

INSTRUCTIONS

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION **WILL NOT BE ACCEPTED.**

1. **COMPLETE ALL AREAS:** If an item does not apply to you, answer “NO” on that question or mark with a “0” if it is a dollar amount line or section.
 - a. All sources of earned income must be reported for ALL household members 18 years of age and older.
 - b. All unearned income (ex. SSI Payments) and assets must be reported for all household members, including minors
2. **SIGNATURES** – are required by all adult applicants 18 and older.
3. **COPIES OF SOCIAL SECURITY CARDS** are required for everyone on the application
4. **RETURN YOUR APPLICATION TO:**

**Riverknoll at Radisson
8278 Riverknoll Crossing
Baldwinsville, NY 13027
Phone: (315) 638-3988, Voice (711) TTD**

NOTE: PETS ARE NOT ALLOWED. (Assistance animals for persons with disabilities are accepted – documentation is required)

Your application is being returned because:

- You did not complete all areas or you did not sign the application.

Please return your application along with the information that was missing if you want to be considered for housing.



APPLICATION FOR HOUSING CREDIT PROGRAM

Date Rcvd:	_____
Time Rcvd:	_____
Est. Income:	_____
Income Level:	_____

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Baldwin Real Estate Corp., to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Baldwin Real Estate Corp. is a management company that provides affordable housing to eligible households, elderly households, single people. Baldwin Real Estate Corp. is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability or familial status. In addition, Baldwin Real Estate Corp. has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability.
- A reasonable accommodation is some modification or change Baldwin Real Estate Corp. can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability and think you might need or want a reasonable accommodation you may request it at any time in the application process or after admission. If you would prefer not to discuss your situation with the management company, that is your right.

Household Information

Starting with Head of Household, list all household members that are applying to live in this apartment with you.

Name First, Middle, Last	Full-Time Student Y/N	Relationship to Head of Household	M/F	Social Security Number	Birth Date M/D/Y	Race ** 1,2,3,4,5	Ethnicity H or NH **
		Head					

Race: 1. White 2. Black or African American 3. American Indian or Alaskan Native 4. Asian 5. Native Hawaiian /Other Pacific Islander 6. Other

Ethnicity: Hispanic or Latino / Not Hispanic or Latino

** The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Housing Credit Program 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.

Current Address:		Home Phone #:	
		Cell Phone #:	
		Alternate Phone #:	

WHAT SIZE APARTMENT ARE YOU APPLYING FOR? 1BR 2BR 3BR

We have a limited number of Non Smoking Buildings of different unit types in Riverknoll Phase III. Please let us know your preference:

_____ Non-Smoking Building _____ Smoking _____ No preference

(for occupants of a non-smoking building, smoking will be prohibited in the building, outside premises and the surrounding grounds for all household members and guests. If you make this selection you will only be put on the waitlist for those buildings).

Applicant Information

- | | | | | |
|--------------------------|-----|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 1. Do you or any member of your household have a condition that requires a special unit design?
<div style="margin-left: 40px;"> <input type="checkbox"/> Barrier Free unit for mobility impaired <input type="checkbox"/> Unit for vision-impaired
 <input type="checkbox"/> Unit for hearing-impaired <input type="checkbox"/> First floor unit
 <input type="checkbox"/> Other _____ </div> |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 2. Do you expect any additions to the household within the next twelve months?
Name and Relationship: _____
Explanation: _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 3. Is there anyone living with you now who won't be living with you at this property?
Name and Relationship: _____
Explanation: _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 4. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren) will be living with you in Unit – will need copy of custody documents.)
Explanation: _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 5. Are there any absent household members who under normal conditions would live with you?
(For example, a spouse in the military.)
Explanation: _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 6. Does your household have or anticipate having any pets other than those used as service animals?
Please specify kind of pet: _____ |

Previous Housing Information

- | | | | | |
|--------------------------|-----|--------------------------|----|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 1. Are you currently living in affordable housing? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 2. Do you have a Section 8 Voucher or any other type of housing assistance voucher? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 3. Have you been served a Notice to Quit or been asked to leave by a previous landlord? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 4. Have you been served with lease violations from a previous landlord? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 5. Have you ever been evicted? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 6. Has any household member ever been evicted from federally assisted housing for drug-related criminal activity? |

