



South Office: 934 Wyandotte P.816-842-1424 F.816-842-1430

Credit Application Approval Checklist

Date: _____ Leasing Consultant: _____

Applicant(s) Name: _____

Unit #: _____ Building: _____ Move-In Date: _____

Cell: _____ Email: _____

Security Deposit Amount: _____ PAID: Y N App Fee Amount: _____ PAID: Y N

Pet: Y N Pet Deposit: _____ Paid: Y N

Application Processing Steps	Date Completed Verifications Received	Initials	Notes: <small>Note: Highlight Outstanding items upon completion</small>
Date Received			
Employment Verification Received	Total annual income:		
Rental History Faxed/Mailed	Date faxed: Date mailed:		
Rental History Received	Date:		
Credit Report Background Check	Score:		
Clarification Needed?	Yes No		
Approval			
Guarantor of Rent Needed?	Yes No		
Additional Deposit Needed	Yes No		
Property Manager Approval	Yes No		
Final Approval	Yes No		

I _____ verify that all information in the following application is correct.

Signature: _____

Date: _____

Welcome Home!



HELPFUL PHONE #'S

Kansas City Power and Light (KCPL)	816-471-KCPL
Time Warner Cable	816-918-2753
AT&T	888-880-6565

Your new address is: _____ Apt # _____ Kansas City, MO 6410 _____

Your lease will begin on _____ and end on _____.

Deposit(s)/Fee(s)	CHARGES	DATE PAID	Check #
Security Deposit	\$ _____	_____	_____
Application Fee(s)	\$ _____	_____	_____
Pet Deposit	\$ _____	_____	_____
Pro-rated Rent	\$ _____	_____	_____
Other Deposit/Rent	\$ _____	_____	_____
Concession	\$ _____	_____	_____
Total Due with Application	\$ _____	_____	_____
Total Due at Move-In	\$ _____	_____	_____

KCPL CONFIRMATION # _____
**KEYS WILL NOT BE RELEASED UNTIL YOUR
KCPL CONFIRMATION # IS RECEIVED.**

Monthly Rental Amount \$ _____

Your move-in date is scheduled for _____. On the day of your move-in **all pending fees and prorates must be paid in full** unless prior arrangements have been made.

_____ Proof of Renter's Insurance is requested with the minimum coverage's of **\$100,000 liability and \$1,000 medical**. Building Owner and Old Town Management, Inc. must be included as Additional Insured. Certificate must contain in the box "Certificate Holder's Named and Address" the: Building Owners Name _____ and Building Name _____ c/o Old Town Lofts 934 Wyandotte Kansas City, MO 64105 Phone: 816-842-1424 Fax: 816-842-1430.

_____ Your file must be completed with all the required information and have the manager's approval prior to the release of your keys.

_____ Your deposit is non-refundable after three (3) business days once your application is approved. Your application fees are non-refundable upon receipt. You have seven (7) days from today's date to help the office receive the required information to get your file approved or the unit will be released to the market.

Name (printed)

Name (printed)

Signature

Signature

Leasing Consultant

Date

934 Wyandotte
Kansas City, MO 64105
(phone) 816-842-1424 (fax) 816-842-1430

LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

All co-applicants, age 18 or older, including spouse, should complete a separate application.

Date Received: _____ Time: _____ am/pm Proposed Effective Date: _____

Old Town Lofts
934 Wyandotte St. Suite 101
Kansas City, MO, 64105

Phone: 816-842-1424 Fax: 816-842-1430

We are pleased to consider your family as future residents of our rental community. The information you provide below will assist us in determining your eligibility. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law. **Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered. THANK YOU!**

PROPERTY INFORMATION (For Office Use Only):

Unit Address: _____ _____ Initial Certification
 Unit Number: _____ _____ Recertification
 # of Bedrooms: _____ _____ Other _____

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 member to the Head. Choose only one member to be Head of Household. List all members you anticipate to live with you at least 50% of the time in the next 12 months including anyone who is not currently a household member but is anticipated to become one in the next 12 months. Include any temporarily absent family members.

Household Member's 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	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If "yes" Parttime (PT) or Fulltime (FT)*
	Head					

*A household member should be considered a full-time (FT) or part-time (PT) student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. Please include all school-age children, even if home-schooled as FT students.

