TWIN OAKS APARTMENTS
200 HOLMAN STREET
GREENWOOD, SC 29649

Dear Applicant:

Thank you for your interest in an apartment here at **Twin Oaks Apartments**. Twin Oaks Apartments operates under multiple programs. Applicants must qualify for both the HUD Section 8 or 236 programs and the Low-Income Housing Credit program. Applicant households must meet income limits and student eligibility to qualify. Before we can accept and process your application, we must determine program and property eligibility. In order to assist in this process, you must provide the following documents and or contact information with your application.

- Each member 18 and older must sign the application. Each question must be answered. Please sign and date ***All*** application forms.

- You must disclose household member social security numbers and provide documentation of each SSN (i.e., copy social security card, print out from Social Security Administration). HUD allows **exemptions** for:
  a) Seniors aged 62 and older. Only when the applicant is 62 years of age or older on January 31, 2010, and their initial determination of eligibility is in process before January 31, 2010. A senior satisfying both above noted requirements is exempt from the SSN requirements for all future income examinations, even if the senior moves to another HUD-assisted property.
  b) A child under the age of 6 years added to the applicant household within the 6-month period prior to the household's date of admission. The household will have a maximum of 90-days after the date of admission to provide the Social Security Number and adequate documentation that the Social Security Number is valid. An additional 90 days may be granted under certain circumstances. If the household does not provide the Social Security Number and adequate documentation to verify the Social Security Number within the prescribed timeframe, HUD requires that the owner/agent terminate tenancy.
  c) Individuals who do not contend eligible immigration status.

- All members 18 and older must provide a photo ID or Driver's license.

- All members, regardless of age, must provide a Certificate of Birth (Birth certificate for each member) or other acceptable proof of age.

- All applicants with minor children must provide a copy of all court documents for child support and provide case number information to verify child support payments.

- Family Summary form must be completed by the head of household disclosing all members that will reside in the household.

- Citizenship Declaration must be executed for each household member.

- Each member eighteen and older must sign the HUD 9887.

- Each Member eighteen (18) and older must sign the HUD form 9887A Consent for Release of Information.

- Each member 18 & older must sign Consent for Release of Credit & Criminal Background check.

- Each Member eighteen 18 & older must provide contact information and sign a release form for all income and assets. If you receive Social Security, SSI, Veterans Benefits, Workman's Compensation or Unemployment, please bring in a current award letter, court documents, and or check stubs. Asset's- checking, savings, CD's IRA, 401K, Real Estate, please provide contact information or the last six months of bank statements.

- Head and Co-head must provide information and or verification for all unearned income and assets for all members under 18.

- Landlord References must be provided for the past yearsfive (5). If you have any questions or need assistance with your application, please feel free to contact our office during normal business hours.

- Applicant for household ***must contact management every 6 months*** and update application information (i.e., telephone number, changes in address, income, or family composition. If applicant for household fails to meet this requirement, the application will be considered inactive and removed from the waiting list.

If you have any questions, please contact our office at **864-396-2454** or via email at t**winoaks@dgaresidential.com** during normal business hours and we will be glad to assist you.

Preferences

Owner Agent must select preferences as listed in Resident Selection Plan. **Delete those that are not applicable.**

These preferences may affect the order of applicants on the waiting list. All preferences must be Verifiable.

Yes ☒ **No** ☐ Working Families Preference

Rental Application

Office Staff: Property Name: **Twin Oaks Apartments** **Initial Application**

Date Received_____Time:_____By:_____Unit size: _____

Head of Household Name:_____ **Number of Household Members**_____

Current mailing address: _____

Day Time Phone: _____ Cellular: _____

Email: _____ Message Contact: _____

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

HOUSEHOLD NAME (First, Middle, Last)	SEX Male Female	RELATIONSHIP	SOCIAL SECURITY/ ALIEN REG. #	AGE	BIRTH DATE	STUDENT	VETERAN
		Head of Household					

*****Student Status includes Elementary through Higher Education*****

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? ☐**YES** ☐**NO**
If yes, please explain here: _____

3) Is any adult member of your household separated, but not divorced? ☐**YES** ☐**NO**
If yes, who? _____

