

Imperial Management Inc.
PO Box 183
Attica, IN 47918
(765)764-4040

THANK YOU FOR YOUR INTEREST IN OUR AFFORDABLE APARTMENTS!!!

We are Equal Opportunity Housing Projects

We offer units in the following communities, Attica, Covington, Williamsport and West Lebanon. Some complexes are designated Elderly/Disabled projects and some complexes offer affordable housing to any ELIGIBLE individual/family. All projects are income based units so it is very important that you provide us with accurate proper income documentation.

All projects are total electric and very affordable. Affordable washers and dryers are available on site for the use of our residents.

The attached application will apply to any of the complexes so please make sure and designate which project you are interested in living.

1. Make sure and complete application fully and correctly. List names and ages of all persons that will be occupying the unit.
2. Provide name, address and phone number of your present and past landlords, for the past three years.
3. Provide all income verification, copy of last pay stub, Social Security Award Letter, support docket, copies of bank statements, etc. Provide name, address and phone number of your employer. **INCOME MUST BE VERIFIED FOR ALL ADULTS LIVING IN THE UNIT.**
4. A Credit Bureau/background check will be required on all adult applicants. There is a \$20 Credit Bureau fee for each adult. Please include a money order or cashier's check for the correct amount. If you have questions regarding our requirements please feel free to call us.
5. Our units are income based apartments. A deposit is required. Rent is determined by your adjusted gross income, so if you would like to discuss please contact our office at 765-764-4040 between the hours of 9am to Noon and from 1 PM to 4 PM or Mail your application to Imperial Management Co. PO Box 183, Attica, Indiana 47918

We will contact you within **TWO WORKING DAYS** after receipt of a complete application.



This institution is an equal housing provider and employer





Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998

December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



This institution is an
equal opportunity
provider and employer

Imperial Management
PO Box 183
114 Edgewood Dr.
Attica, IN 47918
765-764-4040
765-762-8124 (fax)

FOR OFFICE USE:	
DATE REC'D:	_____
TIME REC'D:	_____
References:	_____
_____	_____
_____	_____
_____	_____

An Application fee of \$20.00 per adult household member
Will be due at the time the application is returned.
Note: Applicants must be 18 or over and have the legal capacity to sign a lease.

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Landlord and is subject to verification by Landlord. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, terminate any lease. Landlord's gathering of information from and about prospective tenants is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community. Additionally, the information provided is subject to verification by the Rural Development Agency of the United States Department of Agriculture.

(Please Print)

Applicant's Full Name: _____ Date of Application: _____
Apt. Community Desired: _____ Desired Move-In Date: _____
Type and Size of Apartment Desired: _____

PRESENT RESIDENCE:

Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____
Reason for Moving: _____ Landlord Name: _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Landlord Telephone: _____ Comments: _____

PREVIOUS RESIDENCE #1:

Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____
Reason for Moving: _____ Landlord Name: _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Landlord Telephone: _____ Comments: _____

PREVIOUS RESIDENCE #2:

Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____
Reason for Moving: _____ Landlord Name: _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Landlord Telephone: _____ Comments: _____

HOUSEHOLD COMPOSITION:

NAMES OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	PLACE OF BIRTH	DATE OF BIRTH	FULL-TIME STUDENT
	HEAD				

Do you expect any additions to the household within the next twelve months? Yes: _____ No: _____

DISABILITY STATUS:

- 1. Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes: _____ No: _____
- 2. Would you like to be placed on a priority waiting list for a handicap-accessible unit? Yes: _____ No: _____
- 3. Do you require any accommodation for any disability? Yes: _____ No: _____
- 4. If you are disabled, do you require any modifications to the unit for any disability? Yes: _____ No: _____
If so, please list the specific modifications needed: _____

- 5. Do you have any handicap assistance expenses you incur due to disability? Yes: _____ No: _____

STUDENT STATUS:

Are you or anyone in your household currently a full-time student or planning to be one within the next 12 months?
Yes _____ No _____ If yes, please explain: _____

GENERAL INFORMATION:

Have you, your spouse, or any other proposed occupant ever:

- 1. Filed for bankruptcy? Yes: _____ No: _____
- 2. Been evicted from any residence? Yes: _____ No: _____
- 3. Willfully or intentionally refused to pay rent? Yes: _____ No: _____
- 4. Been arrested and charged with any misdemeanor or felony? Yes: _____ No: _____
If yes, please explain: _____
- 5. Been arrested for possession, sale or delivery of any illegal or controlled substance? Yes: _____ No: _____
If yes, please explain: _____
- 6. Been required to register as a sex offender? Yes: _____ No: _____
- 7. Are you currently living in subsidized housing? Yes: _____ No: _____
- 8. Have you or any other proposed occupant ever, while living in a subsidized community, had tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? Yes: _____ No: _____
- 9. Do you have pay any childcare expenses in order to be gainfully employed or to further your education? Please provide contact information of childcare provider: Yes: _____ No: _____
Name: _____
Address: _____
Phone: _____
- 10. Do you have any pets? Yes: _____ No: _____
If yes, please describe (include breed and weight): _____
- 11. Do you own a waterbed? Yes: _____ No: _____
If yes, what size: _____
- 12. How did you hear about our apartment community: _____

VEHICLES: List any cars, trucks, or other vehicles owned.

