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**DUKES COUNTY REGIONAL HOUSING AUTHORITY**

PO BOX 4538, VINEYARD HAVEN MA 02568 21 MECHANIC ST. VINEYARD HAVEN

PH. 508-693-4419 FAX 508-693-5710 DCRHA@HOUSINGAUTHORITYMV.ORG

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## **15-A Irene's Way Community Home Ownership**

Thank you for your interest in purchasing the **3-Bedroom Home** located on **15-A Irene's Way** in Vineyard Haven for sale by owner. The Dukes County Regional Housing Authority will serve as lottery agent and assist applicants through lottery ranking, offer, and closing.

The **Sale Price** for 15-A Irene's Way is **\$453,000**

For **Household Earnings** at a maximum of **120%** of the Area Median Income:

**\$88,800**, 1 person; **\$101,520**, 2 persons; **\$114,180**, 3 persons;

**\$125,640**, 4 persons; **\$137,040**, 5 persons; **\$147,180**, 6 persons

**Initial Preference** in the lottery will be given to households sized a minimum of three.

The **Asset Maximum** is \$150,000 (exempting non-liquid, dedicated retirement accounts)

The **Mortgage** must be fixed-rate, full term, at fair market rate (2% max above Mass Housing), with no more than 2 points, and buyer down payment of at least 3% from buyer's funds. Only members of the applying household can sign on the mortgage. All monies gifted to household members to assist in down-payment or other costs will be counted as household assets.

Allow at least 7 days to secure the required **pre-qualification letter** from a mortgage lender. Applicants are free to work with lenders of their choosing, but we encourage households to work with local lenders where the resale restrictions and guidelines for affordable and community housing are well understood.

A **complete application** with supporting documents (see attached **Parts I and II**) must be submitted to the Dukes County Regional Housing Authority by **5:00 PM Friday, September 17, 2021**.

**Applicant Certification** will be completed on **Friday, September 24** with notification made the same day. Applicants will have until **Wednesday, September 29** to address and resolve with DCRHA staff any questions regarding their lottery status.

The **Lottery** for 15-A Irene's Way is scheduled for **September 30, 2021**.

Applicants are encouraged to attend an **Information Meeting** on **August 31** at **5:30 pm** at **15-A Irene's Way**. Please contact the DCRHA to register for the Information Meeting.

Please contact the **Dukes County Regional Housing Authority** at **508-693-4419** with any questions pertaining to the application or the Information Meeting. We recommend that each applicant call or visit for a preliminary review of their completed application prior to the close of the application period.

**Best of luck to each applicant!**

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**APPLICATION – 15-A IRENE’S WAY, TISBURY (Part I)**

FOR OFFICE USE ONLY

Date of Receipt: \_\_\_\_\_  
Percent of AMI: \_\_\_\_\_  
Control No. \_\_\_\_\_

**PLEASE PRINT:**

**Name of Applicant(s)** \_\_\_\_\_

Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

**Household Size Preference:** Household size of three or more will be given first preference in the ranking lottery for 15-A Irene’s Way.

**HOUSEHOLD INFORMATION - All members of household including minors.**

First, Middle, Last of all Household Members	Relationship to Primary Applicant	Sex	Date of Birth	Employed	Occupation or Grade in School
1.	Primary Applicant			Y/N	
2.				Y/N	
3.				Y/N	
4.				Y/N	
5.					
6.					

- Is a change in the household expected?  Yes  No  
If yes, what type of change: \_\_\_\_\_ When: \_\_\_\_\_
- Do you or any household member currently own a home?  Yes  No
- Have you or any household member owned a home within the last 3 years?  Yes  No

## 15-A IRENE'S WAY - INCOME INFORMATION

Gross income is the combined pre-tax income for everyone in the household (regardless of whether or not they will be on the mortgage and/or deed), which includes job earnings, benefit payments, support payments, and income from assets. If you are self-employed, please list your net income (after deducting businesses expenses). Failure to report household income will result in the cancellation of this application.

Please list all income any household member **over the age of 17** receives from self-employment, wages/salaries, overtime pay, commissions, fees/ tips, and bonus before taxes for the last 12-months. Applications must include most recent Federal income tax returns, including all corresponding W2's and attached schedules. If you are self-employed (full or part-time), submit a year-to-date profit/loss statement AND the previous two years of federal income tax returns including all attached schedules.

