



Gene Field Apartment Homes

WELCOME TO GENE FIELD APARTMENTS

3515 Gene Field Road St Joseph, MO 64506

Phone: 816-368-2014 Fax: 816-390-8348

Check out our Social Media Links:

<https://www.facebook.com/pages/Gene-Field-Apartments/776468305720118>

<https://twitter.com/GeneFieldMO>

google.com/+GeneFieldApartmentsStJoseph

Open Monday – Friday 8:00 AM – 5:00 PM

Saturday - Call for an appointment

What does Gene Field Apartments have to offer you???

Studio, 1, 2 & 3 Bedroom Apartments

Private Patios/Balconies
All electric, Fully Equipped Kitchens
Cable/Internet Ready
Laundry Facilities in each building
Unique Floor Plans
Off-street Parking
Resident Referral Programs
Trash, Lawn Care & Snow Removal
Resident Pays Gas & Electric

Spacious Closets
Swimming Pool
Pet Friendly
Central Heating & Air
Lush Landscaping
24-7 Emergency Maintenance
Package Receiving
Ceiling Fans
Water, Sewer, & Trash Included



MISSOURI LEASING CRITERIA (LIHTC)



This community utilizes a third-party service that conducts credit, rental history and criminal background investigations. Community management team members conduct all employer/income and landlord verifications. The investigation is conducted on all adult (18 years of age or older) occupants. The investigations are based on information provided by the applicant and information that may be retrieved from credit agencies, employers, previous landlords and Federal, State and Local agencies and other associated parties. In the event the application is rejected, the applicant will be notified verbally and in writing as to the reasons and the sources(s) of the information that resulted in the rejection. In the case of roommates, information that we have obtained resulting in a rejection can only be released to the party whose investigation causes the rejection. A security deposit will be required from all households and each adult applicant will be required to pay an application fee.

1. RENTAL HISTORY: A minimum of 6 month rental or ownership history. History must consist of no more than 1 late payment or 1 lease violation during a 6 month period. If a debt is owed to another rental community, the application will not be considered until adequate proof of satisfaction of that debt is provided. If currently renting from a private owner, applicant must provide a copy of a utility bill with the address and name of the applicant on the utility bill. Applicant(s) without the required rental or ownership history may be accepted with a security deposit equal to the monthly market rental rate for the apartment to be occupied if all other criteria are met. Evictions in the last 36 months will constitute an automatic denial of the application.

2. CRIMINAL BACKGROUND: No felony convictions, indictments, arraignments or deferred adjudications within the last 10 years, other than DUI charges or child support issues. No misdemeanor criminal convictions, indictments, arraignments or deferred adjudications involving drugs, minors, arson, terrorism or theft (robbery & burglary) greater than \$500 within the last 10 years. Any felony conviction or a misdemeanor conviction involving sex crimes, assault or violence will result in automatic denial of application. The fact that we perform criminal background checks does not mean that our residents and occupants have no prior or current criminal histories. We cannot and do not guarantee that this community and its residents are free from crime. Verification of the accuracy of information supplied to or made available to us by applicants and credit reporting services is limited.

3. GOVERNMENT IDENTIFICATION: All applicants must provide one US government issued photo identification and one of the following: valid Social Security Number, Form I-94 Arrival-Departure Record with proper annotations, temporary resident alien card verifying approved entry by US government (I-94W), I-551 Permanent Resident Card, Form I-668 Temporary Resident Card, or Form I-688A Employment Authorization Card, Form I-20 certificate of eligibility for non-immigrant student status.

4. INCOME: Six months continuous and current verifiable employment history or verifiable income/assets equal to the amount of the total lease commitment is required. Applicants receiving SS, SSI, pension,

retirement, or disability are excluded from the employment requirement, but must provide acceptable documentation to verify these benefits. Acceptable income verification sources include check stubs, W-2's, and third party verification from employer or government entity. If self-employed, applicant must provide required documentation subject to current requirements per Section 42 Low Income Tax Credit program. Verifiable school attendance may be substituted for employment history pending Section 42 Low Income Tax Credit program Certification of Student Eligibility approval.

