	500	159.40
V-003	2-Color Parking Permits-Prenumbered	100	69.00
V-003A	2-Color Name Badges-w/Magnetic Back	1	19.00
V-004	Emergency Magnetic Refrigerator Card	25	131.25
V-005	Unit Inspection Report-3 Part, 3 Pages	25	30.00
V-006	Resident Deposit Accounting Report, 4 Part	25	13.65
V-007	Annual Unit Inspection Report, 3 Part	25	10.00
V-008	Responsibility Form, 2 Part	25	8.95
V-009	Rent Collection Policy Lease Addendum, 2 Part	25	8.95
V-010	Disability Benefits Verification, 2 Part	25	8.95
V-011	Verification of Assets, 2 Part	25	8.95
V-012	Verification of Social Security Information, 2 Part	25	8.95
V-013	Verification of Unemployment Benefits, 2 Part	25	8.95
V-014	Verification of Alimony/Child Support, 2 Part	25	8.95
V-015	Verification of Public Assistance, 2 Part	25	8.95
V-016	Alternate Form of Verification of Employment, 2 Part	25	8.95
V-017	Asset Divestiture Certification, 2 Part	25	8.95
V-018	Non-Liability for Personal Property Agreement, 2 Part	25	8.95
V-019	30 Day Notice of Tenants Intent to Vacate, 2 Part	25	8.95
V-020	Rent Adjustment Addendum, 2 Part	25	8.95
V-021	30 Day Notice Rent Change, 2 Part	25	8.95
V-022	General Ledger Adjustment Form, 2 Part	25	8.95
V-023	Annual Interim Recertification Application, 3 Pages	100	30.45
V-024	Things You Should Know, 1 Page	100	9.45
V-025	HUD Fact Sheet, 2 Pages	100	21.00
V-026	Drug Free Housing Lease Addendum, 2 Part	25	11.55
V-027	Resident Deposit Account Report, 3 Part	25	14.70
V-028	Resident (Re)Certification Checklist	100	18.90
V-029	Standard Time Cards	100	5.25
V-030	Verification Progress Report, 1-pt./1-pg.	100	7.90
V-031	Verification of Prescription(s) & OTC Drugs, 2-pt./2-pg.	25	16.30

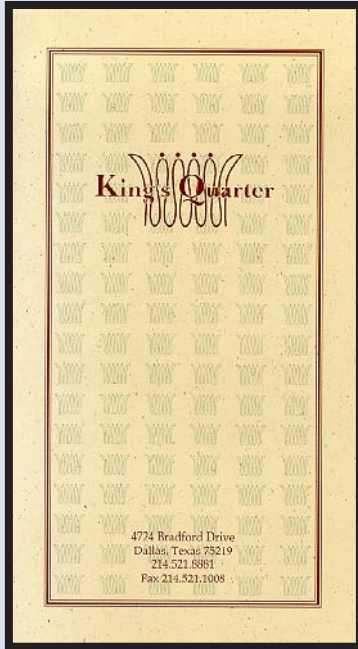
Stationery will be printed in Corporate Colors, PMS 484 Red and PMS 301 Blue



PRINTING CO.

Brochures • Design • Forms • Fulfillment • Promotions • Signage

Show Specials !!



Community Brochures or Floorplans

Starting at \$195.00

Call For Free Catalog !

Free Business Cards

*With the Purchase
of matching
Letterhead & Envelope*

Quarry Oaks Apartments

3950 Evelyn Avenue
Rocklin, CA 95677

A Volunteers of  America Community

FIRST CLASS MAIL

Mailing Labels

Starting at \$89.00



Cross Creek Apts.

1001

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AAGD Trade Show
Market Hall
April 6, 2000**



Printing Company, Dallas, Texas 75215 • (214) 421-7393 • (800) 327-4892

20+ Year Member of Local Apartment Association

For More Information: www.apartmentforms.net



PRINTING CO.

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Colorful Koozies
Starting at 95¢ each

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Quality Key Chains
Starting at 39¢ each

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20+ Year Member of Local Apartment Association

For More Information: www.apartmentforms.net

Montbello Manor Apartments

4355 Carson Street

Denver, CO 80239

(720) 374-4955 Fax: (720) 374-4952 TDD Available





Sierra Manor Apartments

2350 Paradise Drive
Reno, NV 89512

Cambridge Gardens Apartments

3533 Harrison Street
Riverside, CA 92503
(951) 352-7701 • Fax (951) 352-7703

Toni Gaines

Community Administrator



Volunteers of America®

Creekside Manor Apartments I & II

Sandra Munt

Service Coordinator

1335 Pierce Street
Suite A
Clearwater, Florida 33756
Tel: 727-445-9727 Fax: 727-445-9798



Volunteers of America®
Texas

Margaret Cannon

Service Coordinator, Buckingham Gardens

209 Buckingham Lane
Navasota, TX 77868
www.voatx.org

Phone 936.825.3817
Fax 936.825.3914
Email: mcannon@voatx.org



Volunteers
of America

Pete Minns

Maintenance Supervisor

Greenbriar Apartments

2844 Wright Street
Sacramento, California 95821
Tel: (916) 488-5474
Cell Phone: 600-7170
Pager: 590-5125
E-Mail: IZEHAVITT@YAHOO.COM
A Community Service of Volunteers of America

Kerrville Oaks

850 Clay St., Kerrville, TX 78028 (830) 257-6171

Evergreen Villa

805 East Hwy., Fredricksburg, TX 78624 (830) 990-1152

Kay Welch

Community Administrator



Volunteers
of America

Ken Wright

Maintenance Supervisor

Sierra Manor Apartments

2350 Paradise Drive
Reno, NV 89512
(775) 331-4166 Fax (775) 331-1766
Email sierramanor@earthlink.net

A Community Service of Volunteers of America



Volunteers
of America®

Gerrie Zuris

Assistant Comm. Admin.