4) **Have you or any member of your household ever been convicted of illegal use, manufacturing, or distribution of a controlled substance, alcohol abuse** (3 or more DUI convictions) **or** any **other *felony***? ☐**YES** ☐ **NO**
If yes, describe: _____ When: _____

5) **Have you or any other member 18 or older of your household ever been convicted of a misdemeanor?** ☐**YES** ☐ **NO**
If yes, describe: _____ When_____

6) **Are you or any other household member currently using an illegal substance or abusing Alcohol?** ☐ **YES** ☐ **NO**

If yes, _____ Who_____

Rental Application

7) Are you or any other member of your household subject to Lifetime registration under a State Sex Offender Program? ☐ **YES** ☐ **NO**
If yes, who: _____ State:_____

8) Do you understand you must report any changes in household income or changes in household composition, including adding or removing household members in a timely manner? ☐ **YES** ☐ **NO**

If you or the co-head are 62 years if age or older or if you or the co-head are disabled, please answer the following questions.

9) Are you or any adult member of your household disabled? Who? _____ ☐ **YES** ☐ **NO**

10) Do you pay out of pocket medical expenses that are not covered by insurance? ☐ **N/A** ☐ **YES** ☐ **NO**
(Examples: copays for medicine, eyecare, dental care, Doctors, and insurance premiums)
If yes, please list who you pay. **See #63 below if additional space is needed**:

Name of Provider	Telephone #, Fax # or email address	Address if known

11) Are all household members eligible citizens or eligible non-citizens? ☐ **YES** ☐ **NO**
12) Does your household contain member(s) who do not contend eligible immigration status? ☐ **YES** ☐ **NO**
13) If yes, who? _____

14) If you are 62 years of age or older as of 1/31/2010 and do not have a Social Security Number, were you receiving HUD rental assistance at another location 1/31/2010? ☐ **YES** ☐ **NO**
If yes, where? _____
15) Do you or any other household member require the features of an accessible unit? ☐ **YES** ☐ **NO**
If yes, please describe: _____

16) Will you or anyone in your household require a live-in aid? ☐ **YES** ☐ **NO**
If yes, please describe: _____

17) Does your household contain or will contain member(s) who are under the age of six (6) years added to the applicant household *within the 6-month period prior to the household's date of admission*
☐ **YES** ☐ **NO**
If yes, who? _____
18) Do you pay childcare to work, look for work or go to school? ☐ **YES** ☐ **NO**
If yes, Provider Name:_____ Phone #_____ Monthly cost:_____

RENTAL HISTORY

19) Have you or any other member 18 or older been evicted from an apartment or home for any reason? ☐ **YES** ☐ **NO**
If yes, Explain: _____

20) Have you or any other member ever been asked to enter a repayment agreement to refund over ☐ ☐

Rental Application

payment of assistance due to unreported income? YES NO
If yes, when? ______________________ Where? ___________________________________

21) Are you or any other member currently living in Section 8 Housing? ☐ YES ☐ NO
If yes, who? ____________________ Where? __________________________________
Landlords Contact #: _______________ Address: __________________________________

22) Do you or any other adult member owe a balance to a current or previous landlord? ☐ YES ☐NO
If yes, who? _______________________Where? ___________________________________

23) Do you or any other adult member owe a balance to a utility company? ☐YES ☐ NO
If yes, what company? ____________________________ Balance owed $_________________

24) Are you or any other household member currently homeless, living in a shelter or other non-residential circumstance? ☐YES ☐NO
If yes, who? ___________________________________ How long? ____________________

Please provide 3 to 5 years per RSP, starting with your current landlord. Please fill in all information
*****If more space is needed for you or other household members, please see #63 below*****

