

**All occupants must be 55 years of age or older.**

**Required documents for all applicants:**

Picture ID and Social Security Card.

A statement of benefit from **all** sources of income. This statement **must show the gross monthly** amount you receive. The net amount must match the deposit on your bank statement. The statement must be from the current year and have your name on it.

Three months of bank statements, the most current, from **all** accounts and include every page of the statement. The statements must show your name and the financial institution's name on the statement. The deposit(s) on these statements from your source of income must match the income statement(s) you provide. All deposits (of any amount) must be explained as to the source of this money. You may write on your statement next to the deposit where the funds came from (gift from son, cashed in coins, casino winning, sold fishing pole, as an example).

If you file a tax return, you must provide a copy of the return (including all documents used to report your income, W-2, 1099s). If you self-prepared your return, we will need a transcript from the IRS. The IRS office can provide you a transcript. If you did not file a tax return, complete the affidavit "Unfiled Tax Return Affidavit" in this application package.

**W2 wage earners:**

Provide 3 current and consecutive pay stubs dated within the last six months.

Verification of Employment form in the application packet must be completed by your employer and signed by them. You do not fill this form out, they do.

Tip employees must complete the Unreported Earned Income Affidavit Form in the application packet or write a statement indicating all tips are declared in pay check.

**Self Employed Wage earner or 1099 Wage Earner, please ask for a list of your required documents.**

Thank you for your interest in Riverside.

Jamie Jo Taylor  
Property Manager, Riverside



**Equal Housing Opportunity**

**We Do Business in Accordance With the Fair Housing Act**

(The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988)

Anyone who feels he or she has been discriminated against should send a complaint to:

U.S. Department of Housing and Urban Development,

Assistant Secretary for Fair Housing and Equal Opportunity, Washington, DC 20410

**LAMEY BRIDGE SENIOR DEVELOPMENT, LLC  
DBA RIVERSIDE  
RENTAL APPLICATION**

DATE OF APPLICATION: \_\_\_\_\_

**APPLICANT INFORMATION:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

MARITAL STATUS (Please circle)    SINGLE    MARRIED    DIVORCED    SEPARATED    WIDOWED

U.S. CITIZEN: YES \_\_\_ NO \_\_\_    DATE OF BIRTH: \_\_\_\_\_    SS # \_\_\_\_\_

**CURRENT ADDRESS WHERE YOU RESIDE:** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Own: \_\_\_ Rent: \_\_\_ Neither: \_\_\_ (staying with a friend or relative)

**LANDLORD INFORMATION (if renting):**

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOW LONG? \_\_\_\_\_; CURRENT RENT: \_\_\_\_\_; CURRENT LEASE EXPIRES: \_\_\_\_\_

**APPLICANT'S EMPLOYMENT INFORMATION:**

Are you a W-2 wage earner: YES NO    1099 employee? YES NO    Self Employed as owner/operator: YES NO

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX# \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

EMPLOYER'S PHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ HRS PER WEEK: \_\_\_\_\_ INCOME: \_\_\_\_\_ PER \_\_\_\_\_ (Hr/Week/Mo./Year/etc)

LENGTH OF EMPLOYMENT: \_\_\_\_\_ YRS \_\_\_\_\_ MO    START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

PREVIOUS EMPLOYER(S) NAME & ADDRESS (IF LESS THAN 2 YEARS) \_\_\_\_\_



**CO-APPLICANT INFORMATION:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

MARITAL STATUS (Please circle)    SINGLE            MARRIED            DIVORCED            SEPARATED            WIDOWED

U.S. CITIZEN: YES \_\_\_ NO \_\_\_    DATE OF BIRTH: \_\_\_\_\_    SS # \_\_\_\_\_

**CO-APPLICANT'S CURRENT ADDRESS WHERE YOU RESIDE:**

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Own: \_\_\_ Rent: \_\_\_ Neither: \_\_\_ (staying with a friend or relative)

