

THANK YOU FOR CONSIDERING OUR
APARTMENTS
FOR YOUR NEW HOME.

You are applying for an apartment at a Section 42 -- LIHTC property. In order to qualify for this “affordable housing”, verification of your household’s eligibility will need to be documented. If you are **self-employed** you must provide copies of your **last two filed tax returns**. ***Your application can not be processed without these documents.***

The Tax Returns must be a signed copy. If you did not keep a copy for your records, you may obtain up to, the last five years transcript of your Tax Returns from your local IRS office or by calling 1-800-829-1040 at no cost.

In order to expedite the processing of your application for qualification with the LIHTC and/or RD program guidelines, you may provide us with any of the documents listed below that apply to your household. These documents may not be required if your household’s income, assets and other eligibility information is verified and documented completely by a third-party source. However, providing the documents at the time of application may speed up our approval process and/or clarify incomplete third-party documentation. A photo copy of the following documents is acceptable. If you do not have copies, we will be happy to make copies of any original documents you have.

PLEASE PROVIDE THE FOLLOWING DOCUMENTS AS THEY APPLY TO YOUR HOUSEHOLD

1. All **Filed Divorce or Legal Separation Records** for all current and previous marriages. Records should include petition for dissolution; final decree of dissolution; and custody, support and property settlement documents.
2. All **Court Ordered Child Support Documents and Paternity Records** if court order is not part of a divorce filing. Please provide 12 month print out.
3. **Award Letters** for Social Security, Supplemental Social Security (Disability), Aid to Families with Dependent Children (AFDC), Pensions and Trusts Funds, Unemployment Benefits, Annuity Payments, and Death or Disability Payments.
4. **Last 4 Consecutive Paystubs** for all adults (18 years of age or older) in your household.
5. **Asset Accounts** include but are not limited to checking, savings, certificates of deposits, money markets, mutual funds, 401Ks, IRAs and real estates. **Current Saving account we will need the most current statement and for Checking accounts, we will need 6 current consecutive account statements.**
6. **Birth Certificates** for all children under the age of 18 and adult students living as a dependent with parent(s).
7. **Social Security Cards** for each member of your household including minors.
8. **Driver’s License** for all adults
9. **Student verification** if any occupant is attending college or higher education

This institution is an equal opportunity provider and employer



Professionally Managed by Vasil Management Company d/b/a Village Management Company

OASIS AT THE WELLS
Tenant Selection Criteria
Revised January 1, 2021

Vasil Management Company, Inc's., d/b/a Village Management Company, policy is to thoroughly evaluate everyone making an application for an apartment at our community. This community is designated for a family/general population; 30% of the units are set aside for households with children.

Each resident living in our apartment homes must qualify on his/her own account.

Qualification is a two-step process. First, we will request a copy of your credit and criminal report through a professional reporting agency. Management reserves the right to deny any application based on poor landlord, credit, criminal, or employment reference. We shall make a final decision regarding the approval of your lease application based upon information received. By law we are not allowed to give you a copy or share information with you regarding your credit report. You may contact the credit agency to request a copy of your credit report. We will evaluate the following on each adult (18 or older) household member:

1. **Credit History:** A full history will be requested. Bankruptcies must be discharged. Applicants with utility collections on their credit reports may be asked to show proof of payment in full. Multiple charge-offs or unpaid medical charges may be cause for denial.
2. **Criminal History:** Any criminal history will be reviewed on a case-by-case basis. Applicants with felony convictions, sexual offenses, or drug offenses will be denied. This policy will also apply to any caregiver residing in the unit and any other adult members requested as additions to the initial household. Multiple misdemeanors may be cause for denial.
3. **Landlord Reference:** Applicants must provide the name, address, and telephone number of all current and previous landlords for a three-year period. Failure to list consecutive occupancy history may result in denial of application. Any record of evictions, delinquent payments, unpaid landlord judgments, disturbances, property damage, poor housekeeping habits or inappropriate behavior may be cause for denial.
4. **Income:** Preferable employment would indicate applicant has a satisfactory position and no anticipated layoffs or reduction in hours worked. Other income could include, but is not limited to, Social Security, pensions, retirement accounts and other assets.
5. We will give prompt written notification to any rejected applicant of the grounds for any rejection; applicant has the right to appeal an adverse decision. Upon appeal, management may request additional information to reevaluate the decision.

