FOOTHILLS MANAGEMENT
Real Estate • Rentals & Management

STUDENT STATUS AFFIDAVIT

Applicant/Tenant Name: _____
Address: _____

Completed For: (check one)

[ ] Move-in; effective date: _____

[ ] Annual recertification; effective date: _____

Will all of the persons in your household be (or have been) full-time students during five calendar months of the certification year? [ ] Yes [ ] No

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IF YES, then is anyone in your household:

• A student and receiving AFDC/TANF? [ ] Yes [ ] No

• A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? [ ] Yes [ ] No

• A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state, or local program? [ ] Yes [ ] No

• A single parent living with his/her children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent? [ ] Yes [ ] No

• Married and file a joint return [ ] Yes [ ] No

• Has the person attended school full-time during any part of 5 months of this calendar year?
Months/year attended full time __/__/____ to __/__/____ [ ] Yes [ ] No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

Signature of Tenant: _____ Date: _____

Signature of Co-Tenant: _____ Date: _____

Management Signature: _____ Date: _____

P.O. Box 975 • 141 High Street • Farmington, ME 04938
P: 207) 778.0607 • F: 207) 778.2899
"Your Key to Good Housing"
info@foothillsmanagement.com
www.foothillsmanagement.com

Date received	
Time received	
Income Designation	VL, L, M

RENTAL APPLICATION –

Community Name: _____ **Unit Size:** _____ **Unit Assigned:** _____

You are applying for residency at an Affordable Housing Community. The information you provide will assist us in determining your eligibility. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

Instructions: All questions must be answered. Any question that does not apply, mark "none" or "0." Use BLUE ink only. Applications filled out in pencil will not be accepted. White out is strictly prohibited. Also, applications with a large number of errors or sections scribbled out will result in the requirement of a new application to be completed. If you make an error, draw a single line through the error, correct the error, and initial and date the correction.

A. CONTACT INFORMATION

Applicant Name: _____ Telephone: (_____) _____

Mailing Address: _____ Email Address: _____
Street address

_____
City, State, ZIP

B. HOUSEHOLD COMPOSITION AND STATUS

List the Head of Household (applicant) and all other persons who will be living in your unit. State the relationship of each family/household member to the head. Choose only one member to be Head of Household. List all members you anticipate living with you at least 50% of the time in the next 12 months. Include any temporarily absent family members.

Household Members Full Name (First and Last)	**Relationship to Head** S= Spouse O=Other Adult C=Minor Child F=Foster Adult or Child U=Unborn Child L=Live-in Attendant	**Marital Status** S-Single M=Married D=Divorced SP=Separated N=Never Married W=Widowed	**Date of Birth**	**Social Security Number**	**Gender**	**Military Status** A-Active Duty R-Reserves N/A	**Full-time STUDENT?** (Include k-12)
	HEAD						☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste and abuse in Federal programs. This is to inform you that by applying for and living on a federally subsidized property, you consent to the release of **WAGE MATCH DATA**. USDA-RD will receive wage match data from the State Dept. of Labor. This information will be compared against the information you provide. Whenever differences are revealed resulting in the government providing unauthorized rental assistance, you may be contacted for an explanation and be made to repay improperly received benefits.

☐ **I have read and understand**

C. HOUSEHOLD QUESTIONNAIRE

1. Has your household been displaced by government action or presidential declared emergency? ☐ Yes ☐ No
2. Are you now living on a USDA/HUD subsidized property? ☐ Yes ☐ No
3. Have you or your household ever lived on this property or other property managed by ~~Foothills~~ before? ☐ Yes ☐ No
   If so, when/unit #? _____
4. Do you know anyone who lives here? ☐ Yes ☐ No
   If so, who and what unit number? _____
5. Have you or anyone in the household ever been evicted? ☐ Yes ☐ No
   If yes, please explain _____
6. Have you or anyone in the household ever been convicted of a felony? ☐ Yes ☐ No
   If so, please explain where and why? _____
7. Are you or anyone in the household a sex offender with lifetime registration requirements? ☐ Yes ☐ No
8. Will anyone in your household need or benefit from a handicapped accessible unit? ☐ Yes ☐ No
   If yes, please explain _____
9. Will anyone in your household require a Live-In Resident Assistant? ☐ Yes ☐ No
10. Will anyone in your household require a service and/or assistive animal? ☐ Yes ☐ No
11. Per USDA-RD guidelines are you and/or co-tenant requesting an Elderly/Handicapped Status and adjustment to income? ☐ Yes ☐ No
12. Do you or any member of your household:
    a. Work full-time, part-time or seasonally? ☐ Yes ☐ No
    b. Work for someone who pays you cash? ☐ Yes ☐ No
    c. Expect a leave of absence from work due to lay-off medical, or military leave? ☐ Yes ☐ No
    d. Own real estate or any assets for which you receive no income? ☐ Yes ☐ No
13. Have you or any household member ever owned a home or had/have a mortgage? ☐ Yes ☐ No
    If yes, what happened to the property and when did it happen? _____
14. Is your current or previous residence with a parent or other relative? ☐ Yes ☐ No
    If yes, please explain _____
15. Do you have a pet or animal? If yes, what kind? _____ ☐ Yes ☐ No
16. Are there any full-time students 18 years of age or older in the household? ☐ Yes ☐ No
17. Are there any part-time students 18 years of age or older in the household? ☐ Yes ☐ No
18. Has anyone in the household received a Federal Tax Refund in the last 12 months? ☐ Yes ☐ No
    If yes, list the amount of the tax refund: $_____

D. OTHER INFORMATION

Driver's License/Photo ID No.: _____ State Issued: _____ Exp: _____
Driver's License/Photo ID No.: _____ State Issued: _____ Exp: _____

Vehicles:
Make/Model: _____ Year: _____ License Plate No.: _____
Make/Model: _____ Year: _____ License Plate No.: _____

E. INCOME INFORMATION – List ALL household income including income from wages, child support, Social Security, SSI/Disability, Alimony, Public Assistance, Recurring Gift Income, etc.,.

