



Application for LIHTC

Date	Time
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Property Name:	Milford Crossing	Telephone:	302-422-3343
Address:	806A Moyer Circle East	Fax:	302-422-4595
City, State, Zip	Milford, DE. 19963	TDD/TTY:	711 National Voice Relay
Property Web Site:	www.arbormanagement.com	Email:	milford@arbormanagement.com

Adult Household Member #1 Head of Household

Applicant Name:	Last	First	Middle
Current Address:	Address	City	State Zip Code
How long at this address?			
Birth Date:		Age:	Social Security Number:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Race (check all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Prefer not to disclose		
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to disclose		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Have you ever used any other name other than the one listed on this application? If yes, please list here.			
Home Phone:		Cell Phone:	
Work Phone:		Email Address:	
May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all states where you have lived:			

Adult Household Member #2 Co-head or Spouse

Applicant Name:	Last	First	Middle
Current Address:	Address	City	State Zip Code
Birth Date:		Age:	Social Security Number:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Race (check all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Prefer not to disclose		
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to disclose		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Have you ever used any other name other than the one listed on this application? If yes, please list here.			
Home Phone:		Cell Phone:	

Work Phone:		Email Address:	
May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all states where you have lived:			

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. Make a copy of this page if more than six people will live in the unit. This application must include information about everyone who will live in the unit.

Will anyone else live in the unit with you? If more than two adults will live in the household, please request the supplement to this application for additional adults				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many people will live in the unit?		Adults	Minors		
Are there any temporarily absent household members?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
MEMBER # & HOUSEHOLD MEMBER'S FULL NAME					
#	Last	First	Middle		
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above					
SSN:		Date of Birth:		Age:	
Please list all states where you have lived:				Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MEMBER # & HOUSEHOLD MEMBER'S FULL NAME					
#	Last	First	Middle		
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above					
SSN:		Date of Birth:		Age:	
Please list all states where you have lived:				Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MEMBER # & HOUSEHOLD MEMBER'S FULL NAME					
#	Last	First	Middle		
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above					
SSN:		Date of Birth:		Age:	
Please list all states where you have lived:				Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MEMBER # & HOUSEHOLD MEMBER'S FULL NAME					
#	Last	First	Middle		
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above					
SSN:		Date of Birth:		Age:	
Please list all states where you have lived:				Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No



MEMBER # & HOUSEHOLD MEMBER'S FULL NAME										
#	Last	First				Middle				
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above										
SSN:		Date of Birth:		Age:		Student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Please list all states where you have lived:										
MEMBER # & HOUSEHOLD MEMBER'S FULL NAME										
#	Last	First			Middle					
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above										
SSN:		Date of Birth:		Age:		Student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Please list all states where you have lived:										
Is the Head-of-Household, Co-Head/spouse 62 or older or is the Head-of-Household, Co-Head or spouse disabled?								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently receiving housing assistance from HUD or a PHA?				<input type="checkbox"/> Yes, If Yes: <input type="checkbox"/> Project Based or <input type="checkbox"/> Voucher				<input type="checkbox"/> No		
Is any household member, 18 years of age or older, enrolled as a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate or other program leading to a recognized educational credential?								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently using marijuana or an illegal controlled substance?								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.</i>								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted, plead guilty or no contest to a crime?								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.						<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor			
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does any adult household member have a pending criminal case(s) or other judicial proceedings?								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when?										



Will this be your sole/only residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any your previous addresses been destroyed or damaged by fire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any member of your household abuse alcohol or is there a pattern of alcohol abuse for you or any household member that would interfere with the health, safety or right to peaceful enjoyment by other residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom plus one (unless state or local occupancy standards are more restrictive). Please indicate unit size preferences below. Information may qualify the household for more than one unit size or type. If applicable, do you wish to be placed on more than one waiting list? Yes No
 What bedroom size are you requesting? _____

PREFERENCES: Please indicate if you qualify for the preference below by checking the box next to the appropriate preference.

