



**RENTAL APPLICATION  
SECTION 8 – Senior Housing  
Randolph Place Apartments  
300 S. Randolph Street  
Richmond, VA 23220**



**Telephone: 804-354-9455 Fax: 804-354-9459 fax**

APPLICATION No.: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

***Randolph Place Apartments-*** *This community does not discriminate based on race, color, creed, religion, sex, national origin, ancestry, age, elderliness, handicap, or disability of any person, familial status, the use of a guide or support animal because of the physical handicap of the user or because the user is a handler or trainer of support or guide animals or because of the handicap or disability of an individual with whom the person is known to have a relationship or association.*

***Randolph Place Apartments*** - *strictly adheres to these anti-discrimination laws and the Owner agrees that this property will be listed, shown, leased and managed in accordance with these laws.*

**INSTRUCTIONS FOR HEAD OF HOUSEHOLD:**

1. Please do the following while completing this application:
  - Complete all sections in ink (please print)
  - Please do not leave any section blank (including sections that do not apply to you)
    - ❖ If a section asks for information you do not have currently available, you may write “N/A” for (not applicable or not available).
  - When making corrections:
    - ❖ Put one line through incorrect information
    - ❖ Write the correct information
    - ❖ Initial the change
2. As Head of Household, you will complete this Rental Application form on behalf of your entire household. However, each additional adult household member 18 years of age and older who is expected to live in the apartment must sign this Rental Application.
3. False, incomplete or misleading information will cause your household’s application to be declined
4. As long as your active application is on file with us, it is your responsibility to contact us whenever your address, telephone number, or income situation changes, and whenever you need to add a person to your application or remove a person from your application.

**Application Processing**

1. All applications will be processed in accordance with the procedures outlined in the Community Resident Selection Criteria. A copy of the Resident Selection Criteria is available upon request; otherwise a copy is available for viewing in the management office.
2. A preliminary determination of your household’s eligibility will be established, after your application is accepted. If your household meets the preliminary eligibility requirements, your application will be placed on our Community Waiting List. However, this does not guarantee that your household will be offered an apartment.

3. In the event you fail to respond to an application update request within the specific time frame, your application will be removed from the Community Waiting List, and determined inactive. The reactivation of applications may be granted if the household meets the exceptions outlined in the Community Resident Selection Criteria.
  
4. When management anticipates an expected vacancy, applicants with active applications on file will be contacted in order of date and time for an in person eligibility interview. All adult members of your household 18 years of age and older are required to attend the eligibility interview. In the event your household does not meet the final eligibility requirements, your application will be declined.

**CONTACT INFORMATION (Current):**

First Name (Head of Household)	Last Name (Head of Household)	M.I.	Home Phone Phone No.	Cell Phone Phone No.	Work/Message Phone No.
Current Street Address:			City	State	Zip Code
First Name (Co-Head)	Last Name (Co-Head)	M.I.	Home Phone Phone No.	Cell Phone Phone No.	Work/Message Phone No.
Current Street Address			City	State	Zip Code

**HOUSEHOLD COMPOSITION:**

List all persons, including yourself, and who you are expected to reside in the unit. NOTE: The number to left indicates the “Family Member Number” and is the number requested in the remaining sections of this Application.

Full Name	Relationship	Elderly/ Disabled*	Sex (M/F)	Age	Birth date	Social Security No.	Occupation	Student Status	
								Full/Part Time	Yes No
1.	Head of Household				/ /				
2.									
3.									
4.									
5.									
6.									

Enter “E” for Elderly or “D” for Disabled.

