



Apartment Community: _____

Dear Applicant,

Thank you for considering an Investors Management Company property for your home. Our team strives to make your future housing decisions as easy as possible.

Please return your application using one of the following methods:

- To our management team during office hours: _____
- Our Office Drop Box at _____
- USPS Mail To: _____
(Street address) (City, State, Zip Code)

All members of the household, including minors, must be listed on the application. If you have any further questions or comments, please feel free to contact us.

Please provide the following:

Application- every question must be answered or indicated N/A (not applicable) and submitted with a \$_____ application fee in check or money order dropped through the office drop box or submitted by USPS mail. **The Application Fee is per adult. No Cash accepted.**

Social Security card for each household member- * please provide copies*

Birth certificate for each household member- * please provide copies*

*If you are unable to make copies of the above items, please take a picture of them and send them to the email below prior to submitting your application. Enter applicant’s name in subject line of email. Please do not put any original copies of your social security cards or birth certificates in the mail or through the drop box. We cannot be responsible for your original documents.

Upon receipt of the application and the above items, we will process and evaluate your application through our acceptance criteria which are designed to be a fair and reasonable way to provide equality to all applicants. Part of this process includes verifying your income and assets in compliance with federal and state program regulations governing the property. This specific information is found in our Resident Selection Plan which will be provided to you as requested. Thank you for your consideration of our community.

| <u>Program Type</u> | <u>Property Type</u> |
|-----------------------------------|---|
| <input type="checkbox"/> USDA RD | <input type="checkbox"/> FAMILY |
| <input type="checkbox"/> TCC – 9% | <input type="checkbox"/> HFOP- HEAD OF HOUSEHOLD 55+ |
| <input type="checkbox"/> HUD | <input type="checkbox"/> ELDERLY -62+ AND/OR DISABLED |

Office Address _____

Phone: _____ Fax: _____ Email: _____

Investors Management Company Corporate Office Number: 229-247-9956

“This institution is an equal opportunity provider and employer.”



If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



OFFICE USE ONLY:

Date Rec'd: _____ Time Rec'd: _____

Mgr. Initials _____ App Fee Pd: Y N Check/MO # _____

APPLICATION FOR HOUSING

NOTE TO APPLICANT: In order for us to determine your eligibility, you must provide **all** information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. **Providing false information may result in ineligibility for housing.** Please carefully read and answer each item. All questions must be answered yes, no, or N/A. Any items left unanswered will designate the application as incomplete.

| | | |
|----------------------------|-------------------------|---------------------------------------|
| Applicant Name: | | Telephone Number: () |
| Address: | City, State & Zip Code: | Alternate Telephone Number: () |
| Email Address: | | Driver's License/State Issued ID #: |
| Size of Desired Apartment: | Move In Date Needed: | Total # of Persons in Household: |
| Reason for moving: | | How did you hear about us? |
| Emergency Contact Name: | | Emergency Contact Phone: |

HOUSEHOLD COMPOSITION

List yourself and anyone who will live with you **within the next 12 months**. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

| | First Name, Last Name | Relationship to head of Household | Birth Date | Age | Social Security Number | Student Status: | | | Marital Status: (Check One) | | | | | |
|---|-----------------------|-----------------------------------|------------|-----|------------------------|-----------------|-----------|-----|-----------------------------|---|---|-----|-----|--|
| | | | | | | Full Time | Part Time | N/A | M | S | D | Sep | N/A | |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |

Marital Status: M- Married S- Single D- Divorced Sep- Legally Separated N/A- Non-Applicable

Please read each question carefully, answer each question as it pertains to your whole household, and be prepared to verify items marked "yes".

All Adults Initial: _____

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Please list any vehicles that will be used on a regular basis by a household member.
Please note that parking spots are not assigned unless otherwise specified by management.

| Vehicle 1 Used By: | Make/Model | Color: | License Plate # |
|--------------------|-------------|--------|------------------|
| | | | |
| Vehicle 2 Used By: | Make/Model: | Color: | License Plate #: |
| | | | |

- 1.) Do you anticipate any changes in the size of your household within the next 12 months? Yes No
(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)
If yes, please describe any changes here:

- 2.) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months? N/A Yes No
If yes, please explain here: _____
- 3.) Does any member in your household have a disability and require a live-in care attendant?
3a.) Is Head or Co-Head of Household handicap, elderly, or disabled? Yes No
 N/A Yes No
If yes, please list name of household member: (Applicant understands that verification is required.)