Sierra Manor Apartments

2350 Paradise Drive
Reno, NV 89512
(775) 331-4166 Fax (775) 331-1766
Email: sierramanor@voa.org

A Community Service of Volunteers of America



Volunteers of America®
Texas

Angela Panzica, LMSW

Service Coordinator

Heights Manor Apartments
1127 Herkimer Street
Houston, TX 77008-6745
713.802.9947 Fax 713.802.2005

Lord Tennyson Apartments

2191 W. Tennyson Road
Hayward, CA 94545
(510) 785-1101 Fax: (510) 785-4669



North Park Plaza Apartments

8201 45th Avenue North
New Hope, MN 55428
(763) 535-6794 Fax: (763) 535-3286 Cell: (612) 590-6131

Young Kim

Maintenance Engineer



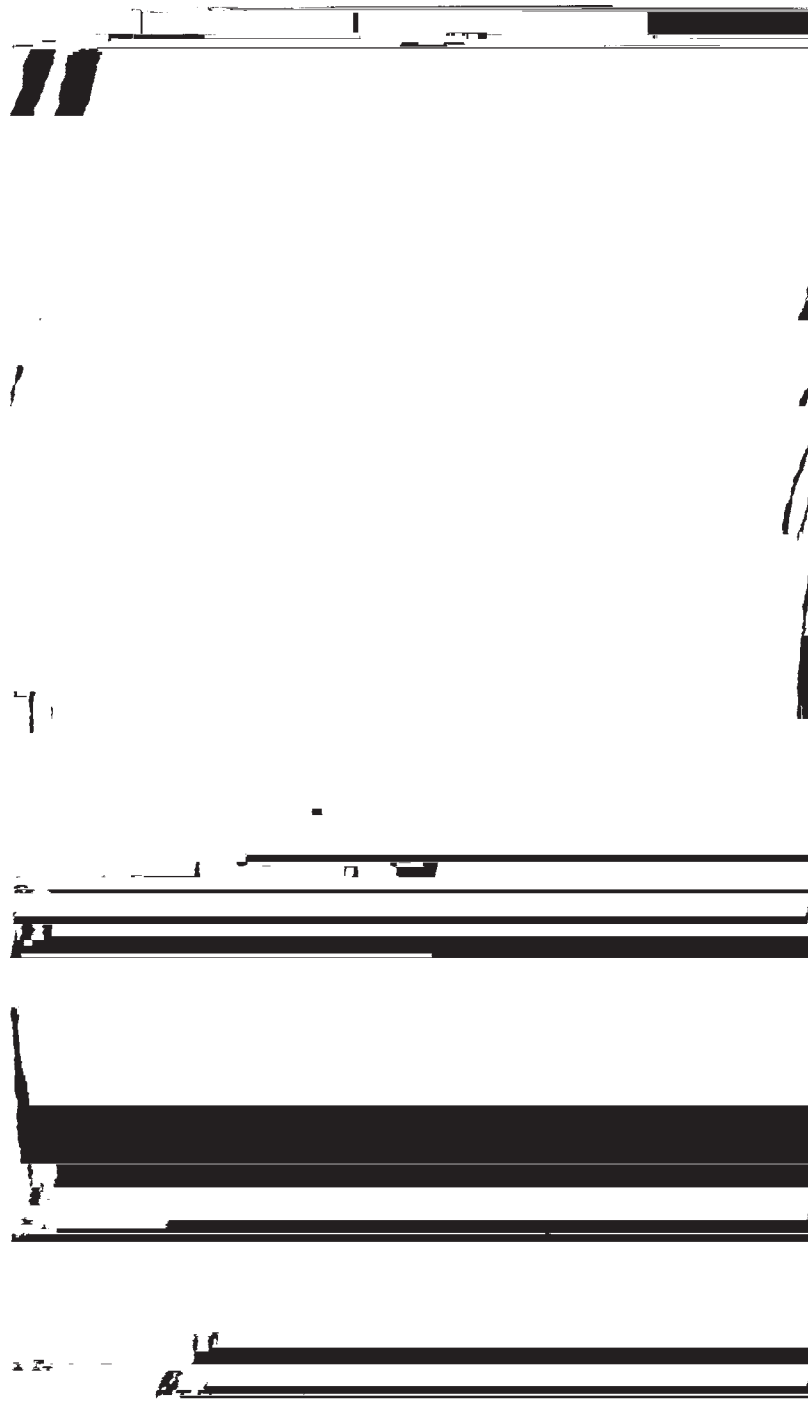
Volunteers
of America®

Sierra Manor Apartments

2350 Paradise Drive
Reno, NV 89512



FIRST CLASS MAIL





**Volunteers of America
National Housing Corp.**

**Ricky Smith
Wind Run Apartments**

POLICE _____

SHERIFF _____

FIRE _____

AMBULANCE _____

**EMERGENCY 911
REFRIGERATOR CARD**

DATE CARD COMPLETED _____ DATE CARD COMPLETED _____

NAME #1 _____ NAME #2 _____

PHONE _____ DATE OF BIRTH _____ PHONE _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ SOCIAL SECURITY NUMBER _____

