

Lincolnwood Apartments
2101 Mark Lane
Kokomo, IN 46902
Phone: 765-453-4343 Fax 765-453-4648
TTY: 711

APPLICATION QUALIFYING CRITERIA

Thank you for your interest in our apartment community. We do not discriminate based on race, color, religion, national origin, sex, familial status, or disability. We comply with all federal, state, and local laws concerning Fair Housing. Each rental application will be reviewed in 4 areas: a) rental history, b) credit history, c) income, and d) criminal history. Your application may be approved, conditionally approved, or denied. To be approved, you must meet all of the below screening criteria **WITHOUT EXCEPTION**. Applications not meeting the listed screening criteria may be conditionally approved. Conditionally approved applications may require a co-signer, a security deposit equal to 100% of the monthly rent, or both. Applications that do not meet the screening criteria or fit into the conditional margin of approval will be denied.

OCCUPANCY GUIDELINES

1. Occupancy is based on the number of bedrooms in an apartment. A bedroom is defined as a separate, habitable room, to be used primarily for sleeping purposes, that is at least 70 square feet, has a fire exit, a separate door, a closet, and is in close proximity to a smoke detector.
2. Two (2) persons per bedroom plus one (1) additional person are permitted in an apartment (ie, a studio may have 2 people, and 1 bedroom may have 3 people, a 2 bedroom may have 5 people, etc).
3. Any change to the original occupants of the apartment community requires a new application to be processed and management to be notified.

APPLICATION PROCESS

1. Once you have decided you would like to reside in our community, all applicants 18 years of age or older must complete a separate application. If the requested information doesn't apply to you, fill "N/A" into the space provided.
2. You will be required to pay a non-refundable applicant screening fee for each application. Your application will not be processed until all necessary fees have been paid.
3. All applications will be dated and time stamped. Applications are processed in a first received, first processed basis. Your application is not considered received until all required fees are paid.
4. We process applications as soon as possible, however, it may take up to seven (7) days to complete the screening process.
5. If your application is approved, you will have two (2) business days to accept the available apartment by paying a holding fee/reservation deposit.
6. All move-in monies including security deposits, pet deposits, pet fees, prorated rent, utility fees, and/or other charges due must be paid in full prior to moving in. All move-in monies must be paid in certified funds such as a money order or cashier's check, or via credit card payment if that option is available at the community.
7. If for any reason you decide not to move into the apartment after paying the holding fee, your holding fee will NOT be refunded.



Initials _____
Updated 9/2021

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GENERAL REQUIREMENTS

1. All applicants must provide a government issued photo ID and their Social Security Number (SSN). If the applicant does not have an SSN, they can provide a Passport, Visa, Birth Certificate, Resident Card, or Authorization Document from Homeland Security.
2. Each applicant must meet the qualifying criteria. If an applicant is applying within a group, income amounts may be combined to meet the qualifying criteria. If an applicant is applying within a group, and an applicant is denied for poor credit, but the remainder of the group meets the credit criteria, then the application may be conditionally approved with a security deposit equal to one month's rent.
3. The relationship between a landlord and an applicant is a business relationship. A courteous and businesslike attitude is required from both parties. The landlord reserves the right to refuse to conduct business with anyone who is verbally abusive, swears, is disrespectful, makes threats, uses discriminatory language, attempts to intimidate the staff, appears to be intoxicated or under the influence of alcohol or drugs or is yelling or speaking in such a manner as to be disruptive to the work environment.
4. Unfavorable information for any individual applicant may result in the denial of the total group.
5. Once an applicant is denied, they may not reapply for six (6) months.
6. Incorrect information or any misrepresentation on the application will be reason to deny the application. If the misrepresentation is found after the rental agreement is signed, your rental agreement may be terminated.