If you checked "YES" in any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

Criminal Background Disclosure

- | | | | | |
|--------------------------|-----|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 1. Has any household member ever been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program?
List all states, other than the one that you reside in now, in which you have lived in during the last seven years?
_____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 2. Have you or anyone else named on this application ever been convicted of a felony offense? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 3. Have you or anyone else named on this application ever been convicted for dealing or manufacturing illegal drugs?
Explanation: _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 4. Have you or anyone else named on this application ever been convicted of property damage?
Explanation: _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 5. Have you or anyone else named on this application ever been convicted of criminal trespass? |

Explanation: _____

Housing References

List the past FIVE years of housing references. *(If additional space is required, use a separate sheet of paper)*

	Current Landlord's Name/ Address/Phone	Your Address	Own/Rent	Dates
Name:	_____	_____	<input type="checkbox"/> Own	_____ From
Address:	_____	_____	<input type="checkbox"/> Rent	_____ To
Phone:	_____	_____		

	Previous Landlord's Name/ Address/Phone	Your Address	Own/Rent	Dates
Name:	_____	_____	<input type="checkbox"/> Own	_____ From
Address:	_____	_____	<input type="checkbox"/> Rent	_____ To
Phone:	_____	_____		

Name:	_____	_____	<input type="checkbox"/> Own	_____ From
Address:	_____	_____	<input type="checkbox"/> Rent	_____ To
Phone:	_____	_____		

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	Tag/License Plate #	State Issued	Make/Model/Year
Vehicle #1	_____	_____	_____
Vehicle #2	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name:	_____		
Address:	_____		
Phone:	_____	Relationship _____	Years Known _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned such as a grant or benefit (example; SSI Benefits), it is counted for all household members including minors.

**Do YOU or ANYONE in your household receive OR expect to receive income from:
(Include all income anticipated for the next 12 months - All questions must be answered).**

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	1. Employment wages or salaries? <i>(include overtime, tips, bonuses, commissions and payments received in cash.)</i>												
				<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: center;">Household Member</th> <th style="width: 25%; text-align: center;">Name of Company</th> <th style="width: 30%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Household Member	Name of Company	Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	2. Self-employment? <i>(include overtime, tips, bonuses, commissions and payments received in cash.)</i>												
				<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: center;">Household Member</th> <th style="width: 30%; text-align: center;">Type of Business</th> <th style="width: 25%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Household Member	Type of Business	Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	3. Social Security, SSI, or any other payments from Social Security Administration? <i>(This is the gross amount before any deductions for medical insurance or any other deductions).</i>												
				<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: center;">Household Member</th> <th style="width: 30%; text-align: center;">SSA Office</th> <th style="width: 25%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Household Member	SSA Office	Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	4. NYS OTDA State Supplement Program? <i>(State amount you used to receive with your SSI payment)</i>												
				<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: center;">Household Member</th> <th style="width: 30%; text-align: center;">Office</th> <th style="width: 25%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Household Member	Office	Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	5. Regular pay as a member of the Armed Forces/Military or National Guard?												
				<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: center;">Household Member</th> <th style="width: 30%; text-align: center;">Base Name and Branch</th> <th style="width: 25%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Household Member	Base Name and Branch	Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	6. Unemployment benefits or workman's compensation? <i>(Gross weekly amounts before deductions)</i>												
				<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: center;">Household Member</th> <th style="width: 30%; text-align: center;">Case Worker</th> <th style="width: 25%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Household Member	Case Worker	Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____
Household Member	Case Worker	Amount														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

YES NO

7. Public Assistance, General Relief, or Temporary Assistance for Needy Families (TANF)?
(Do not include food stamps)

Household Member	Case Worker	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO

8. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member	Case Worker	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO

9. a) Child Support or Alimony?

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, but received directly from payer.)

Household Member	Case Worker	Amount
_____	_____	_____
_____	_____	_____

b) How is the support received? (Check all that apply)

Child Support Enforcement Agency Name of Agency: _____

Court of Law Name of Court: _____

Directly from individual Name of Person: _____

Other Explain: _____

YES NO

c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: _____

YES NO

10. Regular payments from a severance package?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO

11. Regular payments from any type of settlement? (for example, insurance settlements)

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES NO

12. Regular payments or gifts or payments from anyone outside of household? (this includes anyone supplementing your income or paying any of your bills which includes cash contributions or direct payments from family members or friends, etc.)