CURRENT FULL **STREET ADDRESS:**				**OWN**	**RENT**	**OTHER**
CITY:			**STATE:**	**ZIP CODE:**		
HOME PHONE NUMBER:	**CELL PHONE NUMBER:**	**EMAIL ADDRESS:**	**MOVE IN DATE:**	**MOVE OUT DATE:**		
LANDLORD NAME:		**PROPERTY/LANDLORD PHONE:**		**MONTHLY RENT:**		
PAST FULL **STREET ADDRESS:**				**OWN**	**RENT**	**OTHER**
CITY:		**STATE:**	**ZIP CODE:**	**Move in Date:**	**Move Out Date:**	
LANDLORD NAME:		**PROPERTY/LANDLORD PHONE:**		**MONTHLY RENT:**		
PAST FULL **STREET ADDRESS:**				**OWN**	**RENT**	**OTHER**
CITY:		**STATE:**	**ZIP CODE:**	**Move in Date:**	**Move Out Date:**	
LANDLORD NAME:		**PROPERTY/LANDLORD PHONE:**		**MONTHLY RENT:**		
PAST FULL **STREET ADDRESS:**				**OWN**	**RENT**	**OTHER**
CITY:		**STATE:**	**ZIP CODE:**	**Move in Date:**	**Move Out Date:**	
LANDLORD NAME:		**PROPERTY/LANDLORD PHONE:**		**MONTHLY RENT:**		
PAST FULL **STREET ADDRESS:**				**OWN**	**RENT**	**OTHER**
CITY:		**STATE:**	**ZIP CODE:**	**Move in Date:**	**Move Out Date:**	

Rental Application

LANDLORD NAME:	PROPERTY/LANDLORD PHONE:	MONTHLY RENT:

Please list all states lived for each household member 18 and over:

Name of household member over 18	All states lived

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

*****If more space is needed for you or other household members, please see #63 below*****

25) Are any members of the household employed? ☐ **YES** ☐ **NO**

Job 1) Who is employed? _____ **Monthly Income $**_____

What Company? _____ Phone: _____

Job 2) Who is employed? _____ **Monthly Income $**_____

What Company? _____ Phone: _____

☐ **Check if there are any additional jobs in the household. (List additional information in section #63 below)**

☐ ☐

26) Are any members of the household Self-employed? ☐**YES** ☐**NO**

Who is self-employed? _____ **Monthly Income $**_____

What type of work does this person do? _____

27) Are any household members receiving payments from an Unemployment Agency? ☐**YES** ☐**NO**

Who is receiving unemployment benefits? _____ **Monthly Income $**_____

What State: _____Contact Person: _____ Phone: _____

28) Does anyone in the household receive income from an owned business? ☐**YES** ☐**NO**

Who owns the business? _____ **Monthly Income $**_____

29) Are any household members receiving payments from the Social Security Administration? ☐**YES** ☐**NO**

Which type: ϒ SS ϒ SSI ϒ SSDI ϒ Other?

Who receives payments? _____ **Monthly Income $**_____

Other household member: _____ **Monthly Income $**_____

30) 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 # or #'s) _____ Ordering State: _____

******complete Child Support Affidavit for each child****** ******complete Alimony Affidavit if receiving alimony******

31) Does any member of your household receive Child Support or Alimony payments that is NOT COURT ORDERED? ☐**YES** ☐**NO**

(This includes help from children's father or mother for clothes, food, or other monetary items).

Average Monthly Amount being contributed $ _____

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Name of person(s) contributing _____ For Child_____
Name of person(s) contributing _____ For Child_____
******complete Shared Custody / Child Support Verification form and Zero Income Questionnaire******

32) Does any household member receive Public Assistance payments such as TANF or AFDC? ☐YES ☐NO
(Please do not include Food Stamp benefits).
Who is receiving TANF or AFDC benefits? _____
Caseworker: _____ Phone: _____

33) Does any household member receive pay from the military? ☐YES ☐NO
Who is paid by the military? _____ **Monthly Income $_____**
Which branch of the military? _____
Contact Person: _____ Phone: _____

34) Does any household member receive periodic payments from a pension, annuity or retirement benefit account? ☐YES ☐NO
Please check one: ☐ **Pension** ☐ **Annuity** ☐ **Other Retirement**
Who receives these benefits? _____What company pays this person? _____
Contact Person: _____ Phone: _____

35) Does any household member receive severance pay or worker's compensation? ☐ YES ☐ NO

Who is receiving severance pay or worker's compensation? _____
What company pays them? _____
Contact Person: _____ Phone: _____

36) Does anyone outside of your household provide you with <u>cash</u> or monetary <u>contributions</u> to help pay expenses that a household would normally pay? ☐YES ☐NO
***** If yes, complete the Zero Income Questionnaire.2103ver (b) *****
What is the name of the person that pays you? _____
What is their address? _____ Phone number? _____

