



Thank you for your interest in our apartments. Attached please find the application package.
Please read the application carefully and complete every section.
If a section doesn't apply, cross out or write NA.

INCOMPLETE APPLICATIONS WILL AUTOMATICALLY BE DENIED

When an apartment becomes available you will be asked to come to the office for an interview.
The list below is documentation that is required for everyone listed on the application, including children.

Income

- Employer letter or last (6) current consecutive pay stubs
- Any other income documentation; for everyone on the application, including children (SSI, SSA, unemployment benefits, child support ect.)

Tax Forms

- Last year's tax returns and W-2 forms
- Last three year's tax returns if self-employed

Personal

- Birth certificate, social security card, photo id
- Most recent school attendance report or report cards (for all minor's attending school)

Property/Vehicle

- Owned property, need most recent property tax bill, assessment from realtor & foreclosure documents is applicable
- Valid vehicle registration and insurance

Banking/Bills

- Last six months of bank statements
- Bank books of last month's statements for saving, CD, stocks, bonds, equity in real property
- Current Lease or letter from current landlord
- Last six (6) rent receipts, cancelled checks
- Last two (2) telephone or utility bills

Miscellaneous

- Legal documentation pertaining to such issues as bankruptcy discharge, custody, divorce and separation
- Budget Letter, from social services
- Section 8 or Shelter Plus voucher letter

Submit Monroe County Applications to:

DePaul Properties, Inc.
Attention: Compliance Department
150 Mt. Hope Avenue
Rochester New York 14620
Fax: (585) 777- 3564

Submit Erie & Genesee County Applications to:

DePaul Properties, Inc.
Attention: Compliance Department
238 Ontario Street
Buffalo, New York 14207

**DEPAUL PROPERTIES, INC. APPLICATION
GENERAL RENTAL AND OCCUPANCY CRITERIA GUIDELINES**

1. Age Requirement

- Lease Holder(s) must be 18 years of age or older (unless head of household).
All occupants 18 years or older must complete an application.
- Applicants must provide a valid Social Security Number.

2. Occupancy Standard

- Occupancy is based on the number of bedrooms in an apartment home. A bedroom is defined as a space within the premises that are used primarily for sleeping, designed to be closed with a door and a closet space for clothing.
- Maximum occupancy is two persons per bedroom. (Exception: Child less than 6 months of age).

3. Income Requirement

- Income Requirements for household must be equal to two times the amount for rent. Proof of income is needed for eligibility purposes as this is a Low Income Housing Tax Credit property. The gross monthly income of all Lease Holder(s) will be considered jointly
- Prior to move-in, all income must be verified by obtaining written verification. A copy of payroll check stub with YTD total showing six months of employment, previous year W-2 or 1099 or copies of last three consecutive bank statements may be requested.
- Verbal verification of income will not be accepted.

4. Residency

- Previous rental history will be reviewed and must exhibit no derogatory references. Any debt owed to an apartment community must be paid before an application will be approved. If a foreclosure or bankruptcy has been filed in the last 12 months, the applicant will not be eligible for approval. History of the last 12 months eligibility will be determined on a case by case basis.

5. Credit Requirements

- The credit history will be reviewed and no more than 50% of the total accounts reported can be over 90 days past due, or charged to collection in the past two (2) years.

6. Criminal History

- No applicant may have been indicted, arraigned, convicted involving violence, firearms, illegal drugs, theft, crimes involving theft, destruction of property, or any crime involving a minor. This will include person(s) who have received deferred adjudication for any of the above mentioned offenses. Sexual offenses or felonies will be an automatic denial.

7. Declined Applications include (1) or more of the following:

- No verifiable income or salary
- Falsification of the application
- Eviction record
- Criminal history as indicated above

8. Security Deposit Requirements

- A security deposit is required to be paid in full upon acceptance of Unit.
- In the event that applicant(s) cancel 24-hours after approval, all monies will be forfeited.

9. Consumer Credit Report Scoring

This community uses an empirically derived, statistically sound, credit scoring system to evaluate your consumer credit report. Credit scoring is based on real data and statistics, so it treats all applicants objectively. Your consumer credit report contains information about you and your credit experiences, such as your bill-payment history, the number and type of accounts that you have late payments, collection actions, outstanding debt, and the age of your accounts. Using a statistical program, we compare this information to the credit performance of other applicants with similar profiles which allows us to predict how likely it is that you will pay your rent in a timely; manner and fulfill other obligations. Based upon your credit score, your application will either be accepted, accepted with conditions, or denied. If your application is denied or is accepted with conditions, you will be given the name, address and telephone number of the consumer reporting agencies, which provided your consumer information to us.

