APPLICATION FOR ______APARTMENTS

| NAME: | | | |
|-------------------|-------|--------|----------|
| Last | First | Ν | Middle |
| ADDRESS: | | | |
| Street | City | State | Zip Code |
| TELEPHONE #: HOME | WORK | MESSAG | E |

APARTMENT SIZE REQUESTED_

Directions to Applicant: Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you. Include all members who you anticipate will occupy the unit at least 50% of the time during the next 12 months. For financial information, please provide the names and addresses of people who can verify the information you provide. Please use the backs of the pages to record additional information if there isn't enough room for an entry. Proof of identity and social security cards must be provided for all household members. All adults must sign/date the application

| Name ALL Persons to Occupy Apartment Last Name First MI | * Social Security # | Date of Birth | Relationship to Head | Sex | Full-time Student? |
|--|------------------------|-----------------------|--------------------------|-----------|-----------------------|
| 1. | | | HEAD | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| *If benefits are drawn under a different Social Securi | ty #, please provide: | | | | |
| Do you expect a change in family size in the future? change: | | _ If yes, explain cha | ange and provide expecte | d date of | |
| Are there any temporarily absent family members? Y | /es No | If yes, provide name | e and date of return: | | |
| Are any family members over the age of 18 full or pa | rt-time students in an | institute of higher l | earning? | | |

FAMILY COMPOSITION

Are any family members over the age of 18 full or part-time students in an institute of higher learning? Yes _____ No _____ Where? _____

Current Marital Status: Never married _____ Married _____ Separated _____ Divorced _____ Widowed _____

Do you pay child care expenses which enable you to attend school or work? Yes _____ No _____ If yes, how much? ______ How did you hear about us?



INCOME

| Type of Income | Person Receiving Income | Name of Agency or Employer | Address City, State, Zip Code |
|----------------|----------------------------|-------------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ASSETS

| Type of Account | Name on Account | Name of Financial Institution | Address City, State, Zip Code |
|-----------------|-----------------|----------------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |





EMPLOYMENT HISTORY

| APPLICANT Employed by: | | How Long? | |
|--|---|--|----------|
| Street | City | State | Zip Code |
| Phone # | Position: | Rate of Pay | |
| PREVIOUS Employer: | | How Long | ? |
| Street | City | State | Zip Code |
| Phone # | Position: | Rate of Pay | |
| CO-APPLICANT Employ | ved by: | How Long | ? |
| Street | City | State | Zip Code |
| Phone # | Position: | Rate of Pay | |
| PREVIOUS Employer: | | How Long | ? |
| | City | State | Zip Code |
| Street | City | | |
| | Position:Position: | Rate of Pay | |
| Phone # Please list all landlords for | Position:P | Rate of Pay CRENCES | |
| Phone # Please list all landlords for Present Landlord: | Position: LANDLORD REFE the past five years. | Rate of Pay CRENCES | |
| Phone # Please list all landlords for Present Landlord: | Position: LANDLORD REFE the past five years. City | Rate of Pay CRENCES | |
| Phone # Please list all landlords for Present Landlord: Street Phone # | Position: LANDLORD REFE the past five years. City | Rate of Pay CRENCES From/To: State | Zip Code |
| Phone # Please list all landlords for Present Landlord: Street Phone # | Position: LANDLORD REFE the past five years. City | Rate of Pay CRENCES From/To: State | Zip Code |
| Phone # Please list all landlords for Present Landlord: Street Phone # Previous Landlord: Street | Position: LANDLORD REFE the past five years. City | Rate of Pay CRENCES From/To: State From/To: State | Zip Code |
| Phone # Please list all landlords for Present Landlord: Street Phone # Street Street Phone # | Position: | Rate of Pay CRENCES From/To: State From/To: State | Zip Code |
| Phone # Please list all landlords for Present Landlord: Street Phone # Street Phone # Phone # Previous Landlord: | Position:LANDLORD REFE the past five yearsCity | Rate of Pay CRENCES From/To: From/To: State State | Zip Code |

GENERAL INFORMATION

"You may request accommodations to your apartment if you have a disability. You have certain rights that allow modifications to your apartment. Such changes can be requested by completing our "Request for Reasonable Accommodations" form. We will review the request and make every effort to afford you the same right to live in our complex and use our facilities as any other resident. Please be advised we do not discriminate on the basis of Race, Color, Religion, Sex, Persons with Disabilities, Familial Status or National Origins.