- 4.) Does your household have a pet? Yes No
(Applicant understands pets are only allowed for qualified households at designated properties with prior written approval, signed Pet Agreement, and that a non-refundable pet fee may apply.)
- 5.) Does any member of your household have an assistance animal? Yes No
(Applicant understands that assistance animals are allowed as a reasonable accommodation and that verification is required.)
- 6.) Have you or any member of your household filed for bankruptcy or plan to do so? Yes No
- 7.) Are you and all members of your household a United States citizen? Yes No
- 8.) In specific federally funded properties there are certain benefits for those who meet the definition of elderly or persons with disabilities. To determine if any household member qualifies, please answer the following:
8a.) Is any household member 62 years of age or older? Yes No
8b.) Does any household member meet the definition of a person with disabilities? Yes No
8c.) Does any household member pay for medical or disability expenses out of pocket? Yes No
8d.) Would any household member benefit from a reasonable accommodation or modification? Yes No
If yes, please describe: _____
- 9.) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? Yes No
- 10.) Are you or any member of the household registered as a sex offender? Yes No
- 11.) Do you or any member of the household have a pending criminal charge? Yes No
If yes, please explain: _____

All Adults Initial: _____



- 12.) Have you or any member of your household been convicted of a crime? Yes No
If yes, please explain: _____
- 13.) Are you or any member of the household a current user of illegal controlled substances? Yes No
- 14.) Have you or any member of your household been previously convicted for the illegal use, sale, manufacture, or distribution of a controlled substance? Yes No
***If questions 11, 12, or 13 are marked yes, has this household member successfully completed or are they presently enrolled in a controlled substance abuse program? (Applicant understands that verification is required.) N/A Yes No

STUDENT ELIGIBILITY QUESTIONS

Please read each question carefully, answer each question as it pertains to your entire household (including minors), and be prepared to verify items marked yes.

- 15.) Are **ALL** members of your household full-time students? Yes No
- 16.) Will **ALL** members of your household be full-time students during 5 months of **THIS** calendar year? Yes No
(Please note, months do not have to be consecutive.)
- 17.) Will **ALL** members of your household be full-time students during any 5 months of **NEXT** calendar year? Yes No
- 18.) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? Yes No
18a.) If yes, who is enrolled? _____
18b.) Which school are they enrolled in? _____
18c.) How do they pay for their education? _____
- 19.) Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*? Yes No
19a.) If yes, who will be enrolling in school? _____
19b.) If yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY / CHILD SUPPORT INFORMATION

Please read each question carefully, answer each question as it pertains to your entire household (including those temporarily absent from the home) and be prepared to verify items marked yes.

- 20.) Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received? Yes No Case Id #/File #: _____
IF "NO", SKIP TO QUESTION 23
- 21.) Name of person with court order: _____ Payment Amount: \$ _____ per _____
- 22.) Name of person(s) paying child support / alimony: _____
22a.) Are the **FULL** court-ordered amount(s) being received? Yes No
22b.) If **"NO"**, are you making efforts to collect the amounts due? Yes No
22c.) If **"YES"**, please explain the efforts you're making here: _____

All Adults Initial: _____

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23.) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?
(This includes help from children's father or mother in the form of money, clothes, groceries, etc.) Yes No
IF "NO", SKIP TO NEXT SECTION: INCOME INFORMATION

23a.) Payment Amount: \$ _____ per _____ **OR** type of help given (e.g. clothes, groceries, diapers): _____

23b.) Name of person(s) paying support / alimony: _____
Phone: _____ For child: _____

INCOME INFORMATION

Please read each question carefully, answer each question as it pertains to your entire household (including minors and those temporarily absent from the home), and be prepared to verify items marked yes.

24.) Is any member of the household employed? Yes No

24a.) Who is employed? _____
Job 1.) What company? _____ Name of Supervisor: _____
Start Date: _____ Job Title: _____ Gross Monthly Earnings: _____

Job 2.) What company? _____ Name of Supervisor: _____
Start Date: _____ Job Title: _____ Gross Monthly Earnings: _____

24b.) Who is employed? _____
Job 1.) What company? _____ Name of Supervisor: _____
Start Date: _____ Job Title: _____ Gross Monthly Earnings: _____

Job 2.) What company? _____ Name of Supervisor: _____
Start Date: _____ Job Title: _____ Gross Monthly Earnings: _____
 Check here if there are any additional jobs in the household (Attach a separate sheet to list as needed.)

