PROVO CITY HOUSING AUTHORITY

OFFICE USE ONLY
OWNED HOUSING
Candise _____
Jackey _____
Stacey_____

RENEWAL PACKET

If you are staying in your present unit, please complete the information below:

_____ am planning to stay in my present unit at:
Print name

_____ _____ _____
Address City Zip

I will also inform my landlord that I am planning on staying in this unit and will complete my recertification.

_____ _____
Signature Date

If you are planning to move, please complete the information below:

_____ am planning on moving from unit:
Print name

_____ _____ _____
Address City Zip

I plan on moving out on: _____. I have given a 30-day WRITTEN notice signed by my landlord to the Housing Authority and fund out what my responsibilities are in order to complete my move and assure my continued assistance.

_____ _____
Signature Date

Provo Housing Authority Renewal Packet 688 West
100 North, Provo, UT 84601
{801} 900-5676

1. Complete the following application for your re-certification
2. The Renewal application must be filled out completely and accurately with all boxes check individually
3. Do NOT RUN a LINE down the column
4. The Renewal application must be written in pen (Pencil is not acceptable)
5. Don't use white-out (Corrections must be crossed out and initialed)

Please be advised that willful false statements and/or the misrepresentation of facts to a government agency is punishable by Federal and State Laws.

Head of Household Name: .....

Spouse or Other Adult Name:_____

Address ..... Email Address: .....

Phone#: _____ Cell #:_____ Social Security#: _____

Present Monthly Rent: $_____# of Bedrooms in Unit: _____

Check Utilities you pay: Gas ___ Elec _____ Water/Sewer_____ Garbage _____

Household Composition

Please list all members of your household (including yourself) and provide related information:

FULL NAME	RELATIONSHIP	BIRTH DATE	BIRTH PLACE	SEX	SOCIAL SECURITY #

Has your household composition changed since your last re-certification? ____ YES ____NO If yes, what is the change?

_____

Motor Vehicle Information:

List all vehicles you own, or that are present on the property such as cars, trucks, motorcycles, boats, ATV's etc.

Type of Vehicle	Make and Model	Approximate Value	License Plate #

Income Information:

Include **all income** anticipated for any household member (including minors) for the next 12 months. (Please check yes or no to each question and then explain in space provided.)

		Yes	No	Received by:	Source	Average Monthly Amount
1	Employment/Wages					$
2	Self-Employment: Include ledgers or tax return.					$
3	Military Pay:					$
4	Unemployment Benefits or Workman's Compensation:					$
5	Public Assistance, General Relief, or Aid to Families with Dependent Children (AFDC/TANF) and Food Stamps:					$
6	Child support or Alimony:					$
7	Social Security, 551, or any other payments from the Social Security Administration:					$
8	Veterans Benefits, Pensions, Retirement Benefits or Annuities:					$
9	Settlements: Such as Insurance Settlements, etc.					$
10	Disability, Death Benefits or Life Insurance Dividends:					$
11	Regular gifts, donations, or payments from anyone outside of the household (This includes anyone supplementing your income or paying any of your bills, food or other household expenses):					$
12	Educational Grants, Scholarships, or other Student Benefits:					$
13	Payments from Rental Property, Land Contracts, or other forms of Real Estate:					$
14	Other income sources or types not listed.					$

Student Information:

Yes____ **No** ____ Are you or anyone in your household a full-time student currently or planning to be in the next 12 months? If yes, who_____

If Yes, please continue with the following questions:

1 _____ Will there be anyone in the household that is not a full-time student? If yes, Who?_____

2 _____ Are the students married and entitled to file a joint tax return?
(attach marriage certificate or most recent tax return)

3 _____ Is at least one student a single-parent with children and this parent is not a dependent of someone else, and the children is/are not dependents of someone other than that parent?
(Attach student's _most recent tax return and if applicable, divorce/custody decree or other parent's most recent tax return:

4_____ Does one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (Attach verification of participation).

Childcare Expenses:

Do you employ a daycare provider while the adult head of household works, attends school, or actively seeks Employment? If so, please fill out the information below and provide written verification from daycare provider.

NAME OF PROVIDER_____ ADDRESS_____PHONE#_____

Do you receive assistance for payments to the childcare provider? _____If yes, explain how much and from whom.