I UNDERSTAND AND ACCEPT THESE QUALIFYING STANDARDS, AND HAVE TRUTHFULLY ANSWERED ALL QUESTIONS. FURTHER, I UNDERSTAND THAT FALSIFICATION OF RENTAL APPLICATION INFORMATION WILL LEAD TO DENIAL OF RENTAL.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Agent for Owner _____ Date: _____

In compliance with State and Federal Fair Housing Guidelines, DePaul Properties, Inc. does not discriminate on the basis of race, color, sex, religion, handicap, familial status or national origin.

Affordable Housing Apartments

Affordable Housing is an option for low income persons in the community to rent safe quality housing. All units are priced to be well below market rate rents and are maintained to the highest standards. Applicants must be income qualified. Most units are accessible to persons with mobility limitations.

Our Affordable Housing Apartments are operated in accordance with the requirements of the Low Income Housing Tax Credit (Tax Credit) Program governed under Section 42 of the Internal Revenue Code. Applicants are subject to the eligibility requirements under this Program.

Carriage Factory Apartments

33 Litchfield Street
Rochester, New York 14608

Brown Street Apartments

719 Brown Street
Rochester, New York 14611

Neighborhood of the Arts

(NOTA) Apartments
21 Elton Street
Rochester, New York 14607

Riverside Apartments

238 Ontario Street
Buffalo, New York 14207

Batavia Apartments

555 East Main Street
Batavia, New York 14020

Single Room Occupancy (SRO) Programs

Single Room Occupancy Programs are specifically designed to offer stable housing in a serviced-enriched, recovery-oriented setting to adult individuals with a psychiatric disability. The programs are licensed by the New York State Office of Mental Health and have a residential atmosphere with individual bedrooms and bathrooms, inviting common areas and outdoor courtyards. Other services include 24 hour staffing, medication management; linkages to medical and dental care, health education services; social/recreational assistance, and vocational/educational services, among others.

Seneca Square SRO

1603 Seneca Street
Buffalo, New York 14210

Halstead Square SRO

770 West Main Street
Rochester, New York 14611

Treatment Apartment Programs (TAP)

Treatment Apartments are certified by the New York State Office of Mental Health and provide consumers with the highest level of independence in a certified program. The program is intended to be the last residential step before the consumer begins to live independently within the community. Depending on the site, staff is either 24 hours per day, seven days per week, or staff make routine visits three to five times per week and are available 24 hours a day.

Carriage Factory Treatment

Apartment Program
33 Litchfield Street
Rochester, New York 14608

West Main Street Treatment

Apartment Program
750 West Main Street
Rochester, New York 14611

Neighborhood of the Arts

Treatment Apartment Program
21 Elton Street
Rochester, New York 14607

Ridgeview Commons

Treatment Apartment Program
109 Marburger Street
Rochester, New York 14621

Riverside Treatment

Apartment Program
238 Ontario Street
Buffalo, New York 14207

Batavia Treatment Apartment

Program
555 East Main Street
Batavia, New York 14020

DEPAUL PROPERTIES, INC. APPLICATION
Low-Income Housing Tax Credit Property

INCOMPLETE APPLICATIONS WILL AUTOMATICALLY BE DENIED

Applications are placed in order of date and time received. An applicant may be contacted only after the receipt of this tenant application. **An application is only good for 120 days.**

Applicant Name(s): _____

Co-Tenant Name: _____

Address: _____
Street Apt. # City State ZIP

Previous Address: _____
Street Apt. # City State ZIP

Daytime Phone: _____ Evening Phone: _____

Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify) _____

Bedroom Size Requested: Studio One Br Two Br Three Br

Requested Accommodation: Handicap Accessible Audio/Visual Accessible

B. HOUSEHOLD COMPOSITION *If a section doesn't apply, cross out or write NA.*

	Name	Relationship to Head	Birth Date	Age	Social Security# Driver License#	Student Y/N	Student Part/Full
Head			---/---/---		SS#		
					DL#		
Co-T					SS#		
					DL#		
3.					SS#		
					DL#		
4.					SS#		
					DL#		
5.					SS#		
					DL#		
6.					SS#		
					DL#		

Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes explain:</i>		
Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes explain:</i>		
Have any applicant been eligible to file an Income Tax Return in the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, list who:</i>		

If you are a student please provide the Educational Institutions Contact Information

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include the following information: Educational Institution Name: _____ Telephone # _____

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DEPAUL PROPERTIES, INC. APPLICATION

C. INCOME

List All sources of income as requested below. **If a section doesn't apply, cross out or write NA.**

