



Blackfeet Housing

Limited Partnerships

P.O. Box 449
 Browning, Mt 59417
 bha@3rivers.net
 Phone (406) 338-5031 Fax (406) 338-3873



Applying For:
 _____ South Flat Iron
 _____ Country Estates
 _____ North Country Estates
 _____ Browning
 _____ Heart Butte

RENTAL APPLICATION

Name: _____

Address: _____

Phone: _____

PART I - HOUSEHOLD COMPOSITION

#	Last Name	First Name	Relationship to HOH	Date of Birth	Sex	Social Security #	Full time Student Y/N
1.			HOH				
2.							
3.							
4.							
5.							
6.							
7.							

PART II - STUDENT STATUS

Are all occupants of the household full time students? _____ YES ___ NO

IF YES, to the above, please answer the following:

Is the household comprised of a single parent with school age child(ren) none of whom are dependents on a third party? _____ YES ___ NO

Are the HOH and co-applicant married and do they file a joint income tax return _____ YES ___ NO

Does the household receive AFDC or TANF? _____ YES ___ NO

Are any of the students participants in the Job Training Partnership Act _____ YES ___ NO

PART III - RENTAL HISTORY

Current Street Address	Do you Own/Rent	How Long:	Reason for Leaving:
Previous city, state, zip:	Monthly payment:	Landlord phone #	Landlord fax:

If residency has been less than 2 years, please complete the following

Previous Address	Do you Own/Rent	Reason for Leaving:
Previous city, state, zip	Monthly payment:	landlord phone/fax:

PART IV - CREDIT REFERENCES

Bank Name:	Checking Number:	Savings Number::	Visa Number:		
Drivers License #	State:	Expires:	Vehicle Model:	Year:	Plate:
Ever filed Bankruptcy?					
Yes No					
Ever been evicted from tenancy?					
Yes No	Emergency Contact Name:	Phone:	Relationship:		
Ever been convicted of a felony?					
Yes No					

PART V - RECURRING INCOME

Circle all applicable:
Applicant #1

Employed full time:	Employed part time:	Self employed:	Non employed:	Unemployed:
Current Employer:	Position:	How Long:	Supervisors Name:	
Telephone Number:	Telefax Number:		Address:	
Current wages per year:	Hours worked per week	Tips:	Do you have more than one job?	
		Yes No	Yes No	

Please attach all verification:

OTHER INCOME:

<u>SOURCE</u>	Yes	No	<u>MONTHLY</u>
Alimony/Child Support	Yes	No	\$-----
AFDC/TANF	Yes	No	\$-----
SSA/SSI	Yes	No	\$-----
Retirement/Pensions/Annuities	Yes	No	\$-----
Unemployment	Yes	No	\$-----
Workers Compensation	Yes	No	\$-----
Recurring Gifts from family	Yes	No	\$-----
Other Recurring Monies	Yes	No	\$-----

Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.

PART VI - ASSETS

ASSETS:

<u>SOURCE</u>	Yes	No	<u>MONTHLY</u>
Checking Account	Yes	No	\$-----
Savings Account	Yes	No	\$-----

Money Market, CD, and other	Yes	No	\$-----
Stocks/Bonds	Yes	No	\$-----
IRA=s, 401 (k), Keogh	Yes	No	\$-----
Real Estate	Yes	No	\$-----
Boat, trailer, Rec. Vehicle	Yes	No	\$-----
Life Insurance Policies	Yes	No	\$-----
Other Assets	Yes	No	\$-----

Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes etc, need not be disclosed.

Are the total assets of the household more than \$5000? Yes No

Has any member of the household disposed of an asset for less than fair market value within the last 24 months? Yes No

If NO to both of the above, what is the expected earnings on all household assets for the next 12 months: \$-----

ASSET ADDENDUM

Part A To be completed if the combined assets of the household are greater than \$5,000.

Asset	Owner	Description	Institution where held	Address City, State, Zip	Phone	Est. Current Value	Est. Annual Earnings
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Part B To be completed if any assets have been disposed of for less than fair market value within the past 24 months.