37) Does any member of your household receive any Educational Financial Aid? ☐YES ☐NO
Who receives the financial aid? _____**Amount per semester? $_____**

38) Does any member of your household receive any income not listed above? ☐YES ☐NO
Who receives the income? _____ **Monthly Income $ _____**
Source of income? _____

39) Do you or any household member expect any significant changes in income within the next 12 Months? ☐YES ☐NO
Who expects a change? _____ Type of change expected. _____

40) Do any adult members of your household have zero income? ☐YES ☐NO
Which adult members have zero income? _____

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

<u>**If more space is needed for you or other household members, please see #63 below**</u>

41) Do any household members have a Checking account? ☐YES ☐NO

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Account 1 - Bank Name: _____ Name(s) on Account: _____
Average balance $_____ Interest rate $_____
Account 2 – Bank Name: _____ Name(s) on Account: _____
Average balance $_____ Interest rate $_____

42) Do any household members have a savings or holiday account? ☐ **YES** ☐ **NO**
Account 1 - Bank Name: _____ Name(s) on Account: _____
Current balance $_____ Interest rate $_____
Account 2 – Bank Name: _____ Name(s) on Account: _____
Current balance $_____ Interest rate $_____

43) Do any household members have a Money Markey account or CD? ☐ **YES** ☐ **NO**
Account 1 - Bank Name: _____ Name(s) on Account: _____
Current balance $_____ Interest rate $_____
Account 2 – Bank Name: _____ Name(s) on Account: _____
Current balance $_____ Interest rate $_____

44) Do any household members have a Direct Express or any other pay card(s) to receive money on? ☐**YES** ☐**NO**
Card 1 - Household name on the card: _____ Name of card: _____
Type of pay card (SS payments, child support, employment unemployment etc.): _____
Current balance on card: $ _____
Card 2 - Household name on the card: _____ Name of card: _____
Type of pay card (SS payments, child support, employment unemployment etc.): _____
Current balance on card: $ _____
☐ **Check if there are additional accounts of the above types belonging to the household. Please list in #63 below.**

45) Does any household member have Stocks, Bonds, Mutual Funds, or Capital Investments? ☐**YES** ☐**NO**
Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: ☐ Stocks ☐ Bonds ☐ Mutual Funds

46) Does any household member have Whole or universal Life Insurance? ☐**YES** ☐**NO**
(life insurance that you can make withdrawals from even if there is not a death. We do not count **TERM** insurance)
Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____

47) Does any household member have an IRA, Keogh, 401K, Annuity, or similar retirement account? ☐**YES** ☐**NO**
Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____Account Type: ☐ IRA ☐ Keogh ☐ 401K ☐ Other: _____

48) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K, or Annuity accounts)? ☐**YES** ☐**NO**
Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: _____

49) Does any household member have a Trust Account? ☐**YES** ☐**NO**
Institution Name: _____ Name(s) on Account: _____
Is this account a Revocable or Non-Revocable Trust Account? _____
Contact Phone: _____

50) Does any household member have any Treasury Bills or Government Savings Bonds? ☐**YES** ☐**NO**

Which household member: _____
Series: _____ Face Value: $_____ Serial Number: _____ Issue Date: _____

51) 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)
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: _____

52) Does any household member have personal property that they hold for investment purposes, that they plan to sell at a later date for profit? ☐ **YES** ☐ **NO**
(Examples include coin or stamp collections, antique cars, jewelry, etc.)
Property Type: _____ Estimated Cash Value: $_____

53) Does any household member have cash on hand or a safe deposit box? ☐ **YES** ☐ **NO**
Which household member has cash on hand? _____ Amount of cash on hand $_____
Which household member has a safe deposit box? _____ Cash value of contents $_____

54) Does any household member have any accounts or assets that were not described above? ☐ **YES** ☐ **NO**
(Please **DO NOT** include personal use vehicles, furniture, clothing, etc.)
What type of account or asset is this? _____ Estimated cash value $_____

55) In the past two years, has any household member sold or given away any asset(s) for less than they were worth? ☐ **YES** ☐ **NO**
(Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)
Type of asset was sold or given away? _____ Estimated value $_____
How much were you paid for the asset? _____ Date asset disposed: _____