Household Member Name	Sources of Income	Gross Monthly Amount
	Social Security Income <i>(Head of Household)</i>	\$
	Social Security Income <i>(Co-tenant or Dependent)</i>	\$
	Social Security Disability Income <i>(Head of Household)</i>	\$
	Social Security Disability Income <i>(Co-tenant or Dependent)</i>	\$
	Social Security Disabled Child Benefit <i>Claim #:</i>	\$
	Social Security Widow Benefit <i>Claim #:</i>	\$
	Pension/Retirement <i>Company Name:</i> <i>Address:</i> <i>Telephone:</i>	\$
	Veteran's Benefits <i>Claim #:</i>	\$
	Unemployment Compensation	\$
	Workers Compensation/Disability Benefits <i>Company Name:</i> <i>Address:</i> <i>Telephone:</i>	\$
	Temporary Assistance (TANF) <i>Cash Assistance:</i> <i>Shelter Assistance:</i>	\$ \$
	Rental Subsidy Payment <i>(ie. Section 8/Shelter Plus Care)</i>	\$
	Cash Contributions to Household	\$
	Full-Time Student Income <i>(Household Members 18 & Over Only)</i>	\$
	Financial Aid <i>(grants & scholarships exceeding the amount of tuition may have to be included in total income)</i>	\$
	Interest Income <i>Source:</i>	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

DEPAUL PROPERTIES, INC. APPLICATION

C. INCOME <i>(continued)</i>		Only List Current Employers	
Member Name:		Employment Amount:	\$
<u>Current Employer Name:</u>	<u>Employer Address</u>	<u>Position Held:</u>	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal
	<u>Phone #:</u>	<input type="checkbox"/> FT <input type="checkbox"/> PT	
Member Name:		Employment Amount:	\$
<u>Current Employer Name:</u>	<u>Employer Address</u>	<u>Position Held:</u>	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal
	<u>Phone #:</u>	<input type="checkbox"/> FT <input type="checkbox"/> PT	
Alimony			
Are you legally entitled to receive Alimony?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, list the amount you are entitled to receive.</i>			\$
Do you receive Alimony?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, list the amount you receive.</i>			\$
Child Support			
Are you legally entitled to receive Child Support?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, list the amount you are entitled to receive.</i>			\$
Do you receive Child Support?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, list the amount you receive.</i>			\$
Other Income			\$
Other Income			\$
Other Income			\$
TOTAL GROSS ANNUAL INCOME <i>(Based on the monthly amounts listed above x 12)</i>			\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR			\$
Do you anticipate any changes in this income in the next 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes explain.			
Is any member of the household legally entitled to receive Income Assistance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes explain.			
Is any member of the household likely to receive or get assistance (monetary or not) from someone who is not a member of the household as listed on page 2?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes explain.			
Is the Income received?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes explain.			

DEPAUL PROPERTIES, INC. APPLICATION

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	Bank	Acct. #	Balance \$	
	Bank	Acct. #	Balance \$	
	Bank	Acct. #	Balance \$	
Savings Accounts	Bank	Acct. #	Balance \$	
	Bank	Acct. #	Balance \$	
	Bank	Acct. #	Balance \$	
Trust Account	Bank	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Balance \$	
Certificates	Acct. #	Bank	Balance \$	
	Acct. #	Bank	Balance \$	
	Acct. #	Bank	Balance \$	
Money Market Accounts	Acct. #	Bank	Balance \$	
	Acct. #	Bank	Balance \$	
	Acct. #	Bank	Balance \$	
Savings Bonds	Acct. #	Maturity Date	Value \$	
	Acct. #	Maturity Date	Value \$	
	Acct. #	Maturity Date	Value \$	
Life Insurance Policy	Company: Policy #:	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life	Cash Value \$	
	Company: Policy #:	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life	Cash Value \$	
Mutual Funds	Name:	# Shares	Interest or Dividends \$	Value \$
	Name:	# Shares	Interest or Dividends \$	Value \$
	Name:	# Shares	Interest or Dividends \$	Value \$
Stocks	Name:	# Shares	Dividends Paid \$	Value \$
	Name:	# Shares	Dividends Paid \$	Value \$
	Name:	# Shares	Dividends Paid \$	Value \$
Bonds	Name:	# Shares	Interest or Dividends \$	Value \$
	Name:	# Shares	Interest or Dividends \$	Value \$
	Name:	# Shares	Interest or Dividends \$	Value \$
Investment Property			Appraised Value \$	

DEPAUL PROPERTIES, INC. APPLICATION

D. ASSETS <i>(continued)</i>	If a section doesn't apply, cross out or write NA.	
Real Estate Property:		
Do you own any property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, type of property:		
Location of property:		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual Insurance Premium	\$	
Amount of most recent Tax Bill	\$	
Does any member of the household have any asset(s) owned jointly with a person who is NOT a member of the household as list on Page 2?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, describe:		
Do they have access to these asset(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, describe type of property:		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Date of transaction:		
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, describe the asset:		
Date of disposition:		
Amount disposed	\$	
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please list:		
E. ADDITIONAL INFORMATION		
Are you or anyone applying to live in the household currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone applying to live in the household ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes describe:		