SOURCE/TYPE OF INCOME	GROSS MONTHLY INCOME AMOUNT

Head of Household Employment ☐ **Check here if Currently Unemployed**

Current Employer: _____ Title: _____
Address: _____ Date of Hire: _____
City, State, Zip: _____ Monthly Gross Income: $_____
Phone: _____ Supervisor: _____

Previous Employer: _____ Title: _____
Address: _____ Last date employed: _____
City, State, Zip: _____ Monthly Gross Income: $_____
Phone: _____ Supervisor: _____

Co-Applicant/Spouse Employment ☐ **Check here if Currently Unemployed**

Current Employer: _____ Title: _____
Address: _____ Date of Hire: _____
City, State, Zip: _____ Monthly Gross Income: $_____
Phone: _____ Supervisor: _____

Previous Employer: _____ Title: _____
Address: _____ Last date employed: _____
City, State, Zip: _____ Monthly Gross Income: $_____
Phone: _____ Supervisor: _____

F. ASSET INFORMATION – List **current** value of all checking and savings accounts, Pre-Pay Cards (such as Direct Express, Way2Go, etc.) certificates of deposit, stocks, bonds, trusts, home or other real estate, digital assets (such as Cash app and Venmo) and or any other asset owned by household members, etc.)

RESIDENT NAME	FINANCIAL INSTITUTION	TYPE OF ACCOUNT	BALANCE

G. HOUSING HISTORY

Need 2 FULL years of housing history listed. Add additional pages to this application if necessary.

Current Address (check one): ☐Rent ☐Own ☐Live w/ family or friend ☐Homeless

_____ _____ $_____ _____
Street Apt# Rent Move-in date

_____ _____ **Did you give notice to vacate? ☐ No ☐ Yes**
City State Zip Code County

_____ _____
Landlord name / Phone # / Address Reason for moving

Previous Address (check one): ☐Rent ☐Own ☐Live w/ family or friend ☐Homeless

_____ _____ $_____ _____ - _____
Street Apt# Rent Move-in date Move-out date

_____ _____ **Did you give notice to vacate? ☐ No ☐ Yes**
City State Zip Code County

_____ _____
Landlord name / Phone # / Address Reason for moving

H. EMERGENCY CONTACT

Contact Name: _____ Phone No. _____ Relationship: _____

Address: _____

Contact Name: _____ Phone No. _____ Relationship: _____

Address: _____

I/WE CERTIFY THAT IF SELECTED TO RECEIVE ASSISTANCE, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENTCE. I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY. I/WE AUTHORIZE THE OWNER/MANAGER TO VERIFY ALL INFORMATION PROVIDED ON THIS PPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION OF INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES. I/WE CERTIFY THAT THE STATEMETNS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

I/WE UNDERSTAND THAT PROVIDING FALSE OR MISLEADING STATEMENTS OR INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

SIGNATURE OF HEAD OF HOUSEHOLD: _____ DATE: _____

SIGNATURE OF CO-HEAD/SPOUSE: _____ DATE: _____

SIGNATURE OF ANY MEMBER OF 18:

_____ DATE: _____

_____ DATE: _____

OWNER/MANAGER/AGENT: _____ DATE: _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:	☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check 1 or more)	☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
Gender:	☐ Male ☐ Female ☐ _____

This Institution is an Equal Opportunity Provider and Employer

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

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GENERAL AUTHORIZATION AND RELEASE FORM

This form authorizes the landlord or property manager ("Housing Provider") to obtain and process your consumer reports for housing qualification.

A separate form is required for each applicant.

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1. Applicant Information

- **Full Legal Name:** _____
- **Date of Birth:** _____
- **Social Security Number:** _____ - _____ - _____
- **Current Address:** _____

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2. Authorization and Disclosure

By signing below, you authorize the Housing Provider to request consumer reports from consumer reporting agencies.

- **Credit History**: Verifying lines of credit and payment patterns.
- **Criminal Background**: Checking public and court records for criminal history.
- **Eviction Records**: Reviewing past landlord-tenant court filings.
- **Employment Verification**: Confirming income and job stability.

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3. Fair Credit Reporting Act (FCRA) Language

Pursuant to the Fair Credit Reporting Act (15 U.S.C. § 1681 et seq.):

- **Purpose**: You acknowledge this report is solely for housing evaluation.
- **Procurement**: You allow procurement of these reports at any time during the application process.
- **Ongoing Rights**: You allow reports during any subsequent tenancy for lease renewal or collection purposes.

- **Agency Details**: You hold the right to know the screening agency's identity if denied.

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4. Release of Liability

You release the Housing Provider and its agents from any liability regarding the gathering of this information. You release all data providers, including courts and credit bureaus, from liability for sharing these records.

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5. Certification and Signature

You certify that all information provided on your application is true, accurate, and complete.

- **Applicant Signature:** _____
- **Date:** _____