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

STUDENT ELIGIBILITY QUESTIONS

Student Status includes Elementary through Higher Education*

56) Are **ALL** members of your household Full-Time students? **YES** ☐ **NO**

57) Will **ALL** members of your household be full-time students during any 5 months of this year? ☐ **YES** ☐ **NO**
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)

58) Will **ALL** members of your household be full-time students during any 5 months of next year? ☐ **YES** ☐ **NO**

59) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? ☐ **YES** ☐ **NO**
If yes, who is enrolled? _____ Which school are they enrolled in? _____
How do they pay for their education? _____ What is the cost of tuition per semester? $_____

60) Does **ANY ADULT** member of your household intend to become a student ***within the next 12 months***? ☐ **YES** ☐ **NO**
If yes, who will be enrolling in school? _____ Name of School _____
If yes, will they be enrolling as a full-time or part-time student? _____
Please complete the appropriate Applicant / Resident Student Questionnaire, Certification Forms and Student Affidavits

RACE / ETHNICITY QUESTIONS

61) Ethnicity and Racial Data is for statistical purposes only. Providing this information is voluntary.

Rental Application

Race of Head of Household: ☐ I prefer not to answer ☐ White ☐ Black or African American
☐ Asian ☐ Alaska Native ☐ American Indian ☐ Pacific Islander ☐ Other

Ethnicity of Head of Household: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to report

What is your marital status? Married / Single / Divorced / Separated / Widowed **(Circle)**

DISPLACEMENT INFORMATION

62) Are you a victim of displacement of government action or a victim of a Presidentially declared disaster? ☐ **YES** ☐ **NO**
If Yes, please provide details below:

Member Names	**Displacement caused by**
_____	_____
_____	_____
_____	_____

VEHICLE INFORMATION

63) Do you have a vehicle(s)? ☐ **YES** ☐ **NO**
If yes, please provide information:

Make/Model	**License Number/State**	**Year**
_____	_____	_____
_____	_____	_____

MARKETING INFORMATION

64) How did you hear about our community? Resident Referral, Who? _____

☐ Yellow Pages ☐ News Paper ☐ Sign ☐ Flyer ☐ Brochure
☐ Internet ☐ Word of Mouth ☐ Other _____

65) Please use this section for answering questions where you have run out of space in that section.
(Enter the section heading and number of the question that coincides with your answer)

Sectio	Numbe	Answer

PETS

Pets are allowed at this property. Pet owners must agree to and follow pet regulations. There is a $300 pet deposit. Pet's must have all vaccines and be spayed or neutered. Request for an assistance animal must be verifiable and all requests are submitted to the 504 Coordinator for approval before an assistance animal is allowed on site.

APPLICANT ACKNOWLEDGEMENT

I/we will inform management of any changes on my/our contact address and telephone number that is given for the head of household on this application.

I/we understand this is necessary to allow management to update the waiting list. If management is unable to reach me/us by telephone after two attempts that management will mail a letter stating that I/we have fourteen days to contact management if I/we are still interested in an apartment home. I/we understand that if I/we do not respond in the time allowed my/our name will be removed from the waiting list.

APPLICANT ACKNOWLEDGEMENT CONTINUED

I/we understand I/ we must contact management and update my/our information. This includes changes in telephone numbers, income, and household composition every six months or my/our application will be inactive and removed from the waiting list.

Owner Agents are required to run an Existing Tenant Search for all household members to determine if any household members are currently receiving section 8 assistance. Identity verification reports for all household members within 90 days after initial occupancy. EIV Income Reports for all members 18 and older within 90 days after initial occupancy and at required certifications. For additional information on the Secure System EIV, refer to the ***EIV & You*** brochure provided by management. I/we understand the above information is being collected to determine my/our household's eligibility for Federal Assistance as well as eligibility for the program. I/we will provide all information to expedite the approval process in a timely manner. I/we understand that my/our eligibility is contingent on meeting all program requirements and the Resident Selection Criteria. I/we understand this application is subject to approval and does not constitute an agreement to lease and that all information must be verified before this application can be processed.

I/we understand that if selected to move into this property, the unit I/we occupy will be my/our permanent residence.