5. CREDIT: At least 50% of accounts reported must be rated positively by the credit bureau (rating of 1, 2 or 3). Medical, student loans and 0 rated trades are excluded from the account history. Bankruptcy must be discharged and all trades since bankruptcy must be rated positively by the credit bureau (rating of 1, 2 or 3). The presence of utility collection accounts will require verification that balance has been paid in full before approval can be considered.

6. INCOME DOCUMENTATION: Minimum monthly verifiable gross income must be documented to be at least 2.5 times the monthly rental rate. Applicants receiving approved and verifiable rental assistance will be required to document 5 times the resident portion of rent. This property operates under the Section 42 Low Income Housing Tax Credit program designed to assist "moderate" and "middle" income families.

*Maximum Annual Family Income Allowance

1 Person - \$26,940	4 People - \$38,460
2 People - \$30,780	5 People - \$41,580
3 People - \$34,620	6 People - \$44,640

*Maximum General Occupancy Standards

1 bedroom - 2 persons	2 bedroom - 4 persons
3 bedroom - 6 persons	4 bedroom - 8 persons

*A child under the age of eighteen months and sleeping in the same bedroom as the child's parent, custodian, etc., is not calculated in the above occupancy standards. Residents with a child at eighteen months or older, at the time of initial occupancy or lease renewal, will be required to transfer to a larger apartment upon a subsequent renewal if the above occupancy standards are exceeded

Equal Housing: This community is an Equal Housing Opportunity Provider. We do business in accordance with the Federal Fair Housing Act and do not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. Please contact our Office Manager at (816) 759-0901 if you feel our representative has not acted in accordance with this policy.

Security Deposit: If all criteria other than #5 are met, a security deposit equal to the monthly market rental rate for the apartment to be occupied will be required.

I (WE) UNDERSTAND THE POLICIES CONTAINED HEREIN AND HAVE RECEIVED A COPY OF THIS DOCUMENT.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

PROPERTY REPRESENTATIVE _____ DATE _____

GENE FIELD APARTMENTS RENTAL APPLICATION

SECTION I – APPLICANT/CO-APPLICANT

<u>Applicant's Full Name</u>		<u>Home Phone #</u>		<u>Cell Phone #</u>	<u>Work Phone #</u>
<u>Present Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip code</u>	<u>Since</u>	<u>Male or Female (optional)</u>
<u>Previous Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Date from:</u>	<u>Date to:</u>
<u>Co-Applicant's Full Name</u>		<u>Home Phone #</u>		<u>Cell Phone #</u>	<u>Work Phone #</u>
<u>Present Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip code</u>	<u>Since</u>	<u>Male or Female (Optional)</u>
<u>Previous Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Date from:</u>	<u>Date to:</u>

SECTION II – HOUSEHOLD MEMBERS

LIST ALL HOUSEHOLD MEMBERS

***Race:** Enter each household member's race by using one of the following coded definitions: 1 – White; 2 – Black/African American; 3 – American Indian/Alaska Native; 4 – Asian; or 5 – Native Hawaiian/Hawaiian/Another Pacific Islander

***Ethnicity:** Enter each household member's ethnicity by using one of the following coded definitions: 1 – Hispanic or Latino; 2 – not Hispanic or Latino

***Disabled?:** Write "Yes" if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that: (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the person attains age 22; (iii) is likely to continue indefinitely; (iv) Results in substantial functional limitation in three or more of the following areas of major life activity; (A) Self-Care (B) Receptive and expressive language, (C) Learning, (D) Mobility, (E) Self-direction, (F) Capacity for independent living, and (G) Economic self-sufficiency; and (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- A person with a chronic mental illness, i.e., a person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in the Section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability. (24 CFR 891.505)

Note: A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purposes of the Section 202 program.