25.) Are any household members self-employed? Yes No

25a.) Who is Self-employed? _____
What type of work does this person do? _____ Net Annual Earnings: _____

26.) Are any adult members of your household unemployed? Yes No

25a.) Which adult members are unemployed? _____

27.) Does any household member receive pay from the military? Yes No

27a.) Who is paid by the military? _____
Amount \$ _____ Per _____ Which branch of the military? _____
Contact Person: _____ Phone: _____

All Adults Initial: _____

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28.) Does any household member receive any payments from the Social Security Administration? Yes No

28a.) Who receives payments from the Social Security Office? _____

Which type: ___ SS ___ SSI ___ Other Amount \$ _____ Per _____

29.) Does any household member receive severance pay or worker's compensation? Yes No

29a.) Who is receiving severance pay or worker's compensation? _____

Amount \$ _____ Per _____

What company pays them? _____

Contact Person: _____ Phone: _____

30.) Is any household member unemployed and receiving payments from an Unemployment Agency? Yes No

30a.) Who is receiving unemployment benefits? _____

Amount \$ _____ Per _____ Last Place Worked: _____

31.) Does any household member receive Public Assistance payments such as TANF or AFDC? Yes No

(Please do not include Food Stamp benefits here.)

31a.) Who is receiving TANF or AFDC benefits? _____

Amount \$ _____ Per _____

Caseworker: _____ Phone: _____

32.) Does any household member receive periodic payments from a pension, annuity, or retirement benefit account? Yes No

32a.) Who receives these benefits? _____

Which type: ___ Pension ___ Annuity ___ Other Retirement

Amount \$ _____ Per _____

What company pays this person? _____

33.) Does anyone outside of your household provide you or any other household member with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments, cell phone bills, or groceries? Yes No

33a.) Who receives these contributions? _____

Amount \$ _____ Per _____

What is the name of the person that pays you? _____

Relationship to recipient: _____ Phone Number? _____

All Adults Initial: _____

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34.) Is there any other source of income we haven't already asked about above that you receive? Yes No

34a.) Please Describe: _____

Amount \$ _____ Per _____

35.) Does your household expect any changes to their income *within the next 12 months*? Yes No
(For example, taking a 2nd job, applying for social security, being awarded child support.)

35a.) Whose income is expected to change? _____

Please Describe: _____

36.) Do any adult members of your household have zero income? Yes No

36a.) Which adult members have zero income? _____

ACCOUNT / ASSET INFORMATION

Please read each question carefully, answer each question as it pertains to your entire household (including minors and those temporarily absent from the home), and be prepared to verify items marked yes.

37.) Does any household member have a Checking, Savings, CD or Money Market account? Yes No
(Please be reminded that this includes minors and those temporarily absent from the household.)

37a.) Bank Name: _____ Name(s) on Account: _____

Account Type: ___ Checking ___ Savings ___ CD ___ Money Market

37b.) Bank Name: _____ Name(s) on Account: _____

Account Type: ___ Checking ___ Savings ___ CD ___ Money Market

37c.) Bank Name: _____ Name(s) on Account: _____

Account Type: ___ Checking ___ Savings ___ CD ___ Money Market

37d.) Bank Name: _____ Name(s) on Account: _____

Account Type: ___ Checking ___ Savings ___ CD ___ Money Market

Check if there are additional accounts of these types belonging to the household. (Attach a separate sheet to list as needed.)

38.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments, or a Whole Life Insurance Policy? Yes No
(Please note that we do not count TERM insurance.)

38a.) Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: ___ Stocks ___ Bonds ___ Mutual Funds ___ Whole Life Insurance

38b.) Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: ___ Stocks ___ Bonds ___ Mutual Funds ___ Whole Life Insurance

All Adults Initial: _____

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39.) Does any household member have an IRA, Keogh, 401k, Annuity, or similar retirement account? Yes No

39a.) Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: IRA Keogh 401k Other: _____

39b.) Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: IRA Keogh 401k Other: _____

40.) Does any household member have a Pension account that will pay upon retirement or termination of employment? Yes No

(NOT including IRA, Keogh, 401k, or Annuity accounts)

40a.) Institution Name: _____ Name(s) on Account: _____

Contact/Phone: _____ Account Type: _____

41.) Does any household member own any Real Estate? Yes No

(Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property, and property being sold by deed of trust or Contracts for Deed)

41a.) Property Owner(s): _____ Type of Property: _____

What is the name of the bank or institution with financial interest in this property? _____
(Mortgage Holder, Contract Owner, etc.)

Contact: _____ Phone: _____

42.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.) Yes No

42a.) Type: _____ Estimated Cash Value: \$ _____

43.) Does any household member have a Trust Account? Yes No

43a.) Name(s) on Account: _____ Institution Name: _____

Is this account Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____

44.) Does any household member have any Treasury Bills or Government Savings Bonds? (www.savingsbonds.gov) Yes No

44a.) Which household member(s): _____

Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____

45.) Does any household member have cash on hand or in safe deposit boxes? Yes No

45a.) Which household member? _____ What amount is kept on hand? \$ _____

All Adults Initial: _____

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46.) Does any household member have any accounts or assets that were not described above? Yes No
(For example, loadable debit cards not tied to checking accounts such as Direct Express, pay cards, etc.)
(Please DO NOT include personal use vehicles, furniture, clothing, etc.)

