

WOODLANDS II - APPLICATION

INSTRUCTIONS - PLEASE READ ALL

The Woodlands has a waiting list. In order to be considered for the waiting list, please complete and return the attached application packet in its entirety and mail or drop it off at the drop box at:

The Woodlands II, 2900 Polk St., Redding, CA 96001

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE HOUSING AT THE WOODLANDS II

1. Please follow the application instructions below.
2. Your application will be reviewed for eligibility.
3. If found not eligible, you will be notified in writing as to the reasons for being denied. You have 14 days to appeal this action in writing.
4. If eligible, your application will be placed on the waiting list.
5. To remain on the waiting list, please ensure that you follow the instructions below:
 - a. Please notify us when / if your contact, household, or income information has changed.
 - b. Please contact us every six months in order to remain on the waiting list.

Again, thank you for your interest in The Woodlands II Apartments. If you have any questions or need assistance in completing this application, please call the Woodlands office at 530-379-0026 or call NVCCS at 530-241-0552.

Sincerely,

Resident Manager

INSTRUCTIONS

PLEASE READ CAREFULLY - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. **PLEASE PRINT CLEARLY and USE BLUE INK.**
2. **No White-out** – please line through mistakes and initial.
3. **COMPLETE ALL AREAS. If an item doesn't apply to you, answer "NO" on that question or mark it with a "0" if it is a dollar amount line or section.**
 - a. All sources of earned income must be reported for all household members 18 years and older.
 - b. All unearned income and assets must be reported for all household members, including minors.
4. **SIGNATURES** are required by all adult applicants 18 years and older
5. **COPIES OF SOCIAL SECURITY AND ID CARDS** are required for **EVERYONE** on the application
6. **RETURN YOUR APPLICATION TO:** The Woodlands II Apartments
ATTN: Applications
2900 Polk St., Redding, CA 96001

NOTE: The Woodlands II is a no pet property. Service or Emotional Support Animals (ESA) are considered for persons with disabilities who provide proper notice and documentation. Speak with management for details.



The Woodlands II Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted program and activities.



5/24/2021

APPLICATION FOR RENTAL HOUSING



THE WOODLANDS II
 2400 Washington Ave
 REDDING, CA 96001
 530-241-0552



Apartment Size (number of bedrooms) and Special Accommodations Requested:

- Studio
 1 Bedroom
 2 Bedroom
 3 Bedroom

Does anyone in the household require special accommodations (e.g. unit designed for the mobility impaired, unit designed for the visually impaired, unit designed for the hearing impaired, grab bars, etc.)?

- Yes, If yes, please describe: _____
 No

Head of Household Information:

Last Name:	First Name:	M.I.:	SS#:
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Spouse/Co-Resident (If Applicable):

Last Name:	First Name:	M.I.:	SS#:
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Address:

Current Street Address:		
City:	State:	Zip Code:

Telephone (Head of Household)	Telephone (Spouse/Co-Head of Household)
Home:	Home:
Cell:	Cell:
Work:	Work:
Email:	Email:

Current Landlord, Name, Address & Telephone Number:

Name:	Telephone Number:
Street Address:	
City, State, Zip:	
Date Move-in:	Current Monthly Rent: \$

Rental History ~ Include all places where you and/or any ADULT members (18 years of age or older) lived in the past four years including place where your or their name did not appear on the lease and places where you or they used a different name. (Note: Use Household Member No. from top of page)

Household Member #	Street Address, City, State, Zip	Own/ Rent	Dates of Residency	Landlord's Name Street Address, City, State, Zip

Rental History continued ~ Use back of sheet if more room is needed for the explanation.

Yes No

1. Have you or anyone else named on this application been evicted from a rental unit of any type, including an apartment, home, mobile home or trailer? If yes, explanation: _____
2. Have you are any member of your household ever committed any fraud in a Federal Housing Assistance Program or been requested to repay money knowingly misrepresenting information for such housing programs? If yes, explain: _____

Personal History and Reference

Yes No

3. Have you or anyone else on this application filed for bankruptcy? _____
4. Have you or anyone else on this application been convicted of a felony? If yes, explanation: _____
5. Have you or any other member of your household ever used any name(s) or Social Security numbers other than one you are currently using? If yes, explanation: _____

Emergency Contact Information:

Please provide the appropriate information of someone we can contact in an emergency who is not expected to reside in the apartment.

Name:		Relationship:
Mailing Address:		
City, State, Zip:		
Home Phone:	Work Phone:	Cell Phone:

Car Registration

Household Member #	Driver's License #	State Issued	Color, Year, Make, Model

Household Composition ~ List ALL persons, including yourself, who will reside in the apartment. NOTE: The number to the left indicates the "Household Member Number" and is the number requested to identify the family member in the remaining sections of the application.

