

INSTRUCTIONS FOR COMPLETING RENTAL APPLICATION

Please read these instructions in full before completing your application.

- 1. You must fill out the application and required attachments completely. Please Identify the **Property Name**. If there is information that doesn't apply, please write "N/A" in the blank.
- 2. Information provided on this Application will be treated as confidential.
- 3. You intend to reside in the development as your primary and sole residence.
- 4. You may apply for more than one unit type; however, your household size and composition must be appropriate for the unit size.
- 5. Information for all adults 18 years of age and older planning to reside in the apartment must be provided.
- 6. All information provided will be verified. If you have intentionally falsified or omitted information, your application will be rejected.
- 7. Your total household income and assets must be within the required limits:

Include as income: income of all household members 18 years of age and older, includes but is not limited to gross income from employment, including overtime; bonuses and commissions; self-employment; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.

Include as assets: the current value of all savings, checking; express debit cards and investment accounts (including retirement and educational accounts), real estate, investment property, etc. (Do not include automobile(s) and other personal property.)

- 8. Divestment of assets within two years of application for greater than \$1,000 for less than fair market value will be counted for imputation of income at full and fair value.
- 9. You must have sufficient income to afford the rent. Generally, you should be paying no more than 40 percent of your gross income to rent or have assets equal to at least two years of rent or a 2-year history of paying more than 40%.
- Credit/Criminal background checks and rental references will be obtained for all adult household members 18 years of age and older.
- 11. You have not committed any fraud in connection with any federal or state housing assistance program, and you do not owe rent or other amounts in connection with housing assistance.
- 12. Applications will be reviewed as quickly as possible to determine preliminary eligibility.
- 13. Priority for the accessible units will be for families which require physical accommodations.
- 14. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
- 15. Completed applications may be mailed or returned in person to the management office at the property.
- 16. For more information, please call the management office.

This is an important document. If you require interpretation, please call the telephone number below or come to our offices and we will provide free interpretation services.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono a continuación o venga a nuestras oficinas y le brindaremos servicios de interpretación gratuitos.

這是重要的文件。如果您需要口譯服務,請撥打以下電話或 致電我們的辦公室,我們將提供免費的口譯服務。

Isso é um documento importante. Se necessitar de interpretação, por favor ligue para o número de telefone abaixo ou venha aos nossos escritórios e iremos fornecer serviços de interpretação gratuitos.

Это важный документ. Если вам требуется устный перевод, позвоните по указанному ниже номеру телефона или приходите в наши офисы, и мы предоставим бесплатные услуги устного перевода.

Đây là một tài liệu quan trọng. Nếu bạn yêu cầu phiên dịch, vui lòng gọi số điện thoại bên dưới hoặc đến văn phòng của chúng tôi, chúng tôi sẽ cung cấp dịch vụ phiên dịch miễn phí.

นี่เป็นเอกสารสำคัญ

หากคุณต้องการล่ามกรุณาโทรไปที่หมายเลขโทรศัพท์ด้านล่างหรือมาที่ สำนักงานของเราและเราจะให้บริการล่ามฟรี

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba a oswa vini nan biwo nou yo epi n ap bay sèvis entèpretasyon gratis.

Kani waa dukumenti muhiim ah. Haddii aad u baahan tahay tarjumaad, fadlan wac lambarka taleefanka ee hoos ku yaal ama kaalay xafiisyadayada waxaanan ku siin doonnaa adeegyo tarjumaad lacag la'aan ah.

هذا هو وثيقة هامة إذا كنت بحاجة إلى ترجمة فورية ، فيرجى الاتصال برقم الهاتف أنناه أو الحضور إلى مكاتبنا وسنوفر خدمات الترجمة الفورية مجانًا

Telephone: 781.794.1000

MA - TTY 711 or 1.800.439.2370 RI - TTY 711 or 1.800.745.5555 FL - TTY 711 or 1.800.955.8771 NJ - TTY 711 or 1.800.852.7899

RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

RIGHT TO ASL INTERPRETER

All tenants, applicants, and potential applicants who are deaf or hard of hearing have a right to an appropriate, certified interpreter paid for by Peabody Properties.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

VAWA (2013) VIOLENCE AGAINST WOMENS ACT REAUTHORIZATION

Peabody Properties and HUD provide protections for victims of domestic violence, dating violence, stalking and sexual assault. This is true for women and men and is true for persons affiliated with the victims who experience imminent threat.







