Presbyterian Villas of Port Charlotte
2295 Aaron St.
Port Charlotte, FL 33952

Phone (941) 629-6664 • Fax (941) 629-6435 • TTY 1-800-955-8771

Dear Applicant:

Thank you for your interest in Presbyterian Villas of Port Charlotte. Our community is centrally located in the Parkside District only one block away from Bayfront Medical Center and Fawcett Memorial Hospital. We have been providing quality affordable housing in Port Charlotte since 1974.

◯ Presbyterian Villas of Port Charlotte is a United States Department of Agriculture (USDA), Rural Development property consisting of 46 one bedroom apartments and 24 two bedroom apartments. There is approximately 430 square feet of living space in a one bedroom apartment and approximately 580 square feet of living space in a two bedroom apartment. Residents must be at least 62 years of age, handicapped or disabled. Additionally, adjusted annual income cannot exceed the current income limits of $59,550 for 1 person, $67,250 for 2 persons, $75,000 for 3 persons, or $82,700 for 4 persons. All apartments are ground level villa style apartments.

If you are interested in applying for residency at this community please visit our website at www.phhf.com or contact us at 941-629-6664. Applications may also be obtained from the community office located in Charlotte Towers at 2295 Aaron Street, Port Charlotte, FL 33952. Office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m., excluding holidays.

Respectfully

Kevin Betts

Administrator

PRESBYTERIAN

Homes of Charlotte • Villas of Port Charlotte • Homes of Port Charlotte
2295 Aaron Street
Port Charlotte, Florida 33952
Phone (941) 629-6664 • Fax (941) 629-6435
TTY 1-800-955-8771

APPLICATION AND WAITING LIST INFORMATION

All interested persons may contact or visit the office to request an application. Applications are also available on our website at www.phhf.com. Once you have completed all of the forms in the application package, please contact our office to make an appointment for an interview.

Along with the completed application, please bring the following documents for all household members to the interview:

1. Social Security cards
2. Driver's License or another form of photo identification
3. Birth Certificate or Passport or Naturalization Certificate for all household members
4. If you are not a U.S. citizen, your Alien Registration card or other documentation provided by DHS/USCIS
5. Most recent bank statement for all bank accounts.
6. **Current Social Security or SSI Proof of Income Letter**
7. Full time & part time employment information plus last 6 pay check stubs/earning statements, if applicable.
8. Pension & Annuities information plus most recent award letter or statement of activity, if applicable.
9. Copies of Life Insurance Policies, if applicable.
10. Proof of Medical Expense Deductions (for Presbyterian Villas and/or Charlotte Towers applicants)

Your income, asset information, and any allowable deductions for medical expenses may be verified at the time of application. This information will be re-verified at the time of move-in. Failure to disclose all of your income and asset information could lead to your application being denied.

If you have a pet that will be moving in with you, we will need the following items at move-in:

- Proof of current immunizations
- Current copy of county license
- Proof pet has been neutered or spayed
- Alternate caretaker contact information

Once a completed application package is processed, you will be sent a letter informing you of being placed on our waiting list(s). A criminal, sex offender, credit, and eviction check will be performed prior to moving in. Your application(s) may be denied at this time if background screening results reveal negative history and/or other details that are in violation of our residential criteria. Additional details regarding this process, including eligibility and program requirements, can be found in our **Resident Selection Plan(s)**.

You must notify us if you move or change your phone number. If we cannot reach you when your name comes up on the Waiting List, your application may be denied. **Please note that we will not be able to hold your position on the Waiting List if we cannot make contact with you**.

If you have any questions concerning the application package, the Waiting List, or anything else, please feel free to contact us at (941) 629-6664 during normal business hours, Monday through Friday, 8:00 a.m. to 5:00 p.m., excluding holidays.