RENTAL HISTORY REQUIREMENTS

1. Two (2) years of positive rental history from a third-party landlord with a positive recommendation is required. Questions asked will include, but not be limited to, 1) was rent paid on time? If not, how many times was rent late? 2) Did the resident have any payments returned for NSF? 3) How long did they reside there? 3) Did they give proper notice? 4) Would you rent to this person again? *SPECIAL CIRCUMSTANCES: An applicant may be approved if they lack two (2) years of rental history because of student status, previously residing with parents, owning a home, or being in the military.*
2. If reported in your rental history, the following will result in a denial of the application: 1) significant complaints or noncompliance violations, 2) repeated disturbances to the neighbors' peace, 3) illegal activity, 4) damages to the property beyond normal wear and tear, 5) unpaid rent or damage charges, 6) violence or threats to landlords, neighbors, or staff, 7) failure to give proper notice when vacating the property.
3. Home ownership can be verified through the county tax assessor's office. Mortgage payments must be current to reflect positive rental history.
4. Any recorded, non-recorded, or pending eviction less than seven (7) years old will result in the denial of the application.



Initials _____
Updated 9/2021

5. Any balance owed related to previous housing will result in the denial of the application. This includes, but is not limited to, judgements awarded to previous landlords, and/or balances owed to utility companies in association with previous housing.
6. Three (3) or more returned payments within a period of one (1) year will result in denial.
7. Four (4) or more notices of late rent within a period of one (1) year will result in denial.
8. If an applicant is able to provide rental history, but not verifiable third-party rental history, their application may be **CONDITIONALLY APPROVED** requiring a security deposit up to the equivalent of one month's rent.

INCOME REQUIREMENTS

1. The monthly combined gross household income must be equal to at least three (3) times the stated monthly rent.
2. Employment verification will be made by phone/fax confirming position in company, length of employment, salary, and if position is temporary, part-time, or full-time.
3. The most recent 30 days of paystubs will be required to verify proof of income.
4. Self-employed applicants will be required to submit the last two (2) years of tax return documents.
5. Non-employment sources of income may be verified by social security award letters, school loan award letters, bank account statements, child support or alimony court records, trust accounts, unemployment award documentation, welfare, etc. A bank statement must show an average balance equal to, or greater than, 6 months' worth of rent.
6. The application will be denied if your source of income cannot be verified.
7. If your income does not meet the amount required, but your rent will be paid by a third party, the following documentation must be provided:
 - a. If the third party that will be paying the rent is a charitable organization, a letter on the organization's letterhead must be supplied stating the amount the organization will be contributing and for how long they will be making the contributions.
 - b. If the third party that will be paying the rent is an individual, they must complete an application as a co-signer, meet the credit requirements, and have verifiable income higher than four (4) times the monthly rent amount.

CREDIT SCORING CRITERIA

Our third-party credit scoring company reviews the following information and provides a recommendation on whether an application will be approved, conditionally approved, or denied provided the above guidelines have already been met.

CREDIT SCORING PARAMETERS	
Problem Type	Years/Balances Scored
Collections, charge-offs, judgements, and open bankruptcies	3 years
Late payments	2 years
Closed bankruptcy	Not counted
Foreclosures (reevaluation)	Not Counted



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Student Loans	Not Counted
Medical Debt	Not Counted
Collection/Judgement from an apartment community	Flagged
Account balances	Does not score under \$75

CRIMINAL BACKGROUND CHECK CRITERIA

Our third-party criminal background check company reviews the following information and provides a recommendation on whether or not an applicant is approved or denied. An applicant cannot be conditionally approved if they fail to meet the criminal background parameters shown below.

CRIMINAL BACKGROUND CHECK PARAMETERS		
Offenses	Felony	Misdemeanor (years)
Alcohol related	10	5
Arson	25	10
Assault &/or Battery	25	10
Bad Checks	10	3
Burglary	25	10
Crimes against animals	Any	10
Crimes against children	Any	10
Crimes against Gov't or Gov't Officials	Any	10
Crimes involving computers (cybercrime)	15	3
Destruction/damage/vandalism of property	25	10
Disturbance to Peace & Order	15	5
Domestic crimes	15	5
Drug Offenses – I, II, and VI	15	5
Drug Offenses – III, IV, V, and VII	25	10
Embezzlement	25	10
Fraud	25	10
Gambling	10	3
Harassment	15	5
Homicide I and II	15	10
Homicide III and IV	Any	Any
Kidnapping	Any	Any
Organized Crime/Conspiracy	Any	Any
OUI/OVI/DWI	10	5
Petty Theft	15	10
Purposefully obstructs, impairs, or perverts the law	10	5
Registered Sex Offender	Any	Any
Robbery	25	10
Sex Crimes – Other	Any	Any
Sex Crimes against a person	Any	Any
Theft/Larceny	25	10
Trespassing	15	5
Weapons	15	10
Incarceration due to conviction	5	5
Any offense not listed above	10	3



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PUBLIC RECORDS CRITERIA

Our third party public records check company reviews the following information and provides a recommendation on whether or not an applicant is approved or denied. An applicant cannot be conditionally approved if they fail to meet the public records criteria below.