**CO-APPLICANT'S LANDLORD INFORMATION (if renting):**

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOW LONG? \_\_\_\_\_; CURRENT RENT: \_\_\_\_\_; CURRENT LEASE EXPIRES: \_\_\_\_\_

**CO-APPLICANT'S EMPLOYMENT INFORMATION:**

Are you a W-2 wage earner: YES NO    1099 employee? YES NO    Self Employed as owner/operator: YES NO

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX# \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

EMPLOYER'S PHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ HRS PER WEEK: \_\_\_\_\_ INCOME: \_\_\_\_\_ PER \_\_\_\_\_ (Hr/Week/Mo./Year/etc)

LENGTH OF EMPLOYMENT: \_\_\_\_\_ YRS \_\_\_\_\_ MO    START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

PREVIOUS EMPLOYER(S) NAME & ADDRESS (IF LESS THAN 2 YEARS) \_\_\_\_\_



<b>Monthly Income</b>					
INCOME FROM ALL APPLICABLE SOURCES MUST BE LISTED AND DOCUMENTATION MUST BE MAINTAINED WITH THE APPLICATION					
<b>Gross Monthly Income</b>	Applicant	Applicant	Co-Tenant	Co-Applicant	Totals
Base Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Part-time income	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tips / Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
1099 - Self Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Interest/ Dividend Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Welfare	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>TOTAL INCOME:</b>					
<b>Monthly Expenses and Liabilities</b>					
MONTHLY EXPENSES					
<b>Monthly Expenses</b>	Applicant	Applicant	Co-Applicant	Co-Applicant	Totals
Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
School Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Support/ Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Credit Card Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Student Loan Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Loan Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>TOTAL EXPENSES:</b>					

**Declarations** (Answering “Yes” to these questions does **not** automatically disqualify you. Please attach explanation.)

**Applicant**

Have you ever filed for Bankruptcy? \_\_\_\_\_ (yes/no) Have you ever been evicted from any tenancy? \_\_\_\_\_ (yes/no)  
 Have you ever willfully and intentionally refused to pay rent when due? \_\_\_\_\_

**Co-Applicant**

Have you ever filed for Bankruptcy? \_\_\_\_\_ (yes/no) Have you ever been evicted from any tenancy? \_\_\_\_\_ (yes/no)

Have you ever willfully and intentionally refused to pay rent when due? \_\_\_\_\_

**Only the applicant and/or co-applicant may live, reside, or occupy the apartment you are applying for.**

**Guests/visitors are restricted to no more than 7 consecutive days.**

**I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I AGREE THAT LBSD MAY TERMINATE ANY AGREEMENT ENTERED INTO IN RELIANCE ON ANY MISSTATEMENT OR OMISSION CONTAINED ABOVE.**

**APPLICANT AUTHORIZATION AND CERTIFICATION**

I understand that by completing and submitting this application, I am authorizing LAMEY BRIDGE SENIOR DEVELOPMENT, LLC and/or its partner(s) to evaluate my actual need for assistance and my willingness to participate with program requirements. I understand that the evaluation may include visits, periodic credit checks, employment verification, and verification of other information included in this application. I hereby authorize LAMEY BRIDGE SENIOR DEVELOPMENT, LLC and/or its partner(s) to perform all such verification it deems necessary. By signing below, I certify that I have answered the questions in the application truthfully. I understand that if I have not answered all the questions truthfully, my application may be denied. I also understand even if I am selected to receive assistance, I may be disqualified from the program at a later date if it is discovered that I have not been truthful in this application. I agree to notify LAMEY BRIDGE SENIOR DEVELOPMENT, LLC and/or its partner(s) in writing of any changes to the information in this application within two (2) weeks of such change. I understand that such changes could affect the outcome of this application. Further, I understand that I may choose to exclude any specific entity from being contacted in writing. If I choose to revoke this authorization at any time, I will do so in writing. The original or a copy of the application will be retained by LAMEY BRIDGE SENIOR DEVELOPMENT, LLC and/or its partner(s) even if the application is not approved.

**Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**MISSISSIPPI LONG TERM WORKFORCE HOUSING PROGRAM**

**Consent and Release Form, Nonpublic Personal Information Form**

I (Applicant/Co-Applicant) do hereby consent to and authorize Lamey Bridge Senior Development, dba Riverside, its partners, affiliates, agents, contractors and their respective assigns (collectively “**LBSD**”), and the Mississippi Development Authority and its employees, agents, and contractors (collectively “**MDA**”) as part of my application for the Long Term Workforce Housing Program (the “Program”), to request, access, review, disclose, release and share any and all Nonpublic Personal Information (“NPI”), whether provided by me in this application or by additional outside third parties with whom I may or may not have a relationship, as necessary for final determination of my eligibility for and the amount of assistance under the Program. I understand and acknowledge that any party disclosing information to **LBSD** and MDA on my behalf is not responsible for any negligent misrepresentation or omission, and I agree to hold any such disclosing party harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way relating to their disclosure.

As part of this consent, I further authorize **LBSD, MDA,** and any other financial institution, lender, insurer, other government agency (federal or state), credit bureau, financial service provider or any other third party to obtain, use and disclose any of my NPI in their possession, as necessary, to enable **LBSD** and **MDA** to administer the Program and to enable **LBSD** to process my application.

I understand and acknowledge that **MDA** and **LBSD** may obtain, use and disclose any NPI received in its investigation of my application with third parties, including those referenced above, as necessary for final determination of my eligibility for and the amount of assistance under the Program.

I acknowledge that I have received and reviewed **MDA’S** and **LBSD’S** privacy policies as they relate to my NPI and my right to privacy associated therewith. I also understand and acknowledge that, as part of those policies, my consent may be revoked at any time with written notice to, as applicable, **MDA** or **LBSD**. I further understand and acknowledge that any such revocation of this consent may affect my ability to receive assistance under the Program.

By completing and signing this application, I acknowledge and agree to the above and agree that this consent may be furnished on my behalf to any financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or other third party.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS (HAVING ONE OR MORE CHILDREN), OR NATIONAL ORIGIN.



**Equal Housing Opportunity**

**We Do Business in Accordance With the Fair Housing Act**

(The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988)  
Anyone who feels he or she has been discriminated against should send a complaint to:  
U.S. Department of Housing and Urban Development,  
Assistant Secretary for Fair Housing and Equal Opportunity, Washington, DC 20410

**LONG TERM WORKFORCE HOUSING PROGRAM  
Privacy Policy**

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Your privacy is important to **Lamey Bridge Senior Development, LLC, dba Riverside (LBSD)**, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations. We hope that by taking a few minutes to read this policy, you will have a better understanding of what we do with the information you provide us and how we keep it private and secure.

**LBSD** collects certain personal information about you because it is necessary for us to use that information when preparing forms and communicating with the various agencies as a part of the Long Term Workforce Program.

Examples of sources from which we collect information include:

- Application information, interviews and phone calls with you,
- Letters or e-mails from you, and
- Other questionnaires completed during the Long Term Workforce Housing Program

As a general rule, we do not disclose personal information about our clients or former clients to anyone. However, to the extent permitted by law certain nonpublic information about you may be disclosed to our partners, affiliates, agents, contractors and their respective assigns and to the Mississippi Development Authority, its employees, agents and contractors as necessary for final determination of your eligibility for and the amount of assistance under the Long Term Workforce Housing Program.

**LBSD** protects all of its clients' confidential information. We use commercially reasonable safeguards on our computer system to prevent unauthorized access of confidential information. Although security cannot be guaranteed, we maintain physical, electronic, and procedural safeguards that comply with applicable professional standards.