A Non-Profit Non-Denominational Development

Presbyterian Villas of Port Charlotte, Inc.					
2295 Aaron Street Port Charlotte, Florida 33952					
Phone	(941) 629-6664	Fax	(941) 629-6435	TTY	(800) 955-8771
VillasofPtCharlotte@phhf.com					
www.phhf.com/presbyterian_villas_of_port_charlotte					

For Office Use Only	Completed Application Received		Date	
	By		Time	

Rental Application

#1	Head of Household		
Applicant Name			
E-mail			
Phone Number(s)			
Are you a current resident requesting a different apartment?		☐ Yes	☐ No
If yes, what is your current apartment number?			

Current Residence				
Type	☐ Rent *	☐ Own	☐ Other	
Address				
City, State, Zip				
*Landlord Name				
*Landlord Phone Number				
Reason for leaving?				
How long have you lived there?	From		To	
Monthly rent or mortgage payment?				
Are you currently receiving any housing assistance? *(i.e. HUD, RHS or a PHA)*			☐ Yes	☐ No
Have you given this landlord notice that you will be moving?			☐ Yes	☐ No
Are you required to provide at least 30 days notice to your current landlord?			☐ Yes	☐ No
Have you been evicted or is this landlord attempting to evict you or another person living with you?			☐ Yes	☐ No

EQUAL HOUSING OPPORTUNITY

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Presbyterian Villas of Port Charlotte, Inc.

Residential History

Please provide previous residence information if you have lived at your current residence for less than 3 years.

Previous Residence					
Type	☐ Rent *	☐ Own	☐ Other		
Address					
City, State, Zip					
*Landlord Name					
*Landlord Phone Number					
Reason for leaving?					
How long did you live there?	From		To		
Monthly rent or mortgage payment?					

Previous Residence					
Type	☐ Rent *	☐ Own	☐ Other		
Address					
City, State, Zip					
*Landlord Name					
*Landlord Phone Number					
Reason for leaving?					
How long did you live there?	From		To		
Monthly rent or mortgage payment?					

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Previous Residence					
Type	☐ Rent *	☐ Own	☐ Other		
Address					
City, State, Zip					
*Landlord Name					
*Landlord Phone Number					
Reason for leaving?					
How long did you live there?	From		To		
Monthly rent or mortgage payment?					

Previous Residence					
Type	☐ Rent *	☐ Own	☐ Other		
Address					
City, State, Zip					
*Landlord Name					
*Landlord Phone Number					
Reason for leaving?					
How long did you live there?	From		To		
Monthly rent or mortgage payment?					

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Household Financial Information

In order to determine eligibility you must list **all** sources of income you and any member(s) of your household currently receive or expect to receive in the next 12 months.

Income

Type	Source Name	Source Address	Gross Annual Amount	Name of Recipient
			$	
			$	
			$	
			$	

Income includes wages, welfare payments, alimony, social security, pension, annuity, unemployment compensation, workers' compensation, income from property you own, child support, social security for children, AFDC, earnings from a second or part time job and any anticipated income such as a bonus or pay raise you expect to receive.

Asset Income

Type	Source Name	Source Address	Gross Annual Amount	Name of Recipient
			$	
			$	
			$	
			$	

Asset income includes interest from a checking, money market, savings account, credit union, certificate of deposit, mutual funds, bonds, securities, dividend from stocks, business income and any other form of income.

Asset Divestiture Certification

Have you disposed of any assets for less than the Fair Market Value in the last 2 years?	☐ Yes	☐ No
	If Yes, please describe below	

Description	Disposition Date	Market Value	Sold For
		$	$
		$	$

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Adjusted Income

Households may qualify for deductions that can reduce the annual income used when determining their eligibility and rent. Households in which the **head, co-head or spouse are at least 62 years old, handicapped or disabled** qualify for deductions based on certain unreimbursed out-of-pocket medical expenses. If applicable, please provide the information that is requested below.