Sworn Statement/Certification: I/we understand and have answered all questions on the Application and Update form. I/we certify that all answers are true to the best of my/our knowledge and understand that any false, misleading, incomplete statements or misrepresentation of information is punishable under Federal Law and may result in rejection of my/our application for housing and or termination of my/our lease agreement.

Head of Household Signature: _____ Date: _____

Co-Head Signature: _____ Date: _____

Other Adult Member Signature: _____ Date:_____

Other Adult Member Signature: _____ Date: _____

Rental Application

FAIR HOUSING

The Owner of this Apartment Community does not discriminate on the basis of race, color, religion, sex, national origin, familial status, disability, sexual orientation, gender identity or marital status in the admission of or access to, or treatment or employment in, its federally assisted programs and activities.
The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504.

Stephanie Haynes
Section 504 Coordinator
DGA Management, LLC
6305 Kingston Pike
Knoxville, TN 37919
Phone: (865) 409-5477
Telecommunications***: Dial 711*** (Nationwide number)

PENALTIES FOR MISUSING CONSENT: Title 18, Section 1001 of the U.S. Code states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willing requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negative disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at** 208 (a) (6), (7) and (8). **Violations of these provisions are cited as violations of 42 USC **408 (a) (6), (7) and (8). **

CREDIT, CRIMINAL AND SEX OFFENDER CONSENT FORM

TWIN OAKS APARTMENTS
200 HOLMAN STREET
GREENWOOD, SC 29649

PHONE: (865) 396-2454	FAX: (864) 396-5605	TDD: 711

A separate form must be completed for each household member 18 years of age and older.

Applicant Name: _____

Social Security Number: _____ - _____ - _____

Home Phone Number: (_____) _____
Date of Birth: _____ / _____ / _____

Present Address:

_____
_____

Previous Address:

_____
_____

I hereby give consent to Management of the above-named apartment community to obtain reports and to access any records pertaining to me, which may be on file at any:

- Credit Agency
- Law Enforcement Agency
- City, State or Federal Court
- Local, State or Federal Agency
- State or Local Repository
- State or Local Sexual Offender Registry

I do understand the investigation will include information from law enforcement agencies, credit reporting agencies, and other documents of public records, and these reports will be used in making decisions about my potential tenancy. I hereby authorize any agency contacted to furnish any and all information required. This releases the aforesaid parties from any liability and responsibility for providing the above information at any time.

I further understand that this report will not be used in violation of any Federal or State Equal Opportunity Law or Regulation, and that, if any adverse action is to be taken based on the Consumer Report, a summary of my rights under the Fair Credit Reporting Act will be provided to me.

_____ _____
Signature of Applicant Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 a(6)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a(6)(7) and (8).

Twin Oaks Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements against persons with disabilities.

Stephanie Haynes		
Name		
6305 Kingston Pike		
Address		
Knoxville	**TN**	**37919**
City	**State**	**Zip**
(865) 409-5477		
Telephone - Voice		
711		
Telephone – TTY		

STATE SEX OFFENDER REGISTRY CHECK

ACKNOWLEDGEMENT FORM

Twin Oaks Apartments
200 Holman Street
Greenwood, SC 29649
(864) 396-2454
TDD 711

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. HUD requires state sex offender registry checks to be performed in the state in which the housing is located and for states where the applicant and members of the applicant's household may have resided. The sex offender registration check will be completed on all applicant household members to the extent as allowed by state and local law.

I understand the Dru Sjodin National Sex Offender Public Website will be used as part of the application screening in making decisions about our potential tenancy.

List each applicant household member "fourteen and older" below.

_____ _____
Head of Household Applicant Date

_____
Applicant

_____
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Applicant

NOTE: If during the applicant screening process, it is determined that a member of the applicant household is subject to a state sex offender registry, the application will be rejected. There is an option to rejection of the application. If you and your household wish to live here and receive federal HUD assistance, the applicant household member whose name appears on the state sex offender registry must be removed from the household. Documentation, including but not limited to, legal lease signed by parties; utilities in their name; US Postal service certified mailing address change, etc., must be provided that the household member has moved.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 a(6)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a(6)(7) and (8).

Twin Oaks Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements against persons with disabilities.

Stephanie Haynes		
Name		
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Address		
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City	State	Zip
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Telephone - Voice		
711		
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