Once a household is approved based on credit, criminal, and landlord history, we must qualify applicants in accordance with Section 42 of the Internal Revenue Code. This includes, but is not limited to, approving households that do not exceed the income limits published annually by HUD. Our calculation of the households' monthly income must be sufficient to pay monthly rent on a timely basis; the preferred monthly burden will not exceed 50% of adjusted income toward rent.

Units will be leased on a first-come first-served basis with tenants selected in chronological order from the waiting list.

It is imperative the household is qualified based on information provided in the initial application. Management may require more information to properly qualify a household; failure to provide that information may result in denial of the application. Certain changes to the initial application and individual questionnaire(s) will not be allowed once processing begins. A household must wait 60-days before reapplying for housing if they do not meet compliance criteria for occupancy, or if the application is withdrawn by the household. Application fees are not refundable and are required each time a household applies for residency.

Additions to Household

No additions to the household will be allowed in the first six months without prior approval from management.

Student Status

Households composed entirely of full-time students may be ineligible for residency. Please refer to "IRS Student Status Self-Certification" document.

Priorities and Preferences for Admission

Units with accessibility features must be occupied by households that would benefit from such amenities. Verification from a third party medical professional may be required to occupy the unit.

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act)

We will comply with the Fair Housing Act, as amended, and will not discriminate based on race, color, national origin, religion, sex, familial status and disability.

Violence Against Women Reauthorization Act of 2013

No applicant may be denied admission to housing on the basis that the applicant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the applicant otherwise qualifies for occupancy.

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ALL FORMS AFTER THIS PAGE
MUST BE FILLED OUT AND
MAILED ALONG WITH
APPLICATION FEE OF \$25 PER
APPLICANT TO:

OASIS AT THE WELLS
860 E. 86TH STREET # 5
INDIANAPOLIS, IN 46240

Unit Preference

Units will be rented on a first come, first serve basis. We cannot guarantee the unit you prefer will be available. Rents are based on income limits, household size and unit size.

Applicant Name: _____

Co-Applicant Name: _____

1. When are you looking to move in? _____
2. What unit size are you looking for?
3. Do you have a floor preference?

**COVER SHEET / FAX TRANS.
AUTHORIZATION TO RELEASE INFORMATION**

Date: _____

Number of pages including cover sheet: _____

To be completed by office:

To: _____
 Attn.: _____
 Company: _____
 Address: _____

 Phone: _____
 Fax: _____

From: _____

 Phone: _____
 Fax: _____
 Email _____

The undersigned individual(s) has applied for residency at our apartment community. The property is operated under the Rural Development and/or LIHTC program within Section 42 of the Internal Revenue Code which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of Rural Development and/or LIHTC housing, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Residences and Rental Activity
Employment, Income, and Assets	Medical Allowances	Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

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 in the management office and will stay in effect for two years from the date signed. I/we understand I/we have a right to review my/our file and correct any information that can proven is incorrect.

The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the Rural Development and/or LIHTC program.



To be completed by applicant

Applicant/Resident Name (Printed): _____
 Social Security Number: _____
 Authorizing Signature: _____
 Date: _____

Co-Applicant/Co-Resident Name (Printed): _____
 Social Security Number: _____
 Authorizing Signature: _____
 Date: _____

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(To be completed by office: Date Received _____ Time Received _____ Manager Initials _____)

PERSONAL INFORMATION

Full name of applicant _____ Cell phone number _____ Date of birth _____ Age _____ Gender _____

Social Security # _____ Drivers license # _____ State issued _____ Marital status (check one) Single Married
Widowed Separated Divorced (Number of years _____)