**NOTE: TRANSMISSION BY ELECTRONIC MAIL (EMAIL) OF SOCIAL SECURITY NUMBERS IS PROHIBITED. COMPLETED CONSENT FORMS MUST BE TRANSMITTED BY FACSIMILE TRANSMISSION, HAND DELIVERY, POSTAL SERVICE OR OTHER OVERNIGHT DELIVERY SERVICES.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**



**INFORMATION FOR FEDERAL MONITORING PURPOSES**

**Please read this statement before completing the box below:**

The following information is requested by the federal government in compliance with equal opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that there is neither discrimination on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations we are required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

<b>Applicant</b>		<b>Co-Applicant</b>	
<input type="checkbox"/> <b>I do not wish to furnish this information.</b>		<input type="checkbox"/> <b>I do not wish to furnish this information.</b>	
<b>Race/National Origin</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (please specify)		<b>Race/National Origin</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (please specify)	
<b>Gender</b> <input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Gender</b> <input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Birth Date:</b>  <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widowed, and never married)		<b>Birth Date:</b>  <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widowed, and never married)	





**Emergency Contact Information**

**Applicant's Name:** \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_

Applicant's Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Co-Applicant's Name:** \_\_\_\_\_

Co-Applicant's Phone: \_\_\_\_\_

Co-Applicant's Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_



## Renters Insurance

Riverside strongly urges every resident to obtain Renters Insurance for the protection of their property.

The insurance policy **should** be maintained for the life of the lease.

I certify that I have read and understand the foregoing Riverside Renters Insurance policy. I certify that I understand that while renters insurance is not a requirement to reside in a unit at Riverside, management does strongly urge me to obtain a policy to protect myself in the event of disaster or theft.

### **Applicant**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### **Co-Applicant**

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name





### Fair Credit Reporting Act Consent Form

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes, but is not limited to, making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant Lamey Bridge Senior Development LLC, DBA Riverside the right to process this application for the purpose of obtaining a Rental/Lease agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so.

#### Applicant

SIGNATURE \_\_\_\_\_ Print name: \_\_\_\_\_

DOB \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Co-Applicant

SIGNATURE \_\_\_\_\_ Print name: \_\_\_\_\_

DOB \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**HOUSEHOLD MEMBERS AFFIDAVIT**

Applicant name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Co-Applicant name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

This program requires us to certify all of your income and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income source as well as other claims of eligibility. We must determine this prior to granting your eligibility.

I hereby declare the above listed live within my household for more than 51% of the time. They are included in my household number and their income calculated into my household income.

I hereby declare the above listed are 55 years of age or older.

I understand NO OTHER PERSON(s) will reside with me during the term of my lease.

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

Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Applicant signature \_\_\_\_\_

Printed name: \_\_\_\_\_

Co-Applicant signature \_\_\_\_\_

Printed name: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



**HOUSEHOLD RELEASE AND CONSENT FORM**

I \_\_\_\_\_, **applicant**

and or \_\_\_\_\_, **co-applicant**

the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to:

**MDA Long Term Workforce Housing Program**

(Owner or Agent)

For purposes of verifying information on my/our apartment rental application.

**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, employment and income. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified applicant. The information gathered may be released to the particular sub-recipient auditing the Long Term Workforce Housing including, but not limited to: Department of Housing and Urban Development (HUD), Office of Inspector General (OIG), and /or Mississippi Development Authority (MDA).

**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:

- |                            |                                |
|----------------------------|--------------------------------|
| Past and Present Employers | Welfare Agencies               |
| Alimony Providers          | State Unemployment Agencies    |
| Veterans Administration    | Social Security Administration |

**CONDITIONS**

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.

**SIGNATURES**

<b>Applicant</b>	<b>print name</b>	<b>Date</b>
------------------	-------------------	-------------

<b>Co-Applicant</b>	<b>print name</b>	<b>Date</b>
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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, a request for a copy of tax form, must be prepared and signed separately.