Annual Expenses

Health Insurance Premiums			$
Dr. Visits or Medical Treatment Payments			$
Prescription Drug Expenses			$
Do you get reimbursed for all or part of your out-of-pocket costs?			☐ Yes ☐ No
If yes, how much?			$
Over-the-Counter Medical Expenses That Treat a Specified Medical Condition			$
Personal Use Medical Items *(i.e. glasses, incontinent supplies, hearing aids)*			$
Other			$
Annual Cost of Care for a Child 12 Years of Age or Younger			$
Child care enables the parent/guardian to:	☐ work	☐ seek employment	☐ go to school
Provider Name			
Phone			
Annual Cost of Care for a Disabled Family Member			$
Care for the disabled family member allows another adult family member to work?			☐ Yes ☐ No
Provider Name			
Phone			
Expenses for Auxiliary Aides for a Disabled Family Member			$

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Presbyterian Villas of Port Charlotte, Inc.

Applicant Household Summary

Provide the information requested below for each person who will be living in the apartment.

#1	Head of Household Full Name	Date of Birth	Social Security Number
	List All States Where This Person Has Lived		

#2	Household Member's Full Name	Date of Birth	Social Security Number
	List All States Where This Person Has Lived		
	Relationship to the Head of Household	☐ Co-Head ☐ Spouse ☐ Minor Child ☐ Other Adult ☐ Foster Child ☐ Foster Adult ☐ Live-in Aide ☐ None of the Above	

#3	Household Member's Full Name	Date of Birth	Social Security Number
	List All States Where This Person Has Lived		
	Relationship to the Head of Household	☐ Co-Head ☐ Spouse ☐ Minor Child ☐ Other Adult ☐ Foster Child ☐ Foster Adult ☐ Live-in Aide ☐ None of the Above	

#4	Household Member's Full Name	Date of Birth	Social Security Number
	List All States Where This Person Has Lived		
	Relationship to the Head of Household	☐ Co-Head ☐ Spouse ☐ Minor Child ☐ Other Adult ☐ Foster Child ☐ Foster Adult ☐ Live-in Aide ☐ None of the Above	

Occupancy Standards

The number of individuals living in the apartment will determine the appropriate apartment size(s). For one-bedroom apartments, there is a maximum occupancy limit of two (2) persons. For two-bedroom apartments, there is a minimum occupancy limit of two (2) persons and a maximum occupancy limit of four (4) persons.

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Presbyterian Villas of Port Charlotte, Inc.

Preferences				
How many individuals will be living in the apartment?	Adults:		Minors:	
What apartment size(s) are you applying for?	☐ 1 Bedroom		☐ 2 Bedroom	
Do you have any additional apartment requests?				
Does a disability you or any household member have require the features of an accessible apartment?			☐ Yes	☐ No
If yes, what features are required?				
Does a disability you or any household member have require a reasonable accommodation?			☐ Yes	☐ No
If yes, what accommodations are required?				
Have you been involuntarily displaced by government action/presidentially declared disaster?			☐ Yes	☐ No
Are you or any household member under imminent threat for another reason?			☐ Yes	☐ No

Pets				
Do you plan to house an animal in the apartment?			☐ Yes	☐ No
Animal Type	Breed	Weight	License Number	Expiration Date
The presence of any animal must be approved before it is allowed to be kept in the apartment.				

Vehicles				
Do you have a car or vehicle you will be parking on the property?			☐ Yes	☐ No
Year	Make	Model		
Due to limited parking availability we permit only 1 vehicle per licensed driver.				

Marketing Information				
How did you hear about us?	☐ Newspaper	☐ Website	☐ Drove By	☐ Current Resident
	☐ Church	☐ Organization	☐ Another Person	☐ Other
Please choose one or all that apply.				

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Presbyterian Villas of Port Charlotte, Inc.

