



Rental Application for Residents and Occupants

TEXAS APARTMENT ASSOCIATION

Each co-resident and each occupant over 18 must submit a separate application.

Spouses may submit a joint application.

M E M B E R

Date when filled out: _____

ABOUT YOU

Full name (exactly as on driver's license or gov't ID card): _____

Your street address (as shown on your driver's license or gov't ID card): _____

Driver's license # and state: _____
OR gov't photo ID card #: _____

Former last names (maiden and married): _____

Social Security #: _____ Birthdate: _____

Ht.: _____ Wt.: _____ Sex: _____ Eye color: _____ Hair: _____

Marital Status: single married divorced widowed separated

U.S. citizen? Yes No Do you or any occupant smoke? Yes No

Will you or any occupant have an animal? Yes No

Kind, weight, breed, age: _____

Current home address (where you now live): _____ Apt. # _____

City/State/Zip: _____

Home/cell phone: (_____) _____ Current rent: \$ _____

E-mail address: _____

Apartment name: _____

Name of owner or manager: _____

Their phone: _____ Date moved in: _____

Why are you leaving your current residence? _____

Previous home address (most recent): _____ Apt. # _____

City/State/Zip: _____

Apartment name: _____

Name of owner or manager: _____

Their phone: _____ Previous monthly rent: \$ _____

Date you moved in: _____ Date you moved out: _____

YOUR WORK

Current employer: _____

Address: _____

City/State/Zip: _____

Work phone: (_____) _____

Position: _____

Your gross monthly income is over: \$ _____

Date you began this job: _____

Supervisor's name and phone: _____

Previous employer (most recent): _____

Address: _____

City/State/Zip: _____

Work phone: (_____) _____

Position: _____

Gross monthly income was over: \$ _____

Dates you began and ended this job: _____

Previous supervisor's name and phone: _____

YOUR CREDIT HISTORY

Your bank's name: _____

City/State/Zip: _____

List major credit cards: _____

Other non-work income you want considered. Please explain: _____

Past credit problems you want to explain. (Use separate page)

YOUR RENTAL/CRIMINAL HISTORY

You must check if applicable.

Have you, your spouse, or any occupant listed in this application ever:

- been evicted or asked to move out?
- moved out of a dwelling before the end of the lease term without the owner's consent?
- declared bankruptcy?
- been sued for rent?
- been sued for property damage?
- been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion?
- been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method?

Please indicate below the year, location, and type of each felony or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision.

You represent that the answer to any item not checked above is "no."

YOUR SPOUSE

Full name: _____

Former last names (maiden and married): _____

Social Security #: _____

Driver's license # and state: _____
OR gov't photo ID card #: _____

Birthdate: _____

Ht.: _____ Wt.: _____ Sex: _____ Eye color: _____ Hair: _____

Are you a U.S. citizen? Yes No

Current employer: _____

Address: _____

City/State/Zip: _____

Work phone: (_____) _____ Cell phone: (_____) _____

Position: _____

E-mail address: _____

Date began job: _____ Gross monthly income is over: \$ _____

Supervisor's name and phone: _____

OTHER OCCUPANTS

Names of all people who will occupy the unit without signing the lease. Continue on separate page if more than three.

Name: _____ Relationship: _____

Sex: _____ DL or gov't ID card# and state: _____

Birthdate: _____ Social Security #: _____

Name: _____ Relationship: _____

Sex: _____ DL or gov't ID card# and state: _____

Birthdate: _____ Social Security #: _____

Name: _____ Relationship: _____

Sex: _____ DL or gov't ID card# and state: _____

Birthdate: _____ Social Security #: _____

YOUR VEHICLES

List all vehicles (cars, trucks, motorcycles, trailers, etc.) owned or operated by you, your spouse, or any occupant. Continue on separate page if more than three.

