

OPERATION THRESHOLD RENTAL APPLICATION

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employer(s) for verification of income and employment information, to the financial institution of verification of assets, and as required and permitted by law. You do not have to provide the information, but if you fail to do so, your tenant application may be delayed or rejected.

Applying for an apartment at: ___ Canterbury ___ Kingswood ___ Locust ___ Lafayette ___ Ankeny
 ___ Franklin ___ Kistner ___ Lexington Square (Independence)

Applicant's Information

1. Applicant's Name	Social Security Number	Home Phone Number () () ()
2. Current Street, City, State, Zip	Current Monthly Rent	No. of Yrs. at Current Address
3. Previous Street, City, State, Zip (if current address less than 2 yrs.)	Previous Monthly Rent	No. of Yrs. at Previous Address
4. Names of Other Persons in Household		
5. Current Employer Name, Street, City, State, Zip	Type of Business	Self Employed? _____ Yes _____ No
6. Current Business Phone Number () () ()	Position/Title	Yrs. on Job _____ Yrs. in this Line of Work _____
7. Previous Employer Name, Street, City, State, Zip (if employed at current position less than 2 yr.)	No. of Yrs. with Previous Employer	Previous Business Phone Number () () ()

Co-Applicant's Information

1. Co-Applicant's Name	Social Security Number	Home Phone Number () () ()
2. Current Street, City, State, Zip	Current Monthly Rent	No. of Yrs. at Current Address
3. Previous Street, City, State, Zip (if current address less than 2 yrs.)	Previous Monthly Rent	No. of Yrs. at Previous Address
4. Current Employer Name, Street, City, State, Zip	Type of Business	Self Employed? _____ Yes _____ No
5. Current Business Phone Number () () ()	Position/Title	Yrs. on Job _____ Yrs. in this Line of Work _____
6. Previous Employer Name, Street, City, State, Zip (if employed at current position less than 2 yr.)	No. of Yrs. with Previous Employer	Previous Business Phone Number () () ()

PAST & PRESENT LANDLORDS (2 years history required)

APPLICANT

Current Landlord's Name, Street, City, State, Zip	Reason for leaving	Landlord's Phone Number () <hr/> Is this person a relative? _____yes _____no
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Previous Landlord's Name, Street, City, State, Zip	Reason for leaving	Landlord's Phone Number () <hr/> Is this person a relative? _____yes _____no
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CO-APPLICANT

Current Landlord's Name, Street, City, State, Zip	Reason for leaving	Landlord's Phone Number () <hr/> Is this person a relative? _____yes _____no
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Previous Landlord's Name, Street, City, State, Zip	Reason for leaving	Landlord's Phone Number () <hr/> Is this person a relative? _____yes _____no
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PLEASE GIVE THREE REFERENCES

Name & relationship	Street, City, State, Zip	Phone Number ()
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Name & relationship	Street, City, State, Zip	Phone Number ()
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Name & relationship	Street, City, State, Zip	Phone Number ()
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IN CASE OF EMERGENCY

Name	Street, City, State, Zip	Phone Number ()	Relationship
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ANNUAL INCOME

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YEARS OR OLDER	TOTAL
Salary	\$	\$	\$	\$
Overtime Pay, Commissions, Fees, Tips, Bonuses	\$	\$	\$	\$
Interest and/or Dividends	\$	\$	\$	\$
Net Income from Business	\$	\$	\$	\$
Net Rental Income	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds Etc., Received Periodically	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Worker's Compensation, ETC.	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
Welfare Payments	\$	\$	\$	\$
Section 8	\$	\$	\$	\$
Other	\$	\$	\$	\$
			TOTAL \$ _____	

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME, STREET, CITY, STATE, ZIP CODE OF FINANCIAL INSTITUTION	
Checking Account	\$	\$		
	\$	\$		
Savings	\$	\$		
	\$	\$		
Credit Union	\$	\$		
	\$	\$		
Mutual Funds	\$	\$		
Stocks/Bonds	\$	\$		
Other:	\$	\$		

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 the purpose of verifying information on my/our rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below, and/or The Affordable Housing Group., Inc. as the monitoring agency.

INFORMATION COVERED

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

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 I/we can prove is incorrect.

SIGNATURES

Applicant/Resident (Print Name) Date

Co-Applicant/Resident (Print Name) Date

Adult Member (Print Name) Date

Adult Member (Print Name) Date

Operation Threshold

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 TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.