ALLERGIES _____ ALLERGIES _____

MAJOR ILLNESSES _____ MAJOR ILLNESSES _____

WHOM TO CONTACT NAME & PHONE # _____ WHOM TO CONTACT NAME & PHONE # _____

1 _____

2 _____

3 _____

DOCTOR _____ NAME _____ PHONE _____ DOCTOR _____ NAME _____ PHONE _____

HEALTH CARE PLAN _____ HEALTH CARE PLAN _____

MEDICARE # _____ MEDICARE # _____

MEMO

A Community Service of  Volunteers of America

VOA WAS ESTABLISHED IN 1896 AND IS ONE OF AMERICA'S LARGEST MULTI-PURPOSE SERVICE AGENCIES, OFFERING PROGRAMS FOR THE ELDERLY, FAMILIES, YOUTH OFFENDERS, ALCOHOLICS, DRUG ABUSERS AND THE DISABLED. *Compassion is VOA's NATIONAL HOUSING CORP*

MEDICATIONS

NAME #1 MEDICATION

CURRENT MEDICATION	DOSAGE	HOW OFTEN TAKEN	WHEN

ADDITIONAL NEED TO KNOW INFORMATION: _____

NAME #2 MEDICATION

CURRENT MEDICATION	DOSAGE	HOW OFTEN TAKEN	WHEN

ADDITIONAL NEED TO KNOW INFORMATION: _____

Project Name: _____ Inspection Date Move-In: _____
Unit No. / Name: _____ Inspection Date Move-Out: _____
No. of Keys at Move-In: _____ No. of Keys at Move-Out: _____

	MOVE-IN DATE			MOVE-OUT DATE		
ITEM	Sat.	Sund.	Lead Work Needed	Sat.	Sund.	Charge To Tenant
ENTRANCE						
Door & Strap						
Doorbell						
Peephole						
Light Fixture						
Security Chain						
Door Belts						
LIVING ROOM						
Floor Covering						
Walls & Ceiling						
Down & Steps						
Windows						
Window Covering						
Reeds / Holes						
Light Fixture						
Elec. Switches & Outlets						
Screens						
Storm Windows						
T.V. Outlets						
Ceiling Fan						
KITCHEN						
Floor Covering						
Walls & Ceiling						
Light Fixtures						
Elec. Switches & Outlets						
Vent Fan						
Sink & Sinks						
Dishpan						
Counter Tops						
Cupboards						
Stove Top						
Oven						
Refrigerator						
Window						
Window Covering						
Window Screen						
Storm Windows						
BEDROOM						
Doors & Steps						
Floor Covering						
Walls & Ceiling						
Light Fixture						
Elec. Switches & Outlets						
Window						
Window Covering						
Window Screen						
Storm Window						
Closet Door						
Closet Rod						
Emergency Belch						
BATHROOM						
Door & Step						
Floor Covering						
Walls & Ceiling						
Mirror / Medicine Cabinet						
Tub & Shower						
Shower Head						
Linenary						
Commode						
Cabinets						
Light Fixture						
Vent Fan						
Elec. Switches & Outlets						
Towel Racks						
Grab Bars						
Counter Top						
Fixture Holers						
Emergency Panel						
Handicap Shower Bench						

[illegible][illegible]

of the I certify that the foregoing report correctly represents the condition of the above-identified unit. If this report discloses any deficiencies, I certify that they will be remedied within 30 days of the date this Tenant moves into this unit.

Move-In _____ inspector for owner
Date _____
Move-Out _____ inspector for owner
Date _____

000000 1-14-68 WTB)

Revised 3/97

ORIGINAL and CANARY: To Tenant File at Move-In; PINK To Tenant at Move-In
CANARY To Tenant at Move-Out w/Security Deposit Processing

Work Orders issued for repairable items at Move-In

Montenegro WO # _____

Power W O # _____

Date _____

Date _____

Date _____

RESIDENT DEPOSIT ACCOUNTING REPORT

TO: _____

Property _____ Unit No. _____
 Resident's Name _____ Subsidy Type _____
 Address _____ Resident Portion of Rent \$ _____
 Date Occupied _____ Date Vacated _____ Lease Term _____
 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 period ____ to ____) \$ _____
 TOTAL CREDITS: \$ _____

DEDUCTIONS:

Date Notice Given _____ (attach copy)
 Amount Forfeited, if applicable..... \$ _____
 Rent Due (for period ____ to ____)..... \$ _____
 Keys Not Returned \$ _____
 *Excessive Cleaning (Explain) _____ \$ _____

 *Repairs (Explain) _____ \$ _____
 Legal/Court Costs _____ \$ _____
 *Miscellaneous (Explain) _____ \$ _____
 Outstanding Delinquent Charges (by Code) _____ \$ _____ (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 \$ _____
 OR
 Amount Due Property..... \$(_____)

If due the Property, please remit the Property on-site Rental Office within 5 days from the receipt of this notice, or else this matter will be turned over for collection. If due the Resident, check is enclosed with this statement.