- A person infected with the human acquired immunodeficiency virus (HIV) and a person who suffers with alcoholism or drug addiction, provided they meet the definition of "person with disabilities" in Section 811 (42 U.S.C.) 8013(k)(2). A person whose sole impairment is a diagnosis of HIV positive or alcoholism or drug addiction (i.e., does not meet the qualifying criteria in Section 811 will not be eligible for occupancy in a section 811 project. (24 CFR 891.305)

***Note:** Answering these questions is voluntary.

PENALTIES FOR MISUSING THIS CONSENT: 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. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).



GENE FIELD APARTMENTS RENTAL APPLICATION

Last Name, First, Middle Initial	*Race	*Ethnicity	*Disabled?	Social Security Number	Date of Birth	Relation-ship to HOH	M/F (optional)

Do you have full custody of all children listed above? _____

Are any of the household members listed above foster children or foster adults? _____

Do you expect any changes to the household in the next twelve months? _____

Please Explain: _____

Are you married, never married, divorced, separated or legally separated? _____

Have you ever been married? _____

Does your household have any pets? _____

Section III -- Vehicle Information

Vehicle Make	Vehicle Model	Vehicle Tag Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

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GENE FIELD APARTMENTS RENTAL APPLICATION

SECTION IV – RENTAL HISTORY

CURRENT LANDLORD'S NAME/PHONE #	ADDRESS	DATES: FROM/TO
PREVIOUS LANDLORD'S NAME/PHONE #	ADDRESS	DATES: FROM/TO
PREVIOUS LANDLORD'S NAME/PHONE #	ADDRESS	DATES: FROM/TO

SECTION IV – REFERENCES

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP TO HOH

SECTION V – APPLICANT INFORMATION

Check "Yes" or "No". Answer for all household members:

	YES	NO
Has any member ever been arrested for a felony? If yes, what was the charge?		
If arrested for a felony, did the arrest result in a conviction? If yes, what was the date of conviction?		
If no, is the case still pending?		
If the case is not pending, were you acquitted of the charge?		
If you were convicted of the felony, were you incarcerated? If yes, what was the date of your release?		
Is anyone in the household a full time student or been a student for five months in the calendar year? If yes, list name (s) of person (s):		
Is a live-in care attendant needed for any household member? If yes, list name of attendant:		
Is your household eligible for Section 8 rental assistance? If yes, give name of agency:		
Has any member ever filed bankruptcy? If yes, explain and give discharge date:		
Has any member ever been evicted from a rental property? If yes, explain:		

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GENE FIELD APARTMENTS RENTAL APPLICATION

SECTION VI – INCOME

Check "Yes" or "No". Answer for all household members:

YES NO

Is any household member employed?						YES	NO		
HH NAME	Company Name	Address	Phone #	Date of Hire	Wages				
Does any member receive unemployment benefits? If yes, give benefit amount?									
Is any member self-employed? If yes, give average monthly earnings:									
Is any member in the military? If so, give branch and monthly earnings:									
Does any member receive Public Assistance, AFDC, or General Relief? If yes, give benefit amount:									
Is any member receiving child support? If yes, give amount receiving:									
Is any member receiving alimony? If yes, give amount receiving:									
Is any member receiving Social Security benefits? If yes, give benefit amount:									
Is any member receiving V.A. benefits? If yes, give benefit amount:									
Is any member receiving any pension or retirement benefits or annuities? If yes, give benefit amount:									
Is any member receiving Worker's Compensation or Disability Compensation? If yes, give amount receiving:									
Is any member receiving any educational grants, scholarships, or student benefits? If yes, give source and amount:									

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GENE FIELD APARTMENTS RENTAL APPLICATION

Check "Yes" or "No". Answer for all household members: YES NO

Is any member receiving any educational grants, scholarships, or student benefits? If yes, give source and amount:		
Is any member receiving payments from an insurance settlement? If yes, give amount receiving:		
Is any member receiving payments from lottery winnings? If yes, give amount receiving: Check "Yes" or "No". Answer for all household members:		
Is any member receiving payments from an inheritance? If yes, give amount receiving:		
Is any member receiving payments from rental property? If yes, give source and amount receiving:		
Is any member receiving payments from any other source of income? If yes, give source and amount receiving:		
Is any member claiming zero income? If yes, list member:		

