



# Richards Management

6067 West Range View Drive  
Hurley, WI 54534

201 South Curry Street  
Ironwood, MI 49938

the  
"CAREtakers"

(888) 576-6468

FAX: (906) 932-5158

(906) 932-5500

[www.kathyrichards.com](http://www.kathyrichards.com)

Equal Housing Opportunity

**This institution is an equal opportunity provider and employer.**



Dear Applicant:

Thank you for inquiring about renting from Richards Management, Inc. We are confident you will find the community a place you will enjoy calling home.

Please take the time to complete the enclosed application and return to our office at the following address:

**Richards Management, Inc.  
201 South Curry St.  
Ironwood, MI 49938  
Attn. Application Processing**

Please note that in order to process your application in a timely manner it is very important that you do the following:

1. Answer all questions on the application. If a question does not apply then indicate this by putting N/A by the question.
2. Supply a copy of Social Security cards of all members listed on the application.
3. Supply us with the names, addresses, and phone numbers of all your landlords over the past 7 years. We will contact references to complete bottom of form.
4. Supply us with the names, addresses, and phone numbers of 3 personal references from someone OTHER THAN friends or family. We will contact references to complete bottom of form.

If any of the above information is not provided the application will be inactive until such time we are able to gather all necessary information to completely process the application.

**Please note that if you alter this application in anyway  
(white out, crossing out anything etc.) you must initial that change.  
Failure to initial that change will result in us not being able to process your application.**

*"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave., S.W., Washington, D.C. 20250-9410 or call 800-795-3272 (voice) or (202)720-5964 (TDD)."*

**TDD NUMBERS: Michigan 800-649-3777  
Wisconsin 800-947-3529**

**Illinois 800-526-0857**

**Ohio 800-877-8339  
Indiana 800-743-3333**



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### TAX CREDIT, RD, and HUD APPLICATION for Housing 506

For office use only Application Received - Date: \_\_\_\_\_ Time: \_\_\_\_\_

City & Project \_\_\_\_\_ Unit #: \_\_\_\_\_ #Bedrooms: \_\_\_ Anticipated Move-In Date: \_\_\_\_\_

Other Needs: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

All applicants 18 years of age and older, not related by blood, marriage or adoption, must complete their own application.

PERSONS OCCUPYING THE UNIT			RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT (Circle One)	
Last	First	Middle				Y	N
			Head			Y	N
						Y	N
						Y	N
						Y	N
						Y	N

Proof of age will be requested if you are applying to live in a designated Elderly Development. Acceptable age verifications include a copy of: (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card.

**A. General Information:**

- Do you own a pet? Yes No If yes, what kind? \_\_\_\_\_ Weight \_\_\_\_\_
- Have you ever filed bankruptcy? Yes No If yes, please explain (include dates): \_\_\_\_\_
- Have you ever been convicted of a felony? Yes No If yes, please explain: \_\_\_\_\_
- Have you ever been evicted from an apartment for any reason? Yes No If yes, please explain: \_\_\_\_\_

**B. Housing Reference:** (List all residences and applicable landlord reference in the past three years.)

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Do you own this residence?  YES  NO If NO, do you rent this residence?  YES  NO  
 Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_  
 Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Did you own this residence?  YES  NO If NO, did you rent this residence?  YES  NO  
 Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

**C. Employment or Other Income Sources:** (List all sources of income for all adult household members.)

Income Source _____	Monthly Gross Income \$ _____
Contact Person _____	Phone Number (____) _____
Income Source _____	Monthly Gross Income \$ _____
Contact Person _____	Phone Number (____) _____

**D. Drivers License #:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

**E. Emergency Contact:** (Other than person listed on application). Please list someone in the immediate area if possible.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

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Indiana 800-743-3333

- Y N 1. Are you or anyone in the household currently or soon to become a student? **full-time**  **part-time**   
 (A full time student is defined as someone who has been or will be a full-time student for 5 months this year.)  
 List name of student(s)\_\_\_\_\_
- Y N 2. Are you separated, but not divorced from your spouse?
- Y N 3. Are any household members temporarily absent?  
 Who?\_\_\_\_\_ How Long:\_\_\_\_\_
- Y N 4. Do you expect any changes to your household within the next 12 months?  
 If yes, please explain:\_\_\_\_\_
- Y N 5. Are you receiving Section 8 Assistance? Agency\_\_\_\_\_ Phone #\_\_\_\_\_  
 (Circle One) Do you have a: **Certificate** **Voucher**
- Y N 6. Do you or anyone in your household require the benefits of a barrier free accessible unit?  
 If so, please list unit size you are applying for.\_\_\_\_\_