1. COMPLETE THE FOLLOWING SECTION ONLY IF ALL HOUSEHOLD MEMEBERS ARE FULL TIME STUDENTS:
- a. Is at least one student receiving assistance under Title IV of the Social Security Act? (AFDC/TANF) Yes or No
 - b. Does at least one student participate in a program receiving assistance under the Training Act, Workforce Investment Act or under other similar federal, state, or local laws? Yes or No
 - c. Are the full-time students married and entitled to file a joint tax return? Yes or No
 - d. Is the household comprised entirely of a single parent with child(ren) and the parent is not a dependent of another individual and the child(ren) are not dependents of someone other than a parent? Yes or No
 - e. Was at least one student previously under the care and placement responsibility of the State agency responsible for administering foster care? Yes or No



2. If you are divorced or separated, please provide date effective: _____
(If divorced, please provide a full copy of divorce decree.)
3. Do you expect any changes in the household in the next 12 months? Yes or No
If yes, please describe: _____
When will this occur? _____
(If adding a new member, this person should be listed as a household member on page 1 of this application.)
4. Are any household members under age 18 claiming emancipation (yourself included)? Yes or No
If yes, please provide documentation to validate emancipation.

CURRENT EMPLOYMENT INFORMATION:

Company Name: _____ Title: _____
Address: _____ Date of Hire: _____
City/State/Zip: _____ Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____ Supervisor: _____

ADDITIONAL CURRENT EMPLOYER INFORMATION: (complete if you currently have more than one job)

Company Name: _____ Title: _____
Address: _____ Date of Hire: _____
City/State/Zip: _____ Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____ Supervisor: _____

PREVIOUS EMPLOYMENT INFORMATION:

Company Name: _____ Title: _____
Address: _____ Date Left: _____
City/State/Zip: _____ Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____ Supervisor: _____

OTHER INCOME INFORMATION:

<i>Identify each source of income currently received or anticipated to be received in the next 12 months.</i>	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. Adoption Assistance (Form #2)	Yes or No	\$ _____
2. Disability/Worker's Compensation/Severance Pay (Form #8)	Yes or No	\$ _____
3. Lottery Winnings Paid Periodically (Form #15)	Yes or No	\$ _____
4. Military Pay (Form #16)	Yes or No	\$ _____
5. Pension/Annuity (Form #19)	Yes or No	\$ _____
6. Educational Financial Assistance (Form #30 or #9)	Yes or No	\$ _____
7. Recurring Gift/Contribution (Form #24)	Yes or No	\$ _____
8. Child Support/Alimony/Family Maintenance (Form #28)	Yes or No	\$ _____
9. Rental Income (Form #33)	Yes or No	\$ _____
10. Self-Employment (Form #34 or #38)	Yes or No	\$ _____
11. Not Employed (Form #35)	Yes or No	\$ _____
12. Zero Income (No income from any source) (Form #40)	Yes or No	\$ _____
13. Social Security/SSI Benefits (Disability) (Form #41)	Yes or No	\$ _____
14. Trust Income (Form #45)	Yes or No	\$ _____
15. Unemployment Compensation (Form #47)	Yes or No	\$ _____
16. VA Benefits (Form #49)	Yes or No	\$ _____
17. Public Assistance (AFDC/TANF/W-2) / Welfare (Form #52)	Yes or No	\$ _____
18. Any other income not listed above (Form #17)	Yes or No	\$ _____



ASSET INFORMATION: List all assets for this household member. Complete one for every household member.

	Name of Financial Institution(s)	Circle One	Amount
1. 401K (Form #1)	_____	Yes or No	\$ _____
2. Bonds (Form #4)	_____	Yes or No	\$ _____
3. CD/Money Markets (Form #5)	_____	Yes or No	\$ _____
4. Treasury Bill (Form #5)	_____	Yes or No	\$ _____
5. Checking (Form #6)	_____	Yes or No	\$ _____
6. Savings (Form #6)	_____	Yes or No	\$ _____
7. IRA/KEOGH (Form #12)	_____	Yes or No	\$ _____
8. Land Contract/Deed of Trust (Form #13)	_____	Yes or No	\$ _____
9. Lottery Winnings (Lump Sum) (Form #15)	_____	Yes or No	\$ _____
10. Pension/Annuity (Form #18)	_____	Yes or No	\$ _____
11. Real Estate (Form #22)	_____	Yes or No	\$ _____
12. Cash on Hand (Form #27)	_____	Yes or No	\$ _____
13. Safety Deposit Box (Form # 27)	_____	Yes or No	\$ _____
14. Personal Property Held as an Investment (Form #36)	_____	Yes or No	\$ _____
15. Stocks/Mutual Funds (Form #41)	_____	Yes or No	\$ _____
16. Trusts (Form #45)	_____	Yes or No	\$ _____
17. Universal Life Insurance (Form #51)	_____	Yes or No	\$ _____
18. Whole Life Insurance (Form #51)	_____	Yes or No	\$ _____
19 Other Assets not listed above	_____	Yes or No	\$ _____