Applicant Background		
Are you or any household member a student enrolled in an institute of higher education?	☐ Yes	☐ No
Have you or any household member ever had an eviction filed against you?	☐ Yes	☐ No
Have you or any household member ever left owing money to any owner/landlord?	☐ Yes	☐ No
Are you or any household members enrolled in the U.S. Military or a veteran of the U.S. Military?	☐ Yes	☐ No
Do you or any household member have any current outstanding balances owed to any utility provider(s)? *(electricity, water, etc.)*	☐ Yes	☐ No
Were you or any household member ever asked to allow or participate in the extermination of pests other than when regularly scheduled? *(roaches, bed bugs, rodents, etc.)*	☐ Yes	☐ No
Have you or any household member ever had adjudication withheld or been convicted of a crime?	☐ Yes	☐ No
Are you or any household member currently engaged in illegal use of a drug or have a pattern of illegal drug use?	☐ Yes	☐ No
Do you or any household member currently abuse alcohol or have a pattern of alcohol abuse?	☐ Yes	☐ No
Have you or any household member interfered with other resident's health, safety, or right to peaceful enjoyment of the premises due to drug or alcohol abuse?	☐ Yes	☐ No
Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes	☐ No

If you answered Yes to any of the above questions, please explain the circumstances regarding the situation.

ALL information provided on this application will be verified prior to move-in. You are committing fraud if you knowingly provide false or misleading information.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both. Use of the information collected based on this verification form is restricted to the purposes cited above. 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 is cited as violation of 42 U.S.C. Section 408 (a) (6), (7) and (8).

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

(Estimado inquilino, si está usted discapacitado o necesita asistencia en su idioma, por favor déjenos saber sus necesidades. Con mucho gusto le daremos acceso a servicios individualizados basados en su pedido.)

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Presbyterian Villas of Port Charlotte, Inc.

Applicant Certification

By signing this document, I/we certify that all of the statements and information provided above on this application for rental are true and complete to the best of my/our knowledge and understand it is collected only to determine eligibility and/or level of benefits for what will serve as my/our household's primary residence. I/We hereby authorize an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records and credit records. I/We acknowledge that false or omitted information herein may be grounds for rejection of this application, termination of occupancy and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I/We hereby release Realpage, Inc. and any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application. I/We also hereby consent to release wage matching data to the USDA Rural Housing Service and the property's borrower or management agent. This will be done using a process established by the USDA Rural Development to match applicant/resident wage and benefit data with federal and state records to assure that applicant/residents are fully and accurately disclosing income.

	Applicant Signature	Date
#1		
#2		
#3		
#4		

Administrator Signature	Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider and employer.

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Presbyterian Villas of Port Charlotte, Inc.

Rural Housing Service Disclosure Notice

Please review the following statement and provide the requested information, if you are willing.

The information regarding race, ethnicity and sex designation solicited on this form is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

#1	Head of Household Full Name	Gender	Ethnicity
		☐ Male ☐ Female	☐ Hispanic or Latino ☐ Not Hispanic or Latino
	Race (Choose all that apply)		
	☐ American Indian or Alaskan Native ☐ Asian	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander	☐ White
OFFICE USE ONLY	☐ Provided by Applicant ☐ Observed		

#2	Household Member's Full Name	Gender	Ethnicity
		☐ Male ☐ Female	☐ Hispanic or Latino ☐ Not Hispanic or Latino
	Race (Choose all that apply)		
	☐ American Indian or Alaskan Native ☐ Asian	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander	☐ White
OFFICE USE ONLY	☐ Provided by Applicant ☐ Observed		

#3	Household Member's Full Name	Gender	Ethnicity
		☐ Male ☐ Female	☐ Hispanic or Latino ☐ Not Hispanic or Latino
	Race (Choose all that apply)		
	☐ American Indian or Alaskan Native ☐ Asian	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander	☐ White
OFFICE USE ONLY	☐ Observed ☐ Provided by Applicant		

#4	Household Member's Full Name	Gender	Ethnicity
		☐ Male ☐ Female	☐ Hispanic or Latino ☐ Not Hispanic or Latino
	Race (Choose all that apply)		
	☐ American Indian or Alaskan Native ☐ Asian	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander	☐ White
OFFICE USE ONLY	☐ Provided by Applicant ☐ Observed		

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

(Estimado inquilino, si está usted discapacitado o necesita asistencia en su idioma, por favor déjenos saber sus necesidades. Con mucho gusto le daremos acceso a servicios individualizados basados en su pedido.)