(Attach Verification). Note: Dispositions as a result of foreclosure, bankruptcy or as a part of a divorce/separation do not count as dispositions.

Asset	Disposition Date	Asset Description	Recipient	Reason	Fair Market Value of Asset
1B.					
2B.					
3B.					

_____	_____	_____	_____
Applicant Signature	Date	Applicant Signature	Date
_____	_____	_____	_____
Applicant Signature	Date	Applicant Signature	Date

CHILD CARE (Provide Verification)

Do you pay Childcare ?	Yes	No	If yes, Amount paid?
Do you receive assistance from the Child Block Grant?	Yes	No	If yes, Amount Received?
Other Source?	Yes	No	Amount Received?

TRAVEL

What is the physical address of your employer or school (only for one household member over age 18 years)?

Household Member	Employer or School	Miles to work/school (one way)	Street Address, City and State

DECLARATIONS

1. Do you anticipate any change in your household composition during the next 12 months?	Explanation:
2. Does anyone in the household have any needs that might be better served by a unit, which is accessible to people with mobility, hearing or visual impairments?	Explanation:
3. Have you disposed of any assets for less than Fair Market Value during the past two (2) years?	Asset: _____ Date Disposed _____ Amount Received _____ Fair Market Value: _____
4. Have you ever participated in any program offered by Blackfeet Housing?	Program: _____ Date Served: _____
5. Has Blackfeet Housing ever received a judgment against you for non-payment on an account?	Program _____ Date of Judgment: _____ Date paid in full: _____
6. Do you currently owe Blackfeet Housing on any past or current account:	Program: _____ Date Served _____ Amount Due: _____
7. Have you ever been convicted/arrested for a misdemeanor offense?	Year of convicted/arrest: _____ Type of charge: _____ Sentence received: _____
8. Have you ever been convicted/arrested for a felony offense?	Year of convicted/arrest: _____ Type of charge: _____ Sentence received: _____ Year paroled: _____
9. Are you required to register as an offender?	Probation officer: _____ Contact Information: _____
10. Will this unit be the households primary residence?	Yes _____ No

I/We hereby affirm that the foregoing information is true and complete to the best of my knowledge, and authorize the landlord to make inquires to verify the statements herein. I/We further understand that any intentional misrepresentation in this application might result in default in the rental agreement and/or eviction of this household.

If any of the aforementioned information changes, I/We agree to notify Blackfeet Housing immediately.
All household members age 18 and older sign below:

_____	_____	_____	_____
Applicant Signature	Date	Applicant Signature	Date
_____	_____	_____	_____
Applicant Signature	Date	Applicant Signature	Date

AUTHORIZED RELEASE OF INFORMATION

THIS FORM CANNOT BE USED TO REQUEST A COPY OF A TAX RETURN, USE IRS FORM 4506, REQUEST FOR A COPY OF TAX FORM.

Sensitive information: The consent granted by this form may be used as a basis to collect sensitive information which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD or Rural Development except to the appropriate Federal, State and Local agencies, when relevant and to civil, criminal or regulatory Investigators and prosecutors. Please see the Federal Privacy Act for more detailed description of your privacy rights.

Purpose:
This form enables the U.S. Department of Housing and Urban Development (HUD), Rural Development and the above named Public Housing Agency or Indian Housing Authority, (HA=s) to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining employee income information from current and previous employers and wage and claim information from the State Wage Information Collection Agency (SWICA).

Computer Matching Notice and Consent:
I understand that a Public Housing Agency, Indian Housing Authority, HUD or Rural Development may conduct computer matching programs with other governmental agencies including Federal, State and Local agencies.

- The governmental agencies include:
- U.S. Office of Personnel Management
 - U.S. Social Security Administration
 - U.S. Department of Defense
 - U.S. Postal Service
 - State of Employment Security Agencies
 - State of Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family.

Employment information:
I also authorize the above named HA, HUD and Rural Development to obtain information about me and my family that is pertinent to employment income information from current and previous employers.