UNEMPLOYMENT COMPENSATION VERIFICATION

TO: MS Employment Security Commission
P.O. Box 23088
Jackson, MS 39217
Telephone: 601-321-6000
Fax: 601-321-6433

Applicant:

Name:
Social Security Number:

FROM: Riverside Senior Development
11975 Seaway Rd, Ste. A-140
Gulfport, MS 39503
Phone: 228-896-3386
Fax: 228-896-3326

Analyst Signature

In order to comply with federal regulations requesting verification of all income and allowances for residents of the MS Gulf Coast Renaissance Housing Program, please complete the following information and return it as soon as possible to the above address in the envelope provided, or FAX to 228-896-3326. Thank You.

UNEMPLOYMENT BENEFITS COMPENSATION INFORMATION

- 1. Current Status (please check one)
2. GROSS Weekly Payment
3. Date of initial claim
4. Duration of benefits (# of weeks left)
5. Is the above signed eligible for further benefits? (circle one)
6. If yes, how many weeks?
7. GROSS Weekly Amount
8. If no, on what date do the benefits terminate?

Signature of person verifying information

Title

Phone Number

Date

**UNEMPLOYMENT COMPENSATION VERIFICATION**

**TO: MS Employment Security Commission**  
P.O. Box 23088  
Jackson, MS 39217  
Telephone: 601-321-6000  
Fax: 601-321-6433

**Co-Applicant:**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**FROM: Riverside Senior Development**  
11975 Seaway Rd, Ste. A-140  
Gulfport, MS 39503  
Phone: 228-896-3386  
Fax: 228-896-3326

\_\_\_\_\_  
Analyst Signature

In order to comply with federal regulations requesting verification of all income and allowances for residents of the MS Gulf Coast Renaissance Housing Program, please complete the following information and return it as soon as possible to the above address in the envelope provided, or **FAX** to 228-896-3326. Thank You.

**UNEMPLOYMENT BENEFITS COMPENSATION INFORMATION**

9. Current Status (please check one)
- Currently receiving benefits
  - Has been determined ineligible for benefits
  - Has been disqualified until: \_\_\_\_\_
  - Has not filed a claim
  - Has no current claim
  - Has a claim that is currently being contested
10. **GROSS** Weekly Payment \$ \_\_\_\_\_
11. Date of initial claim \_\_\_\_\_
12. Duration of benefits (# of weeks left) \_\_\_\_\_
13. Is the above signed eligible for further benefits? (circle one)                      YES                      NO
14. If yes, how many weeks? \_\_\_\_\_
15. **GROSS** Weekly Amount \$ \_\_\_\_\_
16. If no, on what date do the benefits terminate? \_\_\_\_\_

\_\_\_\_\_  
Signature of person verifying information

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date



**VERIFICATION OF EMPLOYMENT**

Employed applicants must have **employer** complete this form.

**Applicant name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

**Verification of Present Employment (please print)**

Applicant's start date of employment: \_\_\_\_\_

Present Position: \_\_\_\_\_

Probability of continued employment: \_\_\_\_\_

Current gross base pay is \$\_\_\_\_\_ Annual Monthly Weekly Hourly

If paid hourly, average hours per week are: \_\_\_\_\_

Current Gross Earnings year to date through \_\_\_\_\_ are \$\_\_\_\_\_

If overtime or bonus is applicable, is its continuance likely?

Overtime: \_\_\_ yes \_\_\_ no      Bonus: \_\_\_ yes \_\_\_ no

\_\_\_\_\_  
Employer's signature

\_\_\_\_\_  
Date





**VERIFICATION OF EMPLOYMENT**

Employed applicants must have **employer** complete this form.

**Co-Applicant name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

**Verification of Present Employment (please print)**

Applicant's start date of employment: \_\_\_\_\_

Present Position: \_\_\_\_\_

Probability of continued employment: \_\_\_\_\_

Current gross base pay is \$\_\_\_\_\_ Annual Monthly Weekly Hourly

If paid hourly, average hours per week are: \_\_\_\_\_

Current Gross Earnings year to date through \_\_\_\_\_ are \$\_\_\_\_\_

If overtime or bonus is applicable, is its continuance likely?

