LIFT Community Action Agency, Inc.

RENTAL APPLICATION PACKET

Terry Hill Apts. & **ALL other complexes** owned by LIFT CAA has "ZERO" Tolerance for violence and drug related activity by any family members or guests.

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

*Evicted from your apartment or house
*Required to repay all overpaid rental assistance you received
*Fined up to $10,000.
*Imprisoned for up to 5 years; and/or
*Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

Completing The Application

When you give your answers to application questions, you must include the following information:

Income

*All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);

	*Any money you receive on behalf of your children (child support, social security for children, etc).
Assets	*All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you. *Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
Family/ Household Members	*The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
Signing the Application	*****Do not sign any form unless you have read it, understand it and are sure everything is complete and accurate. *When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. *Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.
Re-Certifications	You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms: *All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members. *Any family/household member who has moved in or out. *All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.
Beware of Fraud	You should be aware of the following fraud schemes: *Do not pay any money to file an application. *Do not pay any money to move up on the waiting list. *Do not pay for anything not covered by your lease. *Get a receipt for any money you pay. *Get a written explanation if you are requited to pay any money other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline at (202) 472-4200. This is not a toll free number. You can also write to the HUD Hotline, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

_____ _____

Date Tenant Signature

Terry Hill Apts and **ALL other Apartment complexes** owned by LIFT CAA has "ZERO" Tolerance for violence and drug related activity by any family members or guests.

*Please provide a copy of all Adults ID/& Social Security card, and All Adults Income Verifications

LIFT COMMUNITY ACTION AGENCY

APPLICATION FOR RENTAL

Date:_____

Time:_____

Please complete this application with all pertinent details. The information requested provides the basis for our selection of the best neighbors for you and all residents. If accepted as a resident, this application will become a part of your resident file. DO NOT USE "N/A".

1. Head of Household_____

Age_____ Social Security Number_____

Co-Head_____

Age_____ Social Security Number_____

Marital Status: Married_____ Single_____ Unmarried_____

For statistical purposes only, please circle one: White Black American Indian

Alaskan-Native Asian Pacific-Islander

Also designate: Hispanic Non-Hispanic

* The information requested in regards to race and sex is provided on a voluntary basis to enable management of the apartment complex to monitor the compliance with Federal laws prohibiting discrimination.

The information solicited on this application is requested by the apartment owner in order to assure that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, handicap and familial status 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 and sex of individual applications on the basis of visual observation or surname.

2. Current Address_____

(address) (city) (state) (zip)

How Long?_____ Phone Number:_____

How much are you paying for rent?_____Are utilities included in your rent?_____

If not, what are your average utility bills?_____

Landlord's Name, Address and Phone number:_____

_____

How many people reside in your home?_____
How many bedrooms in your home?_____
Have you notified your present landlord you are moving?_____
Reason for moving:_____

_____

Have you ever been evicted?_____if so, from where and when?_____

_____

Are you now in a Government subsidized rental unit?_____

	Address	Landlord	Phone	From	To
3.	Residence(s)				
	for the last				
	five years				

4. Starting with head of household, list LEGAL NAMES of all members who will live in this apartment:

Full Legal Name	**Relationship**	**Date**	**Age**	**Occupation**	**Soc. Sec. #**

5. Current Source of all income for all household members. List all income sources. This includes, but is not limited to, full and/or part time employment, all income from welfare agencies, Social Security, Pension, SSI Disability Compensation, Armed Forces Reserves, Unemployment Compensation, Babysitting, Care-Taking of Elderly/Disabled, Educational Loans, Scholarships and Grants, Annuities.

GROSS INCOME:_____

Name & Address of Employer or
Name of Agency Providing Income | GROSS HRLY RATE | GROSS AMT PER PAYDAY | FREQUENCY OF PAYDAY

_____
_____
_____
_____
_____
_____

*If unemployed, you must complete a Statement of Unemployment.