Conditions:
I agree that photocopies of this authorization may be used for the purposes stated above. If I or any adult member of my family fail to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or tenancy, or both.

State Wage Agencies:
I authorize only HUD, Rural Development, a Public Housing Agency, or an Indian Housing Authority to obtain information on wages or unemployment compensation from State Agencies charged with the State unemployment law.

Signature, Printed name of the Head of household & Date

Source of Income

Signature, Printed name of the Head of household & Date

Source of Income

Signature, Printed name of the Head of household & Date

Source of Income

FRAUD AND FEDERAL PRIVACY ACT STATEMENT

PLEASE READ THE FOLLOWING STATEMENT THEN SIGN AND DATE THE FORM.

SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIME PUNISHABLE BY A FINE UP TO \$10,000 OR BY IMPRISONMENT OF UP TO FIVE (5) YEARS OR BOTH FOR MAKING FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATION OR MAKING OR USING ANY FALSE WRITING OR DOCUMENT IN ANY MATTER WITHING THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

THIS MEANS THAT IF YOU, AS AN APPLICANT OR TENANT, KNOWINGLY GIVE THE BLACKFEET HOUSING FALSE INFORMATION ABOUT YOUR INCOME WITHIN (10) DAYS OF CHANGE, YOU MAY BE CHARGED WITH FRAUD UNDER CHAPTER 409.325 AND/OR SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE.

IF, AS A RESULT OF COMMITTING FRAUD, WITHHOLDING INFORMATION OR MAKING A MISREPRESENTATION TO THE BLACKFEET HOUSING, YOU RECEIVE ANY RENTAL ASSISTANCE OR LOWER RENT TO WHICH YOU ARE NOT ENTITLED, YOU WILL BE RESPONSIBLE FOR MAKING RESTITUTION (REPAYMENT) IN FULL TO THE BLACKFEET HOUSING AND MAY BE SUBJECT TO TRIBAL AND FEDERAL PROSECUTION AS WELL. THIS COULD ALSO RESULT IN A FINE, IMPRISONMENT OR BOTH AS WELL AS LOSS OF YOUR ELIGIBILITY FOR ANY OF THIS AGENCY=S HOUSING PROGRAMS.

THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD), RURAL DEVELOPMENT AND KAY-KAY REALTY WILL BE COLLECTING INFORMATION YOU GAVE TO THE BLACKFEET HOUSING AT APPLICATION OR RE-EXAMINATION. THE DATA IT WILL COLLECT INCLUDES NAME, BIRTH DATE, SOCIAL SECURITY NUMBER (SSN), INCOME (BY SOURCE), ASSETS, CERTAIN DEDUCTIBLE EXPENSE AND RENTAL PAYMENTS

THE PRIVACY ACT OF 1974, AS AMENDED, REQUIRES US TO TELL YOU ABOUT THIS. WE ALSO ARE REQUIRED TO TELL YOU WHAT HUD/RURAL DEVELOPMENT/KAY-KAY REALTY WILL DO WITH THE INFORMATION.

HUD/RD/KAY-KAY REALTY WILL USE THE INFORMATION TO MANAGE AND MONITOR BLACKFEET HOUSING ASSISTED HOUSING PROGRAMS. IT ALSO MAY VERIFY WHETHER THE INFORMATION IS ACCURATE AND COMPLETE BY DOING A COMPUTE MATCH.

BLACKFEET HOUSING MAY GIVE THE INFORMATION TO FEDERAL, STATE AND LOCAL AGENCIES WHEN IT WILL BE USED FOR CIVIL, CRIMINAL OR REGULATORY INVESTIGATIONS AND PROSECUTIONS. BLACKFEET HOUSING ALSO MAY MAKE SUMMARIES OF RESIDENT DATA AVAILABLE TO THE PUBLIC. OTHER THAN THESE USES, BLACKFEET HOUSING WILL NOT RELEASE THE INFORMATION OUTSIDE KAY-KAY REALTY, EXCEPT AS PERMITTED OR REQUIRED BY LAW.

THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1987, 42 U.S.C. 3543 REQUIRES APPLICANTS AND RESIDENTS TO GIVE THE BLACKFEET HOUSING THE SOCIAL SECURITY NUMBERS OF HOUSEHOLD MEMBERS AT LEAST SIX (6) YEARS OLD. IF YOU ARE AN APPLICANT AND YOU HAVE BEEN ISSUED OR USE A SOCIAL SECURITY NUMBER, AND YOU DO NOT GIVE THEM TO THE BLACKFEET HOUSING, THE BLACKFEET HOUSING IS REQUIRED TO REJECT YOUR APPLICATION FOR HOUSING ASSISTANCE, IF YOU ARE RECEIVING HOUSING ASSISTANCE AND YOU HAVE BEEN ISSUED OR USE A SOCIAL SECURITY NUMBER AND YOU DO NOT GIVE THEM TO THE BLACKFEET HOUSING, THE BLACKFEET HOUSING IS REQUIRED TO EVICT YOUR FAMILY OR WITHDRAW YOUR HOUSING ASSISTANCE.

THE NATIVE AMERICAN HOUSING ASSISTANCE AND SELF DETERMINATION ACT OF 1996,AAS AMENDED, HR-3219, AND THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1981, P/L/97-35, 85 STAT., 348, 408 REQUIRE APPLICANTS AND RESIDENTS TO PROVIDE THE OTHER INFORMATION (LISTED IN THE FIRST PARAGRAPH) TO THE BLACKFEET HOUSING, IF YOU ARE AN APPLICANT AND YOU FAIL TO GIVE THE BLACKFEET HOUSING THIS INFORMATION, THE BLACKFEET HOUSING MAY HAVE TO REJECT YOUR APPLICATION OR DELAY ACTING ON IT. IF YOU ARE RECEIVING HOUSING ASSISTANCE AND YOU DO NOT GIVE THE BLACKFEET HOUSING THIS INFORMATION, THE BLACKFEET HOUSING MAY HAVE TO EVICT YOUR FAMILY OR WITHDRAW YOUR HOUSING ASSISTANCE.

I HAVE READ THE ABOVE STATEMENT, OR HAD IT READ AND EXPLAINED TO ME AND UNDERSTAND THE CONSEQUENCES OR NOT CORRECTLY REPORTING MY FAMILY COMPOSITION AND ALL OF MY INCOME, AND ANY CHANGES WITHIN TEN (10) DAYS FO THEIR OCCURENCE.

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

NOTIFICATION OF PENALTY FOR MISREPRESENTATION

Federal regulations establish administrative procedures for imposing civil penalties and assessments against persons who file false claims or statements while applying for benefits. This regulation, which implements the Program Fraud Civil Remedies Act of 1986, applies to all applicants. The Program Fraud Remedies regulations apply to any person or persons who misrepresent or omit information from applications for serves, income verification, re-examination of information, family compositions or ages of family members, etc. Such person or persons may be investigated by the Inspector General and may be subject to the following penalties:

1. Up to \$5,000.00 for filing such a claim; or
2. Up to \$5,000.00 plus up to twice the amount of benefits which were fraudulently received; and
3. In any case, whether or not benefits were actually received by the individual/family, or any other remedy, which may be prescribed by law, will still apply. (This means that the fines do not preclude criminal charges or legal actions against the person(s) committing the fraud.)

SOME OF THE AREAS WHERE SUCH FRAUD MAY OCCUR:

1. Families reporting less tan all sources of income (e.g., only reporting husbands income when both spouses are working; or not reporting all part of part-time income or other seasonal income).
2. Families listing more dependents than are eligible or who live in the household.
3. Families misrepresenting age to either get benefits for "elderly" or claim children as dependents after they reach the age of 18.
4. Families not reporting all assets, such as bank accounts, real estate/home owned.