Type of Vehicle _____ Yr./Make: _____ Color: _____
License Plate #: _____ Monthly Payment: _____ Loan Payable To: _____

REFERENCES:

Local Credit Reference: _____ Account #: _____ Type of Acct _____
Bank/Credit Union: _____ Account #: _____ Type of Account _____
Personal Reference: _____ Relationship: _____ Telephone: _____
Personal Reference: _____ Relationship: _____ Telephone: _____

EMERGENCY CONTACT (Please provide information for two people not planning to occupy the Premises whom we may contact in the event of an emergency, or to locate you:

Name: _____ Relationship: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____ Relationship: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____

INCOME:

RURAL DEVELOPMENT, USDA and Section 42 of the Internal Revenue Codes regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in this RURAL DEVELOPMENT, USDA property must complete this disclosure form by filling in the requested information and certifying this form. This form must be completed in its entirety. Please provide the mailing address and phone number for each of these sources in the area provided. Should you need assistance completing this form, feel free to ask your Resident Manager for assistance, he/she would be more than happy to help.

To determine your eligibility to occupy a unit in this project, we need the total amounts of all income sources earned by your household. You must list any income in which you and your household members receive. (You must place a "0" in each column describing each source from which no income is received)

INCOME SOURCES	HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY GROSS AMT. RECEIVED (A "0" must be marked in each column in which you do not receive income from that source.)	PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM (Please Provide)
Salary / Wages / Employment Tips / Bonuses			
Self Employment / Unearned Income Workers Compensation			
Social Security Benefits			
SSI			
Disability Pension / Death Benefits			
Pension / Retirement Funds			
Welfare			
AFDC / TANF			
Rental Income			
Child Support / Unearned income from a family member under 17 years of age			
Alimony			
Military Payments / GI Bill / VA			
Unemployment			
Net Farm/Business Income			
Payment Rec'd on Real Est. / Rental Income or Income from a Contract sale of Real Estate			
Interest on Check/Savings Acct.			
Interest on Bonds/CD's			
Investment Dividends			
Stock Dividends / Annuities / Trusts			
Recurring gifts/monetary or not			
Other			

Do you anticipate any changes in income during the next 12 months? Yes _____ No _____
 Explanation: _____

CHILD SUPPORT:

We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather received directly from payor

Are you or any member of your household *entitled* to receive child support payments? Yes _____ No _____

If *yes*, are you *currently* receiving any child support payments? Yes _____ No _____

If *yes*, are your child support payments court ordered? Yes _____ No _____

If money is not actually received, are you taking legal action to remedy? Yes _____ No _____

Explanation: _____

ASSETS: (You must place a "0" in each column describing each source from which no income is received)

Type of Assets	Value	Account #	Organization Name, Phone & Address	FOR OFFICE USE ONLY
Checking Accounts				
Checking Accounts				
Savings Accounts				
Savings Accounts				
Cash on Hand/At Home				
Trust Accounts/Revocable or Irrevocable				
CD's				
C D's				
Credit Union				
IRA's/Pensions/401K/Mutual funds				
Stocks/Bonds/Money Mkt.				
Whole Life				
Money in a safety deposit box				
Savings bonds				
Personal property held as an investment				
Other (Describe)				

REAL ESTATE:

Do you own any property? Yes _____ No _____
 If yes, type of property: _____ Location _____
 Appraise Market Value: \$ _____

Do you have any land contracts? Yes _____ No _____
 If yes, type of property: _____ Location _____
 Terms of Contract: _____

Do you receive any rent from your property? Yes _____ No _____
 If yes, type of property: _____ Location _____
 Amount received per month: \$ _____

ASSETS DISPOSED OF: Applicants/residents must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification/recertification. This includes but is not limited to assets or money given away or sold for less than their true value if offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above? Yes _____ No _____
 If yes, did you dispose of any assets for less than fair market value? Yes _____ No _____

Please list assets disposed of:

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED OF

MEDICAL:

Do you qualify for housing as an elderly household as described by RD?

Yes _____ No _____

If you answered yes to the above questions, please complete the boxes below regarding the medical expenses your household anticipates incurring in the next 12 months.