Have you, or a member of your household, ever been awarded child support or alimony?
YES or NO If so, monthly amount:$_____

Are you, or a member of your household, currently receiving child support or alimony payments? YES or NO If so, monthly amount: $_____

6. Name of Firm Address From To

Employment/Source_____
of income for the_____
last three (3) years_____

7. Childcare Expenses:
Do you pay for babysitting due to job hunting, employment or schooling? YES NO

If yes, list child care provider names, address and phone numbers: Cost

_____ Per Wk. $_____
_____ Per Mo. $_____
_____

8. Medical Expenses (Elderly and Handicapped Families Only):
Are you receiving Medicare benefits? _____
Are you receiving Medical Assistance through the Welfare Dept.?_____
Do you pay for any medical insurance/hospitalization, such as Blue Cross, etc?_____
(DO NOT include Life Insurance). If yes, give name of insurance company and policy number.
Insurance Co._____Policy No._____
Is this a payroll deduction?_____
If yes, how often and how much?_____
Do you take prescription drugs on a regular basis?_____

Do you anticipate any health care related expenses for the next year, which are not covered?
_____

9. Handicap Assistance Expenses:
Does the household pay for attendant care or auxiliary apparatus to enable a family member (including the handicapped or disabled member) to be employed? YES NO
If yes, estimate expense for the coming year: $_____

10. Personal References: Name Address Phone
(Other than Family) _____
_____

11. Miscellaneous
A. Have you or a member of your household ever been convicted of a felony or misdemeanor? YES NO
B. Do you or a member of you household use illegal drugs or associate with persons using illegal drugs? YES NO
C. In case of emergency, please notify:
Name_____ Relationship_____
Address_____ Phone_____
D. Where did you hear about this apartment complex?_____
E. I understand in order to remain active on the waiting list, I will be required to update my application periodically upon notification from management. _____Applicant's initials.

12. I/We, the applicant(s) agree to give the management/owner the authority to investigate my/our credit rating, my/our current and past rental record and any and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on this form will disqualify me from consideration for leasing and may be grounds for eviction.
I further affirm that the foregoing information is true and correct to the best of my knowledge.

_____ _____
Signature of Head of Household Date

_____ _____
Signature of Co-Head of Household Date

WARNING: The United States Department of Housing and Urban Development (HUD) place a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be: evicted; required to repay all overpaid rental assistance you received; fined up to $10,000.; imprisoned for up to five (5) years; and/or prohibited form receiving future assistance.

Form RD 1910-5
(Rev.08-13)

UNITED STATES DEPARTMENT OF AGRICULTURE
HOUSING AND URBAN DEVELOPMENT
VETERANS ADMINISTRATION
(Community Planning and Development, and Housing - Federal Housing Commissioner)

Form Approved
OMB No. 0575-0172

REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER, LOCAL PROCESSING AGENCY (LPA), AND LOAN PACKAGER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. CONTRACTOR: Complete items 1 through 7. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the USDA or lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part 1.

PART I - REQUEST

1. TO: *(Name and Address of Employer)*	2. FROM: *(Name and Address of Lender or Local Processing Agency) This item must be completed before sending to employer.* Margaret Owens/LIFT CAA 410 N "L" Hugo, Ok 74743 Fax: 580-326-2842
3. I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party. *(Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor)*	4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER: Margaret Owens 5. DATE 6. HUD/FHA/CPD, VA OR USDA NO.
7. NAME AND ADDRESS OF APPLICANT	I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information. 8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO. SIGNATURE OF APPLICANT

PART II - VERIFICATION OF PRESENT EMPLOYMENT/INCOME

EMPLOYMENT DATA

9. APPLICANT'S DATE OF EMPLOYMENT

10. PRESENT POSITION

11. PROBABILITY OF CONTINUED EMPLOYMENT

13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY?
OVERTIME ☐ Yes ☐ No
BONUS ☐ Yes ☐ No

PAY DATA

12A. BASE PAY *(Current)* OR OTHER INCOME
$____ ☐ Annual $____ ☐ Hourly
$____ ☐ Monthly $____ ☐ Weekly
$____ ☐ Other *(Specify)*

12B. EARNINGS

Type	Year to Date as of ____	Past Year
BASE PAY	$	$
OVERTIME	$	$
COMMISSIONS	$	$
BONUS	$	$