You must fill out the application and required attachments completely. If there is information that doesn't apply, please write "N/A" in the blank. Also, please make sure you list a Property Name.

MANAGEMENT USE ONLY
Date/Time Application Received:

RENTAL APPLICATION

Street Apt. # Town/City State Zip Applicant's Address: Street Apt. # Town/City State Zip Was apartment rented to you? YES NO If NO, explain: # of people residing at premise: Length of tenancy: from to Amount of rent per month \$ Were you then under a lease? YES NO If YES, did you remain for its term? YES NO If YES, explain:	Property Name: Powdermill Villa	ge				-		
Social Security Number	Bedroom size(s) applying for:		(Note if acc	essibility fo	eatures are re	equested: □ Mo	bility 🏻 Visio	on 🛘 Hearing)
Social Security Number	Applicant #1:				Marital Stat	tus: 🛘 Sinale (ne	ver have been ma	arried)
Address: Street and Apartment # Town/City State Zip Marital Status: Single (never have been marrieg) Applicant #2:	First Name	MI	Last Name	······································				
Address: Street and Apartment # Town/City State Zip Month/Year Applicant #2:	Social Security Number		Phone (Home, Mobile	e, or Other)		Email		
Applicant #2:						Resided Si		to Current
Social Security Number	Address: Street and Apartment #		Town/City	State	Zip		Month∕\	/ear
Social Security Number	Applicant #2:				Marital Stat	us: 🗆 Single (ne	ver have been ma	rried)
Address: Street and Apartment # Town/City State Zip Resided Since Month/Year How did you hear about this development? PRESENT LANDLORD Landlord Name:	First Name	MI	Last Name		☐ Married	☐ Separated	☐ Divorced	☐ Widowed
PRESENT LANDLORD Landlord Name: Tel.#: Fax #: Landlord Address: Street Apt. # Town/City State Zip May receive any notice of termination of tenancy? YES NO NO NO NOT NOT NOT NOT NOTIFYES, when does lease expire? PREVIOUS LANDLORD (Five (5) Year History Required) Use a separate sheet of paper if necessary to include all 5-years. Landlord Address: Note Note Note Note Note Note Note Note	Social Security Number		Phone (Home, Mobile	e, or Other)			Email	
PRESENT LANDLORD Landlord Name: Tel.#: Fax #: Landlord Address: Street Apt. # Town/City State Zip May receive any notice of termination of tenancy? YES NO NO NO NOT NOT NOT NOT NOTIFYES, when does lease expire? PREVIOUS LANDLORD (Five (5) Year History Required) Use a separate sheet of paper if necessary to include all 5-years. Landlord Address: Note Note Note Note Note Note Note Note						Resided Since	:	to Current
PRESENT LANDLORD Landlord Name: Tel.#: Fax #: Landlord Address: Street Apt. # Town/City State Zip Is apartment rented to you? YES NO If YES, when does lease expire? Reason for leaving: Do you own a home? YES NO If YES, when does lease expire? Are you preceiving rental assistance? YES NO If YES, what housing authority? Did you receive any notice of termination of tenancy? YES NO If YES, explain: Reason for applying at this development? PREVIOUS LANDLORD (Five (5) Year History Required) Use a separate sheet of paper if necessary to include all 5-years. Landlord Name: Tel. #: Fax #: Landlord Address: Street Apt. # Town/City State Zip Was apartment rented to you? YES NO If NO, explain: # of people residing at premise: Length of tenancy: from to Amount of rent per month \$ Nore you then under a lease? YES NO If YES, did you remain for its term? YES NO If YES, explain: Did you receive any notice of termination of tenancy? YES NO If YES, explain:	Address: Street and Apartment #		Town/City	State	Zip	_	Month/\	/ear