PUBLIC RECORDS CRITERIA			
Problem Type	Timeframe	Minimum Value	
Civil Court Records	Fillings	3 w/in 1 year	N/A
	Monetary Judgements	1 w/in 1 year	\$200
	Possession/Forcible Detainer	Any in 7 years	N/A
Eviction/Dispute/Exception	If proof of paid judgement is received, ignore any other deniable civil court problem type with the same case #.		

FORECLOSURES

If an application is denied due to a foreclosure, management will reevaluate the decision provided all other criteria has been met. An applicant with a prior foreclosure may be approved if the monthly market rental rate amount for the apartment that is being applied for is lower than the mortgage payment amount listed on the applicant's credit report.

ACKNOWLEDGEMENT

I, _____ (print name), confirm that I have received and reviewed the above Application Qualifying Criteria. I understand that all applications are screened using a third-party service.

 Applicant Signature

 Date

 Managing Agent Signature

 Date



Initials _____
 Updated 9/2021

INCOME VERIFICATION FORM

Thank you for your interest in our apartment community. We do not discriminate based on race, color, religion, national origin, sex, familial status, or disability. We comply with all federal, state, and local laws concerning Fair Housing.

Our application process requires verification of household income. Each member of the household age 18 years or older, must complete the income verification process.

You must submit one (1) or more of the following (initial your choice):

_____ Attached, please find a letter from my employer noting my start date, salary or hourly wage, and estimated hours worked per week. You may contact my employer to verify the letter.

_____ Attached, please find the last thirty (30) days of my most recent paystubs verifying my income. You may contact my employer to verify income.

_____ I receive income through a source other than employment income. Attached, please find documentation verifying that income (examples – social security, student loans, bank statements, child support, alimony, etc).

_____ Attached, please find documentation showing that my rent will be paid by a third party such as a charitable organization.

_____ Other (Please describe and attach any necessary verification documents) _____

_____ I receive zero (\$0) income.

Applicant Signature

Date

Managing Agent Signature

Date



Initials _____
Updated 9/2021

LANDLORD VERIFICATION

Date: _____

TO: _____

FROM: Lincolnwood Apartments
2101 Mark Lane
Kokomo, IN 46902
Phone: 765/453-4343

Check one: Previous Resident: _____ Current Resident _____

Please verify the following information regarding: _____
at address: _____

1. Lease Start date: _____ lease expire date: _____
2. Rental Payments: \$ _____ per month
3. # of late fees: _____ # of returned checks _____
4. Any complaint letters in file? Yes _____ No _____ If yes, nature of complaint:

5. Number of people occupying apartment: _____
6. Proper notice given: Yes _____ No _____
7. Any pets on record? _____
8. Housekeeping habits: Excellent _____ Good _____ Poor _____
9. Does resident owe you money for rent or damages? _____
10. Is the resident currently in an eviction process? Yes _____ No _____
11. Does the family have a history of disturbances at their apartment, complaints from other residents or a history of unruly or disruptive visitors? _____

Name and title of person verifying information

Agency/Organization

Signature

Date

Phone #



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 that 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.

Applicant Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Please complete and fax to **765/453-4648** Thank You.

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 and any owner (or any employee of HUD 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 (s) 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 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).

08/2011



2101 Mark Lane
Kokomo, IN 46902

RENTAL APPLICATION

PERSONAL INFORMATION					
Full Name of Applicant		Age	Date of Birth		Home Phone
Social Security No.		Drivers License No.	State	Cell Phone	
		Race: (Optional) (Circle One) White Black Hispanic Orianta/Pacific Islander American Indian/Alaskan Native Other			
<input type="checkbox"/> Check box if you were age 62 or older, do not have a SSN and was receiving HUD rental assistance at another location on or before January 31, 2010.					
Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other					
Present Street Address Apt.#		City		State	Zip
Present Landlord/Mortgage Co.		Account No.		Monthly Rent or Mortgage	
Present Landlord/Mortgage Co. Address		City	State	Zip	Phone Number Is Landlord a Relative?