<input type="checkbox"/>	The HOH, spouse or Co-HOH is 62 or older or disabled
<input type="checkbox"/>	Are all household members age 55 or older

SPECIAL FEATURES: Please indicate any necessary special features below.

<input type="checkbox"/> Mobility Accessible Unit	<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Communication Accessible Unit (Hearing)	<input type="checkbox"/> Special features: Please list below

RENTAL HISTORY: Please provide information for the last five (5) years of housing history.

If needed, provide addition landlords on a separate sheet.

Are you currently homeless? If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Present Landlord		
Address		
Address		
City, State, Zip		
Contact Name (if known)		Phone Number
How long have you lived at this address		
Reason for leaving		



Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding overdue balances owed to this landlord?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Landlord			
Address			
Address			
City, State, Zip			
Contact Name (if known)		Phone Number	
How long did you live at this address			
Reason for leaving			
Were you or any member of your household evicted from this property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left, or do you currently have any outstanding balances owed to this landlord?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

UTILITY PROVIDERS: You may not live in the unit unless you can establish utility service in the unit.

Do you have any overdue/outstanding balances owed to any utility provider?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish utilities in your unit?			
Electric.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Gas.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Do you receive any assistance to pay your utility bills?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is assistance provided under the HHS Low-Income Home Energy Assistance Program (LEAP)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
If assistance is provided by any source other than LEAP, state the monthly amount you receive and source of energy assistance.	Source:	\$	<input type="checkbox"/> NA





Application for LIHTC

Initial: _____ Date: _____

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved **before** housing the animal in the unit.

Do you plan to house an animal in the unit?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ANIMAL TYPE <i>(I.E. DOG, CAT, TURTLE, ETC.)</i>	BREED <i>(IF APPLICABLE)</i>	HEIGHT <i>(MEASURED AT WITHERS IF APPLICABLE)</i>	WEIGHT	

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Is any household member, age 18 or older, employed?		<input type="checkbox"/> Yes			<input type="checkbox"/> No	
Name of Employed Household Member:		How Long at Employer?		___yr(s)___mo(s)		
If yes, please provide the name and address of the employer below.						
Employer #1						
Address						
City, State, Zip						
Phone						
How much employment income is expected to be received in the next 12 months?					\$	
Hourly Rate:		Number of Hours per week:		Any bonuses or tips? If yes Amt:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate:
Name of Employed Household Member:		How Long at Employer?		___yr(s)___mo(s)		
Employer #2						
Address						
City, State, Zip						
Phone						
How much employment income is expected to be received in the next 12 months?					\$	
Hourly Rate:		Number of Hours per week:		Any bonuses or tips? If yes Amt:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate:



Do household members currently have more than two employers? Yes No NA

Do you expect to have additional employers in the next 12 months? Yes No

If yes, please provide additional employment information on a separate sheet.

Does the household have any of the following sources of income that is currently being received or you expect to receive in the next 12 months? This includes all household members even if they are temporarily absent. **Please write in 0.00, NA or None if you will receive no income from these sources. Incomplete applications will not be processed.**

Income Source	Annual Amount	Number of Sources
Self-Employment ex. Uber, Lyft, Avon, Hair, Nails, Car Wraps, Online sales etc.	\$	
Social Security	\$	
SSI	\$	
SSP	\$	
Pension	\$	
Sporadic or Seasonal Employment	\$	
VA Benefits	\$	
IRA, 401(k), Keough or Retirement Fund	\$	
Annuities or Insurance Policies	\$	
Periodic payments from Long-term Care Insurance, Disability or Death Benefits	\$	
Worker's Compensation or Severance Pay	\$	
Unemployment benefits	\$	
Public Assistance, Welfare, General Assistance, Food Stamps or Medicaid	\$	
Are you applying for any benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alimony	\$	
Child Support	\$	
Do you have court ordered child support? If yes, list the state(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No	List state(s)
Regular or Special Pay as a member of the Armed Forces	\$	
Regular contributions from organizations or from individuals not living in the unit?	\$	
Contributions from family for rent, child care or other bills)	\$	
Lottery winnings paid in periodic payments?	\$	



Income from a business, profession or property owned (including salaries, interest dividends, or other net income?)	\$	
Do you receive financial aid for education assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, annual amount of assistance	\$	
Any other sources of income not listed above	\$	

ASSETS

Does anyone in the household have any of the following assets?

