

HAMILTON PROPERTIES

IMPORTANT - ALL APPLICANTS MUST READ

Dear Future Resident:

We have employed a credit bureau service agency to track and maintain the records of applicants and residents credit history, past conduct and performance as a resident and any criminal background.

A \$20.00 processing fee is required on each application that is processed. This needs to be in the form of money order made out to EAGLE CREST APARTMENTS. Failure to do this will result in your application not being processed.

We hope to be able to consider you a resident of Hamilton Properties when we have completed the application process.

Regards,

Hamilton Properties

Eagle Crest Apartments
Manager: Jennifer Taylor
(417) 582-0225
Email: eaglecrest@hamiltoncorporation.com
Website: www.eaglecrestozark.com

7. Income: List all full and/or part time employment for all household members:
(Include self-employment earnings)

<u>HOUSEHOLD MEMEBER</u>	<u>NAME/ADDRESS OF EMPLOYER</u>	<u>EARNINGS</u>
		<u>CURRENT / ANTICIPATED</u>

Other sources of Income: (Examples: Welfare, Unemployment, Social Security, Pensions, Disability Compensation, Baby Sitting, Alimony, Child Support, Annuities, Dividends, Interest, Income from Real Property, Armed Forces Reserves, Scholarships and/or Grants)

<u>HOUSEHOLD MEMBER</u>	<u>SOURCE</u>	<u>AMOUNT</u>
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____

8. **ASSETS: CURRENT & DISPOSED**

Regulations require that all applicants/tenants reveal all sources of income and assets. Applicants/tenants for housing in this property must fill out this asset certification by completing the requested information and certifying this form.

CURRENT ASSETS (List all assets currently held and the cash value. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash, i.e. broker and legal fees).

<u>ASSET</u>	<u>CASH VALUE</u>	<u>ASSET</u>	<u>CASH VALUE</u>
Real Estate	\$ _____	Checking Account	\$ _____
CD's	\$ _____	Savings Account	\$ _____
Bonds	\$ _____	Other _____	\$ _____
Common Stock	\$ _____	Other _____	\$ _____

Applicants/tenants must also disclosure any assets disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification.

Did you have any assets in the last two years not listed above? Yes () No ()

If yes, did you dispose of any assets for less than fair market value? (This means that the assets were either given away or sold at less than the allotted market value.) Yes () No ()

If yes, what were the assets, market value, amount received and date you disposed of the assets?

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets.

9. **UNUSUAL EXPENSES:**

A. Do you pay for child care of handicapped care while a family member is employed?
 If "yes" list care provider's Name, Address, and Phone Number.

Name: _____ Address: _____ Phone: _____
 Amount paid: \$ _____ per week/month. (Circle one)

B. Family medical expenses anticipated in the next 12 months that will not be covered by insurance. Examples of medical expenses are health insurance premiums, dental expenses, eyeglasses, hearing aids and batteries, the cost of a live-in assistant, monthly payments required on accumulated major medical bills including that portion of the spouse's or children's nursing home costs paid from tenant family income(s). \$

10. **CREDIT REFERENCES:**

Name: _____ Address: _____ Acct. No. _____ Phone #: _____

Name: _____ Address: _____ Acct. No. _____ Phone #: _____

Name: _____ Address: _____ Acct. No. _____ Phone #: _____

11. Has your family ever received housing assistance from the Dept. of Housing & Urban Development or Farmers Home Administration?
(yes/no) _____

Has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures? (yes/no) _____

12. Are you or any other household member a current user or been convicted of using, dealing, or manufacturing a controlled substance?
(yes/no) _____

If yes, has that person(s) successfully completed a controlled substance abuse recovery program or presently enrolled in such a program?
(yes/no) _____

13. Does your household have a pet? (yes/no)

14. Are you being evicted Yes No. If "yes" when must you be out of your home?

Have you ever been evicted in the past? Yes No. If "yes", when & where? _____

15. Have you ever lived on a Hamilton Properties complex in the past? (yes/no) _____

16. **EMERGENCY CONTACT:**

Name/Address, Phone Number, & relationship of closest living relative/contact:

17. List any cars, trucks, or other vehicles owned by you. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

TYPE VEHICLE: _____ COLOR/MAKE: _____ LICENSE NO: _____

TYPE VEHICLE: _____ COLOR/MAKE: _____ LICENSE NO: _____

18. How did you hear about the apartment?

_____ newspaper _____ radio _____ drive-by _____ resident referral _____ internet/website _____ craigslist ad

* * * * *

I CERTIFY THAT THE HOUSING THAT I AM APPLYING FOR WILL BE MY PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION. I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE RELEASE OF ANY INFORMATION CONTAINED HEREIN LISTED AND/OR OTHER INQUIRIES THAT MANAGEMENT FEELS NECESSARY IN DETERMINING ELIGIBILITY, (i.e. CHECK WITH CREDIT BUREAU, INQUIRE WITH LAW ENFORCEMENT, ETC.)

WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Signature: _____ (Tenant) Date Signed: _____

Signature: _____ (Tenant) Date Signed: _____

* * * * *

The information solicited on this application regarding sex and race (ethnic group) is requested by the apartment owner in order to assure the Federal Government, acting through the Farmers Home Administration, that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note race/national origin and sex of individual applicants on the basis of visual observation or surname.

* * * * *

Non-Discrimination Statement

Rural Development Only

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 2050-9410, or fax (202) 690-7442 or email at program.intake@usda.gov."

PLEASE RETURN THIS APPLICATION TO:

Eagle Crest Apartments
1201 W. Farmer St. - Office
Ozark, MO 65721
(417) 582-0225

If you have any additional questions, you may contact Hamilton Properties at (417) 883-7887.

MO Relay 711#



**HAMILTON PROPERTIES CORPORATION
REFERENCE SHEET**

Property: Eagle Crest Apartments

Applicant Name: _____ Apartment #: _____

PERSONAL REFERENCES

1.) Name: _____

Address: _____

Phone #: _____ How long have you known: _____

Comments: _____

2.) Name: _____

Address: _____

Phone #: _____ How long have you known: _____

Comments: _____

3.) Name: _____

Address: _____

Phone #: _____ How long have you known: _____

Comments: _____

4.) Name: _____

Address: _____

Phone #: _____ How long have you known: _____

Comments: _____

HAMILTON PROPERTIES

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to Eagle Crest Apartments, for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
	Medical and Child Care Providers	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ (Printed Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Printed Name)	_____ Date
_____ Adult Member	_____ (Printed Name)	_____ Date
_____ Adult Member	_____ (Printed Name)	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Appendix D

November, 1997