_____

Absentee Parent Verification:

Provide the following information on absentee parents for all children in your household. Note: Names may be listed on a single line if children have the same parent.

Child's Name	Absentee Parent's Full Name	Absentee Parent's Full Address (including City, State)

Do you have full custody of your children? _____Explain Custody Arrangement:_____

_____

Medical Deductions:

If you are receiving Social Security, SSI, SSD, or SSA, you may be eligible for medical expense deductions. You need to submit proof of ongoing payments for any of the following: Supplemental Medical Insurance, Prescriptions, or Outstanding Doctor Bills, with this application for consideration. If you have questions, please call our office.

Zero Income Verifications:

If you are claiming zero income you will need to explain how you are paying for: food, clothing, car, utilities, etc.

Name	Source	Monthly Amount

Any other Comments about Zero Income: _____

_____

_____

Asset Information:

Include the total amount of all assets from all family members, Including Minors. If Asset is valued at more than $50,000.00 a separate sheet will need to be verified by the holder of the asset, i.e. bank, annuity, etc. (the asset form is at the back of this packet.)

1. Indicate Cash Value of all Assets:

Source	Cash Value		Source	Cash Value
Savings Account	$		Checking Account	$
Cash on Hand	$		Safety Deposit Box	$
Certificates of Deposit	$		Money Market Funds	$
Stocks	$		Bonds	$
IRA Accounts	$		401K Accounts	$
Keogh Accounts	$		Trust Accounts	$
Equity in Real Estate	$		Land Contracts	$
Lump Sum Receipts	$		Capital Investments	.$
Life Insurance Policies	$		Investment	$
Other Retirement/Pension	$		Cryptocurrency	$
Personal Property Held as I	$		Other (List:)	$

PLEASE NOTE: Certain Funds (e.g. Retirement, Pension, Trust) May or may not be (Fully) accessible to you.

Yes___No___ Within the past 2 years, I/we have sold or given away assets (including cash, real estate, etc.) for more than $1000 below the fair market value (FMV).

Emergency References:

Please provide the following information on two relatives or friends who can be contacted in case of emergency:

Name			Name	
Relationship			Relationship	
Address			Address	
City, State, Zip			City, State, Zip	
Phone#			Phone#	
Email			Email	

Certification:

I/We certify that the information given to the Provo City Housing Authority on household composition, income, assets, expenses and all other information obtained within this application is accurate and complete to the best of my/our knowledge and belief. *I/We understand that providing false statements or information is punishable under State and Federal Laws. I/We also understand that providing false statements or information is grounds for termination of housing assistance and of tenancy.*

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Signature: _____ Date: _____
(Head of Household)

Signature: _____ Date: _____
(Spouse or Other Adult)

Signature: _____ Date: _____

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Provo City Housing Authority
688 West 100 North
Provo, UT 84601

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the **HA** need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of **Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I **consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.** I **understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether** I **actually had access to the funds and when the funds were received.** In **addition,** I **must be given an opportunity to contest those determinations.**

This consent form remains effective until the earliest of (I) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the **PHA.**

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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 HA for the unauthorized disclosure or improper use.

0MB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to 0MB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

PROVO CITY HOUSING AUTHORITY
688 West 100 North
Provo, Utah 84601

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency organization, business or individual to release to and verify my application for participating and/or maintain my continued assistance under the Section 8, Public Housing and/or any other Housing Assistance Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collections agencies or landlords. This includes records on my payment history and any violations of my leases or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested, include, but are not limited to:

Identity and Marital Status
Medical or Child Care Allowances
Residences and Rental Activity
Employment, Income, and Assets
Credit and Criminal Activity

GROUP OR INDIVIDUAL THAT AV BE ASKED

The groups or individuals that may be asked to release the information above (depending on program requirements) include, but are not limited to:

Previous landlord (including PHA's)	Past and Present Employers	Utility Companies
Courts and Post Offices	Welfare & other Social Services Agencies	Credit Providers and Credit Bureaus
Schools and Colleges	State Unemployment Agencies	Retirement Systems
Law Enforcement Agencies	Social Security Administration	Banks and Credit Unions
Medical and Child Care Providers	Support and Alimony Providers	Veterans Administration

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may, in the course of their duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; The U.S. Postal Service; the Social Security Administration; and State Welfare, food Stamp, and any other Social Service Agency.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household _____ Print Name: _____ Date: _____