**Household Composition Cont.**

*The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants & Residents. You are not required to answer the questions below, nor does your answer affect your position on our waiting list or your eligibility for housing. At this time we are requesting this information for the Head of Household only. However, at the time of the eligibility interview (if app.) this information will be requested for each household member.*

<b>Ethnic Categories (Head of Household only)</b>	<b>Select one</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories</b>	<b>Select all that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*HUD Handbook 4350.3, Chapter 3, Paragraph 3-12 B.2. provides that, “All applicants for assistance must be given notice of the requirements to submit evidence of citizenship or eligible immigration status at the time of application”. Paragraph 3-12. G.1. also provides that, “Owners must give each applicant, at the time of application, notification of the requirement either to submit evidence of citizenship or eligible immigration status or to choose not to claim eligible status.”*

- Is any member of your household a member of the Armed Forces or Reserves?  Yes;  No
- Is any member of your household in the process of enlisting into the Armed Forces or Reserves?  Yes;  No
- Is there anyone not listed on your rental application living, in your unit or residing in your Household on a temporary basis  Yes;  No
- If not, do you expect anyone to move-in on a regular or temporary basis in the future?  Yes;  No

**PROGRAM ELIGIBILITY:**

- Does any member of your household currently live in Federally Assisted Housing?  Yes;  No
  - If yes, is the member and/or your household receiving subsidy assistance?  Yes;  No
- If yes, what is your current rent portion \$\_\_\_\_\_, and what is the Effective date of your most recent Annual Recertification\_\_\_\_\_.
- Were you 62 years or older as of January 10, 2010?  Yes;  No
    - Were you receiving HUD rental assistance at another location on January 31, 2010?  Yes;  No

**UNIT SIZE REQUESTED:**

• Unit Size Requested: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Why are you requesting this unit size:

\_\_\_\_\_

- Are there any special accommodations that the household will require (e.g., unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars, etc.):

\_\_\_\_\_

\_\_\_\_\_

- Will any of the above household members live anywhere except in the apartment? \_\_\_\_\_

If yes, where and why? (provide address): \_\_\_\_\_

\_\_\_\_\_

- Are there any other persons who will live in the apartment on a less than full-time basis? \_\_\_\_\_

If yes, where and why? (provide address):

\_\_\_\_\_

**WAITING LIST PRIORITY:**

- Does your household meet any of the following owner adopted preferences:
  - *No owner preference applicable at this community*

- *Is your household displaced?*      [ ] Yes; [ ] No

**Displaced Family**      A family in which each member, or whose sole member, is a person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws. [24 CFR 5.403]

**Displaced Person**      A person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. [24 CFR 5.403]

**MISCELLANEOUS:**

- Do you own a pet?    Cat \_\_\_\_\_    Dog \_\_\_\_\_    Other \_\_\_\_\_      [ ] Yes; [ ] No

If this property has a NO PETS Policy, would you be willing to give up your pet(s) in order to reside here?

- How did you hear about our apartment community?

[ ] newspaper;    [ ] apartment guide; [ ] friend/family;    [ ] billboard;

[ ] other – specify \_\_\_\_\_

**EMERGENCY CONTACT:**

Name	Relationship	Address	Phone Number
1.			
2.			

**IMMIGRATION STATUS:**

Family Member Status	Family Member's Name	Status
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____
		<input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____

**STUDENT STATUS:**

**Under Section 8 of the U.S. Housing Act of 1937, a student enrolled in an Institute of Higher Education as defined by the Higher Education Act of 1965- Amended 1988 will be deemed eligible for assistance if the student meets all other eligibility requirements, passes screening criteria and is:**

- Living with parents/guardian in a Section 8 unit*
- 24 years of age or older*
- A veteran of the U.S. Military*
- Married*
- Has a dependent child*
- A student with disability who was already receiving Section 8 assistance on Nov. 30, 2005*
- Can prove independence of parents (must have established a household separate from parents or legal guardians for at least one year prior to application for occupancy including providing certification that the parents did not claim the student on the most recent tax return or* **Yes          No**
- Has parents who are income eligible for the Section 8 program.*