Full name of Co-Applicant _____ Cell phone number _____ Date of birth _____ Age _____ Gender _____

Social Security # _____ Drivers license # _____ State issued _____ Marital status (check one) Single Married
Widowed Separated Divorced (Number of years _____)

Applicant Email _____ Co-Applicant Email _____

List all others who will be occupying the apartment

Name	Date of birth	Age	Soc. Sec. #	Relationship to Applicant
Name	Date of birth	Age	Soc. Sec. #	Relationship to Applicant
Name	Date of birth	Age	Soc. Sec. #	Relationship to Applicant

HOUSING INFORMATION if additional space is needed, please attach a separate page.
MUST HAVE 3 YEARS OF CONTINUOUS HISTORY.

Applicant's Present Address (check one) Apartment Leased Home Own Home Other:

Present Street Address _____ Apt. # _____ City _____ State and Zip _____

Present landlord/mortgage company _____ Monthly rent or mortgage \$ _____ Dates: From: / / To: /

Address of landlord/mortgage company _____ Landlord/mortgage company phone # _____ Is landlord a relative? Yes No relationship

Was your lease/mortgage in any other name? Yes No What is your reason for moving?
If yes, please explain and provide name.

Applicant's Previous Address (check one) Apartment Leased Home Own Home Other:

Previous Street Address (Apt #, City, State and Zip) _____

Previous landlord/mortgage company (Name, Address) _____ Dates: From: / / To: /

Was your lease/mortgage in any other name? Yes No What is your reason for moving?
If yes, please explain and provide name.

Applicant's Previous Address (check one) Apartment Leased Home Own Home Other:

Previous Street Address (Apt #, City, State and Zip) _____

Previous landlord/mortgage company (Name, Address) _____ Dates: From: / / To: /

Was your lease/mortgage in any other name? Yes No What is your reason for moving?
If yes, please explain and provide name.

Co-Applicant's Present Address (check one) Apartment Leased Home Own Home Other:

Present Street Address _____ Apt. # _____ City _____ State and Zip _____

Present landlord/mortgage company _____ Monthly rent or mortgage \$ _____ Dates: From: / / To: /

Address of landlord/mortgage company _____ Landlord/mortgage company phone # _____ Is landlord a relative? Yes No relationship

Was your lease/mortgage in any other name? Yes No What is your reason for moving?
If yes, please explain and provide name.

Co-Applicant's Previous Address (check one) Apartment Leased Home Own Home Other:

Previous Street Address (Apt #, City, State and Zip) _____

Previous landlord/mortgage company (Name, Address) _____ Dates: From: / / To: /

Was your lease/mortgage in any other name? Yes No What is your reason for moving?
If yes, please explain and provide name.

Co-Applicant's Previous Address (check one) Apartment Leased Home Own Home Other:

Previous Street Address _____

Previous landlord/mortgage company (Name, Address) _____ Dates: From: / / To: /

Was your lease/mortgage in any other name? Yes No What is your reason for moving?
If yes, please explain and provide name.

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MISCELLANEOUS INFORMATION			
In case of emergency, notify:	Work phone #	Home phone #	Relationship
Street Address:	City/State/Zip:	In the event of serious illness or death of resident, the above person may <input type="checkbox"/> or may not <input type="checkbox"/> enter, remove and/or store all contents found in the dwelling, common areas, or mailbox.	
APARTMENT REQUIREMENTS AND OTHER MATERIAL INFORMATION			
Number of bedrooms needed?	Date you are needing an apartment?	Where did you hear about us?	
Will you be receiving Section 8 rental assistance? If 'yes' list Agency Name, contact person and phone number.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there anyone living with you now who won't be living with you at this property? Who? / Explain:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you expect any additions to your household within the next twelve months? Who? / Explain:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any absent household members who under normal conditions would live with you? Who? / Explain:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does an adult of this household have primary physical custody of every child listed on this application? If not - Explain:			Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Does your household have or anticipate having any pets other than those used as service animal? Describe:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application filed for bankruptcy? Explain (provide dates):			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application been convicted of a felony? Explain:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application been convicted of dealing or manufacturing illegal drugs? Explain:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application had legal action taken against you for nonpayment of a bill? Explain:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application broken a rental agreement or lease contract? Explain:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application been sued for property damage? Explain:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you or any member of the household require the features of an accessible unit?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application been evicted or asked to move from a rental unit of any type including an apartment, home, mobile home or trailer? Explain:			Yes <input type="checkbox"/> No <input type="checkbox"/>