**ASSETS**

Please list where the asset(s) is held, the current value of each asset(s), and all income derived from the assets over the previous 12 months, for **all** household members. (Attach additional page(s) if necessary)

CIRCLE ONE	TYPE OF ASSET	WHERE HELD Please list addresses on attached form	BALANCE/VALUE	ANNUAL ASSET INCOME	FORM #
Y N	Checking Acct. #1				001
Y N	Checking Acct. #2				001
Y N	Savings Acct. #1				001
Y N	Savings Acct. #2				001
Y N	Trust Account				001
Y N	Certificate of Deposits				001
Y N	Certificate of Deposits				001
Y N	Certificate of Deposits				001
Y N	Money Markets				011
Y N	Mutual Funds				011
Y N	Pension/Annuity (NOT Paid Periodically)				007
Y N	IRA/Keough/401 K				002
Y N	Stocks/Bonds				011
Y N	Real Estate (FMV - Mortgage Balance)				012
Y N	Land Contract (provide amortization schedule)				019
Y N	Personal Property/Investment				011
Y N	Cash kept at home - \$500 or more on hand, not in checking/savings account.				038
Y N	Safe Deposit Box in the past 2 years.				038
Y N	Lump Sum Payment				025
Y N	Assets disposed of in the past 2 years.				015
Y N	Whole Life Insurance Policy				011
Y N	Total Household Assets Less Than \$5,000				034

# INCOME

Please indicate each source of **ESTIMATED ANNUAL** income that you receive or anticipate receiving in the next twelve (12) months.

CIRCLE ONE	DESCRIPTION	FAMILY MEMBER	SOURCE	INCOME	FORM #
Y N	Employment #1				<b>002</b>
Y N	Employment #2				<b>002</b>
Y N	Self - Employment (2 years taxes)				003
Y N	Social Security				004
Y N	Social Security (SSI)				<b>004</b>
Y N	Public Assistance				<b>005</b>
Y N	Veterans Benefit				<b>006</b>
Y N	Pension/Annuity (Paid Periodically)				<b>007</b>
Y N	Disability				<b>021</b>
Y N	Child Support/Alimony (Court Ordered)				<b>008</b>
Y N	Military Compensation				<b>009</b>
Y N	Unemployment				<b>014</b>
Y N	Rental Income/Land Contract Payment				<b>019</b>
Y N	Other Income				<b>010</b>
Y N	Lottery Payments (periodic)				<b>010</b>
Y N	Workers Compensation				<b>010</b>
Y N	Previous Employment				<b>020</b>
Y N	Unemployed/Zero Income				<b>028</b>
Y N	Anticipated Income				<b>029</b>
Y N	Recurring Gift				<b>041</b>
Y N	Housing Authority				<b>035</b>

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence and certify that my/our do not and will not maintain a separate subsidized rental unit in a different location.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made. In addition, we will complete a criminal background check. By your signature you are authorizing us to gather this information.

**Each Applicant 18 years of age or older must sign and date below.**

Signature	Date	Cell Phone #	E-Mail Address
Signature	Date	Cell Phone #	E-Mail Address
Signature	Date	Cell Phone #	E-Mail Address

Property Manager is acting on behalf of and performing compliance services for the owner.



RETURN TO:

TEL.#: \_\_\_\_\_

FAX #: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**APPLICANT:**

\_\_\_\_\_ I do not wish to furnish this information.

RACE:

- \_\_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Pacific Islander
- \_\_\_\_\_ White
- \_\_\_\_\_ Other (Specify)

SEX:

- \_\_\_\_\_ Male
- \_\_\_\_\_ Female

ETHNICITY:

- \_\_\_\_\_ Hispanic/Latino
- \_\_\_\_\_ Non-Hispanic/Latino

**CO-APPLICANT:**

\_\_\_\_\_ I do not wish to furnish this information.

