

Valley Residential Services

Certification Completion Instructions

When submitting your Certification Packet, please insure that a separate Certification Packet is completed for EACH applicant 18 and over who will reside in the unit and that the following information is completed, including all requested documentation.

Please fill in every blank line on the forms. If not applicable, write, N/A. Do not use white-out on any forms in this packet. Any correction must be made by drawing a line through and initialing the error. Each form must be filled out completely even if you have provided the same information on a previous form. Please provide the following, where required:

- _____ Your full name, social security number, and date of birth, and copy of State ID
- _____ Your daytime and evening telephone numbers where you can be reached,
- _____ List all household members who will be living in the unit,
- _____ If you anticipate any additions to your household in the next twelve (12) months, please explain.
- _____ Current employment history of all employed household members **to include past 8 weeks pay stubs**,
- _____ Employment verification must be provided by your employer via fax or mail,
- _____ Non-Employment form if applicable
- _____ Additional income specifying where the money comes from and how much you receive monthly,
- _____ Provide current documentation from agencies such as: Current year's Social Security Benefit letter (dated no more than 90 days prior to certification), Public Assistance, Unemployment, Child Support, etc.
- _____ Provide name of banking institution and checking/savings/CD's/Bonds/Stocks/other assets with account numbers,
- _____ If you check "no" on the Permanent Fund Dividend Form then you must provide verification of ineligibility or denial. Garnishment of PFD will still count toward household income,
- _____ Other general information requested.

If the forms are incomplete or incorrect when they are submitted, it will slow down the annual certification process and could result in your household being out of compliance with your housing program. This is a violation of your lease and may cause termination of your program and lease.

Failure to provide requested certification information will cause a delay in processing and could negatively affect your application or certification for housing.



Valley Residential Service (VRS)

Tenant Income Questionnaire

Valley Residential Services (VRS) * 1075 Check Street, Suite 102 * Wasilla, AK 99654 * Phone: (907) 357-0256 * Fax: (907) 357-0368
www.valleyres.org

A completed, signed, and dated application is required from each adult in the household (18 years of age or older)

Property Name: _____ Unit #: _____

Household Member Name: _____

Household Member: (Please check one) 1 (Head) 2 3 4 5 6

INCOME INFORMATION:

<input type="checkbox"/> YES <input type="checkbox"/> NO	I have a job or a verifiable start date within the next twelve (12) months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. If yes, name of employer: _____	Monthly gross income: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I am presently employed at an additional job. If yes, name of employer: _____	Monthly gross income: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I am self employed. If yes, name of business: _____	Monthly net income: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I am receiving or I have applied or will apply in the next twelve (12) months. Check all that apply: <input type="checkbox"/> Social Security (SSA) <input type="checkbox"/> Supplemental Social Security (SSI) <input type="checkbox"/> Supplemental Social Security Disability (SSDI)	Monthly gross income: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	The household receives <i>unearned</i> income from family members age 17 or under (examples: Social Security, trust fund disbursements, etc...).	Monthly gross income: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you receive child support? If no and there are children in the household, are you eligible to receive child support or is there a court order for child support? <input type="checkbox"/> YES <input type="checkbox"/> NO Number of court ordered child support cases: _____ Number of Child Support Enforcement cases: _____	Monthly gross income: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I receive alimony/spousal payments.	Monthly gross income: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I receive Public Assistance Income (examples: TANF, APA, ATAP, AFDC).	Monthly gross income: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I receive unemployment, Labor & Industries or disability benefits not including Social Security.	Monthly gross income: _____



<input type="checkbox"/> YES <input type="checkbox"/> NO	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	Monthly gross income:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits. If yes, source of benefit:	Monthly gross income:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (examples: rent, utility bills).	Monthly net income:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I receive income from real or personal property.	Monthly gross income:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I hold a contract for real estate sold.	Monthly gross income:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I receive income from Alaska Senior Care program.	Monthly gross income:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I receive income from Native Dividends. If so, corporation(s):	Monthly gross income:
<input type="checkbox"/> YES <input type="checkbox"/> NO	The household will receive the Alaska Permanent Dividend Fund (PFD). If so, how many people will receive:	Annual gross income:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have income or sources of income, other than those listed above. If yes, list type:	Monthly gross income:

ASSET INFORMATION:

<input type="checkbox"/> YES <input type="checkbox"/> NO	I have a checking account(s). If yes, list bank:	Balance or Value:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have a savings account(s). If yes, list bank:	Balance or Value:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have a Money Market account(s). If yes, list bank:	Balance or Value:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account). If yes, list source(s), bank(s):	Balance or Value:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have a trust fund. <input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable If yes, list bank(s)/trustee:	Balance or Value:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies):	Balance or Value:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have a pension or annuity asset. If yes, list bank(s):	Balance or Value:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I own or am in the process of selling real estate.	Balance or Value:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have sold real estate in the last two (2) years.	Balance or Value:



<input type="checkbox"/> YES <input type="checkbox"/> NO	I have a whole life insurance policy. If yes, list source:	Balance or Value:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I own personal property held strictly for investment purposes (examples: arts, coins, antique/collector cars, etc...).	Balance or Value:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have disposed of assets within the last two (2) years for less than fair-market value.	Balance or Value:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have cash on hand and/or not held in a financial institution.	Balance or Value:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have assets other than those listed above. If yes, list type:	Balance or Value:

Applicant/Tenant Print Name

Date

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my application/certification for Valley Residential Services (VRS) rental housing and may be grounds for denial/termination. I agree further to furnish any additional income or other documentation required by VRS to document my application/tenant file. Additionally, I understand that it is my responsibility to update and contact VRS staff within 120 days of the signature date above to remain on the waitlist. If there is no response within this timeframe, my application will expire and will no longer remain on the waitlist.



HOUSEHOLD STUDENT STATUS VERIFICATION

Applicant/Tenant Name: _____

Address: _____

Completed For: (check one)

_____ Move-in; effective date: _____

_____ Annual Recertification; effective date: _____

Will **all** of the persons in your household be, or have been, full-time students during five calendar months of the certification year? _____ Yes _____ No

If YES, please answer the following:

Is anyone in your household:

- A full-time student, married, and filing a joint tax return? _____ Yes _____ No
- A full-time student enrolled in a job training program under the Job Training Partnership Act (federal, state, or local)? _____ Yes _____ No
- A full-time student and Title IV/TANF recipient? _____ Yes _____ No
- A full-time student and single parent living with his/her minor child who is not dependent of another individual other than a parent? _____ Yes _____ No

Signature of Tenant

Date

Signature of Co-Tenant

Date

Valley Resident Services

Date



UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete the following:

1. Choose one:

I/we do not have any assets at this time. (If this box is checked, draw a line through the asset information below, place a zero in #3, sign and date)

OR

My/our assets include:

(Please complete fully. Put a zero in any blank line that does not apply)

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)	\$ _____	_____	\$ _____	
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:	\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	Personal property held as an investment** :	\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	Other (list):	\$ _____	_____	\$ _____	_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc. **Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Choose one:

Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____*the difference between FMV and the amount received, for each asset on which this occurred).

I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

3. Please complete: The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our 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.

Applicant/Tenant

Date

Applicant/Tenant

Date



ASSET VERIFICATION FORM

VRS is a non-profit organization specializing in housing for Low Income and HUD Subsidized housing. Applicants are not charged by VRS for application or income verifications.

Bank/Financial Institution _____

Applicant/Tenant _____ Social Security #: _____ - _____ - _____

I, _____, (printed name) hereby grant you permission to disclose the amount of my benefits to Valley Residential Services.

Signature

Date

Please ONLY write in the account numbers below.