1. Make, model, and color: _____
Year: _____ License #: _____ State: _____

2. Make, model, and color: _____
Year: _____ License #: _____ State: _____

3. Make, model, and color: _____
Year: _____ License #: _____ State: _____

WHY YOU WANT TO RENT HERE

Were you referred? Yes No If yes, by whom? _____

Name of locator or rental agency: _____

Name of individual locator or agent: _____

Name of friend or other person: _____

Did you find us on your own? Yes No If yes, fill in information below:

Internet site: _____

Rental publication: _____ Stopped by _____

Newspaper: _____ Other: _____

EMERGENCY

Emergency contact person over 18 who will not be living with you:

Name: _____

Address: _____

City/State/Zip: _____

Work phone: (_____) _____ Home phone: (_____) _____

Cell phone: (_____) _____ Relationship: _____

If you die or are seriously ill, missing, or incarcerated according to an affidavit of (check one or more) the above person, your spouse, or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.

AUTHORIZATION

I or we authorize (owner's name) One Cobblestone Village LTD _____

to: (1) share the information above with the owner's electric provider; and (2) verify the information above by all available means, including reports from consumer-reporting agencies before, during, and after tenancy on matters relating to my lease, as well as income history and other information reported by employers to any state employment-security agency (e.g., Texas Workforce Commission). Work-history information may be used only for this Rental Application. Authority to obtain work-history information expires 365 days from the date of this application.

Applicant's signature _____

Spouse's signature _____

Contemplated Lease Contract Information

To be filled in only if the Lease Contract is not signed by the resident or residents at the time of application for rental.

The TAA Lease Contract to be used must be the latest version of **(check one)**: the Apartment Lease, the Residential Lease, or the Condominium/Townhome Lease, unless an earlier version is initialed by resident(s) and attached to this application. The blanks in the contract will contain the following information:

- Names of all residents who will sign the Lease Contract _____
- Name of owner or lessor One Cobblestone Village LTD
- Property name and type of dwelling (*bedrooms and baths*) Cobblestone Village
- Complete street address 2209 N. Main
City/State/Zip Cleburne, TX 76033
- Names of all other occupants not signing Lease Contract (*persons under age 18, relatives, friends, etc.*) _____
- Total number of residents and occupants _____
- Our consent is necessary for guests staying longer than 4 days
- Beginning date and ending dates of Lease Contract _____
- Number of days' notice for termination 30
- Total security deposit \$ _____ Animal deposit \$ _____
- # of keys/access devices for 2 unit, 1 mailbox, _____ other _____
- Total monthly rent for dwelling unit \$ _____
- Rent to be paid: at the onsite manager's office, through our online payment site, **OR** at _____
- Prorated rent for: first month **OR** second month _____
- Late charges due if rent is not paid on or before 3rd
- Initial late charge \$ 30.00 Daily late charge \$ 10.00
- Returned-check charge \$ 25.00
- Animal-rules-violation charges: Initial \$ 100.00 Daily \$ 10.00
- The dwelling is to be furnished **OR** unfurnished.
- Utilities paid by owner (**check all that apply**): electricity, gas, water, wastewater, trash/recycling, cable/satellite, master antenna, Internet, stormwater/drainage, other _____
- Utility-connection charge \$ _____
- You are (**check one**): required to buy insurance, not required to buy insurance.
- Agreed reletting charge \$ _____
- Security-deposit refund check will be by (**check one**):
 one check jointly payable to all residents (*default*), **OR**
 one check payable and mailed to _____
- Your move-out notice will terminate Lease Contract on (**check one**):
 last day of the month, **OR** exact day designated in your move-out notice.
- If the dwelling unit is a house or duplex, owner will be responsible under paragraph 12.2 of the Lease Contract for lawn/plant maintenance, lawn/plant watering, lawn/plant fertilization, picking up trash from grounds, trash receptacles. You will be responsible for anything not checked here.
- You will be responsible for the first \$ _____ of each repair.
- Special provisions regarding parking, storage, etc. (*see attached page, if necessary*): _____