Overtime: \_\_\_ yes \_\_\_ no      Bonus: \_\_\_ yes \_\_\_ no

\_\_\_\_\_  
Employer's signature

\_\_\_\_\_  
Date

**CERTIFICATION OF INCOME**

**Applicant name:** \_\_\_\_\_

I hereby certify I receive the following sources of income:

- \_\_\_\_\_ Wages from employment (includes commissions, tips, bonuses, fees, etc.)  
                                  Must have **VERIFICATION OF EMPLOYMENT** form completed by employer
- \_\_\_\_\_ Income from operation of a business
- \_\_\_\_\_ Income from rental of real or personal property
- \_\_\_\_\_ Income from interest or dividends, IRA's, mutual funds, royalties or any other assets
- \_\_\_\_\_ Income from Social Security, annuities, insurance policies, retirement funds, pensions, or death benefits
- \_\_\_\_\_ Income from unemployment or disability payments
- \_\_\_\_\_ Income from public assistance payments
- \_\_\_\_\_ Income from periodic allowances such as alimony, child support, or gifts received from persons not living in my household
- \_\_\_\_\_ Income from sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)
- \_\_\_\_\_ Income from any other source not named above. Source: \_\_\_\_\_

**CERTIFICATION OF ZERO INCOME**

\_\_\_\_\_ I currently have no income of any kind, and there is no imminent change expected in my financial status or employment status during the next 12 months.

I will be using the following sources of funds to pay for housing and other necessities:

\_\_\_\_\_

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

Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Applicant signature \_\_\_\_\_

Printed name: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**CERTIFICATION OF INCOME**

**Co-Applicant name:** \_\_\_\_\_

I hereby certify I receive the following sources of income:

- \_\_\_\_\_ Wages from employment (includes commissions, tips, bonuses, fees, etc.)  
                                  Must have **VERIFICATION OF EMPLOYMENT** form completed by employer
- \_\_\_\_\_ Income from operation of a business
- \_\_\_\_\_ Income from rental of real or personal property
- \_\_\_\_\_ Income from interest or dividends, IRA's, mutual funds, royalties or any other assets
- \_\_\_\_\_ Income from Social Security, annuities, insurance policies, retirement funds, pensions, or death benefits
- \_\_\_\_\_ Income from unemployment or disability payments
- \_\_\_\_\_ Income from public assistance payments
- \_\_\_\_\_ Income from periodic allowances such as alimony, child support, or gifts received from persons not living in my household
- \_\_\_\_\_ Income from sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)
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Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Co-Applicant signature \_\_\_\_\_

Printed name: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

UNREPORTED INCOME AFFIDAVIT

Applicant name: \_\_\_\_\_

You have applied to participate in the Long Term Workforce Housing Program. This Program requires certification of your income and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income source as well as other claims of eligibility.

We must determine this prior to granting your eligibility.

**COMPLETE THIS FORM IN ITS ENTIRETY**

I hereby declare the following income information to be true and correct to the best of my knowledge. Income counted towards income eligibility for the Long Term Workforce Housing Program is anticipated total/gross income.

I did not file taxes on my income for the years of \_\_\_\_\_ through \_\_\_\_\_

I work for cash and have no other formal accounting system to account for this income.

Name of Business: \_\_\_\_\_ Start Date: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Position Held: \_\_\_\_\_

Anticipated Total/Gross Weekly Income: \$ \_\_\_\_\_

Anticipated Total/Gross Weekly Tips \$ \_\_\_\_\_

Anticipated Total/Gross Weekly Commissions \$ \_\_\_\_\_

Business Address: \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

UNREPORTED INCOME AFFIDAVIT

Co-Applicant name: \_\_\_\_\_

You have applied to participate in the Long Term Workforce Housing Program. This Program requires certification of your income and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income source as well as other claims of eligibility.