I. Checking Accounts: (write N/A if no interest)

Account#	Current Balance	Average 6 month balance	Interest Rate
# _____	\$ _____	\$ _____	\$ _____
# _____	\$ _____	\$ _____	\$ _____

II. Savings Accounts: (write N/A if no interest)

Account#	Current Balance	Average 6 month balance	Interest Rate
# _____	\$ _____	\$ _____	\$ _____
# _____	\$ _____	\$ _____	\$ _____

III. Bonds/CD's/Other Securities: If applicable, describe asset amount and income projected for next 12 months.

Type of Asset	Current Balance	Average 6 month balance	Interest Rate
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Signature of Bank Representative

Title

Date

Return this form to:
Valley Residential Services
1075 Check St. Suite 102
Wasilla, AK 99654
Phone: 907-357-0256
Fax: 907-357-0368



Verification of Deposit Housing Assistance Agencies



For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Requests To.....1-844-879-0412
Online Instructions.....www.wellsfargo.com/biz/vod
Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

V A L L E Y R E S I D E T I A L S E R V I C E S

Company Name

A N G I E B O A R D M A N

Attention

1 0 7 5 S C H E C K S T R E E T S T E 1 0 2

Street Address

W A S I L L A A K 9 9 6 5 4

City

State

Zip

A N G I E @ V A L L E Y R E S . O R G

Requester Email (optional)

9 0 7 - 3 5 7 - 0 2 5 6

Requester Phone Number

9 0 7 - 3 5 7 - 0 3 6 8

Return Fax Number

SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer One Social Security Number

Customer One Social Security Number

Customer One Social Security Number

Account Number(s) (Required)

Account Number(s) (Required)

Account Number(s) (Required)

Account Number(s) (Required)

Account Number(s) (Required)

Account Number(s) (Required)

Month / Day / 20 Year

Month

Day

Year

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date

Signature of Account Holder

Date

ALASKA PERMANENT FUND DIVIDEND CERTIFICATION

The Alaska Permanent Fund Dividend is available to Alaska Residents who have been a resident of the State for at least 1 calendar year (January 1st - December 31st). An Alaska Resident is defined as an individual who is physically present in the State with the intent to remain in the State indefinitely and to make a home in the State.

SECTION: I

Please complete the following information: List all members that will be living in this household & provide date of birth, social security #, eligible or not eligible to receive PFD and date of AK. residency for each household member.

Print Name of Household Member	Date of Birth	Social Security Number	Eligible and / or received PFD Yes or No	Date of Alaska Residency
1				
2				
3				
4				
5				
6				
7				
8				

If all household members listed above were Eligible, & you answered "YES", received the PFD then you have completed this statement. Please sign & date in section III below.

If any household members listed above were Ineligible & you answered "NO", did not receive the PFD, please write the household member line number listed above, under appropriate reason in Section II below.

Section: II

	Did not meet Alaska residency requirement of 1-year and will not meet the requirement before they are issued again.
	Did not meet Alaska residency requirement of 1-year but will meet the requirement before they are issued again.
	Alaska State Eligible Resident & applied but, my/our application was received by PFD office after deadline date.
	Garnishment by IRS, State, Civil lawsuit, lien, child support or other.
	Other, Explain:

All Household members that answered "NO", to receiving the PFD may be required to provide additional documentation as proof of non-receipt.

Section: III

I/We certify that the above information is true and correct. Under penalty of perjury, I certify the above representations to be true and accurate to the best of my knowledge.

Applicant/Tenant Signature: _____ Date: _____

Co-Applicant/Tenant Signature: _____ Date: _____



Child Support Certification

Unit Number: _____

Applicant / Resident Name: _____

PLEASE CHECK ALL THAT APPLY:

I AM entitled to receive child support and I am currently receiving support. (Attach verification of collection)

I AM entitled to receive child support; however, I am not currently receiving support AND: (check one of the following)

I am ACTIVELY in the process of seeking monies for child support through the child support enforcement agency or other legal channels. I am pursuing support for the following child/children:

(Attach verification of collection attempts)

I am NOT ACTIVELY in the process of seeking any monies for child support through legal channels for the following child/children:

(Attach copy of child support order)

I certify that I am NOT entitled to receive child support pursuant to any court order or other agreement for the following child/children:

I do not receive support from the non-custodial parent.