Application Agreement

1. **Lease Contract Information.** The Lease Contract contemplated by the parties is attached—or, if no Lease Contract is attached, the Lease Contract will be the current TAA Lease Contract noted above. Special information and conditions must be explicitly noted on an attached Lease Contract or in the Contemplated Lease Information above.
2. **Application Fee (may or may not be refundable).** You have delivered to our representative an application fee in the amount indicated in paragraph 14 below, and this payment partially defrays the cost of administrative paperwork.
3. **Application Deposit (may or may not be refundable).** In addition to any application fee, you have delivered to our representative an application deposit in the amount indicated in paragraph 14. The application deposit is not a security deposit, but it will be credited toward the required security deposit when the Lease Contract has been signed by all parties; **OR** it will be refunded under paragraph 10 if you are not approved; **OR** it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraph 6 or 7, if you fail to answer any question, or if you give false information.
4. **Approval When Lease Contract Is Signed in Advance.** If you and all co-applicants have already signed the Lease Contract when we approve your application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit.
5. **Approval When Lease Contract Isn't Yet Signed.** If you and all co-applicants have not signed the Lease Contract when we approve your application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.
6. **If You Fail to Sign Lease After Approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within three days after we give you our approval in person, by telephone, or by email, or within five days after we mail you our approval. If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages and terminate all further obligations under this agreement.
7. **If You Withdraw Before Approval.** You and any co-applicants may not withdraw your application or the application deposit. If, before signing the Lease Contract, you or any co-applicant withdraws an application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to

retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.

8. **Completed Application.** An application will not be considered completed and will not be processed until all of the following have been provided to us (*unless not checked*): a separate application has been fully filled out and signed by you and each co-applicant; an application fee has been paid to us; an application deposit has been paid to us. If no item is checked, all are necessary for the application to be considered completed.
9. **Nonapproval in Seven Days.** We will notify you whether you've been approved within seven days after the date we receive a completed application. Your application will be considered disapproved if we fail to notify you of your approval within seven days after we have received a completed application. Notification may be in person, by mail, or by telephone unless you have specified that notification be by mail. You must not assume approval until you receive actual notice of approval.
10. **Refund After Nonapproval.** If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits within _____ days (*not to exceed 30 days; 30 days if left blank*) of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
11. **Extension of Deadlines.** If the deadline for signing, approving, or refunding under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
12. **Notice to or from Co-applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.
13. **Keys or Access Devices.** We'll furnish keys and access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
14. **Receipt.** Application fee (*may or may not be refundable*): \$ _____
Application deposit (*may or may not be refundable*): \$ 0.00
Administrative fee (*refundable only if not approved*): \$ 0.00
Total of above fees and application deposit: \$ 0.00
Total amount of money we've received to this date: \$ _____
15. **Signature.** Our representative's signature indicates our acceptance only of the above application agreement. It does not bind us to approve your application or to sign the proposed Lease Contract.

If you are seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to doctors or emergency personnel.)

Name: _____ Phone: (_____) _____

Important medical information in emergency: _____

Acknowledgment. You declare that all your statements on the first page of this application are true and complete. You authorize us to verify your information through any means, including consumer-reporting agencies and other rental-housing owners. **You acknowledge that you had an opportunity to review our rental-selection criteria, which include reasons your application may be denied, such as criminal history, credit history, current income, and rental history. You understand that if you do not meet our rental-selection criteria or if you fail to answer any question or give false information, we may reject the application, retain all application fees, administrative fees, and deposits as liquidated damages for our time and expense, and terminate your right of occupancy.** Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover from the non-prevailing party all attorney's fees and litigation costs. We may at any time furnish information to consumer-reporting agencies and other rental-housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. Fax or electronic signatures are legally binding. You acknowledge that our privacy policy is available to you.

Right to Review the Lease. Before you submit an application or pay any fees or deposits, you have the right to review the Rental Application and Lease Contract, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. You are entitled to a copy of the Lease Contract after it is fully signed.