INSPECTION BY: _____ Date _____
 APPROVED BY: _____ Date _____
 (Community Administrator)

For Accounting Only:

Interest due \$ _____ Total refund \$ _____ Ck.# _____ Date Pd. _____

VOANHC Form RDAR 5
 Revised 12/98

ANNUAL UNIT INSPECTION REPORT

Project Name: _____ Date of Inspection: _____

Name of Family: _____

Unit No.: _____ No. of B.R.'s: _____ No. of Baths: _____

	Acceptable		Repairs Needed (Comments)		Acceptable		Repairs Needed (Comments)
	Yes	No			Yes	No	
KITCHEN				BEDROOM NO. 3			
Ceiling				Doors			
Doors				Walls			
Walls				Ceiling			
Floors				Floor			
Stove				Elec Fixtures			
Refrigerator				Window			
Drainboard				Closet			
Sink				BEDROOM NO. 4			
Elec Fixtures				Doors			
Cabinets				Walls			
Other				Ceiling			
BATHROOM				Floor			
Doors				Elec Fixtures			
Walls				Window			
Ceiling				Closet			
Floor				HEATING EQUIPMENT			
Toilet				Furnace			
Basin				Filter			
Tub or Shower				Thermostat			
Elec Fixtures				Hot Water Htr			
Window				MISCELLANEOUS			
LIVING ROOM AND DINING AREA				Screens			
Doors				Drapes/Blinds			
Walls				Porch			
Ceiling				Stairs			
Floor				YARDS			
Elec Fixtures				Front			
Window & Screen				Back			
Closet				Side			
BEDROOM NO. 1				OTHER			
Doors				A/C Filter			
Walls				Smoke Alarm			
Ceiling				Emergency			
Floor				Cell Sys.			
Elec Fixtures				Basement			
Window				Housekeeping			
Closet				Mailbox			
BEDROOM NO. 2				Drapes/Shades			
Doors				Hot Water Htr			
Walls							
Ceiling							
Floor							
Elec Fixtures							
Window							
Closet							

Family Certification

I certify that the foregoing report correctly represents the conditions of the above-identified unit.

Signature of family member(s) who made this inspection:

Owner's Certification

I certify that the foregoing report correctly represents the condition of the above-identified unit. If this report discloses any deficiencies, I certify that they will be remedied within 30 days of the date this tenant moves into this unit.

Signature of Owner:

VOANHC Complex/Insp.
07/19/91



YOUR NAME
YOUR ADDRESS
CITY, STATE ZIP CODE

Date: _____

Apartment No.: _____

Dear _____:

During the recent annual inspection, we found the following items needing attention:

<u>Your Responsibility</u>	<u>Our Responsibility</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Your apartment will be re-inspected in 14 days.

Our responsibilities will be written up on a maintenance request and will be repaired within a reasonable time period.

Please report any repairs needed but not listed.

Thank you for your cooperation.

Sincerely,

Manager

VOANTHC INSUREPAIRS



**RENT COLLECTION POLICY
LEASE ADDENDUM**

1. All rents are due and payable on or before the first day of the month at the Rental Office.
2. All payments must be by check, money order or cashier's check. The Rental Office is not permitted to accept cash.
3. 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 fifteenth 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 fifth 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.
5. 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.
6. 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 reference.

SIGNATURES:

TENANT:

BY:

1. _____
2. _____

DATE: _____
DATE: _____

LANDLORD:

BY:

_____ **DATE:** _____

Reprint 8/95
Rc\$10.500

DISABILITY BENEFITS VERIFICATION

PLEASE NOTE RETURN ADDRESS GIVEN BELOW

Date

TO: _____

RE: _____

Social Security Number

Disability Claim Number

Disability Plan Number

Current Gross Monthly Disability Payments \$ _____

Total Gross Disability Income expected for the next 12 months \$ _____

Remarks (Please indicate any anticipated changes): _____

BY: _____ Date: _____

Title: _____

PLEASE RETURN TO:

TO THE ADDRESSEE HEREIN:

You are hereby authorized to furnish all information requested on this inquiry.

SIGNED: _____ DATE: _____

(VOANH-C-Form DBV-13)
10/87



VERIFICATION OF ASSETS

Occupancy Manager

RETURN THIS VERIFICATION OF THE PERSON LISTED HERE

Subject: Verification of Information Supplied by an Applicant for Housing Assistance

Name _____
 SSN _____
 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'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, tenant has consented to this release of information as shown below.