Landlord Name: Tel.#: Fax #:	How did you hear about this developm	ent?						
Landlord Name: Tel.#: Fax #:	PRESENT LANDLORD							
Landlord Address: Street			Tel.#:			Fax #:		
Is apartment rented to you? YES □ NO □ If NO, explain: Are you presently under lease? YES □ NO □ If YES, when does lease expire? Reason for leaving: Amount of rent per month \$ # of Bedrooms: # of Occupants: Do you own a home? YES □ NO □ Are you receiving rental assistance? YES □ NO □ If Yes, what housing authority? Did you receive any notice of termination of tenancy? YES □ NO □ If YES, explain: Reason for applying at this development? PREVIOUS LANDLORD (Five (5) Year History Required) Use a separate sheet of paper if necessary to include all 5-years. Landlord Name: Tel. #: Fax #: Landlord Address: Street Apt. # Town/City State Zip Was apartment rented to you? YES □ NO □ If NO, explain: # of people residing at premise: Length of tenancy: from to Amount of rent per month \$ Were you then under a lease? YES □ NO □ If YES, did you remain for its term? YES □ NO □ If YES, explain:								
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Landlord Name: Tel. #: Fax #: Landlord Address: Street Apt. # Town/City State Zip Applicant's Address: Street Apt. # Town/City State Zip Was apartment rented to you? YES \(\bar{\text{NO}} \) \(\bar{\text{If NO}} \) explain: # of people residing at premise: Length of tenancy: from to Amount of rent per month \$ Were you then under a lease? YES \(\bar{\text{NO}} \) NO \(\bar{\text{If YES}} \) did you remain for its term? YES \(\bar{\text{NO}} \) NO \(\bar{\text{If YES}} \) Did you receive any notice of termination of tenancy? YES \(\bar{\text{If NO}} \) NO \(\bar{\text{If YES}} \) explain:	Reason for applying at this developmen	t?						
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Street Apt. # Town/City State Zip Applicant's Address: Street Apt. # Town/City State Zip Was apartment rented to you? YES \(\bar{\text{1}} \) NO \(\bar{\text{1}} \) If NO, explain: # of people residing at premise: Length of tenancy: from to Amount of rent per month \(\bar{\text{2}} \) Were you then under a lease? YES \(\bar{\text{1}} \) NO \(\bar{\text{1}} \) If YES, did you remain for its term? YES \(\bar{\text{1}} \) NO \(\bar{\text{1}} \) Did you receive any notice of termination of tenancy? YES \(\bar{\text{1}} \) NO \(\bar{\text{1}} \) If YES, explain:	Landlord Name:		Tel. #:			Fax #:		
Applicant's Address: Street	Landlord Address:							
Street Apt. # Town/City State Zip Was apartment rented to you? YES \(\bar{\text{\text{NO}}} \) NO \(\bar{\text{\tint{\text{\tilin{\text{\ti}\			Apt.	#	Town/City	State	Zip	
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# of people residing at premise: Length of tenancy: from to Amount of rent per month \$ Were you then under a lease? YES NO HYES, did you remain for its term? YES NO NO Did you receive any notice of termination of tenancy? YES NO HYES, explain:	Was apartment rented to you? YES 🗖	ио 🗖	•		Í		•	
Were you then under a lease? YES I NO I If YES, did you remain for its term? YES I NO II Did you receive any notice of termination of tenancy? YES I NO II If YES, explain:			•	om	to	Amount	of rent per m	onth \$
Did you receive any notice of termination of tenancy? YES 🗖 NO 🗓 If YES, explain:							•	
						•		
	The reason for your leaving:		-					