Full Name (Last, First, M.I.)	Relationship to Head of Household	Age	Sex	Birth Date	Occupation	Social Security Number
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Yes No

6. Do you expect any additions to the household within the next 12 months or is anyone in your household, including yourself, expecting a child? If expecting a child, include the scheduled due date? Explanation: _____
7. Is there anyone living with you now or are you living with anyone now who won't be living with you in the apartment? Name & Relationship: _____
Explanation: _____
8. Will any of the above household members live anywhere except in the apartment or are there any other persons not listed above who will live in the apartment on a less than full time basis? Name: _____
Explanation: _____
9. Do you have full custody of your child(ren)?
Explanation: _____
10. Are there any absent household members who under normal circumstances would live with you? (For example, a spouse away in the military.)
Explanation: _____
11. Does your household have or anticipate having any pets other than those used as service Animal?
Explanation: _____
12. Will you or any other ADULT household member require a live in care attendant to live independently?

Name of Attendant:	Relationship:
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Student Status

Yes No

13. Have you or any household member (including minors) been a student or expect to be a student in this calendar year or within the next twelve months? List student household members.
 (Select PT – Part Time or FT – Full Time)

Household Member #:	<input type="checkbox"/> PT	<input type="checkbox"/> FT	School/Institution:
Household Member #:	PT	FT	School/Institution:
Household Member #:	PT	FT	School/Institution:
Household Member #:	PT	FT	School/Institution:
Household Member #:	PT	FT	School/Institution:

14. Will your household be receiving section 8 rental assistance at the time of your move in? Name _____ of _____ agency: _____
 Contact Person & Number: _____

INCOME

Employment Income ~ List all full-time, part-time and/or seasonal employment and wages for all household members (18 years of age or older or, if legally emancipated, those under 18) including self-employment, overtime, tips, commissions and payments received in cash. If you have income from "other sources", include it in the next section. Include all income anticipated for the next 12 months.

Yes No

15. Are any household members employed or self-employed? If yes, list below. If No, go to #16.

Household Member #	Place of Employment	Employer's Address	Employer's Phone Number	Annual Income

Other Sources of Income ~ List all income for sources other than employment for ALL household members, including minors. Include all income anticipated for the next 12 months.

Do you or anyone in your household receive or expect to receive income from:

Yes No

16. Regular Pay as a member of the Armed Forces/Military?

Household Member #	Base Name & Branch	Amount
Household Member #	Base Name & Branch	Amount

17. Unemployment benefits or workman's compensation?

Household Member #	Case Worker Phone Number	Amount
Household Member #	Case Worker Phone Number	Amount

Yes No

18. Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

Household Member #		Case Worker Phone Number	Amount
Household Member #		Case Worker Phone Number	Amount

19. Social Security, SSI, or any other payments from the Social Security Administration?

Household Member #		Social Security Office	Amount
Household Member #		Social Security Office	Amount

20. Regular payments from a Veteran's Benefits, pension, retirement benefit or annuities?

Household Member #		Benefit	Amount
Household Member #		Benefit	Amount

21. Regular Payments from a Severance Package?

Household Member #		Company	Amount
Household Member #		Company	Amount

22. (a) Child support? Please list all court ordered amounts whether or not you are receiving payment. (We must include court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court ordered but is received directly from the payer).

Household Member #		Payer Contact Information	Amount
Household Member #		Payer Contact Information	Amount

(b) How is support received? (Check all that apply)

Yes No

Child Support Enforcement Agency
Directly from Individual
Other

Agency: _____
Individual: _____
Explain: _____

(c) If child support is court ordered but not actually received, are you taking legal action to remedy? (If yes, please provide documentation.)

Yes No

Explain: _____

23. (a) Alimony? Please list all court ordered amounts whether or not you are receiving payment. (We must include court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court ordered but is received directly from the payer).

Household Member #		Payer Contact Information	Amount
Household Member #		Payer Contact Information	Amount

Yes No

(b) How is alimony received? (Check all that apply)

Yes No

Enforcement Agency
Directly from Individual
Other

Agency: _____
Individual: _____
Explain: _____

(c) If alimony is court ordered but not actually received, are you taking legal action to remedy? (If yes, please provide documentation.)

Yes No

Explain: _____

 24. Regular payments from any type of settlement? (i.e. insurance settlements)

Household Member #		Source of Benefit Contact Information	Amount
Household Member #		Source of Benefit Contact Information	Amount

 25. Regular gifts or payments from anyone outside the household? (this includes anyone supplementing your income or paying any of your bills, car insurance, utilities, groceries, etc.)