1. Do all combined assets of the entire household exceed \$5000?

Yes or No



2. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes or No

If yes, please completed the following:

Was the disposal of this asset due to (circle as appropriate):

Asset Disposed: _____	Bankruptcy	Yes	No
Date Disposed: _____	Foreclosure	Yes	No
Amount Disposed: _____	Marital Separation	Yes	No
	Divorce	Yes	No

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

Gifted To: _____
 Date Gifted: _____
 Amount Gifted: _____

RESIDENTIAL HISTORY: <i>Please provide 3 years of housing history</i>	
Current Address: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____



- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| 1. Have you ever been evicted from tenancy?
If yes, please list date: _____ | Yes | or | No |
| 2. Have you ever filed for bankruptcy?
If yes, please list date: _____ | Yes | or | No |
| 3. Have you ever been convicted of a felony?
If yes, please list what for: _____ | Yes | or | No |
| 4. Will this be your only place of residence?
If no, please explain: _____ | Yes | or | No |
| 5. Will you have 50% or more physical custody of all minor members in household?
If no, please explain: _____ | Yes | or | No |
| 6. Will you be receiving rental assistance while living at this community?
If yes, please list source of assistance: _____ | Yes | or | No |
| a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify?
If yes, please explain: _____ | Yes | or | No |
| 7. Do you own any pets that would be moving with you into the community?
If yes, please list types: _____ | Yes | or | No |

OTHER INFORMATION:

Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____
Make/Model: _____	Year: _____ Color: _____
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____
Make/Model: _____	Year: _____ Color: _____

EMERGENCY INFORMATION: *In case of emergency, notify...*

Name: _____	Phone #1 _____
	Phone #2 _____
Address: _____	Relationship: _____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

Under penalty of perjury, I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

Applicant's Signature

Date





Phone: 816.842.1424

934 Wyandotte St.

Fax: 816.842.1430

Kansas City, MO 64105

Release Authorization

I. In connection with my application for (proposed tenancy), I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment.

II. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

III. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this box . The report(s) will be sent by the reporting agency to you at the address below.

IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, landlord, reference or insurance company contacted by **Old Town Management** or its agents, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Initial _____

Disclosure to Applicant Regarding Procurement of a Consumer Report

In connection with your application for (proposed tenancy), we may procure a consumer report on you as part of the process of considering your application.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days on which we receive the request from you or within 5 days of the time the report was first requested.

The **Fair Credit Reporting Act** gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or investigative report about you in order to consider your application.

The report will be processed by:
RentGrow, Inc. dba Yardi Resident Screening
307 Waverly Oaks Rd, STE 301
Waltham, MA 02452
800-736-8476 x2
www.yardi.com/yrs

Name: _____

Address: _____

City/State/Zip: _____

Length of Time at Current Residency _____

Date of Birth _____ Driver's License # _____

Social Security Number: _____

Signature: _____ Date: _____



Tax Credit Rental Qualifications Standards

All applicants will be treated equally at this community. **Old Town Management, Inc.**, (Agent) for (Owner), will not discriminate against any person based on race, religion, sex, color, familial status, disability or national origin.

Managements reserves the right to prohibit showing of apartments up to thirty (30) minutes before dark and showing of apartments that are not in market-ready condition.

Rental Qualification Standards

Income: Applicant must be able to provide past ability to meet financial obligations, especially, but not limited to, rent and utilities. Applicants must be currently employed or receiving section 8 assistance. Current employer must be able to verify income and length of employment. If current position is less than 3 months, stable previous employment must be verifiable. Minimum income must be 2.5 times monthly rent without exceeding the maximum income limits set per occupant. For applicants receiving Section 8 assistance income must be 2.5 times the set Section 8 applicant's portion without exceeding the maximum income limits set per occupant. If applicant currently has been offered a position, but has not started, an employment verification letter must be obtained verifying start date and income.

Credit History: A complete credit check will be performed and closely reviewed. False or negative information may result in the decline of your application. Agent requires a credit score of 550 or above for application approval. If negative information is shown on credit check, an additional deposit or guarantor may be required.

Last Residence: Applicant must have a least six months established rental history other than from a friend or relative. Applicant must provide a way for us to contact present landlord and do his/her best to provide information a previous landlord. Applicant must have left all previous address in good standing, given proper notice, left owing no rent, with no major problems like noise complaints or damage to the property. If history cannot be established, additional deposit or guarantor may be required.

Maximum Number of Occupants: Studio-2 One bedroom -2 Two bedroom – 3 Three bedroom - 4

Note. These are the qualifications standards Old Town Management, Inc. looks for prior to certifying an applicant for residency. Should there be a question on whether an applicant is approved or not, the manager will make all final decisions.