Type of asset			If yes, how many and value?
Checking Account? <i>If you answer yes, you will be required to provide the most recent six bank statements so that we may estimate the value of the asset. Please save your bank statements.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Savings Account? <i>If you answer yes, you will be required to provide the most recent bank statement so that we may estimate the value of the asset.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you use Cash Apps or E-Wallets such as Venmo, Zelle, PayPal, Apple Pay, Google Pay, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, list what purpose(s) the cash apps are used for:			
Do you have a debit card provided by Social Security, Employer or any other entity on which you receive funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cash on Hand, any cash not deposited into an account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Money in a Safety Deposit box	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
401(k) or other employment savings account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Individual Retirement Account (IRA), Keough Account or similar retirement savings account from which you can draw funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Stocks, Bonds or Treasury Bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Money Market Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A life Insurance Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A home or other property, full or partially owned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current Value of home or other property. Please write NA if value is zero.			\$
A business, full or partially owned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current Value of business. Please write NA if value is zero.			\$
Interest Income from the sale of real property from a purchase money mortgage, installment or similar sales contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lump Sum receipts such as inheritance, capital gains, one-time lottery winnings, settlement on insurance claims or other claims	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



Personal Property held as an investment such as gems, jewelry or antique cars	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any other assets not mentioned above	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has any household member sold or given away any real property or assets valued at \$1000 or more, including cash donations, in the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

How did you hear about us?	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Internet	<input type="checkbox"/> HUD	<input type="checkbox"/> Other _____
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PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on 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. 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, the PHA 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Consideration of the Need for Reasonable Accommodation

You have the right to request a reasonable accommodation to assist in facilitating a meeting with the owner/agent.

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender el inglés, por favor solicite nuestra ayuda y nos aseguraremos de que se le proporciona un acceso significativo en función de sus necesidades individuales.





Application Certification: I hereby certify that the information provided in this application is true and complete to the best of my knowledge. False answers submitted on this application will be grounds for the rejection of this application and/or lease termination. I have acquired no rights to an apartment until my application has been approved, a security deposit has been paid and a lease agreement has been signed. The applicant authorizes Management to conduct an investigation in accordance with the company screening criteria which includes but not limited to, the use of a credit reporting company, landlord references, home visit and criminal background check. Any changes on the application including but not limited to, income, address or family composition, must be reported to the rental office. This application shall not be accepted or placed on the waiting list until all required information is provided. By signing below, applicant(s) acknowledge receiving a copy of the completed application and the following attachments:

_____ Signature Head of Household	_____ Date	_____ Spouse/Co-Head	_____ Date
_____ Other adult listed on the application	_____ Date	_____ Other adults listed on the application	_____ Date
_____ Management		_____ Date	

Arbor Management, LLC does not discriminate on the basis of disability status, race, color, religion, sex, familial status, marital status, sexual orientation, gender identity or national origin in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The Program Compliance Manager coordinates our compliance with non-discrimination and may be reached at (302) 764-6450. Please dial 711 for the Telecommunications Relay Service.

Rev. 01/2022





TTY / TTD: 1-800-232-5460
 Fax: (302) 422-4595
 (302) 422-3343
 Arbor Management

managed by

LEON N. WEINER
 & ASSOCIATES, INC.

Milford Crossing APARTMENTS

At Milford Crossing, you're convenient to shopping, employment, schools and the main business district of town.