46a.) Who owns this asset? _____

What type of account or asset is this? _____

46b.) Who owns this asset? _____

What type of account or asset is this? _____

47.) In the past two years, has any household member given away any asset(s) for less than they were worth? Yes No
(Examples include property quit claims, transferring an asset account into someone else's name, charitable contributions etc.)

47a.) Who gave this asset away? _____ Type of asset: _____

What was the estimated value of this asset? \$ _____ When was it given away? _____

MINORS IN THE HOUSEHOLD

Please read each question carefully, answer each question as it pertains to the minors in your household, and be prepared to verify items marked yes.

48.) Are there minors in the household? Yes No **IF "NO", SKIP TO NEXT SECTION: RENTAL HISTORY**

48a.) Name of minor: _____

Do you receive child support? Yes No Have you ever filed to receive child support? Yes No

Do you pay for child care? Yes No Amount \$ _____ Per _____

Child Care Facility: _____ Phone Number: _____

48b.) Name of minor: _____

Do you receive child support? Yes No Have you ever filed to receive child support? Yes No

Do you pay for child care? Yes No Amount \$ _____ Per _____

Child Care Facility: _____ Phone Number: _____

48c.) Name of minor: _____

Do you receive child support? Yes No Have you ever filed to receive child support? Yes No

Do you pay for child care? Yes No Amount \$ _____ Per _____

Child Care Facility: _____ Phone Number: _____

All Adults Initial: _____



48d.) Name of minor: _____

Do you receive child support? Yes No Have you ever filed to receive child support? Yes No

Do you pay for child care? Yes No Amount \$ _____ Per _____

Child Care Facility: _____ Phone Number: _____

Check if there are additional minors in the household. (Attach a separate sheet to list as needed.)

RENTAL HISTORY

Please read each question carefully, answer each question as it pertains to the adult members in your household, and be prepared to verify items marked yes.

49.) Has anyone in your household ever had an eviction filed against them? Yes No

49a.) Which household member? _____ When? _____

Landlord Name: _____

What was the result of this filing? _____

Adult 1: Current Landlord's Name _____ Is this an apartment complex? Yes No

Address _____

Telephone _____ M/I Date _____ M/O Date _____ Rent Amount \$ _____

Previous Landlord's Name _____ Is this an apartment complex? Yes No

Address _____

Telephone _____ M/I Date _____ M/O Date _____ Rent Amount \$ _____

Adult 2: Current Landlord's Name _____ Is this an apartment complex? Yes No

Address _____

Telephone _____ M/I Date _____ M/O Date _____ Rent Amount \$ _____

Previous Landlord's Name _____ Is this an apartment complex? Yes No

Address _____

Telephone _____ M/I Date _____ M/O Date _____ Rent Amount \$ _____

Check if there are additional adults household. (Attach a separate sheet to list as needed.)

All Adults Initial: _____

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SELF-IDENTITY INFORMATION

To be completed by Head and Co-Head of Household.

Self- Identify Information: “The information regarding race, ethnicity, and sex designation solicited on this application is requested to assure compliance with the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, sexual orientation, reprisal, and disability. 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 the individual applicants on the basis of visual observation or surname.”

| Race: (check all that apply) | Applicant | Co-Applicant |
|---|-----------|--------------|
| 1. American Indian/ Alaska native | | |
| 2. Asian | | |
| 3. Black or African American | | |
| 4. Native Hawaiian or Other Pacific Islander | | |
| 5. White | | |
| Ethnicity: | | |
| A. Hispanic | | |
| B. Non-Hispanic or Latino | | |
| Gender: | | |
| Male | | |
| Female | | |

HOUSEHOLD CERTIFICATION

All household members who are 18 years of age or older, or who will be 18 years of age within the upcoming 12 month period, should read each item carefully before signing agreement.

I/we understand that the information provided on this application will be used to determine my eligibility for housing. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in loss of my housing consideration at this property.

I/we also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility.

I/we understand that a credit, criminal, and residence history will be performed on all adult household members in order to process the application.

I/we understand that the management company, acting on behalf of the owner, is required to verify your income and assets in compliance with program regulations governing this property. Information obtained on this application may be used, as well as verification of information from third party sources. You, and all adult members, are required to complete and sign the release form attached to this application. After verifications are received, if the household income exceeds the program qualifying income limit or other eligibility requirements are not met, this application will be denied. Changes in household composition, income, assets, and/or student status changes during this verification period, you should immediately report to

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