SIGNATURE CLAUSE

This application along with an applicant questionnaire completed by each adult in the household must be completed in total and signed before it will be processed by Management.

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

I/We certify that this application will be for my/our household's permanent residence and I/We will not maintain a separate subsidized rental unit in a different location.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Race / National Origin <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Other _____	The information regarding race and national origin solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial 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 the race/national origin of individual applicants on the basis of visual observation or surname.
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INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

Initial Certification Recertification Addition of Household Member

YES	NO		
1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES	NO		MONTHLY GROSS INCOME (use <u>net</u> income from business)
2. <input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self-employment). This includes but not limited to: Rideshare companies such as Uber/Lyft, multi-level marketing companies such as Mary Kay, Total Life Changes, 1099-contractors, etc. _____	\$ _____
3. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;"><u>Name of Employer</u></div> 1) _____ 2) _____	\$ _____ \$ _____
4. <input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts, including but not limited to: rent, utility payments, cell phone, transportation, etc. on an ongoing basis from persons not living with me.	\$ _____
5. <input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments or Supplemental Social Security Income (SSI).	\$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payment from lottery winnings.	\$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) DO NOT INCLUDE FOOD STAMPS	\$ _____
12. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____ List the amount received if not receiving the full agreement amount	\$ _____ (amount ordered) \$ _____ (amount received)
13. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, lottery winnings, or donation banks (such as plasma donations). If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____

Revised 10/9/2019



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



Name: _____

15. <input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/> <input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester
17. <input type="checkbox"/> <input type="checkbox"/>	I am claiming zero income.	

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES	NO		INTEREST RATE	CASH VALUE
18. <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19. <input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/>	<input type="checkbox"/>	I have a debit card, pay card for direct deposit of benefits, or prepaid debit card (s). # of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
22. <input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
23. <input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
24. <input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or MoneyMarket Account(s). # of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
25. <input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
26. <input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____

Revised 10/9/2019



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27. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings paid in one payment (not reoccurring periodic payments).		
29. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT SIGNATURE OF APPLICANT/TENANT DATE

WITNESSED BY: (SIGNATURE OF OWNER/REPRESENTATIVE) DATE

Revised 10/9/2019



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UNEMPLOYED APPLICANT'S AFFIDAVIT

A separate form must be completed by each non-employed adult member of the household

Applicant Name: _____

Date: _____

Telephone #: _____

Unit: _____

Check (A), (B) or (C) as applicable.

- (A) I am not presently employed in any capacity and do not anticipate becoming employed within the next 12 months.
(B) I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, however, I do not yet have a job offer.
(C) I certify that I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, and I have accepted a position with (Employer) which will begin on (Date).

I will be earning \$ _____ per _____.

In support of this, I have submitted:

- [] Offer Letter/Conditional Employment Offer
[] Fully Completed Verification of Employment (VOE)
[] Other supporting documentation (describe) _____

Unemployment Benefits (Check only one)

- [] I am currently receiving unemployment benefits.
[] I am NOT currently receiving and do not anticipate receiving unemployment benefits.
[] I am NOT currently receiving but do anticipate receiving unemployment benefits.

(Provide supporting documentation if receiving unemployment benefits)

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease agreement, subjecting me to immediate eviction.

Under penalty of perjury, I certify the above representations to be true as of the date shown below.

Applicant/Resident Signature

Date

Owner/Manager Representative Signature

Date

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