Important, too, is the fact that you'll be living in a comfortable, apartment built by Delaware's most respected home building company, Leon N. Weiner & Associates, Inc. is a team of experienced professionals dedicated to better building through research, design and imagination.

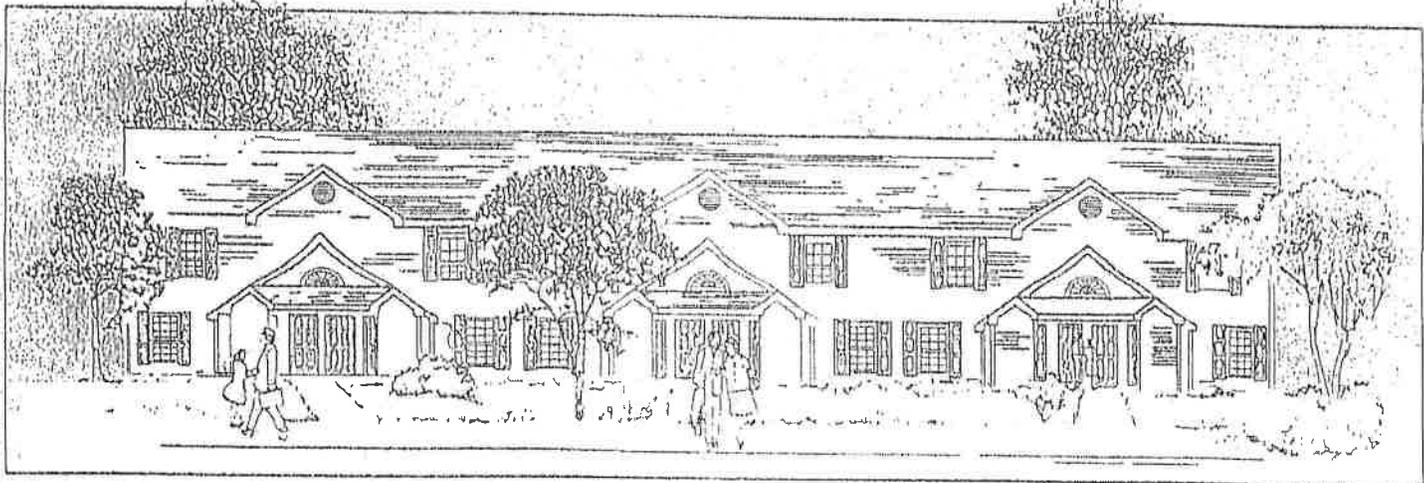
The company has built more than 11,000 new homes and apartments in Delaware. All have been designed for a better way of life. The apartments at Milford Crossing follow in that tradition.

Architectural design by Kitchin & Associates
 • These plans and specifications are approximate

