

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.

Name of Bank: _____

Bank Address: _____
Street City State Zip

RE: _____ SSN: _____
Applicant/Tenant

Applicant/Tenant Address

Street: _____

City: _____

State: _____ Zip Code: _____

The above person(s) has applied for tenancy/is a resident at Operation Threshold owned apartments. As part of our processing we require verification of the household's income, expenses and other information related to eligibility. The individual below has authorized your release of the required information (see Tenant Release and Consent form). The information you provide will be used only for the purpose of determining the household's eligibility for tenancy. We are required to complete our verification process in a shortest time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office at 319-291-2065.

Please complete the section below and return it in the enclosed self-addressed envelope. (Please mail rather than have the above individual hand deliver). If you prefer to fax, you may do so at 319-235-1518. Thank you in advance for your prompt attention.

Sincerely,

Operation Threshold Housing Department

TO BE COMPLETED BY INSTITUTION

CHECKING ACCOUNT

Acct Number(s)	Average 6 Month Balance(s)	Interest Rate, if any
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %

SAVINGS ACCOUNT

Acct Number(s)	Present Acct Balance	Annual Interest Rate	Withdrawal Penalty
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

institution complete back side

(form #4)

CERTIFICATE OF DEPOSIT

Acct Number(s)	Present Acct Balance	Annual Interest Rate	Withdrawal Penalty
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

TRUST

Value of trust fund administered: \$ _____
 Anticipated amount of income to be earned by trust
 over next 12 months: \$ _____

PROPERTY

Value of equity in real property: \$ _____

I certify that the above information is true and correct.

 Name of Official Title of Official

 Name of Institution Signature

 Address Date

 City, State, Zip Telephone Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

OPERATION THRESHOLD EMPLOYMENT VERIFICATION

TO: _____ (employer) Date: _____

_____ (street)
_____ (city, state, zip)

_____ has applied for residency/is a resident at Operation Threshold owned apartments. As part of our processing, it is necessary that we obtain verification of his/her employment and anticipated GROSS annual income. The attached release and consent form authorizes the release of information regarding the applicant's employment and income.

Please complete the section below and return it in the enclosed self-addressed envelope. (Please mail rather than have the above individual hand deliver). If you prefer to fax, you may do so at 319-235-1518. Thank you in advance for your prompt attention.

Sincerely,

Operation Threshold Housing Department

THE FOLLOWING TO BE COMPLETED BY EMPLOYER:

Presently Employed: Yes: _____ No: _____ Date First Employed: _____

Anticipated Gross Income for the Next Twelve Months

Current Wage/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly

Average # of regular hours per week: _____

Overtime Rate: \$ _____ per hour Average # of Overtime Hours Worked Per Week: _____

Tips, Commission, Bonuses: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Total anticipated gross annual income for the next twelve months (including tips, bonuses or overtime if applicable)

\$ _____

Employer's Signature

Date

Title

() _____
Telephone

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**OPERATION THRESHOLD
LANDLORD VERIFICATION**

Date: _____
Landlord Name: _____ Applicant Name: _____
Landlord Company/Relationship: _____ Applicant Address: _____
Landlord Phone #: _____
Landlord Address: _____

To be completed by landlord/ Housing Counselor. You may fax to 319-235-1518 if you prefer.

Dates of residency: From _____ to _____. Total number of months _____

1. Did the resident pay their rent on time? _____
If the resident was late on the rent, how late? _____
How often? _____ Comments _____
2. How much rent was paid each month by this resident? _____
3. Did you receive a security deposit? _____
How much of it was/will be returned to the resident? _____
4. Did the resident, their guests, or their family damage the apartment or the property? _____
Did they pay for the damages? _____ Amount of damages \$ _____
5. Were the police ever called as a result of a disturbance? _____ Date _____
Comments: _____
6. Were there complaints of this resident disturbing the neighbors? _____
7. Does the resident have pets or other potential problems that may be important for a landlord to know? _____

8. Did the resident violate the lease agreement in any way? _____
Comments: _____
9. Did the resident give you proper notice for vacating? _____
Reason for leaving? _____
10. Would you re-rent to this resident? _____
11. What previous address do your records indicate? _____

Comments: _____

Signature: _____

Date: _____

Title: _____

Company: _____