Was your lease/mortgage in another name? ____ If yes, explain & provide explanation.
 Was household displaced because of government action ____ Yes ____ No
 major disaster or from urban renewal area?

List all others who will occupy the apartment

Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N

OTHER INFORMATION

Have you or any other occupant listed above ever:	Yes or No	Yes or No
1) Been denied an apartment?		5) Been evicted or asked to move out?
2) Broken a rental agreement or lease contract?		6) Been sued for damages to rental property?
3) Filed bankruptcy?		7) Been convicted of a felony?
4) Had legal action taken against you for nonpayment of a bill or rent?		8) Been a registered sex offender?

If you answered "YES" to any of the above questions, #1-7, please explain:

Are you or any household member in need of an accessible unit or feature? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving Section 8 Assistance	Agency Name Contact Person & Phone Number
In case of emergency, notify:	Relationship Street Address
Home Phone # (Include Area Code)	Work Phone# City/State/Zip

Have you been displaced by government disaster or a presidentially declared disaster? ____ Yes ____ No
 In the event of serious illness or death of resident, I give permission to the management office to permit the following person to enter my apartment to remove and / or store all contents found in the dwelling, common areas or mailbox.

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 herein 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 inquiries shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fees and deposit as liquidated damages for owners time and expense of processing this application. No fees or application deposits are required for section 8 applicants.
 (3) terminate residents 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 residents 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.

NOTICE OF NO AGENCY IS BEING PROVIDED AS REQUIRED BY ILLINOIS LAW

Ludwig & Company has previously entered into an agreement with the property owner to provide certain property management and real estate brokerage services to the property owner. Neither Ludwig & Company nor any of its employees will be acting as your agent but will instead be acting as the agent for the property owner.

Signature of Applicant or Occupancy Date

Signature of Applicant or Occupancy Date



APPLICANT QUESTIONNAIRE



No. of Bedrooms _____

APPLICANT NAME(S)

Current Address: _____
 City, State, Zip: _____
 Work Phone _____ Fax No _____
 Email Address _____

Home Phone _____
 Date of Birth _____
 Social Security No. _____
 Drivers License or State ID _____
 Marital Status _____

Present Address Is (circle one) **APARTMENT LEASED OWN HOME OTHER**

Present Landlord/Mortgage Co.(Contact) _____
 Address _____
 City, State, Zip: _____

Monthly Amt \$ _____
 Occupancy Dates _____
 Reason for moving _____

CO-APPLICANT NAME(S)

Current Address: _____
 City, State, Zip: _____
 Work Phone _____ Fax No _____

Home Phone _____
 Date of Birth _____
 Social Security No. _____
 Drivers License or State ID _____
 Marital Status _____

Present Address Is (circle one) **APARTMENT LEASED OWN HOME OTHER**

Present Landlord/Mortgage Co.(Contact) _____
 Address _____
 City, State, Zip: _____

Monthly Amt \$ _____
 Occupancy Dates _____
 Reason for moving _____

EMERGENCY CONTACT

Name _____ Phone _____

ADDITIONAL INFORMATION

List All Others Who Will Be Occupying Apartments?

	Name	Social Security No	Date of Birth	Relationship To Head
1				
2				
3				
4				

ALL QUESTIONS MUST BE ANSWERED.....DO NOT LEAVE ANY BLANKS

Answer all questions 'YES OR NO' by placing an 'X' in the appropriate box. Please make sure you have answered every question completely. If you answer YES, include the dollar amount indicated. If the question does not apply, answer NO.

	YES	NO	If yes, explain/agency
--	-----	----	------------------------

Have you or anyone on this application been evicted from assisted housing last (3) years?			
Do you or anyone on this application have an alcohol substance abuse that interfere with others health, safety, and right to peaceful enjoyment?			
Are you a current drug user?			
Is there anyone living with you now that will not be on the property?			
Do you expect any additions to your household in the next 12 months?			
Are there any absent household members who would normally live with you?			
Does an adult on this application have custody of every child listed?			
Will you have any pets other than service animals?			
Have you or anyone else on this application filed bankruptcy?			
Have you or anyone on this application been convicted of a felony?			
Have you or anyone else broken a rental agreement or lease contract?			
Have you or anyone else ever been convicted of dealing or manufacturing illegal drugs?			
Have you or anyone else on this application been sued for property damage?			
Are you or anyone else on this application a registered lifetime sex offender in any state?			