RACE:

- \_\_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Pacific Islander
- \_\_\_\_\_ White
- \_\_\_\_\_ Other (Specify)

SEX:

- \_\_\_\_\_ Male
- \_\_\_\_\_ Female

ETHNICITY:

- \_\_\_\_\_ Hispanic/Latino
- \_\_\_\_\_ Non-Hispanic/Latino

**Non-Discrimination Statement:**

*"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write to: USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call (866)632-9992 (English) or (800)877-8339 (TDD) or (866)377-8642 (English Federal-relay) or (800)845-6136 (Spanish Federal-relay)."*

# Reasonable Accommodations Policy

Kathy Richards Management, Inc. is dedicated to providing accommodations for eligible individuals with documented disabilities as defined by federal and state law. Kathy Richards Management, Inc.'s intention is to ensure that every tenant and/or applicant for tenancy who makes a request for accommodation under the ADA or Rehabilitation Act is properly advised of the accommodation process. Kathy Richards Management, Inc. is dedicated to following the requirements of the ADA and all appropriate federal and/or state laws, rules and regulations.

All requests for accommodation from tenants are to be submitted in writing with the appropriate supporting documentation. The review of the request may, at the discretion of Kathy Richards Management, Inc., include an evaluation and determination of the scope of the disability and, if appropriate, request for additional medical documentation, examinations and/or opinions.

To request a reasonable accommodation, please fill out the following form and give to the apartment manager. You may also mail this form to Kathy Richards Management, Inc., 201 South Curry Street, Ironwood, MI 49938.

## Reasonable Accommodations Request Form

Name:

Phone:

Address:

1. Will someone benefit from the reasonable accommodation request? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are the specific changes you are requesting? List both physical changes and changes to a rule or policy. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Requesting Accommodation

\_\_\_\_\_  
Date





Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>											
<b>Mailing Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>Name of Additional Contact Person or Organization:</b>											
<b>Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>E-Mail Address (if applicable):</b>											
<b>Relationship to Applicant:</b>											
<b>Reason for Contact:</b> (Check all that apply) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process										
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms										
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules										
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

Check this box if you choose not to provide the contact information.

<b>Signature of Applicant</b>	<b>Date</b>

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.  
Form HUD- 92006 (05/09)

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## LANDLORD REFERENCE CHECK VERIFICATION

NAME: \_\_\_\_\_

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

COMPANY/RELATIONSHIP: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

\_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS (IF MAILING):

I authorize Kathy Richards Management, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank"**

### TO BE COMPLETED BY LANDLORD:

Dates of residency: From \_\_\_\_\_ to \_\_\_\_\_. Total number of months \_\_\_\_\_

1. Did the resident pay their rent on time?  
If the resident was late on the rent, how late?  
How often? \_\_\_\_\_ Comments \_\_\_\_\_
2. How much rent was paid each month by this resident? \_\_\_\_\_
3. Did you receive a security deposit? \_\_\_\_\_  
How much of it was returned to the resident? \_\_\_\_\_
4. Did the resident, their guests, or their family damage the apartment or the property? \_\_\_\_\_  
Did they pay for the damages? \_\_\_\_\_ Amount of damages \$ \_\_\_\_\_
5. Were the police ever called as a result of a disturbance? \_\_\_\_\_ Date \_\_\_\_\_  
Comments: \_\_\_\_\_
6. Were there problems with the neighbors? \_\_\_\_\_
7. Does the resident have pets or other potential problems that may be important for a landlord to know?  
\_\_\_\_\_
8. Did the resident violate the lease agreement in any way? \_\_\_\_\_  
Comments: \_\_\_\_\_
9. Did the resident give you proper notice for vacating? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_
10. Would you re-rent to this resident? \_\_\_\_\_
11. What previous address do your records indicate? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

**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 and any owner (or any employee of HUD, and any 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 \$5,000.00. 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 \*\*208(a) (6) (7) and (8).\*\* Violations of these provisions are cited as violations of 42 USC Section \*\*408 (a) (6) (7) and (8).\*\*

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## PERSONAL REFERENCE CHECK VERIFICATION