For Military Personnel Only

Type	Monthly Amount
BASE PAY	$
RATIONS	$
FLIGHT OR HAZARD	$
CLOTHING	$
QUARTERS	$
PRO PAY	$
OVERSEAS OR COMBAT	$

14. REMARKS *(If paid hourly, please indicate average hours worked each week during current and past year)*

a. Number of hours worked per week	b. Anticipated increase or decrease in salary in next 12 months	c. Anticipated overtime hours to be worked in next 12 months	d. If seasonal employment, anticipated number of weeks in the next 12 months

PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT

16. SALARY/WAGE AT TERMINATION PER ☐ YEAR ☐ MONTH ☐ WEEK

BASE PAY	OVERTIME	COMMISSIONS	BONUS
$	$	$	$

17. REASONS FOR LEAVING

18. POSITION HELD

PART IV

Federal statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements or representations to a government agency or officer with the intention of influencing any action by such agency or officer.

19. SIGNATURE	20. TITLE OF EMPLOYER	21. DATE
Printed name and phone number		

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SEE ATTACHED PRIVACY ACT NOTICE

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION
INMRMAHON

The information requested on this form is authorized to be collected by the Rural Housing Service (RI-IS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42USC 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C 1921 et seq.), or by other laws administered by RHS ,RBS, RUS or FSA

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law,, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting Such violation or charged with enforcing or implementing the Statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

2. Record from this system of records may be disclosed to a Member of Congress or to a congressional staff member in response to an inquiry of the congressional office made at the written request of the constituent about whom the record is maintained.

3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L.104-134, Section 31001.

4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).

5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal, agency when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.

6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c), any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in Such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.

7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit Sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.

8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 CFR.301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C.3720A.

9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by Voluntary repayment, administrative or salary offset procedures, or by collection agencies.

10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.

11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be Lender the direct and guaranteed loan programs.

12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.

13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States government, is a party to litigation or has an interest in such litigation and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by agency to be for a purpose that is compatible with the purpose for which tile agency collected the records.

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION - CONTINUED

14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.

15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations mid appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits,

16. Referral of names, home addresses, and financial information to financial Consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.

17. Rural Development, in accordance with 31 U.S.C. 3711 (e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.

18. Referral of names, home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.

19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 US C. 1681 a(f) or the Federal Claims Collection Act (31 U.S.C. 3701 (a)(3)).

USDA
Form RD 1944-60
(Rev 12-08)

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL HOUSING SERVICE

Form Approved
OMB No. 0575-0172

LANDLORD'S VERIFICATION

The Rural Housing Service (RHS) is evaluating the below named applicant's eligibility for a home ownership loan and we need to evaluate the applicant's rental payment history and care of the rental property. Please see the attached Form RD 3550-1, "Authorization to Release Information." RHS appreciates your assistance in helping us evaluate the applicant's credit history. A postage paid return envelope is provided for convenience in returning this verification. Please return this complete form to:

Applicant's Name and Address:

USDA, Rural Development
Rural Housing Service
Margaret Owens/LIFT CAA
410 N. "L" Street
Hugo, Ok 74743 Fax 326-2842
Telephone: (580) 326-5654

LANDLORD - Please complete all of the following information:

Date of occupancy: From: _____ To: _____

Rent due date: _____

If subsidized, amount: $ _____

Lease expiration date: _____

Does rent include utilities or allowances? _____

Current rent amount: _____

Is rent subsidized? _____

Who pays subsidy? _____

Amount of utilities or allowances included in rent: $_____

List names and approximate ages of all persons occupying the property:

RENTAL HISTORY DURING THE LAST 24 MONTHS:
(please check one)

☐ Always pays by the due date

☐ Pays over 30 days late: (Dates of Occurrences: _____)

☐ Generally stays behind schedule

CURRENT STATUS OF RENT:

Current? ☐ Behind? ☐

Amount behind: $ _____

Date last paid: _____

Next due date: _____

_____
Landlord's signature

_____
Date completed

SEE ATTACHED PRIVACY ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Position 3

UNITED STATES DEPARTMENT OF AGRICULTURE
Rural Development

PRIVACY ACT STATEMENT TO REFERENCES

Rural Development is authorized by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et. seq.); and Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et. seq.), to solicit the information requested.