List all state(s) all person on this application have lived. 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

TYPE FREQUENCY AMOUNT

YES NO

Wages \$ _____ Company _____
 Overtime \$ _____ Contact _____
 Bonus \$ _____ Address _____
 Tips \$ _____ City, State, Zip _____
 Commissions \$ _____ Phone _____
 _____ Fax _____

For Office Use Only

Sent	Rec'd	Amount

employer emprior
nonemp seasonal

Length of Time on Job _____ Yrs. _____ Mos. Occupation _____

YES NO

Are you presently employed at more than one job (Not Self-Employed)?
 Wages \$ _____ Company _____
 Overtime \$ _____ Contact _____
 Bonus \$ _____ Address _____
 Tips \$ _____ City, State, Zip _____
 Commissions \$ _____ Phone _____
 _____ Fax _____

Sent	Rec'd	Amount

employer
seasonal

Length of Time on Job _____ Yrs. _____ Mos. Occupation _____

YES NO

Are you self employed? Business Type _____
 Annual Net Income \$ _____ How Long in Business _____

*selfemp
2 Yrs Tax Returns

YES NO

Do you receive income from the Armed Forces including the reserves, or do you receive any special pay or allowances?

Sent	Rec'd	Amount

militver

Regular \$ _____ Branch/Contact _____
 Special \$ _____ Address _____
 Allowances \$ _____ Phone _____

YES NO

Do you receive or have you applied for Unemployment Benefits, Severance Pay, Workers Compensation? (circle)

Sent	Rec'd	Amount

unemp
other

Unemployment \$ _____ Branch/Contact _____
 Workers Comp \$ _____ Address _____
 Severance \$ _____ Phone _____

CHILD SUPPORT / ALIMONY

Amount

YES NO

Do you have a court order or private agreement for receiving Child or Spousal Support?

Sent	Rec'd	Amount

childsup childnon

Court Branch/Payee _____
 Child Support \$ _____ Address _____
 Spousal Support \$ _____ Phone _____

Copies of all court orders must be attached. Support will be counted whether or not it is received, unless legal action has been taken to remedy. Support that is not ordered by the courts but received from a private party is also counted.

PUBLIC AID

YES NO

Are you receiving AFDC (Aid for Dependent Children) or other public assistance?

Sent	Rec'd	Amount

publcvcr

Caseworker _____
 Public Aid \$ _____ Address _____

SOCIAL SECURITY

YES NO

Are you receiving Social Security Income?

Sent	Rec'd	Amount

socsecvcr

SSA \$ _____
 SSI \$ _____
 SSD \$ _____

VETERANS, PENSION, RETIREMENT or ANNUITY BENEFITS

Sent	Rec'd	Amount

Do you receive any retirement benefits?
 YES NO Type _____ \$ _____ Rec'd From _____
 Address _____
 City, State, Zip _____

vet/ver other

OTHER INCOME

Do you receive any of the following types of income & from whom?

Regular payments or gifts from anyone outside your household?
 YES NO \$ _____ Rec'd From _____
 Regular payments from any type of settlement?
 YES NO \$ _____ Address _____
 Regular payments-inheritances, lottery winnings or trust funds?
 YES NO \$ _____ City, State, Zip _____
 Regular payments from rental property or other real estate?
 YES NO \$ _____
 Are you receiving any other form of periodic income?
 YES NO \$ _____

Sent	Rec'd	Amount

other

ASSET INFORMATION

Include All Assets Held by You or Minor Children & Income Derived

Please circle the type of account
 YES NO Checking, Savings Account or Prepaid Debit Card? Bank Name: _____
 Cash Value \$ _____ Account # _____
 CD's, Money Markets, Mutual Funds or Treasury Bills? Address _____
 YES NO Cash Value \$ _____ City, State, Zip _____
 Account # _____

Sent	Rec'd	Amount

bank/ver

Stocks, Bonds or Securities? Rec'd From _____
 YES NO \$ _____
 Pensions, IRAs, Keogh, 401K or other retirement accounts? Address _____
 YES NO \$ _____
 Trust Funds, Life Insurance or other funds? City, State, Zip _____
 YES NO \$ _____