DEPAUL PROPERTIES, INC. APPLICATION

E. ADDITIONAL INFORMATION <i>(continued)</i>		
If a section doesn't apply, cross out or write NA.		
Have you or anyone applying to live in the household ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes describe:</i>		
Do you or anyone applying currently have a Representative Payee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes please provide contact information:</i>		
Do you or anyone applying currently have a court appointed guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes please provide contact information:</i>		
Have you or anyone applying to live in the household ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes describe:</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		
F. REFERENCE INFORMATION		
*Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Personal Reference #1		
Address:		
Relationship:		Phone #:
Personal Reference #2		
Address:		
Relationship:		Phone #:
Personal Reference #3		
Address:		
Relationship:		Phone #:

F. REFERENCE INFORMATION <i>(continued)</i>	
If a section doesn't apply, cross out or write NA.	
In case of emergency notify:	
Address:	
Relationship:	Phone #:
G. VEHICLE INFORMATION <i>(if applicable)</i>	
All vehicles must be legally registered must provide copies of Registration and Insurance.	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

CERTIFICATION

I/We hereby certify that I/We Do/Will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

<i>(Signature of Tenant)</i>	<i>Date</i>
<i>(Signature of Co-Tenant)</i>	<i>Date</i>
<i>(Signature of Co-Tenant)</i>	<i>Date</i>
<i>(Signature of Co-Tenant)</i>	<i>Date</i>

MARITAL STATUS FORM

Household Name: _____

Development Name: _____

Choose one of the following:

Married____ **Single**____ **Divorced**____ **Widow**____ **Separated**____

If you are divorced, please attach a copy of the recorded legal agreement.

Y **N** a. Are you legally separated from your spouse?
If “Yes”, please attach a copy of your current legal separation agreement.
If “No”, please continue with questions b, c, and d.

b. My reasons for not pursuing legal action are: _____

c. My future plans for pursuing legal action are: _____

d. I currently receive \$_____ per week month year (circle one) from my spouse for Spousal Support. I do not receive any other support from my spouse.

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, asset amounts, household composition, and marital status. I will not allow my spouse or other individuals to move into my apartment without prior approval from management. I understand that if I do, this will be a breach of my lease and I may be subject to eviction.

Applicant/Resident Signature

Date

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

DEPAUL PROPERTIES, INC. APPLICATION

TENANT RELEASE AND CONSENT

I, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to DEPAUL PROPERTIES INC. (Owner or Agent), for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identify; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers
Welfare Agencies
Veterans Administration
Previous Landlords (including public housing agencies)
State Unemployment Agencies
Social Security Administration
Retirement Systems
Support and Alimony Providers
Banks/Other Financial Institutions
Medical and Child Care Providers
Education Verification
Criminal Records
Reference Checks
Credit Report

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I understand I have a right to review this file and correct any information that is incorrect.

SIGNATURES

Signature

Printed Name & Date

Social Security #

Date of Birth

Signature

Printed Name & Date

Social Security #

Date of Birth

DEPAUL PROPERTIES, INC. APPLICATION

Social Security Administration
Consent for Release of Information

Form Approved
OMB No. 0960-0566

SSA will not honor this form unless all required fields have been completed (*signifies required field)

TO: Social Security Administration

*Name

*Date of Birth

*Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME

*ADDRESS

DePaul Properties _____

1931 Buffalo Road _____

Rochester, NY 14624 _____

*I want this information released because: DePaul Properties will need to verify my income from
There may be a charge for releasing information.
Social Security.

*Please release the following information selected from the list below:

You must check at least one box. Also, SSA will not disclose records unless applicable date ranges are included.

- Social Security Number
- Current monthly Social Security benefit amount
- Current monthly Supplemental Security Income payment amount
- My benefit/payment amounts from _____ to _____
- My Medicare entitlement from _____ to _____
- Medical records from my claims folder(s) from _____ to _____
If you want SSA to release a minor's medical records, do not use this form but instead contact your local SSA office.
- Complete medical records from my claims folder(s)
- Other record(s) from my file (e.g. applications, questionnaires, consultative examination reports, determinations, ect.) _____

I am the individual to whom the requested information/record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare that under penalty of perjury in accordance with 28 C.F.R §16.41(d)(2004) that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that any applicable fees must be paid by me.

*Signature: _____ *Date: _____

Relationship (if not the individual): _____ *Daytime Phone: _____

Form SSA-3288 (07-0210) EF (07-2010)