I HAVE READ AND UNDERSTAND THESE REGULATIONS

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

ATTENTION HEAD OF HOUSEHOLD

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Mark one or more)

- 1. American Indian/Alaskan Native _____
- 2. Asian _____
- 3. Black or African American _____
- 4. Native Hawaiian or
Other Pacific Islander _____
- 5. White _____

Gender: Male _____
Female _____

EXPLANATION OF HOW BASIC NECESSITIES ARE MET MONTHLY

Explain exactly **HOW** each of your expenses is paid.

DO NOT leave any line blank, and complete answers are required.

If any item on this form is NOT ANSWERED or response is too vague, *THIS FORM WILL BE RETURNED TO THE HOUSEHOLD FOR CLARIFICATION AND COMPLETENESS.* To prevent a delay in the review of your application please make sure all information is completed.

If yes please have your family, friend or organization that provide you money to meet you basic necessities write a statement on the amount that they assist you with on a reoccurring basis.

Basic Necessity	Paid By	Amount Due or paid out monthly	Reoccurring assistance from family, friend or organizations	
Rent		\$	Yes No.	
DOES THIS AMOUNT INCLUDE UTILITIES, IF YES WHAT UTILITIES POWER, GARBAGE WATER SEWER OTHER				
Groceries		\$	Yes No.	
Meals Out		\$	Yes No.	
Electricity		\$	Yes No.	
Heating (if other than Electric)		\$	Yes No.	
Telephone		\$	Yes No.	
Cell Phone		\$	Yes No.	
Cable TV or Satellite		\$	Yes No.	
Water		\$	Yes No.	
Sewer		\$	Yes No.	
Automobile Payment		\$	Yes No.	
Gasoline/Fuel		\$	Yes No.	
Maintenance & Repairs		\$	Yes No.	
Insurance (Auto)		\$	Yes No.	
Insurance (Health, Life)		\$	Yes No.	
Clothing for family		\$	Yes No.	
Laundry & Cleaning Supplies		\$	Yes No.	
Toiletries (personal hygiene items)		\$	Yes No.	
Over Counter medications		\$	Yes No.	
Activities		\$	Yes No.	
Child Care		\$	Yes No.	
Child Support		\$	Yes No.	
Education (school functions, supplies)		\$	Yes No.	
Pets		\$	Yes No.	
Allowances		\$	Yes No.	
Gifts		\$	Yes	No.
Cigarettes		\$	Yes	No.
Other		\$	Yes	No.

The person signing below declares that the information provided on this form is correct and complete.

Signature

Date Signed

Signature

Date Signed

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list): _____				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).

3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

4. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is

\$ _____ . This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant

Date

Applicant/Tenant

Date

STUDENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:

Project Name: _____

Building Address: _____

Unit Number if assigned: _____

I hereby grant disclosure of the information requested below from _____

Name of Educational Institution

Signature

Date

Printed Name

Student ID#

Return Form to:

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at this educational institution? YES NO

If so, part-time or full-time? PART-TIME FULL-TIME

If full-time, the date the student enrolled as such: _____

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge

Signature: _____

Date: _____

Print your name: _____

Tel. #: _____

Title: _____

Educational Institution: _____

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.

AFFIDAVIT OF NON-EMPLOYMENT STATUS

Tenant Name: _____

In connection with your review of my application for residency at Blackfeet Limited Partnership:
I confirm that:

*I am not now employed in any capacity
*I have no intention of becoming employed in the next 12 months.
*I am not under any affirmative obligation to obligation employment
*I do not receive un-employment compensation or other benefits as a result of my non-
employed status.

*I am not now employed in any capacity
*I have no intention of becoming employed in the next 12 months.
*Based upon my educational background, prior employment experience and career
training, I anticipate earning *\$_____ over the next twelve months. I
anticipate starting employment as a _____
on (date)_____ earning \$_____ per hour working _____ hours
per week.

In support of this estimate, I have submitted:

Previous _____ years tax return, or
 Previous job and salary history.
 Other supporting
documentation: _____

I understand that this affidavit is made as part of the qualification procedure to determine eligibility
for residency at the Blackfeet Housing Limited Partnership and that any misrepresentation herein
will be considered a material breach of the lease agreement and subject me to immediate eviction.

Signature

Date

Printed Name