Spouse: _____ Print Name: _____ Date: _____

Other Adult: _____ Print Name: _____ Date: _____

PEST CONTROL ADDENDUM

Resident(s) here by agrees to prevent and control possible pest infestation by adhering to the list of resident responsibilities listed below:

1. Check for hitch-hiking pests including bedbugs and cockroaches. If you stay in a hotel or another home, inspect your clothing, luggage, shoes and personal belongings for signs of pests including bedbugs and cockroaches before re-entering your apartment. Check backpacks, shoes and clothing after using public transportation or visiting theaters. After guests visit, inspect beds, bedding and upholstered furniture for signs of bedbug infestation. Check under sinks, in cupboards for signs of cockroaches.
2. Resident(s) shall report any problems immediately to the Housing Authority. Even a few bedbugs or cockroaches can rapidly multiply to create a major infestation that can spread to other units.
3. Resident(s) shall cooperate with pest control efforts. If your unit or a neighbor's unit is infested, a pest management professional may be called in to eradicate the problem. Your unit must be property prepared for treatment. Resident(s) must comply with recommendations and request for the pest control specialist prior to professional treatment including but not limited to the following:
    a. Placing all bedding, drapes, curtains and small rugs in a bags for transport to laundry or dry cleaners.
    b. Heavily infested mattresses are not salvageable and must be sealed in plastic and disposed of properly.
    c. Empty dressers, nigh stands and closets. Remove all items from floors; bag all clothing, shoes, boxes, toys, etc. Bag and tightly seal washable and non-washable items separately. Used bags must be disposed of properly.
    d. Vacuum all floors, including inside closets. Vacuum all furniture including inside drawers and nightstands. Vacuum mattresses and box springs. Carefully remove vacuum bags sealing them tightly in plastic and dispose of properly.
    e. Wash all machine-washable bedding, drapes, and clothing etc. on the hottest water temperature and dry on the highest setting. Take other items to the dry cleaner making sure to inform the dry cleaner that the items are infested with bedbugs. Discard any items that cannot be decontaminated.
    f. Move furniture towards the center of the room so that technicians can easily treat carpet edges where bed bugs congregate, as well as walls and furniture surfaces. Be sure to leave easy access to closets.

    <u>For Cockroaches:</u>

    g. Removing all food and household items from kitchen cupboards and drawers, and setting them aside in at an out-of-the way place. Thoroughly clean all cupboards and drawers.
    h. Removing all sundries and other items from bathroom cabinets and drawers and setting them aside. Thoroughly clean cabinets and drawers.
    i. Removing all items from bedroom closet shelves and cabinet drawers, setting them aside. Thoroughly clean all shelves and drawers.
    j. Place all removed articles under a table or other safe place and cover with a blanket or sheet. If you have young children's toys, making sure that all toys which may be linked or chewed are safely put away and covered.
    k. Do not remove bait, traps or gel that has been placed around the apartment. Make sure cleaning is done prior to the spray, not after.
4. Resident(s) agrees to indemnify and hold the Owner/Agent harmless from any actions, claims, losses, damages and expenses including but not limited to attorney's fees and Owner/Agent may incur as a result of the negligence of the Resident(s) or any guest occupying or using the premises.
5. It is acknowledged that the Owner/Agent shall not be liable for any loss of personal property to the Resident(s) as a result of an infestation f bedbugs or cockroaches. It is the Resident(s) responsibility to carry renter's insurance to cover such losses.

By signing below, the undersigned Resident(s) agree and acknowledge having read and understood this addendum. **All household members 18 years or older must sign agreement.**

Signature: _____ Date: _____

MOLD CONTROL ADDENDUM

To minimize the occurrence and growth of mold in the Leased Premises, Resident(s) hereby agrees to the following:

MOISTURE ACCUMULATION: Resident(s) shall remove any visible moisture accumulation in and on premises, including on walls, windows, floors, ceiling, and bathroom fixtures; mop up spills and thoroughly dry affected area as soon as possible after occurrence; use exhaust fans in the kitchen and bathroom when necessary; and keep climate and moisture in the premises at reasonable levels.

VENTILATION: Resident(s) shall arrange possessions to allow proper circulation of air throughout the unit and shall introduce fresh air as much as possible. Relative humidity should be maintained at levels below 60 percent to discourage mold growth.