Although child support has not been ordered at this time I “anticipate” receiving such an order in the next twelve (12) months in the amount of _____ per month starting _____

Child support is not an issue for this household as both parents reside in the home.

I understand it is my responsibility to notify the landlord “immediately” of any changes to the status of child support. This certification is made as part of the qualification procedure to determine eligibility for residency in a housing development with income restrictions.

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.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer)

Date: _____
Fax #: _____

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.

MAIL OR FAX THIS FORM TO:

Valley Residential Services
1075 S Check St. Suite 102
907-357-0256 - phone
907-357-0368 - fax

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First 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 ___/___/___ through ___/___/___

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 _____

Included in the year-to-date figure above? Yes No

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

Does the employee participate in a 401 (k) retirement account? Yes No Can the employee access the funds? Yes No

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.



NON-EMPLOYED STATUS CERTIFICATION

Apartment Number: _____

Applicant / Resident Name: _____

I confirm that:

- I am not currently employed in any capacity.
- I have no intention of becoming employed in the next 12 months.
- I do not receive unemployment compensation or other benefits as a result of my non-employment status.
- I am not under any other obligation to obtain employment.
- The reason I am not seeking employment is: _____

- I am not presently employed but I anticipate becoming employed in the next 12 months.
- Based on my educational background, prior experience and career training, I anticipate starting employment as a _____.
- I anticipate earning \$ _____ per hour working _____ hours per week.
- I anticipate starting employment on _____.

This information is supported by the attached documentation:

- _____ Previous year's tax returns
- _____ Previous job and salary history
- _____ Written confirmation from a new employer
- _____ Three current employment advertisements showing average compensation
- _____ Other _____

I understand that this certification and supporting documentation is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease and subjects me to immediate eviction.

Under penalty of perjury, I certify the above representations to be true and accurate to the best of my knowledge.

Applicant / Resident

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Your signature on this form authorizes Valley Residential Services (VRS) to obtain information on your income, financial position and personal history to determine your eligibility for rental housing. This authorization and the information obtained may be given to any Federal, State, or local program that is enforcing applicable housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska's Permanent Fund Dividend (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, law enforcement agencies, school authorities, the Social Security Administration, and unearned income sources. Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last 5 years.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for rental housing with Valley Residential Services (VRS).

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that Valley Residential Services (VRS) may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to disprove any information that may be incorrect.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with Valley Residential Services (VRS) and will stay in effect fifteen (15) months from the date signed. I understand that I have a right to review my file and correct any information that may be incorrect.

Applicant/Resident Name (Please print)

Date

Applicant/Resident Signature

Date

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felon for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 the verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 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 42 U.S.C. 208a (6), (7), and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7), and (8).



Race and Ethnicity Data Form

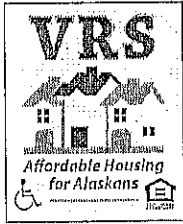
HOUSEHOLD COMPOSITION							
Mbr #	First Name	Last Name	Head	Spouse	Other Adult	Child	Other
1							
2							
3							
4							
5							
6							
7							

Race	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
White							
Black or African American							
American Indian or Alaskan Native							
Asian							
Native Hawaiian or Other Pacific Islander							
Choose Not to Disclose							

Ethnicity	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino							
Not Hispanic or Latino							
Choose Not to Disclose							

Head of Household Signature

Date



Valley Residential Services (VRS)

Valley Residential Services (VRS) * 1075 Check Street, Suite 102 * Wasilla, AK 99654 * Phone: (907) 357-0256 * Fax: (907) 357-0368

APPLICANT INFORMATION

Last Name:	First Name:	M.I.	Date of Birth:
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I, _____, have given written authorization to run a rental history report and authorized **Valley Residential Services Inc.**, to use this information.

I, _____, hereby give my permission to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former tenancy, as well as the other information listed above. I also give my permission to communicate with my current employer(s) and/or supervisor(s) for the purpose of verifying the employment information listed above. I am aware that a credit history, eviction search and criminal background check may be done in conjunction with my application.