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I did not file taxes on my income for the years of \_\_\_\_\_ through \_\_\_\_\_

I work for cash and have no other formal accounting system to account for this income.

Name of Business: \_\_\_\_\_ Start Date: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Position Held: \_\_\_\_\_

Anticipated Total/Gross Weekly Income: \$\_\_\_\_\_

Anticipated Total/Gross Weekly Tips \$\_\_\_\_\_

Anticipated Total/Gross Weekly Commissions \$\_\_\_\_\_

Business Address: \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Co-Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**UNFILED TAX RETURN AFFIDAVIT**

**Applicant name:** \_\_\_\_\_

You have applied to participate in the Long Term Workforce Housing Program. This Program requires certification of your income and eligibility information as part of determining your household’s eligibility. Program requirements state we must verify each income source as well as other claims of eligibility. We must determine this prior to granting your eligibility.

**COMPLETE THIS FORM IN ITS ENTIRETY**

I hereby declare the following income information to be true and correct to the best of my knowledge. Income counted towards income eligibility for the Long Term Workforce Housing Program is anticipated total/gross income.

I did not file taxes on my income for the years of \_\_\_\_\_ through \_\_\_\_\_.

**Reasons for unfiled tax returns:**

- |                                |   |
|--------------------------------|---|
| _____ Not required to file     | _____ Have not Filed                                    |
| _____ Unreported cash earnings | _____ Filed Self-Prepared Tax Return with No Deductions |

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**UNFILED TAX RETURN AFFIDAVIT**

**Co-Applicant name:** \_\_\_\_\_

You have applied to participate in the Long Term Workforce Housing Program. This Program requires certification of your income and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income source as well as other claims of eligibility. We must determine this prior to granting your eligibility.

**COMPLETE THIS FORM IN ITS ENTIRETY**

I hereby declare the following income information to be true and correct to the best of my knowledge. Income counted towards income eligibility for the Long Term Workforce Housing Program is anticipated total/gross income.

I did not file taxes on my income for the years of \_\_\_\_\_ through \_\_\_\_\_.

**Reasons for unfiled tax returns:**

- |                                |   |
|--------------------------------|---|
| _____ Not required to file     | _____ Have not Filed                                    |
| _____ Unreported cash earnings | _____ Filed Self-Prepared Tax Return with No Deductions |

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Co-Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**SAME NAME AFFIDAVIT**

Applicant, list all names appearing on all documents past and present. This includes maiden names, hyphenated names, etc.

I, \_\_\_\_\_, applicant for Riverside, do hereby state the names listed below are one and the same person as:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Applicant signature \_\_\_\_\_

Printed name: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_





**SAME NAME AFFIDAVIT**

Co-Applicant, list all names appearing on all documents past and present. This includes maiden names, hyphenated names, etc.

I, \_\_\_\_\_, co-applicant for Riverside, do hereby state the names listed below are one and the same person as:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Co-Applicant signature \_\_\_\_\_

Printed name: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_





**Credit and Criminal Background Check Authorization**

A fee of **\$35.00** per applicant or **\$25.00** per applicant if married with the same last name (\$50 total) will be due at time of application for a Credit Check and Criminal Background Check.

Riverside does not lease units to any convicted felons, and if any such convictions are located during my background check my application to Riverside will be terminated.

**Payment of cash, money order or personal check is accepted.**

I, \_\_\_\_\_ **applicant** do hereby give Lamey Bridge Senior Development, LLC DBA Riverside permission to complete a Credit Check and a Criminal Background Check on my behalf for the purposes of qualifying me as a potential tenant at Riverside.

I, \_\_\_\_\_ **co-applicant** do hereby give Lamey Bridge Senior Development, LLC DBA Riverside permission to complete a Credit Check and a Criminal Background Check on my behalf for the purposes of qualifying me as a potential tenant at Riverside.

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**Staff Use Only**

Payment received \$ \_\_\_\_\_ check \_\_\_ cash \_\_\_ MO \_\_\_