Please provide list of all							
Please list all previous a							
Landlord Name:			Landlord .	Address:			
Why did you leave this a							
Did you ever receive any	y notices of termina	tion of tenancy wh	nile at this apa	artment? YES	NO	If yes, please e	explain:
	-f		r		*11.1		
Complete the following is	ntormation for each	member of your t	tamily, includ	ing yourself, who	will be o	F.T. STUDENT	
NAME	RELATIONSHIP	DATE OF BIRTH	GENDER*	OCCUPATIO	N	YES / NO	SOCIAL SECURITY (
*The information provided fo	or gender is for demo	graphic purposes an	d is optional (A	Asla Famala Non	Pinany or (Chaosa Not To S	2250)
The information provided it	or gender is for demo	grapriic purposes an	id is optional (i	viale, l'elliale, INOII-	biliary or C	Litouse Not 10 3	iarej.
EMPLOYMENT (A mi older. Use a separate shee	inimum of 1 years' v et of paper if neces:	vorth of employmesary to include all	ent history, if jobs for past	applicable, for ea year):	ach house	ehold member	18 years of age and
Individual Employed:							
Employer Name:							
Address:				· · · · · · · · · · · · · · · · · · ·			
Dates of Employment:	from		to				
Gross Wages / Salary	\$	Yearly [☐ Monthly □	I Weekly □	Tel. #:		
Contact Person / Supervis							
•							
Individual Employed:							
Employer Name:							
Address:							
Dates of Employment:	from		to				
Gross Wages / Salary	\$	Yearly E	☐ Monthly ☐	Weekly □	Tel. #:		
Contact Person / Superviso	or:						
•							
THER SOURCES OF	FINCOME (for a	// Household M	embers).				
					T		
ocial Security		AMC	DUNT RECEIV	ED PER MONTH	PE	RSON RECEIVIN	IG SUCH INCOME
supplemental Security Inco	ome (SSI)	\$					
ension / Annuity / Trust		\$					
ublic Assistance (TANF / A	AFDC / EAFDC / GI	₹) \$					
nemployment Compensa	tion	\$					
/orker's Compensation		\$					
hild Support / Alimony		\$					
tudent Financial Assistanc	e	\$				-	
ift Contributions		\$					
ther Income <i>(please speci</i>	rify)	\$			1		

PERSONS TO NOTIFY IN CASE OF EMERGENCY OR ASSISTANCE (Who is assisting you in completing this application or who has permission to speak with us):

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

ASSETS Please list the assets *now owned or disposed of within the last two years* of anyone living in your household (*Include* Checking, Savings, IRA, Money Market Account, Term Certificates, Real Estate, Stocks, Bonds, Certificates, Express Debit Card, and Cash on Hand After Savings.):

ASSET DESCRIPTION	SOURCE / BANK NAME	AMOUNT OR VALUE	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

ADDITIONAL INFORMATION:

Are you or any me	ember of the household subject	to lifetime sex offender registration requirement in any state? YES \square NO \square	
Do you currently l	have a household pet? YES 🗆	NO □; if YES, what type?	
How many cars w	ill be parked at the premises? _	(Copies of registration must be provided.)	
Year:	Registration #:	Make/Model:	
Year:	Registration #:	Make/Model:	
Have you or any h	nousehold member ever commi YES, <i>please explain</i> :	ted any fraud in connection with any Federal Housing Assistance program?	
Have you or any h YES □ NO □; if	nousehold members on Federal YES, <i>please explain</i> :	Assistance ever been terminated for fraud?	

EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

What is your preferred househ	old language?			
ETHNIC CATEGORIES				
☐ Hispanic or Latino	☐ Not-Hisp	oanic or Latino		
RACE CATEGORIES				
☐ American Indian or Alaska N	ative	☐ Asian	☐ Black or African American	
☐ Native Hawaiian or Other Pa	cific Islander	☐ White	☐ Other	
\square I do not wish to furnish the al	oove information			
acknowledge the understanding that does not constitute a lease or a promis that additional information may be requ	this application con le by the owner or r lested to complete	nstitutes my request for management agent the processing of my app		development. It ne. I understand
permission to authorize a credit burea obtained through public records, perso inquiry may include information as to m	u service to make a onal or telephonic in ny character, credit v	any consumer report a nterviews with my neig worthiness, credit stan	rified by the owner/agent. I further unders and investigative consumer report, whereb ghbors, friends, or others with whom I am a ading, and credit capacity. I understand that ation about the nature and scope of any suc	y information is acquainted. This I have the right
residence; and, in the event that I to termination of tenancy. Finally, I understand and grant permiss	sion that information	shall be considered on regarding my tena	information on this application will affer material non-compliance with the lease of ncy can and will be made available to a complex during and after my tenancy	and a basis for
accommodation is necessary, not just Reasonable accommodations may incorprocedures; and mitigating circumstated. Please check here if you wou with a Request for a Reasonable According to the procedure of the procedure o	er a reasonable ac it desirable, to ensi- clude changes to th inces. ald like to make a re immodation Form (ure equal access to to the building, grounds, of the building, grounds, of the building areasonable and complete a	MMODATION request for qualified people with disabilithe development, its amenities, services and or an individual unit; changes to policies, pole accommodation. Management will then a Referral Form (RA-2) to the property's Resionable Accommodation Policies and Procedure.	provide you ident Service
Date:		Signature:		
		Signature:		
Signatures and	d proof of identific	cation will be require	ed of all those who sign lease.	-