Medicaid	Yes/No	Monthly Spenddown		
Medicare Premiums	Yes/No	Monthly Amount		
Medicare Premiums	Yes/No	Monthly Amount		
Do You Have a Live-In Resident-Assistant	Yes/No	Cost Per Month	Name, Phone Number & Address of Resident Assistant	
Do You Pay For Your Spouses Nursing Home Care	Yes/No	Cost Per Month	Name Phone Number & Address of Nursing Home	
Medical Insurance	Yes/No	Monthly Premium	Annual Deductible Amt.	Carrier Name, Phone Number and Address
Outstanding Medical/Dental Balance Due Not Covered By Insurance	Yes/No	Monthly Payment	Balance Due	Name, Phone Number & Address of Organization
Outstanding Medical/Dental Balance Due Not Covered By Insurance	Yes/No	Monthly Payment	Balance Due	Name, Phone Number & Address of Organization
Do You Pay for Your Prescriptions?	Yes/No	Monthly Amount	Name & Address of Pharmacy #1	Name, Phone Number & Address of Pharmacy #2
Do You Have Regular Physicians Visits not Covered By Insurance	Yes/No	Cost Per Visit	# Visits Per Year	Name, Phone Number & Address of Physician
Do You Have Regular Physicians Visits not Covered By Insurance	Yes/No	Cost Per Visit	# Visits Per Year	Name, Phone Number & Address of Physician

Please list any other medical expenses you anticipated incurring during the next twelve months: list type of expenses such as glasses, hearing aid batteries, mileage to physicians' office, dental and eye exams, and non-prescriptive medications you need to take.

Type	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

CONSENT FOR RELEASE OF INFORMATION

Your signature on this form authorizes Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex in which you reside/have applied. Any individual or organization may be asked to release information.

Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income
Self-Employment Income	Disability Income
Pension Income	Other Sources of Income
Assets of Any Kind	Medical/Pharmaceutical Expenses
Family Composition	Childcare Expenses
Federal, State, Tribal, and Local	Handicap Apparatus Expenses
Benefits	Other Qualifying Expenses
Student Status	Landlord References
Credit References	Personal References
Prescriptions	Criminal History

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

Please Complete This Section:

I understand that failure to consent to the release of this information will render me ineligible for housing complex at which I have applied. I give my permission for Landlord, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to Landlord.

Applicant Information:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security # _____ Birthdate: _____

Driver's License # _____ State Issued: _____

Signature: _____ Date: _____

Co-Applicant Information:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security # _____ Birthdate: _____

Driver's License # _____ State Issued: _____

Signature: _____ Date: _____



220 Gerry Drive
Wood Dale, IL 60191

Tel: 866.389.4042

Fax: 866.389.4043

www.screeningreports.com

RELEASE OF INFORMATION

COMMUNITY YOU ARE APPLYING FOR:

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on my application. I have personally filled in and/or reviewed and approved all information listed on my application and hereby affirm that it is true, correct and complete. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. My signature below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

ARBITRATION AGREEMENT ("AGREEMENT")

I agree to arbitrate all disputes and claims arising out of or relating to actions taken by SRI or its agents and assigns in acquiring and reporting information relating to my application. Before I seek arbitration, I will first provide written Notice of Claim or Dispute ("Notice") to SRI, 220 Gerry Dr., Wood Dale, IL 60191 ("Notice Address"). The Notice must: (a) describe the nature and basis of my claim or dispute; and (b) include all supporting documentation to substantiate the basis for my claim or dispute. If I do not reach an agreement with SRI to resolve the claim or dispute within 30 days after the Notice is received, I may commence an arbitration proceeding.

To the fullest extent permitted by applicable law, no arbitration under this Agreement shall be joined to an arbitration involving any other party subject to this Agreement, whether through class arbitration proceedings or otherwise. I may bring claims against SRI in my individual capacity only, and not as a plaintiff or class member in any purported class or representative proceeding.

The arbitration shall be governed by the Commercial Dispute Resolution Procedures and the Supplementary Procedures for Consumer Related Disputes of the American Arbitration Association ("AAA"), as modified by this Agreement, and shall be administered by the AAA. The AAA rules are available at www.adr.org or by writing to the Notice Address.

PRIVACY POLICY

Your privacy is very important to us. Accordingly, we have developed this Policy in order for you to understand how we collect, use, communicate, disclose and make use of personal information. The following outlines our privacy policy.

- Before or at the time of collecting personal information, we will identify the purposes for which information is being collected.
- We will collect and use personal information solely with the objective of fulfilling those purposes specified by us and for other compatible purposes, unless we obtain the consent of the individual concerned or as required by law.
- We will collect personal information by lawful and fair means and, where appropriate, with the knowledge or consent of the individual concerned.
- Personal data should be relevant to the purposes for which it is to be used, and, to the extent necessary for those purposes, should be accurate, complete, and up-to-date.
- We will protect personal information by reasonable security safeguards against loss or theft, as well as unauthorized access, disclosure, copying, use or modification.
- We will make readily available to customers information about our policies and practices relating to the management of personal information.
- We are committed to conducting our business in accordance with these principles in order to ensure that the confidentiality of personal information is protected and maintained.

Applicant Name

XXX - XX - _____
Social Security #

Date of Birth

Applicant Signature

Today's Date

Applicant Name

XXX - XX - _____
Social Security #

Date of Birth

Applicant Signature

Today's Date

Applicant Name

XXX - XX - _____
Social Security #

Date of Birth

Applicant Signature

Today's Date