

# **RESIDENT SELECTION POLICY**

## **Veranda Breeze Apartments**

The following guidelines will be used in the evaluation of your application for residency. Veranda Breeze Apartments is a smoke free and pet free community.

**1. INCOME REQUIREMENTS:**

Applicant must be at least 18 years of age to lease an apartment. All adults must qualify and sign the lease to reside at Veranda Breeze Apartments. Gross monthly income must be at least (2.75) times the resident's portion of the rent. Income and family size will determine eligibility to reside at Veranda Breeze Apartments. We are a HOME Investment Partnership Program property, and guidelines and rents are pursuant to HUD regulations 24 CFR, part 92 and are subject to change without notice. Income restrictions apply.

**2. SUPPLEMENTAL INCOME:**

Social security, disability, child support or alimony must have supporting documents if income is to be included on application.

**3. EMPLOYMENT VERIFICATION:**

At least twelve (12) months of verifiable current or prior employment history; The full gross amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services. For self-employment, a copy of the most recent tax return will be required.

**4. RENTAL HISTORY:**

Applicant must have verifiable rental history of at least one (1) year and have fulfilled all previous lease agreements, have no outstanding balances or negative rental references.

**5. CREDIT HISTORY:**

Applicant must have good credit history with no outstanding collections or judgements. Neutral credit will be reviewed by management and a decision will be based on other criteria.

**6. OCCUPANCY STANDARDS:**

Two Bedroom Apartments.....Four people maximum  
Three Bedroom Apartments.....Six people maximum  
Four Bedroom Apartments.....Eight people maximum

**7. CRIMINAL HISTORY:**

Background checks will be conducted on all applicants. The attached Criminal History Checklist will be used to determine eligibility.

**ALL APPLICATIONS ARE PROCESSED THROUGH FIRST ADVANTAGE, 1-888-497-8616.**

**FOR AN APPLICATION TO BE APPROVED, WE MUST RECEIVE POSITIVE VERIFICATION OF ALL OF THE ABOVE. APPLICANT MUST PROVIDE ALL NECESSARY DOUMENTATION WITHIN 24 HOURS OF BEING NOTIFIED OF PENDING VERIFICATION FOR FINAL APPROVAL. ONCE APPROVAL HAS BEEN GIVEN BY MANAGEMENT, THE APPLICANT HAS 72 HOURS TO TAKE POSSESSION OF APARTMENT AND PAY SECURITY DEPOSIT. IF POSSESSION IS NOT TAKEN, APPLICANT FORFIETS APARTMENT AND MAY ELECT TO GO ON THE WAITING LIST FOR THE NEXT AVAILABLE APARTMENT.**

**I UNDERSTAND AND ACCEPT THIS RESIDENT SELECTION POLICY.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



**This property will not discriminate against any person based on race, color, religion, sex, national origin, familial status, or handicap.**

**REVISED 3/15/2024**

**RESIDENT SELECTION POLICY  
CRIMINAL HISTORY CHECKLIST  
Veranda Breeze Apartments**

Complete the following questions per adult household member.

Applicant Name \_\_\_\_\_

**CRIMINAL HISTORY CHECKLIST**

1. **Ever pled guilty to or no contest to, or been convicted of a crime against people, property, or crime involving drugs and/or weapons.**  
[ ] Yes [ ] No
2. **Do you currently have any civil or criminal charges or injunctions pending against you?**  
[ ] Yes [ ] No
3. **Ever been or are currently on probation or parole?**  
[ ] Yes [ ] No
4. **Ever pled guilty to, no contest to, or been convicted of, any type of sexual related misconduct?**  
[ ] Yes [ ] No
5. **Currently have a warrant for your arrest?**  
[ ] Yes [ ] No

**Explain all "yes" answers in detail: (yes answers are NOT an automatic denial)**

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**ALL APPLICATIONS ARE PROCESSED THROUGH FIRST ADVANTAGE, 1-888-497-8616.**

**The information above will be used to determine eligibility. I understand and accept this Resident Selection Policy. I swear under penalty of the law that all of the above information is true and complete. I clearly understand that false or incomplete information may be grounds for rejection of this application or for termination of tenancy after I have moved into a unit and that I could be subject to criminal and/or civil penalties.**

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

Date \_\_\_\_\_



**This property will not discriminate against any person based on race, color, religion, sex, national origin, familial status, or handicap.**

**REVISED 3/15/2024**

**RESIDENT SELECTION POLICY  
CRIMINAL HISTORY CHECKLIST  
Veranda Breeze Apartments**

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Applicant Name \_\_\_\_\_

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

Date \_\_\_\_\_



**This property will not discriminate against any person based on race, color, religion, sex, national origin, familial status, or handicap.**

REVISED 3/15/2024

**Horizon Housing Management, LLC  
2889 Aloma Lake Run  
Oviedo, Florida 32765**

TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, 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 Veranda Breeze Apartments  
(owner or agent)  
for purposes of verifying information on my/our apartment rental 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 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.