Print application and mail to the community address.

PREFERRED HOUSEHOLD LANGUAGE

DHCD Program Applicant Conflict Of Interest Statement (Attachment to Application)

organization (te, for profit or non-profit (including a community housing of CHDO) when acting as an owner, developer, developer or spot to durit affordable housing unit in a project."	onsor) may occupy a
	ted unit affordable housing unit in a project."	I I A CALLAN
not an Owner of the owner, community he	lying for a unit in this developmnet assisted with DHCD fund, developer or sponsor of this project (or officer, employee, a developer or sponsor) whether private, for profit or non-profousing development organization (CHDO) when acting as an exponsor) OR	agent, or consultant it (including a
an Owner, de owner, develo	lying for a unit in this development assisted with DHCD fund veloper or sponsor of this project (or officer, employee, agen oper or sponsor) whether private, for profit or non-profit (incopment organization (CHDO) when acting as an owner, devectain the following exemptions and request the following factors.	it, or consultant of the luding a community loper, developer or
In determining satisfactorily	considered for exceptions: g whether to grant a requested exception after the participating met the requirements of the above threshold, HUD will consider the requirements of the above threshold.	g jurisdiction has er the cumulative
effect of the f	ollowing factors, where applicable: The exception would provide a significant cost benefit or an	essential degree of
	expertise to the program or project which would otherwise n	ot be available;
	I am a member of a group or class of low-income persons into beneficiaries of the assisted activity and the exception will person generally the same interests or benefits as are being made average the group or class;	ermit me to receive
	I have withdrawn from functions or responsibilities or the de with respect to the specific assisted activity in question;	ecisionmaking process
	The interest or benefit was present before Iwas in a position CFR Part 92.356 (c);	as described in 24
	Undue hardship will result either to the participating jurisdictive when weighed against the public interest served by avoiding conflict; and	tion or the applicant the prohibited
	Any other relevant considerations	
		Date
	Signature	24.0

LANDLORD REFERENCE HISTORY/SUMMARY

This form is to be completed by Management during the application interview process. We require that the last five years or more of rental history be accounted for, whichever is more inclusive. If applicants have less than five years rental history, or minimal/ no rental history, then we require three personal references be obtained from someone that is not related. Note that "landlord" refers to the owner/manager of a property/residence and not who the applicant lived with. If more than one adult member in the household, you may do one if the rental history is the same or do one for each member if they are different.

	Applicant Nam	ne—Please Print	
Current Landlord:			
Address:			
Telephone Number:			
Address Where You Reside:			
When Did You Move Here:	Date Moved In:	Date Moved Out:	
Previous Landlord:			
Address:			
Telephone Number:			
Address Where You Resided:			
Dates You Resided There:	Date Moved In:		
Previous Landlord:			
Address:	· · · · · · · · · · · · · · · · · · ·		
Telephone Number:			
Address Where You Resided:			
Dates You Resided There:	Date Moved In:	Date Moved Out:	
I HEREBY AUTHORIZE PO PURPOSE OF VERIFYING C	WDERMILL VILLAGE TO MAKE INQ CURRENT AND PAST RENTAL HISTO	QUIRIES FROM THE ABOVE NAMED LANDLORDS FO RY.	R THE
Applicant Signature		Date	