I certify that _____ (SSN: _____) currently holds the following:

Savings account(s) Account #	Current balance	Interest rate
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %

Checking Account(s) Account #	Average balance for past 6 months	Current Balance	Interest rate
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %

Other Assets (CD's, IRA's, Market Money Funds, Trusts, etc.)

Account Number	Type of Account	Interest Rate	Total Value	Cash Value*
_____	_____	_____ %	_____	_____
_____	_____	_____ %	_____	_____
_____	_____	_____ %	_____	_____

Stocks

Description	Value per share	# of shares	Dividend Frequency	Amount of last div.	Cash Value*
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____

*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)

Information provided by:

Name _____	Title _____	Date _____
Institution _____	Phone Number _____	

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is not 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 _____



VERIFICATION OF UNEMPLOYMENT BENEFITS

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 _____

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'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/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED

Gross Weekly Payment: \$ _____

Date of Initial Payment: _____

Duration of Benefits: _____ weeks

Is the claimant eligible for further benefits? _____ YES _____ NO

If "Yes", how many weeks? _____

If "No", what is the termination date of benefits? _____

NAME AND TITLE OF PERSON _____ AGENCY/ORGANIZATION _____

SUPPLYING THE INFORMATION (PRINT) _____

SIGNATURE _____ DATE _____

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

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.

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 willfully making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or 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 false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent 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 42 U.S.C. 208 (f) (3) 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 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: _____

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'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/tenant has consented to this release of information as shown below.

I certify that I pay \$ _____ per _____ as alimony or child support to:

Name: _____

Address: _____

Remarks _____

Name _____ Signature _____ Date _____

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

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.

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 willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or 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 false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent 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 42 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 PUBLIC ASSISTANCE

Date _____

To _____

From _____

Occupancy Manager

RETURN THIS VERIFICATION TO THE PERSON LISTED HERE.

Subject: Verification of Information Supplied by an Applicant for Housing Assistance

Name _____

SSN _____

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's eligibility or level of benefit.

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/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED

Rate Per Month

Date of Initial Assistance _____

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

\$ _____

Total amount of public assistance given during the past 12 months \$ _____

NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION (PRINT)

FIRM/ORGANIZATION

SIGNATURE

DATE

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

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.

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 willfully making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures of 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 false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent 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 42 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.

Asset Divestiture Certification

I, _____, certify that:

- ☐ During the past 2 years, I have not sold or given away any assets for less than fair market value.
- ☐ During the past 2 years, I have sold or given away only the assets listed below for less than fair market value.

Description	Date Disposed of	Amount Sold for	Market Value	Cash Value*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Cash Value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. Penalties for withdrawing funds before maturity,
2. Broker/legal fees for the sale or conversion of assets,
3. Settlement costs for real estate transactions.

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

Tenant's Signature

Date

ADDENDUM TO LEASE
NON-LIABILITY FOR PERSONAL PROPERTY AGREEMENT

Upon surrender or abandonment of the apartment by the tenant, the landlord shall not be liable or responsible for storage 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

TO: _____

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 release of the apartment and subsequent inspection by Owner/Manager.

Receipt of the above notice is hereby acknowledged: _____
Date

Tenant's Signature Owner/Manager's Signature

Tenant's Forwarding Address:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

An inspection of the unit will be made with the outgoing tenant after the unit is completely cleared out. This MUST be done during regular business office hours ONLY.

ADDENDUM TO LEASE AGREEMENT

This Addendum to the Lease Agreement, dated _____,
by and between _____ (Resident) and
Volunteers of American National Housing Management (agent for _____,
the Owner, is
effective _____, 2_____.

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

DATE _____

TO: _____

FROM: _____

Dear Resident:

This is to notify you that on the basis of our recent review of your income and family composition, your rent has been adjusted to \$_____. This new rent is effective with the rent due for the month of _____. This notification amends Paragraph 3 of your Lease agreement which sets forth the amount of rent you pay for each month.

You must come to the rental office upon receipt of this notice to sign your HUD Form 50059 which replaces the previous one and becomes an addendum to your lease and must be signed no later than _____. You may call _____ if you have any questions or if you wish to arrange a meeting to discuss this change.

Thank you for your cooperation.

Sincerely,

Property Manager

White-Original; Canary-Retain in File



GENERAL LEDGER ADJUSTMENT FORM

Community Name: _____
 Partnership Number: _____
 General Ledger Month Being Adjusted: _____

Prepared By: _____ Resident Manager
 Approved By: _____ District Manager
 Forwarded To: _____ Analyst

From Account

Account Number	Amount	Invoice Number	Partial Rcl	Vendor Name	Reason For Adjustment
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total	_____	(Should equal total below)			

To Account

Account Number	Amount	Invoice Number	Partial Rcl	Vendor Name	Reason For Adjustment
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total	_____	(Should equal total above)			

ONLY ONE VENDOR PER REQUEST

ANNUAL/INTERIM RECERTIFICATION APPLICATION

UNIT # _____ MANAGEMENT USE ONLY (Circle One)
 DATE _____ ANNUAL
 TIME _____ INTERIM

OTHER _____

PLEASE PRINT ALL INFORMATION REQUESTED ON THIS FORM IN YOUR OWN HANDWRITING USING THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AND HAVE AN ADULT HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER SIGN BELOW CERTIFYING THAT THE INFORMATION FURNISHED IS TRUE AND ACCURATE.