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TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider. Further, I/we consent to the release of wage matching data to the Rural Housing Service (RHS) and the property owner.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain 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	Medical and Child Care Providers	Welfare Agencies
Support and Alimony Providers	Social Security Administration	Veterans Administration
State Unemployment Agencies	Previous Landlords (including	Retirement Systems
Banks and Financial Institutions	Public Housing Agencies)	Educational Institutions

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. **Everyone 18 years or age and older must sign this form.**

SIGNATURES

Signature of Applicant/Resident	Print Name	Date
Signature of Co-Applicant/Resident	Print Name	Date
Signature of Adult Member	Print Name	Date
Signature of Adult Member	Print Name	Date

Presbyterian Villas of Port Charlotte, Inc.	Kevin Betts
Property Name	Contact Name
(941) 629-6664	(800) 955-8771
Phone	TTY

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 a Tax Form" must be prepared and signed separately.

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Presbyterian Villas of Port Charlotte, Inc.
Resident Information Form

RESIDENT NAME	APARTMENT	PHONE

MEDICAL INFORMATION			
Doctor		Phone	
Hospital			

PRIMARY PERSON	
In the event of an emergency or other warranted situation, the person named below will be contacted as necessary for assistance in handling your affairs.	
Name	
Relationship	
Address	
City, State, Zip	
Phone (Home)	
Phone (Work)	
Phone (Cell)	

SECONDARY PERSON	
In the event of an emergency or other warranted situation, the person named below will only be contacted when the primary person is unreachable.	
Name	
Relationship	
Address	
City, State, Zip	
Phone (Home)	
Phone (Work)	
Phone (Cell)	

PRIMARY SIGNATURE	
I hereby agree to accept the above responsibilities:	
Signature	
Date	

RESIDENT SIGNATURE	
I hereby permit the above persons to be contacted in the event of an emergency or warranted situation:	
Signature	
Date	

REMINDER: Your apartment key will **NOT** be given to anyone, including the primary person. If you want the primary person or any other person to have access to your apartment in your absence, **YOU** will need to give them a key.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider and employer.

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2295 Aaron St
Port Charlotte, FL 33952-5354
Phone (941) 629-6664 • Fax (941) 629-6435 • TTY (800) 955-8771

PERMISSION TO ASSIST APPLICANT/RESIDENT

Date: ____/____/____

Applicant or
Resident: _____ Apt #: _____

Permitted Assistant(s):

- ☐ Administrator
- ☐ Administrative Assistant
- ☐ Leasing Agent
- ☐ Certified Occupancy Specialist
- ☐ Service Coordinator
- ☐ Other: _____

I hereby authorize the individual(s) above to assist me with completing any or all documents and forms necessary to process my application/recertification for housing/subsidy as required by the Rural Housing Service, Rural Development, and/or Presbyterian Villas of Port Charlotte, Inc. I understand that document assistance may include filling in any missing information such as dates, the printing of my name and/or personal information or any other blank questions, marking appropriate empty check boxes, and translation assistance. I understand that document assistance does not include my signature. I understand that the individual(s) above may not assist with any document or form unless I am present physically, virtually, or on the telephone or any other equally effective manner. I understand that this form and its consent expire 14 months after signature.

I understand that it is a criminal offense, punishable by a $10,000 fine or 5 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction per the provisions of Section 1001 of Title 18 of the U.S. Code.

_____ _____
Applicant/Resident Signature Date

_____ _____
Assistant Signature Date

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