**Answer questions below for all adult household members, 18 years of age and older.**

1. How long have you and/or any other adult household member established a household separate from your/their parents or legal guardian? \_\_\_\_\_
2. Are you or any other adult household member a Full-time or Part-time student? \_\_\_\_\_
3. Are you or any other adult household member currently a student of an institution of higher education? \_\_\_\_\_
4. Are you or any other adult household member under the age of 24? \_\_\_\_\_
5. Are you or any other adult household member a veteran? \_\_\_\_\_
6. Are you or any other adult household member married? \_\_\_\_\_
7. Do you or any other household member have a depended child(ren)? \_\_\_\_\_
8. Is one or both of your parents, or any other adult household member’s parent(s) currently receiving Section 8 assistance? \_\_\_\_\_
9. Are you or any other adult household member claimed as a dependent by your/their parents or legal guardian pursuant to IRS regulations? \_\_\_\_\_
10. Please provide the name and address of the educational institution or agency that can confirm your current student status:

Educational Institution: \_\_\_\_\_

Name	Address (Street, City, State, Zip)	Phone
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1. Mother’s Name/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Father’s Name/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**RENTAL HISTORY:**

List Landlord/Rental History for the past two (2) years. History must include all places where you and/or any adult (18 years of age or older) household members lives, lived, and places where you, and/or other adult household members did not appear on the lease. Also include places where you or other adult household members used a different name.

NOTE: Use Family Member Numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Current/Previous Landlord & Landlord's Address	Families Previous Address/Addresses	Phone Number	Monthly Rental Payment	Reason for leaving (relocation/ eviction, etc.)	Dates of Residency	
						From:	To:
		Street, City, State, Zip		\$		From:	To:
		Street, City, State, Zip		\$		From:	To:
		Street, City, State, Zip		\$		From:	To:
		Street, City, State, Zip		\$		From:	To:
		Street, City, State, Zip		\$		From:	To:
		Street, City, State, Zip		\$		From:	To:

- If any household member has used a different name during residency of a current or prior landlord, list names  
Used

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**OUT-OF-STATE RENTAL HISTORY:**

List all out-of-state landlords and addresses where you, and/or any other adult (18 years of age or older) household members have resided, or currently reside (lives), and places where you and/or other adult household members did not appear on the lease. Also include places where you or other adult household members used a different name.

NOTE: Use Family Member Numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Current/Previous Landlord & Landlord's Address	Families Previous Address/Addresses	Phone Number	Monthly Rental Payment	Reason for leaving (relocation/eviction, etc.)	Dates of Residency	
						From:	To:
		Street, City, State, Zip		\$		From:	To:
		Street, City, State, Zip		\$		From:	To:
		Street, City, State, Zip		\$		From:	To:

- If any household member has used a different name during residency of a current or prior landlord, list names Used

**INCOME:**

EMPLOYMENT ONLY. List all full-time, part-time and/or seasonal employment for ALL household members including self-employed earnings. If you have income from "Other Sources," see next section of Rental Application.

Family Member Number	Place of Employment	Employment Address	Employer's Telephone	Supervisor	Annual Income (Yearly Total)



**INCOME FROM OTHER SOURCES:** List ALL income from sources other than employment for ALL household members. This includes but is not limited to Public Assistance, Social Security, SSI Disability Compensation, Alimony, Child Support, Educational Grants or Scholarships, etc.

<b>Family Member Number</b>	<b>Source of Income</b>	<b>Address of Source of Income/Contact Person And Telephone Number</b>	<b>Estimate of Annual Income (Yearly Total)</b>

***CHECKING ACCOUNTS:***

<b>Family Member Number</b>	<b>Account Number</b>	<b>Bank Name</b>	<b>Bank Address</b>	<b>Avg. 6 Mo. Balance</b>	<b>Current Rate of Interest</b>

***CASH ON HAND:***

	<b>Current Amount of Cash on hand</b>
Please indicate amount of cash your household currently has on hand:	\$ _____

*SAVINGS ACCOUNTS:*

<b>Family Member Number</b>	<b>Account Number</b>	<b>Bank Name</b>	<b>Bank Address</b>	<b>Current Balance</b>	<b>Current Rate of Interest</b>

*STOCKS, BONDS, CREDIT UNION SHARES, C.D.'S, LIFE INSURANCE POLICIES SURRENDER VALUES, ETC.*

<b>Family Member Number</b>	<b>Description of Asset/Account Number (i.e., C.D. - #004561020)</b>	<b>Current Value of Asset</b>	<b>Annual Income From Asset</b>

• **NOTE:** If more space is needed, please list on separate sheet of paper and attach to this application.