HOUSEHOLD COMPOSITION

LIST ALL PERSONS INCLUDING YOURSELF who will reside in the unit. NOTE: The number to the left indicates the "Family Member Number" and is the number requested in the remaining sections of this application.

Family Member Number	Full Name	Relationship	Sex	Age	Birthday	Occupation	See Sec. 10 of Asset Report
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Has any of the above household members ever been listed in the following:

Any other any other persons who will live in the residence on a less than full-time basis _____

If you answered YES to either question, please explain: _____

INCOME

EMPLOYMENT ONLY: List all full-time, part-time and seasonal employment for ALL household members including non-employment income. If you are a member from "Other Income" see item 10 of Asset Report.

Family Member Number	Source of Income	Address of Source of Income/Contact Person and Telephone Number	Estimated Annual Income (Yearly Total)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

INCOME FROM OTHER SOURCES: List ALL income from sources other than employment for ALL household members. This includes but is not limited to Public Assistance, Social Security, SSI, Disability Compensation, Unemployment Compensation, Alimony, Child Support, Educational Grants or Scholarships, etc.

Family Member Number	Source of Income	Address of Source of Income/Contact Person and Telephone Number	Estimated Annual Income (Yearly Total)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

ASSETS CHECKING ACCOUNTS

Family Member Number	Account Number	Bank Name	Bank Address	Avg. Bal.	Current Bal.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

SAVINGS ACCOUNTS

Family Member Number	Account Number	Bank Name	Bank Address	Current Bal.	Rate of Interest
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

STOCKS, BONDS, CREDIT UNION SHARES, C.D.'S, LIFE INSURANCE POLICIES, SURRENDER VALUE, ETC.

Family Member Number	Description of Asset/Account Number (i.e. C.D. #00454122)	Current Value of Asset	Annual Income From Asset	Interest Rate
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

NOTE: If more space is needed, please list on separate sheet of paper and attach to this application.

AUTOMOBILES AND OTHER VEHICLES: List all motor vehicles, including motorcycles, owned by or registered to household members.

Family Member Number	Make and Model Number	Year	License Plate No.	State	Color	Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

The following questions pertain to yourself and every member of your household who owns an auto. Check either YES or NO in response to each question and also an explanation if requested.

MISCELLANEOUS (These questions apply to ALL HOUSEHOLD MEMBERS)

Question	YES	NO
1. Are you or any household member currently operating a child?		
2. If yes, what is the information date?		
3. Do you own a car? (i.e. Car, Truck, etc.)		
4. Have you or any member of your household sold or given away any new property or other assets in the last two (2) years?		
5. If yes, please explain:		
6. Do you have any life insurance policies that have a surrender value?		
7. If so, what is the total surrender cash value of the policies?		
8. Please list your current insurance carriers:		
9. Please list the name and telephone number of the person to be contacted in the case of emergency:		
NAME: _____ TEL: _____		

INCOME INFORMATION

Question	YES	NO
1. Is any member of your household unemployed full-time, part-time or seasonally?		
2. Does any member of your household expect to work for any period during the next twelve (12) months?		
3. Does any member of your household work for someone who gives them a ride?		
4. Is any member of your household on leave of absence from work due to an illness, medical reason, maternity or military leave?		
5. Does any member of your household now receive or expect to receive child support?		
6. Does any member of your household now receive or expect to receive alimony?		

1. Does any member of your household now receive or expect to receive public assistance? _____

2. Does any member of your household now receive or expect to receive Social Security benefits or SSI? _____

3. Does any member of your household now receive or expect to receive income from pension, annuity or veteran's benefits? _____

4. Does any member of your household receive income from assets including income on checking or savings accounts, interest and dividends from Certificates of Deposit (C.D.s), bonds or notes, or income from rental property? _____

5. Does any member of your household receive regular cash contributions from individuals not living with you or from agencies? _____

ASSET INFORMATION

Question	YES	NO
1. Do you own a home or other real estate?		
2. If yes, do you receive income from this? YES NO. If yes, how much?		
3. Have you sold or given away any property or other assets in the past two (2) years for less than Fair Market Value?		
4. If yes, please explain:		
5. Do you own any life insurance policies with a surrender value?		
6. If so, what is the combined total surrender value?		

EXPENSES

Question	YES	NO
1. Does any adult in your household attend school full-time?		
2. Do you have a child who would enable you or another household member to work, go to school or work without pay?		