Household Member Number	Type of Income	Name & Address of Employer or Source of Income	Gross Income for last 12 Months
1.	Salaries, wages, including overtime/tips		
2.	Salaries, wages, including overtime/tips		
	Net income from business or profession (Schedule C)		
	Trust income Interest and Dividends		
	Pensions and annuities		
	Regular unemployment or disability compensation		
	Regular Social Security benefits and/or SSI or V.A. Disability		
	AFDC or Public Assistance		
	Regular Alimony, Child Support Payments, Gifts		
	Other Income: _____		
<b>TOTAL GROSS INCOME:</b>			

### ASSETS

List below the assets of everyone to live in the house. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. **Do not** include clothing, furniture or cars.

Household Member	Type of Asset	Cash Value
	Checking Account #:	
	Savings Account #:	
	IRA, Stocks, Bonds:	
	Real Estate: (owned or sold within past 3 years)	
	Other:	
<b>TOTAL ASSETS:</b>		

**15-A IRENE’S WAY - CERTIFICATION AND ACKNOWLEDGEMENTS**

It is the policy of the Dukes County Regional Housing Authority to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) where indicated. **Anyone over the age of 17 who will be living in the home must sign below.**

I/We certify the following:

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief. I/We are aware that any misrepresentation may result in cancellation of my application.
- Consent to Release Information: I/We authorize representatives of the Dukes County Regional Housing Authority to supply and receive information to/ from my/our employer(s), my/our financial institution(s), other housing assistance programs, and/or my/our mortgage lender to verify the information contained in this application and to confirm my eligibility for affordable/community homeownership opportunities.
- I/We understand that completion of this application does not guarantee my/our eligibility for the program and/or that I/we will successfully purchase this home offered with assistance by the Dukes County Regional Housing Authority.
- If I/we purchase the home I/we agree to sign a covenant/deed rider with restrictions that require the property to be owner-occupied, limit the transfer of the property to income-eligible buyers, and limit the sale price and the amount of equity available upon re-sale or refinance. I/we acknowledge that the intentions of these affordability restrictions is to ensure that opportunities to purchase affordable/community homes be preserved for future generations of buyers.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

*This application is the first of two steps in the selection process. Lottery selection will provide the order from which applicants will be offered first opportunity to purchase.*

**Equal Opportunity:**

In accordance with the provisions of the Equal Opportunity Act and the Dukes County Regional Housing Authority’s policies, there will be no discrimination against an applicant for these benefits on the basis of age, gender, race, color, marital status, sexual orientation, having minor children, national origin, religion, ethnic background, physical or mental disability, or being a recipient of public assistance. The Dukes County Regional Housing Authority is committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program.



**15-A Irene's Way, Tisbury - APPLICATION Part II  
REQUIRED DOCUMENTATION CHECKLIST**

Each of the following documents for **all household members** (when applicable) must be submitted for your Irene's Way, Tisbury application to be complete.

**Applicant Name(s):** \_\_\_\_\_

- A current pre-qualification letter from a lender signed and dated by your lender;**
- Complete copies of your 2 most recent Federal income tax returns (2019, 2020). You must include all corresponding W2's and attached schedules;**
- Copies of your 5 most recent pay stubs;**
- Copies of your 3 most recent bank statements and/or any investment account statements;**
- If you are self-employed (full or part-time), submit a year-to-date profit/ loss statement AND the previous two years of federal income tax returns including all attached schedules;**
- If you are divorced or legally separated and/or receiving alimony or child support, please attach a copy of the decree/agreement and any statement of payment accounts such as provided by the Department of Revenue;**
- If you receive Social Security Income, submit a copy of your most recent statement;**
- If receiving any other form of down payment assistance (a personal gift and/or aid from another program), submit a letter from 3<sup>rd</sup> party offering assistance describing the amount and type of assistance, the terms of any repayment or that repayment is not expected;**
- Adult members of applicant household not working must submit a signed Certificate of Zero Income form;**
- Signed Verification Forms:**
  - Bank Account Verification
  - Verification of Income from Wages
  - Self-Employment Income Affidavit (if applicable)
  - Verification of Child Support (if applicable)
  - Verification of Pension Income (if applicable)
  - Verification of Unemployment Wages (if applicable)
  - Certification of Zero Income

**Racial or Ethnic Designation:** Responding to this section is **optional**.

American Indian or Alaska Native

Hawaiian or Pacific Islander

Black or African American

Latino or Hispanic

Asian

White

Other (specify): \_\_\_\_\_

## BANK ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

**Bank Contact:**

Bank Name:		Contact Person:	
Address:		Phone:	
City:	State:	Zip:	Email:

My Signature Authorizes Verification of My Bank Account Information:

	
Applicant/Tenant Signature	Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

DCRAA

Fax: 508 693 5710

Email: Barbara@HousingAuthority.mv.a

*Barbara Hoffman*  
Project Owner/Management Agent

**THIS SECTION TO BE COMPLETED BY BANK**

CHECKING Account Number	Avg 6 Month Balance	Interest Rate	Current Balance
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
SAVINGS Account Number	Current Balance	Interest Rate	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
OTHER Account (i.e. CD; Money Market; Debit, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	
	\$	%	
	\$	%	

*If additional space is needed please attach a separate sheet with information, date and signature*

Signature	Date	
Name and Title of Person Supplying the Information		
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

## EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	Unit ID:	Date:
Applicant/Tenant:	SSN:	

**Employer Contact:**

Business Name:		Contact Person:		
Address:		Phone:		Fax:
City:	State:	Zip:	Email:	

**My Signature Authorizes Verification of My Employment Income Information:**

X \_\_\_\_\_  
**Applicant/Tenant Signature** \_\_\_\_\_  
**Date**

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

*Barbara Hoffman*

Project Owner/Management Agent

RETURN THIS FORM TO:

**DCRHA**  
 Fax 508 693 5710  
 Email: Barbara@Housingauthoritymv.org

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

- Please answer all questions fully leaving no blanks
- Please provide an employee pay history report when returning this completed form

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes  Date First Employed: \_\_\_/\_\_\_/\_\_\_ No  Last Date of Employment: \_\_\_/\_\_\_/\_\_\_

Current Wages (check one)  Hourly  Salary \$ \_\_\_\_\_ Pay Frequency  Weekly  Bi-weekly  Monthly  Semi-monthly  Yearly  
 Pay Method  Cash  Check  Direct Deposit  Other

number of weeks worked per year: \_\_\_\_\_

Number of regular hours scheduled per week: \_\_\_\_\_  
 (If hours vary please list average anticipated)

Gross pay from prior year: \$ \_\_\_\_\_

Gross Year to Date Pay: \$ \_\_\_\_\_  
 From \_\_\_/\_\_\_/\_\_\_ Through \_\_\_/\_\_\_/\_\_\_  
 Number of pay periods included in the YTD earnings above: \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average number of OT hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average number of shift differential hours per week: \_\_\_\_\_

Commissions, bonus, tips, other: \$ \_\_\_\_\_ Frequency  Weekly  Bi-weekly  Monthly  Semi-monthly  Yearly  Other \_\_\_\_\_

List the most recent change in the employee's rate of pay: \$ \_\_\_\_\_ % \_\_\_\_\_ ; Effective date: \_\_\_/\_\_\_/\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \$ \_\_\_\_\_ % \_\_\_\_\_ ; Effective date: \_\_\_/\_\_\_/\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) : \_\_\_\_\_

Is employee eligible for unemployment during the layoff?  No  Yes Does employee participate in a retirement plan i.e. 401k?  No  Yes

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
 Employer Signature Employer Printed Name & Title Date

\_\_\_\_\_  
 Employer 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

## SELF EMPLOYMENT INCOME AFFIDAVIT

Use this form for any applicant or resident who receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, etc.

**Applicant/Tenant:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Anticipated Gross Annual Income:** \$ \_\_\_\_\_

**Anticipated Annual Business Expenses:** \$ \_\_\_\_\_

**Anticipated Annual Profit:** \$ \_\_\_\_\_

**Previous Year Profit (or Loss):** \$ \_\_\_\_\_

**Cash Withdrawals from Business:** \$ \_\_\_\_\_

Do you file tax returns?       YES Taxpayer ID# \_\_\_\_\_       NO

*If YES please submit tax returns with schedule C for past 3 years*

*If NO please state why:* \_\_\_\_\_



- *If tax returns were not filed please submit a profit/loss report for each month since the business started*
- *Please include documents such as invoices, receipts, written business plan, or accountant statement of business income.*

*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 that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## CHILD SUPPORT OR ALIMONY INCOME VERIFICATION



Send this form to the person providing child support or alimony payments. If the payments are made due to a formal court order please include the divorce decree in the tenant file.

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

*Name and Address of Contributor:*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I, \_\_\_\_\_, am contributing the following assistance to the above named individual.