Household Member #		Source of Benefit Contact Information	Amount
Household Member #		Source of Benefit Contact Information	Amount

 26. Regular payments from lottery winnings or inheritance:

Household Member #		Source of Benefit Contact Information	Amount
Household Member #		Source of Benefit Contact Information	Amount

 27. Regular payments from a rental property or other types of real estate transactions?

Household Member #		Address of Property City, State, Zip	Amount
Household Member #		Address of Property: City, State, Zip	Amount

 28. Any income from sources or types not listed? (including, but not limited to, Educational Grants or Scholarships, etc.)

Household Member #		Source of Benefit Contact Information	Amount
Household Member #		Source of Benefit Contact Information	Amount

 29. Does any household member expect any changes to their income in the next 12 months?

Household Member #		Explanation
Household Member #		Explanation

 30. Are you or any other ADULT household member claiming ZERO income?

Household Member #		Explanation
Household Member #		Explanation

ASSET INFORMATION ~ Include all assets held and the income received from the asset. **INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS.** (if more space is needed, please list on the back or on a separate sheet of paper.)

Yes No

31. Do any household members have a checking account? If yes, list below. If no, go to #32.

Household Member #	Account Number	Bank Name	Bank Address	Average Six Month Balance	Current Rate of Interest
				\$	\$
				\$	\$
				\$	\$

32. Do any household members have a savings account? If yes, list below. If no, go to #33.

Household Member #	Account Number	Bank Name	Bank Address	Current Balance	Current Rate of Interest
				\$	\$
				\$	\$
				\$	\$

33. Do any household members have any other assets?

Yes	No	Description of Asset	Family Member #	Financial Institution	Current Value	Annual Income from Asset
		Certificate of Deposit (CD)			\$	\$
		Money Market Account			\$	\$
		Debit Account				
		Treasury Bill			\$	\$
		Stocks			\$	\$
		Bonds			\$	\$
		Securities			\$	\$
		Trust Funds			\$	\$
		Pension Funds			\$	\$
		IRAs			\$	\$
		Keough Account			\$	\$
		Other Retirement Accounts			\$	\$
		Whole Life Insurance Policy			\$	\$
		Safe Deposit Box			\$	\$
		Credit Union Shares			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Cash on Hand			\$	\$

Yes No

34. Real Estate, Rental Property, land contract/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial properties)

Household Member #	Address of Property City, State, Zip	For Sale or Rent
Household Member #	Address of Property: City, State, Zip	For Sale or Rent

35. Personal Property held as an investment? (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include personal belongings such as your car, furniture, or clothing.)

Household Member #	Item:	Value
Household Member #	Item:	Value

36. Have you or any other household members sold, disposed of, or given away any real property or other asset(s) for an amount equal to or less than fair market value within the past two (2) years?

Member #		Item:	Amount Received:	Value
Member #		Item:	Amount Received:	Value

37. Does any household member have any additional assets not listed above?
If yes, List additional assets on a separate piece of paper.

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, this application may be declined or rejected, or, if we have moved in our Lease Agreement may be terminated.
2. We authorize management to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental, credit, criminal screening services and to contact previous and current landlords or other sources for credit and criminal confirmation which may be released to appropriate Federal, State or local agencies.
3. If our application is approved and move-in occurs, we certify that only those persons listed on this application will occupy the apartment, that they will maintain no other place of residence and that there are no other persons for whom we have or expect to have responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income and household composition.
5. We have read and understand the information in this application.
6. We have been notified that the Resident Selection Criteria, which summarizes the procedures for processing applications, is posted in the management and/or leasing office.
7. We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C Section 1681 a(d), seeing information on our creditworthiness, credit standing, credit capacity, mode of living and criminal background.

Signature Clause ~ All adult household members must sign below:

I understand that management is relying on the information contained in this application to prove my household's eligibility for occupancy. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of this application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I agreed to provide all necessary information, including source names, address, phone numbers and account numbers where applicable and any other information required for expediting this process. I understand my being offered an apartment is contingent on meeting the selection criteria established for the property for which I am applying and a copy of which can be obtained from the Rental Office.

Date: _____ Applicant (Head of Household) Signature: _____

Date: _____ Co-Applicant Signature: _____

Date: _____ Co-Applicant Signature: _____

Date: _____ Co-Applicant Signature: _____

Authorization for Release of Information

I, _____, the undersigned, hereby authorize the release to management of **The Woodlands II**, without liability, information regarding my employment, income, and/or assets for the purposes of documenting information required under Federal and/or State housing program guidelines.

Information Covered:

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: Personal Identity, Family Composition, Student Status, Federal Benefits, State Benefits, Local Benefits, Social Security numbers, Personal Credit, Criminal Record, Employment, Income and Assets. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and/or continued participation as a Qualified Resident under Federal and/or State housing program guidelines.