SECTION VII – ASSETS

Does any member have a checking and/or savings account? If yes, give name of bank, account number, and amount currently in account:		
Does any member have any debit card accounts? (i.e.: social security, payroll, child support payments, etc.) If yes, give name of bank, account number, and amount currently in account:		
Does any member have a CD or MM account? If yes, give name of bank, account number, and amount currently in account:		
Does any member have a 401K, pension, annuity or retirement account? If yes, give holder's name, account number, and amount currently in account:		
Does any member have stocks, bonds, or mutual funds? If yes, give broker's name, account number and current value amounts:		
Does any member have an IRA or Keogh account? If yes, give holder's name, account number and amount currently in account:		

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GENE FIELD APARTMENTS RENTAL APPLICATION

Check "Yes" or "No". Answer for all household members: Yes NO

Does any member have personal property for investment? If yes, list item and value: Check "Yes" or "No". Answer for all household members:		
Does any member own any real estate? If yes, list address and value:		
Does any member have a life insurance policy? If yes, is it whole life, universal, or term? If whole or universal, list the cash value of the policy:		
Does any member have cash on hand? If yes, list member and amount:		
Does any member have a safety deposit box? If yes, list member and contents:		
Has any member disposed of any assets for less than fair market value in the last two years? Explain:		

SECTION VIII – SIGNATURES

Applicant represents that all the information and statements provided are true and complete. By execution of the application, I hereby authorize GENE FIELD Apartments or its' agent to make such investigations into my credit, employment, and criminal history as they may deem appropriate, and release all parties, from all liability for any damage that may result from their furnishing information. Applicant agrees and provides this information with the understanding that lessor may, at its' option, report said information to established reporting agencies. Applicant hereby releases lessor from any liability therefrom. This application is preliminary only and does not obligate owner or owner's agent to execute a lease. The applicant hereby waives any claim to damages by reason on non-acceptance. FALSE INFORMATION GIVEN ON THIS AGREEMENT OR RENTAL APPLICATION SHALL BE GROUNDS FOR REJECTION OF APPLICATION, NON-RETURN OF ALL PAYMENTS, AND TERMINATION OF RIGHT OF OCCUPANCY AND LEASE AGREEMENT, AND IT MAY CONSTITUTE CRIMINAL OFFENCE.

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GENE FIELD APARTMENTS RENTAL APPLICATION

I HAVE READ AND UNDERSTAND THE CRITERIA FROM WHICH MY APPLICATION WILL BE APPROVED.

Signature of Applicant Date _____

Signature of Co-Applicant Date _____

Signature of Owner's Representative Date _____

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TENANT RELEASE AND CONSENT

I/We _____, 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, for purposes of verifying information on my/our apartment rental (owner or agent) 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, income, and assets; medical or child care allowances. 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 Tenant.

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	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
	Medical and Child Care Providers	

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

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

STATEMENT OF TRUTH

HOUSEHOLD NAME: _____

I understand it is a criminal offense providing any false statements or misrepresentation and herein constitutes an act of fraud and may result in termination of the lease agreement.

Under penalties of perjury, I certify that the information provided for application, verifications, certifications, and other forms are true and accurate to the best of my knowledge and belief.

Signature of applicant/resident

Date

Signature of applicant/resident

Date

Signature of Owner's Representative

Date

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EXHIBIT M – LIHTC CERTIFICATION OF STUDENT ELIGIBILITY

Property Name: Gene Field Apartments Property Number: 98-209
 Applicant/Resident: _____ Unit Number: _____

DEFINITION OF FULL-TIME STUDENT

For the purpose of this form, a full-time student is defined as one who is, has or will be carrying a full-time subject load or attending an educational institution accredited with a degree or certificate program (including K-12 school age children) during any portion of five months within the current calendar year. Verification of "Full time" status must be verified by the educational institution.

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

To qualify under the Section 42 program rules, any low income tax credit household that is made up of all Full time Students, the household must meet one of the five exemptions (Ref. Section 42(i)(3)(D) and HR3221).