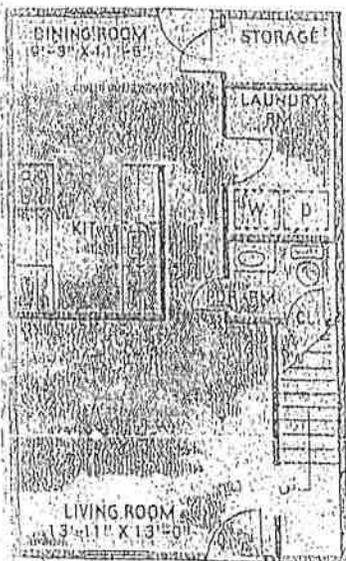
Milford Crossing APARTMENTS

N. W.
 Tenth
 Street,
 Milford,
 Delaware

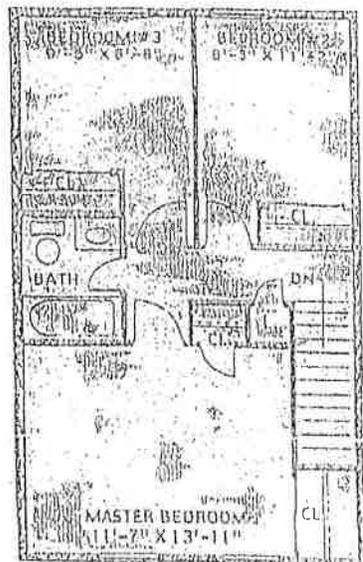




Milford Crossing APARTMENTS

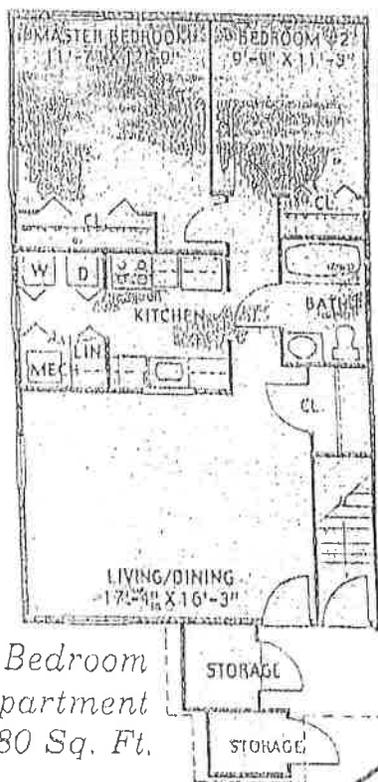


First Floor



Second Floor

3 Bedroom Townhouse Apartment
1152 Sq. Ft.



2 Bedroom
Apartment
880 Sq. Ft.

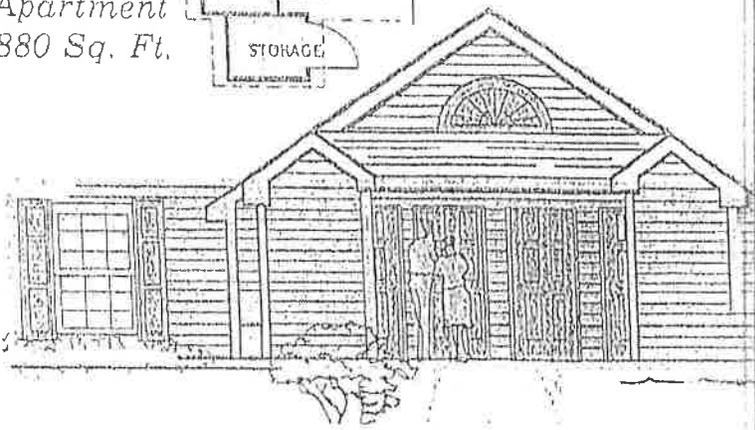
*Milford's
Attractive
apartment
homes*

*These sturdily built,
comfortable,
apartments are
truly like
private homes.*

*Each has a
separate entrance.*

Each apartment includes:

- Wall-to-wall carpeting
- Range
- Dishwasher
- Washer / Dryer hookups
- Refrigerator
- Garbage disposal
- Individually controlled heat and air conditioning unit
- 40 gallon hot water heater
- Smoke detector



HOME VISIT WAIVER

I/we, _____, understand that Arbor Management, LLC waived its normal procedure to complete a home visit with me/us due to the following:

- Homeless
- Resides beyond twenty-five (25) miles from the rental office.
- Environment was deemed unsafe by management when attempting to conduct the home visit.
- COVID 19

I/we further understand that as a result of this waiver, I/we will undergo monthly inspections for a period of not less than three (3) months. These inspections will be conducted approximately 30 ~ 45 days apart.

I/we understand that these inspections are to ensure that the unit I/we am/are leasing is being maintained in accordance with the terms of my/our lease; clean, safe, and sanitary.

Failure to maintain my/our rental unit in accordance with the lease term can and will lead to termination of my/our lease.

Lessee

Date

Lessee

Date

The above lessee(s) has/have signed this inspection declaration on this date and fully understand the terms of the three (3) monthly inspections.

Regional Manager Approval

Date

Management

Date