HANDICAPPED AND/OR ELDERLY HOUSEHOLDS ONLY:

Question	YES	NO
1. Is the head of the household or co-head of this household handicapped or disabled?		
2. Is anyone else in the household handicapped or disabled?		
3. Do you pay for a care attendant for a handicapped member of the household in order to enable the person or persons to live in the household?		
4. Do you pay a "nurse"?		
5. If yes, what is your monthly payment?		
6. If yes, what is the name of the person?		
7. If yes, what is the person's address?		
8. Do you have any other kind of medical assistance?		
9. If yes, provide the following information:		
Full Name: _____		
Correct Name: _____		
Address: _____		
City: _____ State: _____ Zip: _____		
Amount of assistance: \$ _____		
10. Do you receive medical assistance through the Public Assistance Program?		
11. Do you have any outstanding medical bills on which you are currently paying?		
12. Do you expect to have any medical expenses during the next twelve (12) months that are not met for by insurance?		
13. If yes, list the type and amount of these medical expenses:		

WARNING: "TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. IF YOU, THE PIA AND THE OWNER OR ANY EMPLOYEE OF HIS, THE PIA 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 THE VERIFICATION FORMS IS RESTRICTED TO THE PURPOSES CITED THEREON. ANY PERSON WHO KNOWINGLY OR WILLFULLY REQUESTS, OBTAINS OR DISCLOSES ANY INFORMATION UNDER FALSE PRETEXTS CONCERNING AN APPLICANT OR PARTICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINED NOT MORE THAN \$250. ANY APPLICANT OR PARTICIPANT AFFECTED BY NEGLIGENT 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 PIA OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENALTY PROVISIONS FOR VIOLATING THE SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 42 U.S.C. 405 (b) (3) AND (b) (4). VIOLATION OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 U.S.C. 405 (b) (3) AND (b) (4)."

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

1. We certify that all information given in this application and any affidavits hereto is true, complete and accurate. We understand that if any of the statements is false, misleading or deceptive, intentional or otherwise, we are in violation of the law.

2. We agree to notify management in writing immediately regarding any changes in household income, expenses or assets.

3. We have read and understand the information in this application and we agree to comply with such information.

4. We have been notified that the Resident Selection Criteria which determines the procedures for placement; appointments is posted in the management office.

Appl. Signature: _____ Date: _____

Co-Appl. Signature: _____ Date: _____

Co-Appl. Signature: _____ Date: _____

Co-Appl. Signature: _____ Date: _____



May 1989
F-48-2

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

Purpose	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 Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">• Evicted from your apartment or house.• Required to repay all overpaid rental assistance you received.• Fined up to \$10,000.• Imprisoned for up to 5 years; and/or• Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
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 Application	When you give your answers to application questions, you must include the following information:
Income	<ul style="list-style-type: none">• All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.).• Any money you receive on behalf of your children (child support, social security for children, etc.).• Income from assets (interest from a savings account, credit union or certificate of deposit, dividends from stocks, etc.).• Earnings from second job or part time job.• Any anticipated income (such as a bonus or pay raise you expect to receive).

Assets	<ul style="list-style-type: none">• All bank accounts, savings bonds, certificate of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household 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.
Family/Household Members	<ul style="list-style-type: none">• The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
Signing the Application	<ul style="list-style-type: none">• Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.• When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading 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	<p>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 recertify. You must report on recertification forms:</p> <ul style="list-style-type: none">• All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.• Any family/household member who has moved in or out.• 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 Fraud	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none">• Do not pay any money to file an application.• Do not pay any money to move up on the waiting list.• Do not pay for anything not covered by your lease.• Get a receipt for any money you pay.• Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).
Reporting Abuse	<p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8234, 451 Seventh Street, S.W. Washington, DC 20410.</p>



RESIDENT DEPOSIT ACCOUNTING REPORT

TO: _____

Property _____ Unit No. _____
 Resident's Name _____ Subsidy Type _____
 Address _____ Resident Portion of Rent \$ _____
 Date Occupied _____ Date Vacated _____ Lease Term _____
 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 period _____ to _____) \$ _____
 TOTAL CREDITS: \$ _____

DEDUCTIONS:

Date Notice Given _____ (attach copy)
 Amount Forfeited, if applicable..... \$ _____
 Rent Due (for period _____ to _____)..... \$ _____
 Keys Not Returned \$ _____
 *Excessive Cleaning (Explain) _____ \$ _____

 *Repairs (Explain) _____ \$ _____
 Legal/Court Costs _____ \$ _____
 *Miscellaneous (Explain) _____ \$ _____
 Outstanding Delinquent Charges (by Code) _____ \$ _____ (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 \$ _____
 OR
 Amount Due Property..... \$(_____)

If due the Property, please remit the Property on-site Rental Office within 5 days from the receipt of this notice, or else this matter will be turned over for collection. If due the Resident, check is enclosed with this statement.

INSPECTION BY: _____ Date _____

APPROVED BY: _____ Date _____
 (Community Administrator)

For Accounting Only:

Interest due \$ _____ Total refund \$ _____ Ck.# _____ Date Pd. _____

VOANHC Form RDAR 5
 Revised 12/98

RESIDENT (RE)CERTIFICATION

CHECKLIST

Move-In
 _____ Application and attachments
 _____ Move-In Inspection Report
 _____ 50059/Worksheet/Cover Letter
 _____ Income Verification (in writing)
 _____ All Other Verifications (in writing)
 _____ Home Visit Report
 _____ Credit Report
 _____ Verification of Rental History
 _____ Lease/House Rules
 _____ Orientation Verification
 _____ Other _____ (describe)

Property Name _____
 Resident Name _____
 Address _____
 Unit No. _____
 Move-In Date _____
 Program _____

Effective Date (mo./day/yr.)