Groups or Individuals that may be contacted:

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

- | | |
|--|---|
| 1. Current and Previous Employers | 8. Utility Companies |
| 2. Current and Previous Landlords | 9. Social Security Administration |
| 3. Local, State and federal courts and law enforcements agencies | 10. Credit Reporting Agencies |
| 4. Welfare Agencies | 11. Internal Revenue Service |
| 5. State Unemployment | 12. Department of Veteran's Affairs |
| 6. Banks and other financial Institutions | 13. Schools and Colleges |
| 7. Veteran's Administration | 14. Providers of alimony, child support, pensions, annuities. |

Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization form expires 15 months after the date the form is signed.

Applicant/Resident Signature

Date

The Woodlands II

2400 Washington Ave, Redding, CA 96001 530-241-0552

First, Middle and Last Name: _____

Social Security Number: _____

Drivers License Number: _____

Date of Birth: _____

Current Address: _____

Previous Address: _____

Phone Number: _____

RELEASE OF INFORMATION

I authorize the following company/agency to release to The Woodlands II any information regarding my credit, payment of credit obligations, current credit obligations, current credit balance information, and any other pertinent information.

I understand that this information will be provided to the Department of Housing and Urban Development in order to satisfy their application requirement to receive funding for affordable housing. The Woodlands II pledges to preserve confidentiality concerning me and will neither give nor seek information except as specified above.

Company/Agency: Real ID, Inc.

Signature _____ Date: _____

CRIMINAL BACKGROUND RELEASE FORM

I understand that the owner/owner's agent will deny my application if I or any household member has been convicted of a felony crime. By signing this form, I consent to the release of my criminal record to the owner/owner's agent and I agree that I will not file any claim for lawsuit relating to the use of my criminal record for screening purposes.

Signature _____ Date: _____

FOR OFFICE USE ONLY:

Report Ran by: _____ Date: _____

Program to Charge: _____



TENANT RELEASE

Date: _____ Applicant/Resident Name: _____
 Property Name: The Woodlands II Social Security Number: _____
 Property Address: 2900 Polk Street Application/Unit Number: _____
Redding, CA 96001
 Property Phone #: (530) 379-0026 Property Fax #: (530) 379-0026
 Property Email Address: woodlands2@nvcss.org

I/We, the undersigned hereby authorize the above listed company to gather information on my behalf regarding to employment, income, assets and/or residential history. I further release my information without liability my information regarding for purposes of verifying information on my/our Apartment Rental (owner or agent) Application.

INFORMATION COVERED

I/We 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 identity; employment; income and/or assets. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for a continued participation as a Qualified Resident(s).

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

- | | |
|--|--|
| Past & Present Employers | Veteran's Administration |
| Previous Landlords (including Public Housing Agencies) | Retirement Systems |
| Child Support and Alimony Providers | Banks and other Financial Institutions |
| Welfare Agencies | Credit Reporting Agencies |
| State Unemployment Agencies Social Security Administration Criminal and Sex Offender Screening | EIV Screening |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a period of 120 days from the date signed. I/We understand that I/we have a right to review the information that has been supplied and correct the any incorrect information that may be given.

SIGNATURES

_____ APPLICANT/RESIDENT SIGNATURE	_____ PRINT NAME	_____/_____/_____ DATE
_____ APPLICANT/RESIDENT SIGNATURE	_____ PRINT NAME	_____/_____/_____ DATE
_____ APPLICANT/RESIDENT SIGNATURE	_____ PRINT NAME	_____/_____/_____ DATE

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

Woodlands II

2900 Polk St. Redding, CA 96001

Name of Property

Project No.

Address of Property

Northern Valley Catholic Social Service Project Based Voucher

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Landlord Verification

To:

Regarding:

SSN
DOB
Unit

Please return this form to:

Aperto
The Woodlands II
Suyapa Winter
2950 Polk Street
Redding, CA 96001
woodlands2@nvcss.org

Phone:
Fax: (530) 379-0026

APPLICANT RELEASE

Permission for release of information: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank. I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. Circumstances requiring the owner to verify information that is up to five years old, if needed, are attached.

The Applicant/Tenant does not have to sign this consent if they do not know who is going to review or complete it.

Signature

Date

VERIFICATION PROVIDER

The individual listed above has indicated they previously rented at your property. Please answer the below questions.

Continue Form and Sign on Page 2

THE WOODLANDS II

2900 Polk St, REDDING, CA 96001

Phone/Fax (530) 379-0026

PERSONAL/BUSINESS CHARACTER REFERENCE

TO (friend's name): _____

RE (your name): _____

Years Known: _____ **Phone Number:** _____

Address: _____

I hereby authorize the above person(s) to release the requested reference

Applicant Signature **Date**

Woodlands II Representative

REFERENCE STATEMENT

Relationship to Applicant: **FRIEND** **BUSINESS ASSOCIATE**

In the space below, please write a statement concerning the character and background of the applicant (Use the back side of this sheet if needed.)

Signature _____ **Date** _____