Applicant's Signature: _____ **Date:** _____

Signature of Spouse: _____ **Date:** _____

Signature of Owner's Representative: _____ **Date:** _____

FOR OFFICE USE ONLY

1. Apt. name or dwelling address (*street, city*): One Cobblestone Village LTD Unit # or type: _____
2. Person accepting application: Griselda Phone: (817) 645-4663
3. Person processing application: Griselda Phone: (817) 645-4663
4. Date that the applicant or co-applicant was notified by telephone, by letter, or in person of acceptance or nonacceptance: _____
(*Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.*)
5. Name of person or persons notified (*if there are more than one applicant, at least one of them must be notified*): _____
6. Name of owner's representative who notified the applicant: Griselda



Supplemental Rental Application for Units Under Government Regulated Affordable Housing Programs

Date when filled out: _____

- 1. Supplemental Information. The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.
2. Employment Update. Present employer: _____
Address: _____ City, State, ZIP: _____
Work Phone: _____ Position: _____
3. Household Composition. List all persons, including yourself, who will be living in your household.

Table with 5 columns: Number of Persons, Full Name, Relationship, Age, Student Status. Rows for 1-6 persons with checkboxes for Full-time, Part-time, N/A.

Does anyone live with you now who is not listed above? [] Yes [] No. Does anyone plan to live with you in the future who is not listed above? [] Yes [] No. If you answered "Yes" to any question, please explain: _____

Are any of the household members listed above: Foster children? [] Yes [] No Live-in attendants? [] Yes [] No

- 4. Annual Income. List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18).

Table for Annual Income with columns: Gross Monthly Income Source, Applicant, Co-Applicant, Other Household Members, Total. Rows include Salary, Overtime Pay, Commissions and Fees, Tips and Bonuses, Interest and/or Dividends, Net Income from Business, Net Rental Income, Social Security, Pensions, Retirement Funds, etc., Support from Parents or Relatives, Unemployment Benefits, Workers' Compensation, etc., Alimony, Sources of Child Support, AFDC/TANF, Other.

TOTAL \$

- 5. Assets. List all assets of all adults and persons in your household, including those under the age of 18.

Table for Assets with columns: Listing of All Assets, Cash Value, Annual Interest, Dividends or Rent from Assets, Name of Financial Institution or Description of Asset, Account Number. Rows include Checking Account(s), Savings Account(s), Credit Union Account(s), Stocks, Bonds or Mutual Funds, Real Estate or Home, IRA/Keough Account, Retirement/Pension Fund, Trust Fund, Mortgage Note Held, Whole Life Insurance Cash Value, Other.

- 6. Certification. By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application.
7. Recertification. If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the TAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application





Memorandum to Application

Community Name: Cobblestone Village
Phone/Fax/Email: 817-645-4663 ph 817-645-5154 fax cobblestonevillage.assta@uahmgf.com
Address, city, state & Zip: 2209 N. Main St Cleburne, TX 76033

The purpose of this memorandum is to bring notice to all applicant(s) applying for residency at our Community of protections under VAWA and information in regards to how reasonable accommodations for persons with disabilities may be requested during the application process.

Violence against Women Reauthorization Act of 2013

Provides protections to Applicants/Tenants from being denied admission to, denied assistance under, termination from participation or evicted from housing on the basis that such person(s) are or have been the victims of domestic violence, dating violence, sexual assault and/or stalking or deny assistance, tenancy or occupancy rights solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking.

- This Community will not assume that any act is a result of abuse covered under VAWA. In order to receive the protections outlined in the VAWA, the applicant/resident must specify that he/she wishes to exercise these protections. If any applicant or resident wishes to exercise the protections provided in the VAWA, he/she should request additional information from the Office Staff and follow the steps and guidelines outlined in UAH Property Management's Violence Against Women Act Policy.
- If a request under VAWA has been made the applicant will complete the VAWA certification form or supply approved documentation outlined in the UAH Property Management's VAWA Policy within 14 calendar days from the date of the request.
- Office Staff will review and respond to requests to exercise protections provided under the VAWA within ten (10) business days of receiving all required documentation. Responses may include but is not limited to:
 - ❖ Approval of the Request
 - ❖ Denial of the Request
 - ❖ Request for additional information
- If the certification provided by the Applicant/Tenant contains conflicting information, we may request additional documentation as described in our VAWA policy. The Applicant/Tenant must supply requested documentation within (10) business days after request. If the victim is unable to provide required documentation within the required timeframe, the Office Staff will deny the request.