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES NO

13. Regular payments from lottery winnings or inheritances?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES NO 14. Regular payments from rental property or other types of real estate transactions?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES NO 15. Student Financial Aid Assistance or Grants from any government, public or private sources?
(We must count student financial aid, excluding loans, on certain households receiving Section 8 assistance)

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES NO 16. Any other sources of income not listed?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES NO 17. Do you or any other household members expect any changes to your income in the next 12 months?
Explanation: _____

Asset Information

Assets are counted for all household members, including members under 18 years of age. Include all assets that you have and the income derived from the asset. (attach additional pages if necessary).

Do YOU or ANYONE in your household have any of the below assets: (all questions must be answered)

YES NO 1. Savings Account? (This includes a Benefit Direct Express Debit card issued by Social Security, Unemployment, Child Support Enforcement, Public Assistance, etc.)

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES NO 2. Checking Account?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES NO 3. CD's, money market accounts, Savings Bonds or treasury bills?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES NO

4. Stocks, bonds, or securities?

Household Member	Financial Institute	Amount

YES NO

5. Trust Accounts? (including burial accounts)

Household Member	Financial Institute	Amount

YES NO

6. Pensions, IRAs, 401k's, Keogh or other retirement accounts?

Household Member	Financial Institute	Amount

YES NO

7. Whole life or Universal Life insurance policy? (do not include term life insurance)

Household Member	Insurance Carrier	Amount

YES NO

8. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
(this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member	Address of Property	Amount

YES NO

9. Personal property held as an investment? (this includes paintings, coin/stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture, or clothing.)

Household Member	Description of Property	Amount

YES NO

10. A safe deposit box?

Household Member	Financial Institute	Description/ Amount

YES NO 11. Have you sold or disposed of any asset(s) valued over \$5,000 in the last two years?

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/disposed \$ _____ Amount sold/disposed for \$ _____

Date of transaction _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES NO 1. Are you or any other ADULT household members claiming zero income?

Household member: _____

Explanation: _____

YES NO 2. Will you or any other ADULT household members require a live-in care attendant to live independently?

Name of attendant: _____

Relationship (if one): _____

YES NO 3. Is your household eligible for any housing preference?

Please identify preference:

_____ Disabled Veterans

_____ Sub Standard Housing Conditions

_____ Natural Disaster Displacement

YES NO 4. Will ALL of members of the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school with regular faculty and students)?

If you answered YES, complete the following:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program Receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) a Title IV (TANF) recipient?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the management's resident selection criteria and the Housing Credit Program requirements.

I/We understand that Riverknoll at Radisson will be conducting a credit check, criminal check and landlord reference check in determining my eligibility. Credit, criminal and landlord reference checks will be run on all applicants 18 years of age and older.

All ADULT (18 years of age and older) household members must sign below:

Signature of Head of Household

Date

Signature of other household member 18 years or older

Date

Signature of other household member 18 years or older

Date

Signature of other household member 18 years or older

Date

The attached Criminal & Sex Offender Background Information Sheet must be completed for all applicants who are 18 years or older.

Riverknoll at Radisson

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires Riverknoll at Radisson to get drug and criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do so, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Riverknoll at Radisson will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug related criminal activity within the past 3 years? YES___NO___
2. Do you currently use illegal drugs or abuse alcohol? YES___NO___
3. Are you currently subject to lifetime registration requirements under the sex offender registration program? YES___NO___
4. Have you been convicted of any drug related crime within the past five years? YES___NO___
5. Have you been convicted of any felony within the past five years? YES___NO___
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? YES___NO___
7. Have you been convicted of any crime involving violence within the past five years? YES___NO___
8. Are you currently charged with any of the above-mentioned criminal activities? YES___NO___
9. Please list all states in which you have lived or have held licenses to drive and driver's license #'s of each:

10. Have you ever used or been known as another name? YES___NO___
If yes, please list names used:_____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Riverknoll at Radisson to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Riverknoll at Radisson, to an agency contracted by Riverknoll at Radisson to conduct criminal background checks.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S NAME _____
(Please Print)

Riverknoll at Radisson

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APPLICANT'S NAME _____
(Please Print)