--	--	--	--	--

Check _____ if document in file

Recertification
 _____ 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

Effective Date (mo./day/yr.)

--	--	--	--	--

Check _____ if document in file

Interim Adjustment
 _____ 50059/Worksheet/Cover Letter
 _____ Income Verification (in writing)
 _____ All Other Verification (in writing)
 _____ Lease Addendum
 _____ 30 Day Notice Increase

Effective Date (mo./day/yr.)

--	--	--	--	--

Check _____ if document in file

Rent Increase
 _____ Increase/Decrease Notice to Resident
 _____ 50059/Worksheet/Cover Letter
 _____ Lease Addendum

Move Out
 _____ Date _____
 _____ Keys Returned
 _____ Security Deposit Refund Form
 _____ Credit Report
 _____ Net Due Resident \$ _____
 _____ Net Due Property \$ _____
 _____ Move-Out Inspection

Transfers
 _____ 50059/Worksheet
 _____ Lease
 _____ Reason For Transfer
 _____ New Unit #
 _____ Unit Inspection
 _____ Security Deposit Transfer Documentation

Would you lease to resident again - Yes or No? _____

Comments _____



Name _____											
No. _____ Date _____											
EXTRA or LOST TIME				REGULAR TIME							
				1st DAY	AM	IN	OUT	PM	IN	OUT	NOON
					NOON	IN	OUT	PM	IN	OUT	PM
				2nd DAY	AM	IN	OUT	PM	IN	OUT	NOON
					NOON	IN	OUT	PM	IN	OUT	PM
				3rd DAY	AM	IN	OUT	PM	IN	OUT	NOON
					NOON	IN	OUT	PM	IN	OUT	PM
				4th DAY	AM	IN	OUT	PM	IN	OUT	NOON
					NOON	IN	OUT	PM	IN	OUT	PM
				5th DAY	AM	IN	OUT	PM	IN	OUT	NOON
					NOON	IN	OUT	PM	IN	OUT	PM
				6th DAY	AM	IN	OUT	PM	IN	OUT	NOON
					NOON	IN	OUT	PM	IN	OUT	PM
				7th DAY	AM	IN	OUT	PM	IN	OUT	NOON
					NOON	IN	OUT	PM	IN	OUT	PM
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Regular Hrs. _____ Rate _____ Total _____</p> <p>Extra Hrs. _____ Rate _____ Total _____</p> <p>F.I.C.A. _____ Total _____</p> <p>FED. WITH. TAX _____</p> <p>STATE WITH. TAX _____</p> <p>STATE DIS. BEN. _____</p> <p>STATE UNEMP. _____</p> <p>CITY W.T. _____</p> <p>OTHER _____</p> <p>NET WAGES _____</p> </div> <div style="width: 45%; text-align: right;"> <p>REGISTRATION</p> </div> </div>											
TOTAL "OUT" REGISTRATIONS											
TOTAL "IN" REGISTRATIONS											
"OUT" minus "IN" = NET TIME											
NOTE: REGISTRATIONS MUST BE 0.25 HRS. AND 10THS OR 100THS OF HR.											

VERIFICATION PROGRESS REPORT

NAME _____

TYPE OF VERIFICATION	DATES			NOTES
	Sent	2nd Notice	Returned	
INCOME				
Social Security Admin/SSI	_____	_____	_____	_____
Railroad Retirement	_____	_____	_____	_____
Veterans Admin/Military	_____	_____	_____	_____
Welfare	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Employment	_____	_____	_____	_____
Pension & Annuities	_____	_____	_____	_____
Unemployment Compensation	_____	_____	_____	_____
Workmen's/Disability Comp.	_____	_____	_____	_____
Educational Asst. & F.T. Stud. Exp.	_____	_____	_____	_____
ASSETS				
Banking	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
Stocks/Bonds	_____	_____	_____	_____
EXPENSES				
Handicap Assist. Expense	_____	_____	_____	_____
Child Care/Depndnt/Handicap Care	_____	_____	_____	_____
Medical Expense	_____	_____	_____	_____
Add'l. Insurance Premiums	_____	_____	_____	_____
Payment Plan (Coll. Agency)	_____	_____	_____	_____
RX (Pharmacy) & OTC Drugs	_____	_____	_____	_____
OTHER				
Special Needs	_____	_____	_____	_____

VerifProg Rpt

Effective 3/95

VERIFICATION OF PRESCRIPTIONS & OTC DRUGS

DATE: _____

TO: _____ FROM: _____

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'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/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED

TO BE COMPLETED BY PHYSICIAN

Medicine Needed Continuously #

Signature of Physician

Date _____

My signature above certifies the information is true and correct to the best of my knowledge.

TO BE COMPLETED BY PHARMACIST

Cost of Medicine

How Often Refilled

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Pharmacist

Number

Date _____

My signature above certifies the information is true and correct to the best of my knowledge.

TO BE COMPLETED BY APPLICANT/TENANT

Are any of the above medicines paid for by your insurance or Medicaid?

_____ Yes _____ No If no, why _____

Date _____

Signature _____