| 1 | l. | Would you or any members of your household benefit from a handicapped-accessible unit? YesNo If yes, explain: |
|-------|------|--|
| 2 | 2. | Have you or anyone listed on the application ever been evicted or otherwise involuntarily removed from rental housing due to fraud, nor payment of rent, failure to cooperate with recertification procedures, or for any other reason ? Yes No If yes, explain: |
| 3 | 3. | Have you or anyone listed on the application ever been convicted of a felony? Yes No If yes, explain: |
| 4 | 1. | Have you or anyone listed on the application ever filed for bankruptcy? Yes No If yes, explain: |
| 5 | 5. | Have you or anyone listed on the application ever lived in subsidized housing? (This includes current housing) Yes No If yes, Where?when? |
| 6 | 5. | Have you ever received rental assistance? Yes No If yes, where? Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? Yes No If yes, explain: |
| 7 | 7. | Have your or any member of your household been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? Yes No |
| 8 | 3. | Do you have any pets? Yes No If yes, describe |
| 9 |). | Will this be your only place of residence? Yes No If no, explain: |
| 1 | 0. | Is any member in the household (including juveniles) subject to a lifetime state sex offender registration program in any state? Yes |
| | | *Failure to respond to this question may jeopardize the approval of your application.* |
| | | EMERGENCY INFORMATION |
| Pleas | e li | st two persons who we may contact in case of an emergency. |
| Name | e | Relationship |
| | | |

| Street | City | State | Zip Code | Phone |
|--------|------|-------|------------|-------|
| Name | | Re | lationship | |
| Street | City | State | Zip Code | Phone |
| | | | | |



I/we, undersigned, state that I/we have read and answered fully and truthfully each of the preceding questions for all members of the household who are to occupy the unit in the above rental development for which application is made, all of whom are listed above. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I/We further understand that as part of the application process my credit report may be obtained without further authorization and that I/we will be required to authorize verification of my/our income and assets. I/We agree that, upon approval, this apartment will be my/our only place of residence.

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

| Applicant Signature | Date |
|---|---|
| Co-Applicant Signature | Date |
| Co-Applicant Signature | Date |
| Federal Government that Federal Laws prohibiting discrimina religion, sex, familial status, age and handicap are complied v to do so. This information will not be used in evaluating you choose not to furnish it, the owner is required to note the race observation or surname. | esignation solicited on this application is requested in order to assure the ation against tenant applicants on the basis of race, color, national origin, with. You are not required to furnish this information, but are encouraged application or to discriminate against you in any way. However, if you /national origin and sex of individual applicants on the basis of visual n Indian or Alaskan Native Asian Native Hawaiian or |
| Ethnicity: HispanicNon-Hispanic | |
| any department of the United States Government. HUD and any unauthorized disclosures or improper use of information collector verification form is restricted to the purposes cited above. Any pers false pretenses concerning an applicant or participant may be subje affected by negligent disclosure of information may bring civil actior employee of HUD or the owner responsible for the unauthorized disc are contained in the **Social Security Act at 208 (a) (6), (7) and (8). | ty of a felony for knowingly and willingly making false or fraudulent statements to owner (or any employee of HUD or the owner) may be subject to penalties for ed based on the consent form. Use of the information collected based on this on who knowingly or willingly requests, obtains or discloses any information under ct to a misdemeanor and fined not more than \$5,000. Any applicant or participant of or damages, and seek other relief, as may be appropriate, against the officer or losure or improper use. Penalty provisions for misusing the social security number . Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) IOUSING OPPORTUNITY |
| OFFICE USE ONLY Application received by | |





AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: RLJ Management Co., Inc, and

may use this authorization and the information obtained with it to administer and enforce rules and policies related to the rental of property owned and/or managed by the above named organization.

Authorization: I authorize the above named organization to obtain information about me or my family that is pertinent to the rental of property owned and/or managed by the organization.

Information Covered-Inquiries may be made about:

| Credit History |
|--------------------------------|
| Criminal History |
| Social Security Numbers |
| Residential and Rental History |
| |

Identity of Marital Status Family Composition Employment/Income/Pension/Assets Federal/State/Tribal/Local Benefits

Individuals/Organizations That May Release Information:

Any individual or organization, including any governmental organization, may be asked to release information. For example, information may be requested from:

| Banks and Other Financial Institutions Courts | Utility Companies Welfare Agencies |
|--|---------------------------------------|
| Law Enforcement Agencies | Providers of: Alimony |
| Credit Bureaus | Child Support |
| Employers, Present and Past | Credit |
| Landlords | Handicapped Assistance |
| Schools and Colleges | Pensions/Annuities |
| U.S. Social Security Administration | U.S. Department of Veteran Affairs |

Computer Matching Notice & Consent:

I agree that the above named organization may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The government agencies include: U.S. Office of Personnel Management; U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Security Agencies and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

<u>Conditions:</u> I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I understand I may be denied occupancy of rental property owned and/or managed by RLJ Management Co., Inc and

| Printed Name | Signature | Date |
|--------------|-----------|------|
| | | |
| Printed Name | Signature | Date |
| | | |
| Printed Name | Signature | Date |

NOTE: All persons over the age of 18 must sign this form.

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly 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 the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**





"In accordance with Federal law and U.S. Department of Agriculture policy, this Institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, familial status, or disability. (Not all prohibited bases apply to all programs) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave S.W. Washington, D.C. 20250-9410, or call (800)795-3272 (voice), (202)720-6382 (TDD)or (800)750-0750 (TTY Ohio Relay).