CHECK ONE

- 1) This household is NOT comprised ENTIRELY of full-time students as defined above.
 The qualifying household member is a verified part-time student.
- 2) This household is comprised of ALL full-time students, but the following exemption applies:

ALL members of this household:

- The entire household is composed of a Head of Household who is a single parent with dependent children; the parent is not a dependent and the dependent child(ren) are not listed as dependents (as defined in IRC Section 152) on any other third party tax return, other than a parent of the dependent child(ren) in the household.
- The entire household is composed of individuals who are married that are eligible to file or file a joint tax return.

ANY member of this household:

- A member of this household is receiving assistance under Title IV of the Social Security Act (TANF).
- A member of this household is enrolled in a job-training program receiving assistance under the Job Training Partnership Act/1998 Workforce Investment Act or under other similar Federal, State, or Local government agency funded programs.
- A student member of this household has previously received foster care and placement assistance by the State agency plan under Title IV, part B or E of the Social Security Act (HR3221; effective date 7/30/2008)

NOTE: Any student household exemption marked above must be verified and qualification documented in the property household file for review.

I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered a material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

APPLICANT / RESIDENT	DATE	APPLICANT / RESIDENT	DATE
APPLICANT / RESIDENT	DATE	APPLICANT / RESIDENT	DATE



Verification of Rental History

To (Landlord): _____ Date _____

Re (Tenant): _____

From: Gene Field Apartments 3515 Gene Field Rd St Joseph MO 64506 Phone: 816-368-2014 Fax: 816-390-8348

The above identified person has applied for residency with Worcester Properties, LLC. and has indicated that you now have (or recently had) this person as a tenant at your property located at the following address: _____

As indicated by this person's signature below, the applicant consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the areas below.

Tenant Signature: _____ Date: _____

Please answer the following questions regarding the tenant's rental history:

Move In Date: _____ Move Out Date: _____ Monthly Rent: \$ _____

Lease Completed: Yes No Not Yet Lease Expires On: _____

Was proper notice given? Yes No Not yet Any NSF Checks? _____

Number of Late Payments: _____ Deposit Returned: Yes No Not Yet

Is money currently owed? Yes No If so, how much? _____

Was eviction filing required? Yes No Date: _____ \$Owed: _____

Condition of Apartment upon move out: _____

Other Lease Violations: _____

Additional Comments: _____

Signature: _____ Date: _____

Please fax back to (816)390-8348 or email genefieldmanager@worcester-properties.com

EMPLOYMENT VERIFICATION

TO: (Name & address of employer)

Date: _____

RE: _____ Applicant/Tenant Name _____ Social Security Number _____ Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant _____ Date

The individual named directly above is an applicant/tenant 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.

Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

Gene Field Apartments
3515 Gene Field Road – Office
St Joseph, MO 64506
Phone: 816-368-2014
Fax: 816-390-8348

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title _____

Presently Employed: Yes _____ Date Employed _____ No _____ Last Day of Employment _____

Current Wages Salary: \$ _____ (circle 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: \$ _____ (circle 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 Employer's Printed Name Date

Employer [Company] Name and Address

Phone # Fax # E-mail

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

CHECKING/SAVINGS ACCOUNT VERIFICATION

TO: _____

FROM: Gene Field Apartments
 3515 Gene Field Road
 St. Joseph MO 64506
 Ph: 816-368-2014
 Fax: 816-390-8348

Applicant/Resident Name: _____ Unit #: _____

Social Security Number: _____

The person named above has applied for housing or is currently residing here. This is a Low Income Housing Tax Credit Development and Federal regulations require verification of source and income amount at move in and annually. Please provide the following information and return via fax or mail as soon as possible. Please do not leave any blanks.

I hereby authorize the release without liability of the following information:

 Applicant/Resident Signature

 Date

CHECKING ACCOUNT

Account Number (s)	6 Month Average Balance	Interest Rate	Date Opened

SAVINGS ACCOUNT

Account Number (s)	Current Balance (s)	Interest Rate	Date Opened

Signature: _____ Title: _____
 Telephone: _____ Date: _____

PENALTIES FOR MISUSING THIS CONSENT: 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. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