APARTMENT CLEANLINESS: Resident(s) shall clean and dust the premises regularly, and shall keep the premises, particularly the kitchen and bathroom clean.

NOTIFICATION OF MANAGEMENT: Resident(s) shall promptly notify management by calling 801-900-5676 to report the presence of the following conditions:

a. A water leak, excessive moisture, or standing water inside the premises;
b. A water leak, excessive moisture, or standing water in common area;
c. Mold growth in or on the premises that persists after Resident has tried several times to remove it with a household cleaning solution, such as Lysol or Pine-Sol disinfectants, Tile Mildew Remover, or Clorox, or a combination of water and bleach;
d. A malfunction in any part of the heating, air conditioning, or ventilation system in the premises.

LIABILITY: Resident(s) shall be liable to Owner for damages sustained to the premises or to the Resident's person or property as a result of Resident's failure to comply with the terms of these housing rules.

VIOLATION OF HOUSE RULES: Violation of these house rules shall be deemed a material violation under the terms of the lease and Owner shall be entitled to exercise all rights and remedies it possesses against Resident(s) at law or in equity.

ADDENDUM SUPERSEDES LEASE: In case of a conflict between the provisions of this Addendum and any other provisions of the lease, the provisions of the Addendum shall govern. This Lease Addendum on Mold is incorporated into the lease executed between the Owner and Resident.

By signing below, the undersigned Resident(s) agree and acknowledge having read and understood this addendum. **All household members 18 years or older must sign agreement.**

Signature: _____ Date: _____

Signature: _____ Date: _____

PCHA ASSET FORM

This form is required if assets equal or are greater than $50,000

Complete One Form per Household; include all assets from all family members. You must indicate all assets below:

Household Name: ..... SSN: .....

1. Indicate Cash Value of all Assets:

Source	Cash Value		Source	Cash Value
Savings Account	$		Checking Account	$
Cash on Hand	$		Safety Deposit Box	$
Certificates of Deposit	$		Money Market Funds	$
Stocks	$		Bonds	$
IRA Accounts	$		401K Accounts	$
Keogh Accounts	$		Trust Accounts	$
Equity in Real Estate	$		Land Contracts	$
Lump Sum Receipts	$		Capital Investments	$
Life Insurance Policies	$		Cryptocurrency	$
Other Retirement/Pension	$		Other (List :)	$
Personal Property Held as Investment	$		Other (List:)	$

PLEASE NOTE: Certain Funds (e.g. Retirement, Pension, Trust) May or may not be (Fully) accessible to you.

Within the past 2 years, I/we have sold or given away assets (including cash, real estate, etc.) for more than $1000 below the fair market value (FMV).

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

Bank Name: _____ Signature of Bank Employee: _____

Title of Bank Employee: _____ Date: _____

Name of Bank Employee (print): _____ Phone: _____

Applicant Signature: _____ Date: _____

Housing Authority oi **Provo**

THIS SECTION TO BE FILLED OUT BY EMPLOYEE

Print Case Name: _____ Social Security#: _____

Please be advised that there are federal and state penalties for fraud under House Bill 105 for the misrepresentation of facts to a Housing Authority. When completed, return to Provo City Housing Authority at 650 West 100 North, Provo, UT 84601 or fax to (801) 373-6560.

THIS PORTION TO BE FILLED OUT BY EMPLOYER ONLY

Employee's Name: _____ Occupation: _____

Hire Date: _____ First Day of Active Employment: _____

Last Day of Employment: _____ If Verifying Termination of Employment - Reason for Termination: _____

Old Wage/Salary Amount$ _____ New Wage/Salary Amount: $ _____

Indicate the date of last wage/hour increase: _____

Amount of Wage Paid Per Hour: $ _____

Average hours worked per week: $ _____

Average overtime hours worked per week: $ _____

Overtime rate of pay per hour, if applicable: $ _____

If paid on salary, what is monthly salary amount: $ _____

Commission/Bonuses (If Applicable, average per week/month) $ _____

Gratuities/Tips (if applicable, average per week) $ _____

Company Name: _____ Company Phone: _____

Company Fax _____ Company Email: _____

Address: _____ City, State, Zip Code: _____

Signed by: _____ Print Name: _____

Title: _____ Date: _____

EQUAL HOUSING OPPORTUNITY