**ASSETS CONTINUED:**

Do you have any life insurance policies that have a surrender value?     Yes;  No

If so, what is the total surrender value of the policies? \$ \_\_\_\_\_

**REAL ESTATE:**

Do you now own Real Estate? [ ] Yes; [ ] No

If yes, are you receiving any income from this property? [ ] Yes; [ ] No

If yes, complete the following:

<u>Location of Property (ies)</u> _____	<u>Annual Income From</u> <u>Property (ies)</u> _____
_____	_____
_____	_____

Have you or any member of your household sold or given away any real estate property  
Or other assets in the past two (2) years? [ ] Yes; [ ] No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**AUTOMOBILES AND OTHER VEHICLES:**

List all motor vehicles, including motorcycles, owned by or registered to household members.

<b>Family Member Number</b>	<b>Make and Model Number</b>	<b>Year</b>	<b>License Tag Number</b>	<b>State</b>	<b>Color of Vehicle</b>

**MEDICAL EXPENSES:**

**NOTE:** Medical expenses only apply to households where the head of household, spouse or co-head is 62 years of age or older, or handicapped, or disabled.

List all applicable medical expenses, including outstanding insurance premiums, prescriptions, co-payments, dental cost (not covered by insurance), payments to a provider for disabled adult care cost, etc. (If more space is needed, please list on separate sheet and attach to this application)

<b>Family Member Number</b>	<b>Description of Expense</b>	<b>Paid To</b>	<b>Address</b>	<b>Cost Per Month</b>

**ELDERLY and/or HANDICAPPED HOUSEHOLDS ONLY (HEAD, SPOUSE OR CO-HEAD)**

Please answer the following questions about yourself and all members of your household who will occupy the unit.

**YES   NO**

1. Do you have Medicare? \_\_\_\_\_

If yes, what is your monthly payment? \$ \_\_\_\_\_

If yes, what Medicare Plan do you have? \_\_\_\_\_

If yes, what is your annual Deductible? \_\_\_\_\_

2. Do you have any other kind of medical insurance? \_\_\_\_\_

If yes, provide the following information:

Policy Number: \_\_\_\_\_

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

Agent's Name: \_\_\_\_\_

Premium Amount: \$ \_\_\_\_\_ [ ] Week; [ ] Month; [ ] Other \_\_\_\_\_

3. Do you receive medical assistance through the Public Assistance Program? \_\_\_\_\_

4. Do you have any outstanding medical bills on which you are currently paying? \_\_\_\_\_

5. Do you expect to have any medical expenses during the next twelve (12) months? \_\_\_\_\_

If yes, state the type and amounts of these medical expenses anticipated:

\_\_\_\_\_

\_\_\_\_\_

**CHILDCARE/ATTENDANT CARE EXPENSES:**

List all household members that require child or attendant care. Indicate out of pocket cost per month.

Family Member Number	Age	Name of Care Provider	Providers Address & Phone #	List Hours Per Day Per Person							Cost Per Month
				Sun	Mon	Tue	Wed	Thur	Fri	Sat	
											\$
											\$
											\$

- Is the child or attendant care paid by an agency or individual other than an adult household member of the household? \_\_\_\_\_
  
- Is the childcare/attendant care expenses paid out of pocket on a weekly or Monthly bases (circle one) ..... Month   Week

**CRIMINAL SCREENING:** (These questions apply to ALL HOUSHOLD MEMBERS)

**A criminal background check will be completed on all adult members of the applicant family (18 years of age and older). The results of this check will be the basis for rejection if any of the following is found:**