Applicant is required to pay a security deposit in consideration for Agent taking the apartment off the market while processing this application. A \$40 application fee must be included with the application. The application and application fee for all adults applying for a unit must be received by Old Town Management no later than the end of the following business day after receiving deposit. All monies deposited with this application will be held as reservation deposit credited towards any deposit which may be required of applicant at the time of rental agreement is executed. You have seven (7) days from today's date to help the office receive the required information to get your file approved or your unit will be released to the market. If the rental unit is held for Applicant for more than 3 business days from the time of approval, and the Applicant withdraws this applications, then all monies deposited shall be forfeited to Agent.

Applicant represents that all of the above statements are true and complete. Applicant hereby authorizes verification of above information, credit, reference and criminal records. Applicant releases all persons or corporations requesting or supplying such information from all liability and responsibility. False information herein may constitute grounds for rejection of this application, termination from all liability and responsibility. False information herein may constitute grounds for rejection of this application, termination of occupancy and /or forfeiture of deposits and may constitute a criminal offense under laws of this state.

By signing, the applicant recognizes that the Agent will investigate the information supplied by the applicant and full disclosure of pertinent facts must be made to the Agent.

Applicant's Name

Cell/Home phone #

Applicant's Signature

Date

Complete every line item on all pages of application, if something does not apply, insert N/A. Please attach \$ 40.00 application fee and security deposit.

Amended 01/05/2015



Para informacion en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request to obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit

bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with valid need – usually to consider an application with creditor, insurer, employer, landlord, or other business. The FCRA specifies those with valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional right.** For more



- information, visit www.consumerfinance.gov/learnmore.

- States may enforce the FRCA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>e. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>f. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>g. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>h. National Credit Union-Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration are supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F. Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA (877) 382-4357</p>



EXHIBIT C – EMPLOYMENT VERIFICATION

Property Name: _____ Property Number: _____
 Unit Number: _____ Date: _____

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/RESIDENT

Employer Information:

To: _____
 Attn: _____
 Addr: _____

 Phone: _____
 Fax: _____

Please Return Form To:

To: Old Town Lofts
 Attn: Compliance/Resident Manager
 Addr: 934 Wyandotte St. Suite 101
Kansas City, MO 64105
 Phone: (816) 842-1424
 Fax: (816) 842-1430

Applicant Name: _____ Social Security #: _____
 I hereby authorize the release of my employment information.
 Applicant Signature: _____ Date: _____

The individual named directly above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Owner/Management Signature: _____ Date: _____

THIS SECTION MUST BE COMPLETED BY THE EMPLOYER

Employee Name: _____ Job Title: _____
 Presently Employed: Yes No Date First Employed ____/____/____ Last Day of Employment ____/____/____
 Current Wages/Salary: \$ _____ (mark one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____
 Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ From ____/____/____ thru ____/____/____
 Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____
 Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____
 Commissions, bonuses, tips, other: \$ _____ (mark one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____
 List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: ____/____/____
 If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____
 Additional remarks: _____

 Employer's Signature Printed Name of Signatory Date

 Employer [Company] Name and Address

 Phone Number Fax Number E-mail Address

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





Phone: 816.842.1424 934 Wyandotte St. Fax: 816.842.1430
Kansas City, MO 64105

Rental Verification

Tenant Name(s): _____
Address: _____
Landlord/Property Name: _____
Contact Phone #: _____ Contact Fax#: _____

I _____ hereby authorize Old Town Lofts, and its associates to obtain information concerning my residency.

signature date

signature date

*****THIS SECTION IS TO BE FILLED OUT BY LANDLORD ONLY*****

Name(s) listed on lease: _____
Move In Date _____ Move Out Date _____ # of lease holders _____
Monthly Rental Amount: _____ Balance Owed? _____
Eviction Notice Given: Yes No
Eviction Went to Court: Yes No
Eviction Case Number: _____
Judgment Amount: \$ _____
Was the Lease Fulfilled: Yes No If not, when does it expire? _____
Paid on Time: Yes No If late, how many times? _____
How many days late? _____
NSF Checks: Yes No If yes, how many? _____
Proper Notice Given: Yes No Explain: _____
Deposit Refunded: Yes No Explain: _____
Noise Complaints: Yes No Explain: _____
Unauthorized Persons: Yes No Explain: _____
Police Calls: Yes No Explain: _____
Pet Violations: Yes No Explain: _____
Would you re-rent: Yes No Explain: _____

Comments: _____
Completed by: _____ Date: _____
Printed Name: _____ Title: _____

Please fax back to 816-842-1430 as soon as possible. ATTN: _____