Sent	Rec'd	Amount

ass/ver

Please circle the type of account
 YES NO Real Estate, rental property, land contract for deed or other real estate buildings?
 Cash Value \$ _____ Rec'd From _____
 Address or Legal Description: _____ Address _____
 _____ City, State, Zip _____

Sent	Rec'd	Amount

realestate/ver

Personal property held as an investment?
 YES NO *This includes paints, coin or stamp collections, artwork, collector or show cars, antiques. Do not include personal items such as cars, furniture, etc.*
 Description: _____ Rec'd From _____
 \$ _____ Address _____
 _____ City, State, Zip _____

Sent	Rec'd	Amount

ass/ver

Fair Market Value \$ _____

Address _____

Disposal of Asset _____

City, State, Zip _____

YES NO

Have you received any lump sum payments in the past 2 years, or anticipate any in the next year?

Where is it now?

\$ _____

Rec'd From _____
Address _____

City, State, Zip _____

Sent	Rec'd	Amount

lumpsumcer

YES NO

OTHER ASSETS: Specify _____

\$ _____

STUDENT STATUS

Do you receive any of the following types of income & from whom?

YES NO

Are you currently a part or full-time student, have been one during five calendar months of this year or expect to be one in the next 12 months?
If YES, please continue.

YES NO

Are you a single parent with minor children who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?

YES NO

Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other federal, state & local laws?

YES NO

Are you married, filing a joint tax return with your spouse?

YES NO

Do you receive TANF, AFDC (Aid for Dependent Children) or title IV recipient?

YES NO

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?

Please provide the name of the educational institution where you are or will be a student.

YES NO

Date Graduated or left school: _____

I understand that the owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Section 8 & Low Income Housing Tax Credit (LIHTC) Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material representation is made, I could be subject to prosecution and/or that my application will be denied and/or my tenancy be terminated. And falsification or misrepresentation of information will be considered a material breach of the Lease Agreement. I hereby swear that to the best of my knowledge, the above information is true, correct, and complete.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I agree to provide all necessary information, including source names, addresses and account numbers whenever applicable. I understand that my occupancy is contingent upon meeting management's Resident Selection Criteria and the LIHTC Program requirements. I further certify that I do not expect any changes in the information provided or on the attached Application. I will notify management should any information change unexpectedly. Failure to do so may result in the cancellation of my application for occupancy.

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 herein via consumer, credit reports, rental and / or criminal history reports and any other means. Failure to answer any of the inquiries shall be cause for rejecting this application. False information will lead to rejection of this application and we retain the right to forfeit all deposits as liquidated damages for our processing time and expense.

Applicant Signature

Date

Applicant Signature

Date

Date Received _____

Time Received _____

Received by: _____

Lincolnwood Apartments
2101 Mark Lane
Kokomo, IN 46902
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TTY: 711

- I am submitting this application with the intention of leasing an apartment with the community mentioned above.
- I am submitting an application fee in conjunction with this application and understand that in the event my application is denied, then the application fee will not be refunded to me. I understand the application fee is nonrefundable and is used to offset the community's cost in processing the application.
- If I submit a holding fee to hold the apartment, in the event that the application is approved, the holding fee will be applied to the cost of my security deposit on move in day. If the application is denied, the holding fee will be refunded to me. If my application is approved, and I fail to move in or sign my lease on the scheduled move in day, the holding fee will be forfeited.

I hereby authorize the above mentioned apartment community and its agents to verify any of the information obtained on the rental application, rental history verification, income verification, and/or other information provided during the application process.

I warrant that all statements made on this application are true and I understand that falsification of this application will result in the denial of the application, or may lead up to eviction if the falsification is discovered after move in.

Signature of Application

Date

FOR PROPERTY USE ONLY

Date Application Received: _____ Time: _____ Agent: _____

Payment of \$ _____ Received by Agent _____ Date: _____

Move In Date _____ Assigned Apartment _____ Lease Term _____

Holding Fee Amount \$ _____ Application Fee Amount \$ _____

Application Approved: Y / N / With Cosigner

Security Deposit Required \$ _____ Conditions _____

Property Manager Reviewed (signature) _____