- **Any household containing a member(s) who was evicted in the last three (3) years from federally assisted housing for drug-related criminal activity. There are two exceptions to this provision:**
  - 1.The evicted household member has successfully completed an approved, supervised drug rehabilitation program; or**
  - 2.The circumstances leading to the evictions no longer exists (e.g., the household member no longer resides with the applicant household).**

1. Are you or any members of your household currently using an illegal controlled substance?

2. Have you or any member of your household ever been convicted of a violent crime? If yes, please explain

3. Have you or any member of your household ever been convicted of possession, usage, or distribution of a controlled, illegal substance? If yes, please explain

4. Have you or any member of your household ever been convicted of possession of an unregistered firearm or possession of an illegal weapon that can cause physical harm or emotional suffering by intimidation? If yes, please explain

5. Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? If yes, explain:

6. Have you or any member of your household ever committed any fraud in a Federally-assisted housing program or been evicted from any Federally-assisted housing development for drug-related criminal activity? If yes, please explain:

Yes	No

7. Have you or any member of your household ever been convicted of or pleaded guilty to a felony?

8. Have you or any member of your household ever been convicted of or pleaded guilty to a sexual offense or are you or any member of your household subject to lifetime registration requirements under local, state or federal law?

9. Do you have any member of your household abuse alcohol, or have a pattern of abuse of alcohol that would interfere with the health, safety, and/or right to peaceful enjoyment of the premises by other residents?

10. If the answer to question 9 above is yes, is the household member currently enrolled in, or has completed an approved supervised alcohol rehabilitation program?

11. Are you or any member of your household currently engaged in any form of criminal activity (including drug-related criminal activity) that would threaten the health, safety, or right to peaceful enjoyment of the premises by other resident and their guest?

12. Have you or any member of your household ever engaged in criminal activity that would threaten the health or safety of other residents, the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations?

13. Have you or any member of your household ever lived in any other state?  
If yes, which members, and which states did you or the other member(s) reside in?

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14. Have you or any member of your household ever been convicted of or pled guilty or “no contest” to any felony? If yes, to any of the above questions, please explain, providing the location, date and nature of the offense:

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**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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 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. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h).

## **STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS**

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
2. We authorize **Randolph Place Apartments** to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, credit screening services, or criminal screening services, and to contact previous and current landlord or other sources for credit and verification confirmation, which may be released to appropriate Federal, State, or local agencies.
3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instructions for Head of Household; and we agree to comply with such information.
6. We have been notified that the Resident Selection Criteria which summarizes the procedures for processing applications is posted in the management office.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages and Security Deposits.
8. We authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit Standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

## **FAIR CREDIT REPORTING ACT**

**THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES – SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIREY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND AND ALSO POLICE RECORDS. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE.**

**WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, ELDERLINESS, SEX, HANDICAP, OR FAMILIAL STATUS.**

**BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.**

**I/WE HAVE READ AND UNDERSTAND THE ABOVE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (PRINT)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (PRINT)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (PRINT)

\_\_\_\_\_  
Applicant's Signature

**DO NOT WRITE BELOW THIS LINE – MANAGEMENT USE ONLY**

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APPLICATION DISPOSITION:

Approved \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date

Disapproved \_\_\_\_\_

Disapproved by: \_\_\_\_\_

\_\_\_\_\_  
Date Signature Title

Reason(s) for Disapproval: \_\_\_\_\_

Applicant Notified in Writing on: \_\_\_\_\_

Applicant Appealed Decision on: \_\_\_\_\_ (Written notification attached).

Applicant Appeal Reviewed by: \_\_\_\_\_

\_\_\_\_\_  
Date Signature Title

Appeal Decision: Date Approved \_\_\_\_\_ Date Denied \_\_\_\_\_

Applicant Notified in Writing on: \_\_\_\_\_