REFERENCE: \_\_\_\_\_

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

COMPANY/RELATIONSHIP: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

ADDRESS (IF MAILING): \_\_\_\_\_

**\*CAN'T BE FRIENDS OR FAMILY**

I authorize Kathy Richards Management, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### TO BE COMPLETED BY REFERENCE PROVIDER OR RICHARDS MANAGEMENT

1. How do you know the applicant(s)? \_\_\_\_\_  
For how long have you known the applicant(s)? \_\_\_\_\_
2. Does this person keep their surroundings neat and tidy? \_\_\_\_\_
3. Does this person respect the rights and privacy of others? \_\_\_\_\_
4. Does this person keep their financial obligations? \_\_\_\_\_
5. Would you rent an apartment to this person? \_\_\_\_\_
6. What was their most recent address? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM TO:

FAX: \_\_\_\_\_

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

(over)

031-1/14

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Wisconsin 800-947-3529**

**Illinois 800-526-0857**

**Ohio 800-877-8339  
Indiana 800-743-3333**

# Richards Management

6067 West Range View Drive

Hurley, WI 54534

(888) 576-6468

FAX: (906) 932-5158

[www.kathyrichards.com](http://www.kathyrichards.com)

Equal Housing Opportunity

201 South Curry Street

Ironwood, MI 49938

(906) 932-5500



the  
"CAREtakers"



**This institution is an equal opportunity provider and employer.**

## PERSONAL REFERENCE CHECK VERIFICATION

REFERENCE: \_\_\_\_\_

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

COMPANY/RELATIONSHIP: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

ADDRESS (IF MAILING): \_\_\_\_\_

**\*CAN'T BE FRIENDS OR FAMILY**

I authorize Kathy Richards Management, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank"**

### TO BE COMPLETED BY REFERENCE PROVIDER OR RICHARDS MANAGEMENT

1. How do you know the applicant(s)? \_\_\_\_\_  
For how long have you known the applicant(s)? \_\_\_\_\_
2. Does this person keep their surroundings neat and tidy? \_\_\_\_\_
3. Does this person respect the rights and privacy of others? \_\_\_\_\_
4. Does this person keep their financial obligations? \_\_\_\_\_
5. Would you rent an apartment to this person? \_\_\_\_\_
6. What was their most recent address? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM TO:

FAX: \_\_\_\_\_

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

(over)

031-1/14

## **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 and any owner (or any employee of HUD, and any 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 \$5,000.00. 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 \*\*208(a) (6) (7) and (8).\*\* Violations of these provisions are cited as violations of 42 USC Section \*\*408 (a) (6) (7) and (8).\*\*

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PLEASE RETURN THIS FORM TO:

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(over)

031-1/14



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## POLICE RECORD VERIFICATION

### Police Department

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_

Our Tenant Selection Policy obliges us to verify certain information about all members of families living in or applying for admission to our communities. Specifically, we wish to avoid admitting a family with any one or more members who is involved in criminal activity, which would adversely affect the health, safety or welfare of other residents. To comply with this requirement, we ask your cooperation in supply information on the criminal records (if any) of the persons listed below.

Your prompt return of this information will be appreciated. A stamped, return envelope is enclosed. If you have any questions, please call our office at \_\_\_\_\_.

Using the numbers below, please indicate whether any family members have been arrested for or convicted of any crimes relating to the following:

- |                                |                                     |
|--------------------------------|-------------------------------------|
| 1. Homicide/Murder             | 7. Drug Trafficking/Use/Possession  |
| 2. Rape or Child Molesting     | 8. Child Abuse/Domestic Violence    |
| 3. Burglary/Robbery/Larceny    | 9. Public Intox./Drunk & Disorderly |
| 4. Threats or Harrassment      | 10. Receiving Stolen Goods          |
| 5. Destruct. Of Prop/Vandalism | 11. Fraud                           |
| 6. Assault or fighting         | 12. Prostitution                    |
|                                | 13. Disorderly Conduct              |

Members Names	SS#	Crimes(s)	Status/Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### APPLICANT'S RELEASE

I hereby authorize the release of information request above to Kathy Richards Management, inc.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

996-1/14

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