Disclosure of the information requested is voluntary. However, information provided is of considerable value to Agencies in determining the repayment ability of individuals and their eligibility for Agency programs. There will be no consequences to you if you do not provide the information requested.

Your name, and the information you provide, will be released to the applicant at the applicant's request. Some information will be available to any requester under the provisions of the Freedom of Information Act.

The information you provide may be referred to another agency, whether Federal, State, local or foreign, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing the statute, rule, regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by rule, regulation or order issued pursuant thereto.

Rural Development is a Equal Opportunity Lender.
Complaints of discrimination based on race, sex, religion, national origin or marital status should be sent to:
Secretary of Agriculture. Washington D. C. 20250

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate)

Household Name: _____ Unit No. _____

Development Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

   a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
   b. Income from operation of a business;
   c. Rental income from real or personal property;
   d. Interest or dividends from assets;
   e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
   f. Unemployment or disability payments;
   g. Public assistance payments;
   h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
   i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
   j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

3. Please explain the source of funds you will be using to make your rent payments: _____

_____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____	_____	_____
Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date

BANKING VERIFICATION

Name: _____ SSN: _____

Address: _____

To Whom It May Concern:

The person referenced above is a participant in our HOME Investment Partnerships (HOME) and/or Affordable Housing Trust Fund (AHTF) programs. The U.S. Department of Housing and Urban Development (HUD) requires that we verify the income of program participants. Please complete all the information below. Thank you for your assistance.

By signing below I authorize the release of this information.

_____ _____

Participant's Signature Date

THIS SECTION TO BE COMPLETED BY BANKING INSTITUTION

	Six months Average Balance	Interest Rate	Date Account Opened
Checking Account:			
_____	$_____	$_____	_____
_____	$_____	$_____	_____
Savings Account:	Current Balance:	Interest Rate:	Date Acct. Opened
_____	$_____	$_____	_____
_____	$_____	$_____	_____
Other Accounts (list):			
_____	$_____	$_____	_____
_____	$_____	$_____	_____

I certify that this information is accurate.

_____ _____

Signature Name (print)

_____ _____

Title Date

_____ _____

Financial Institution Telephone Number

_____

Address City State Zip

WARNING: ***Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. government or to any matter within its jurisdiction.***

LIFT Community Action Agency, Inc.

Phone: 580-326-5654
Fax: 580-326-2842
TDD/TYY #711
410 N "L" St. Hugo, OK 74743
www.liftca.org

CRIMINAL HISTORY

Authorizing release of information to furnish criminal history record of information to a prospective applicant.

I, _____ do hereby state that I am an applicant for residence at LIFT Community Action Agency, Inc. for _____ Apartments located in _____County, I do hereby authorize the law enforcement to release any and all criminal history record information that is in relation to me and send it to the above address.

I shall hold any all persons who release my criminal history harmless from any liability for any such release of disclosure. The release of my criminal history record information is made pursuant to this agreement and State and Federal record regulations.

Applicant: _____
Last First Middle
Alias: _____

Social Security Number: _____
Date of Birth: _____
Race (Circle one or more)
White
Asian
African American
Hispanic
Other _____
Male
Female
( ) Our records do not contain any conviction information, warrants of arrest, or fugitive notices.
( ) Our records reflect felony convictions listed below
( ) Our records reflect misdemeanor conviction information listed below.
By:_____ Date:
_____
Name and Title:
_____

Community Action Agency

"This institution is an equal opportunity provider and employer."
M/F/Vets/Disabled and other protected categories.

NeighborWorks® CHARTERED MEMBER

INFORMATION RELEASE AUTHORIZATION

TO WHOM IT MAY CONCERN: I, _____

AUTHORIZE THE RELEASE OF INFORMATION PERTAINING TO MY PLACE OF RESIDENCE, EMPLOYMENT, UTILITIES, (gas, water, electric) OR INCOME STATUS AND HISTORY TO ANY INTERESTED PARTY, AS AN APPLICANT FOR RESIDENCE AT LIFT COMMUNITY ACTION AGENCY, INC. FOR _____APARTMENTS.

SIGNATURE: _____
DATE: _____