UAH Property Management's Violence Against Women Act (VAWA) Policy can be referenced if additional clarification is needed.

If a request that is subject to VAWA is denied, the requestor has the right to appeal the decision within fourteen (14) days of the date of the written notification of denial. The appeal meeting will be conducted by a person who was not originally involved in the decision to deny.

NOTE: Per the Reauthorization Act of 2013, Property Name is not limited from termination assistance or tenancy for any violations under the Tenants current lease agreement that is not premised on the act of violence.



Section 504 of the Rehabilitation Act of 1973

- This community is committed to complying with the Fair Housing Act and Section 504 of the Rehabilitation Act by ensuring that its policies and practices do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities in connection with the operation of housing services or programs solely on the basis of such disabilities.
- If a Reasonable Accommodation/Modification is requested, Office Staff will provide an applicant with a Request Form. At the applicant's request, the Request Form will be provided in an equally effective format. An applicant may submit the request in writing, orally, or use another equally effective means of communication to request an accommodation or modification.
- Office Staff will reply to requests as quickly as possible, but no more than ten (10) business days from the receipt of the request unless Office Staff explains the delay to the applicant making the request. Response may include but is not limited to:
 - ❖ Request Approval
 - ❖ Request Denial
 - ❖ Request for Additional Information or Verification of Need
- Office Staff will consent to or deny the request as quickly as possible. Unless Office Staff explains the delay, the applicant will be notified of the decision to consent or denial within thirty (30) calendar days after receiving all necessary information and documentation from the applicant and/or appropriate verification sources. In Addition, it should be noted that our Community accepts Applications via fax, email, mail or in person.
- If the request for reasonable accommodation or modification is denied, the requestor has the right to appeal the decision within fourteen (14) days of the date of the written notification of denial. The appeal meeting will be conducted by a person who was not originally involved in the decision to deny.

UAH Property Management's Reasonable Accommodation & Modification Policy can be referenced if additional clarification is needed.

Applicant Printed Name

Date

Applicant Signature

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

UAH Property Management 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 contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, Par 8 dated June 2, 1988)



Rob Dryman
10670 N. Central Expressway, Suite 500 | Dallas, TX 75231
Office 214-265-7227 | TTY 800-735-2989



**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
RELEASE AND CONSENT FORM**

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name: Cobblestone Village	TDHCA Number: 97070
Contact Name: Griselda Chairez	Contact Title: Asst. Mgr.
Address: 2209 N. Main St Cleburne, TX 76033	Phone: 817-645-4663
Email Address: cobblestonevillage.asst@uahmgt.com	Fax: 817-645-5154

II. THIS SECTION TO BE COMPLETED BY APPLICANT															
Applicant/Resident Name: _____															
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 purposes of verifying information on my/our application for participation in a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.															
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, student status, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a TDHCA Affordable Housing Program.															
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:															
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Past and Present Employers</td> <td style="width: 33%;">Welfare Agencies</td> <td style="width: 33%;">Veterans Administrations</td> </tr> <tr> <td>Support and Alimony Providers</td> <td>State Unemployment Agencies</td> <td>Retirement Systems</td> </tr> <tr> <td>Educational Institutions</td> <td>Social Security Administration</td> <td>Medical and Child Care Providers</td> </tr> <tr> <td>Bank and other Financial Institutions</td> <td>Utility Providers</td> <td>Previous Landlords</td> </tr> <tr> <td>Public Housing Agencies</td> <td>Appraisal Districts</td> <td>Insurance Carrier</td> </tr> </table>	Past and Present Employers	Welfare Agencies	Veterans Administrations	Support and Alimony Providers	State Unemployment Agencies	Retirement Systems	Educational Institutions	Social Security Administration	Medical and Child Care Providers	Bank and other Financial Institutions	Utility Providers	Previous Landlords	Public Housing Agencies	Appraisal Districts	Insurance Carrier
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III. APPLICANT CERTIFICATION		
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 is incorrect.		
_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date

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 A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.