Cash: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

This is  CHILD SUPPORT or  ALIMONY

These payments are made through a  formal agreement or  informal agreement

Will this assistance change in the next 12 months?  YES  NO

If YES please describe: \_\_\_\_\_

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*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 that providing false representation herein constitutes an act of fraud.*

\_\_\_\_\_  
(Signature of Contributor)

\_\_\_\_\_  
Date

## PENSION VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

**Pension Provider:**

Company Name:		Contact Name:	
Address:		Phone:	Fax:
City:	State:	Zip:	Email:

**My Signature Authorizes Verification of my Pension Account Information:**

X \_\_\_\_\_  
 Applicant/Tenant Signature \_\_\_\_\_  
 Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

*Barbara Hoffman*  
 Project Owner/Management Agent

RETURN THIS FORM TO: DCRHA Fax 508693 5710 Email: Barbara@housingauthority.tn.gov
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**THIS SECTION TO BE COMPLETED BY PENSION PROVIDER**

Pension Account Number	Current Balance	Can Applicant/Tenant Convert to Cash?		Interest/Dividend*
	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ %
	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ %
	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ %
	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ %

*\* If earnings vary or cannot be predicted please list total interest/dividend from most recent quarter (even if reinvested)*

Does the individual receive periodic payments from any account listed above:  YES  NO

If yes, please complete following:

Account Number	Gross Payment Amount	Payment Frequency	Fixed or Subject to Change?
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change

**Please list any expected changes:** \_\_\_\_\_

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

\_\_\_\_\_  
 Name and Title of Person Supplying the Information

\_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail

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## UNEMPLOYMENT INCOME VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	Unit ID:	Date:
Applicant/Tenant:	SSN:	

### AGENCY PROVIDING BENEFITS

Agency Name:	Contact Name:		
Address:	Phone:	Fax:	
City:	State:	Zip:	Email:

**My Signature Authorizes Verification of my Unemployment Income Information:**

X \_\_\_\_\_  
**Applicant/Tenant Signature**

\_\_\_\_\_  
**Date**

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

*Barbara Hoffman*  
 \_\_\_\_\_  
 Project Owner/Management Agent

RETURN THIS FORM TO: <i>DEPIA</i> <i>Fax 508 693-5710</i> <i>Email: Barbara@housingauthority MA.org</i>
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**THIS SECTION TO BE COMPLETED BY BENEFIT ADMINISTRATION**

- PLEASE LIST ALL BENEFITS RECEIVED BY THE ABOVE NAMED APPLICANT/TENANT
- ATTACH A PAY HISTORY FOR PAST 12 MONTHS

Are benefits currently being paid?     YES     NO    If NO, when did they end: \_\_\_\_\_

If YES, please list gross benefit amount:    \$ \_\_\_\_\_     Weekly     Biweekly     Monthly     Other: \_\_\_\_\_

When did payments begin: \_\_\_\_\_

When will payments end: \_\_\_\_\_

List any available extensions: \_\_\_\_\_

Is the individual required to actively seek employment?     YES     NO

Please list any expected changes: \_\_\_\_\_

Please list any helpful remarks: \_\_\_\_\_

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

\_\_\_\_\_  
 Name and Title of Person Supplying the Information

\_\_\_\_\_  
 Phone # Fax # E-Mail

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## CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members with no reported income)

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

1. I currently have no income of any kind and I do not expect this to change in the next 12 months [ ] **YES** [ ] **NO**

2. I have been living with zero income for \_\_\_\_\_ years and \_\_\_\_\_ months

3. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonus, etc.)
- b. Income from the operation of a business
- c. Rental income from real or personal property
- d. Interest or dividends from assets
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- f. Unemployment or disability payments
- g. Public assistance payments
- h. Periodic allowances such as alimony, child support, or gifts from persons not living in my household
- i. Sales from self employed resources (Avon, Mary Kay, etc.)
- j. Cash payments
- k. Any other source not named above

4. The reason I have no income is: \_\_\_\_\_  
\_\_\_\_\_

5. I will be using the following sources of funds to pay for:

Rent: \_\_\_\_\_  
Utilities: \_\_\_\_\_  
Food: \_\_\_\_\_  
Clothing: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Internet/Cable/Phone: \_\_\_\_\_  
Toiletries: \_\_\_\_\_  
Credit cards/loans/bills: \_\_\_\_\_

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 that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager)

\_\_\_\_\_  
Date