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	Retirement System
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
	Medical and Child Care Providers	

**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 year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

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*SIGNATURES*

\_\_\_\_\_  
Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Co-Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

**VERANDA BREEZE APPLICATION FOR RESIDENCY**

2308 Wightman Avenue  
Sebring, Florida 33870  
Phone # - 863-382-0044 TTY#: 711  
Fax # - 863-402-0367

The information on this Application for Residency is needed to determine if your household is eligible under this property's resident selection policy. *Please complete this Application for Residency in its entirety, leaving no blanks.* Also, the use of white out on this Application for Residency is not permitted and may result in the delay and/or denial of this Application.

**I. APPLICANT / CO-APPLICANT INFORMATION**

Applicants Name: \_\_\_\_\_ Co-Applicants Name: \_\_\_\_\_  
 Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
 Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_  
 Current e-mail address: \_\_\_\_\_ Current e-mail address: \_\_\_\_\_

Marital Status of Applicant: Check the box below that applies.  
 Married  Divorced  Widowed  Legally Separated  
 Separated, not legally  Never Been Married

**APPLICANT'S CURRENT ADDRESS:**  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Do You:  Rent?  Own?  Neither?  
 Community Name/Landlord: \_\_\_\_\_  
 Landlords Phone #: \_\_\_\_\_  
 Relationship to Landlord: \_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Monthly Payment? \$ \_\_\_\_\_  
 Reason for moving: \_\_\_\_\_

Marital Status of Applicant: Check the box below that applies.  
 Married  Divorced  Widowed  Legally Separated  
 Separated, not legally  Never Been Married

**APPLICANT'S PREVIOUS ADDRESS:**  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Did You:  Rent?  Own?  Neither?  
 Community Name/Landlord: \_\_\_\_\_  
 Landlords Phone #: \_\_\_\_\_  
 Relationship to Landlord: \_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Monthly Payment? \$ \_\_\_\_\_  
 Reason for moving: \_\_\_\_\_

**II. HOUSEHOLD COMPOSITION**

Please list all persons, including yourself and your spouse, who will be living in your household. Persons 18 years of age and older must complete a separate application as well as be listed here as part of the household.

	Last Name	First Name	Middle Initial	Relationship To Head of Household	Social Security #	Date of Birth	Student Status F/T = Full Time P/T = Part Time N/A = Not a Student
1				Head of Household			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
2							<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
3							<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
4							<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
5							<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
6							<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
7							<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
8							<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A

- Does anyone live with you now or plan to live with you in the future who is not listed above?  Yes  No.
  - Are there any absent household members (i.e. household members in the military, working in another city, away at school, etc.)?  Yes  No.
  - Are any of the household members listed above a live-in attendant?  Yes  No.
- If you answered "Yes" to any of the above questions, please provide a brief explanation below.

- Do you have custody and/or guardianship of the minors listed above?  Does not apply  Yes  No.  
If you answered "no", please provide a brief explanation below.

Applicant's Initials: \_\_\_\_\_

Co-Applicant's Initials: \_\_\_\_\_

RENTAL APPLICATION FOR: \_\_\_\_\_

**III. EMPLOYMENT INFORMATION**

**APPLICANT'S CURRENT EMPLOYER:**

Employer Name		Occupation/Position		Work Phone	
Street Address of Employer			City	State	Zip Code
Date of Hire	Rate of Pay \$ _____ If hourly, average # of hours _____ Weekly:	<input type="checkbox"/> Hourly, <input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-weekly, <input type="checkbox"/> Bi-monthly, <input type="checkbox"/> Monthly, <input type="checkbox"/> Yearly, Other _____	Supervisor		Work Fax

**APPLICANT'S PREVIOUS EMPLOYER:**

Employer Name		Occupation/Position		Work Phone	
Street Address of Employer			City	State	Zip Code
Date of Hire	Last Day on job	Rate of Pay \$ _____ If hourly, average # of hours _____ Weekly:	<input type="checkbox"/> Hourly, <input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-weekly, <input type="checkbox"/> Bi-monthly, <input type="checkbox"/> Monthly, <input type="checkbox"/> Yearly, Other _____	Supervisor	
				Work Fax	

**CO-APPLICANT'S CURRENT EMPLOYER:**

Employer Name		Occupation/Position		Work Phone	
Street Address of Employer			City	State	Zip Code
Date of Hire	Rate of Pay \$ _____ If hourly, average # of hours _____ Weekly:	<input type="checkbox"/> Hourly, <input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-weekly, <input type="checkbox"/> Bi-monthly, <input type="checkbox"/> Monthly, <input type="checkbox"/> Yearly, Other _____	Supervisor		Work Fax

**CO-APPLICANT'S PREVIOUS EMPLOYER:**

Employer Name		Occupation/Position		Work Phone	
Street Address of Employer			City	State	Zip Code
Date of Hire	Last Day on job	Rate of Pay \$ _____ If hourly, average # of hours _____ Weekly:	<input type="checkbox"/> Hourly, <input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-weekly, <input type="checkbox"/> Bi-monthly, <input type="checkbox"/> Monthly, <input type="checkbox"/> Yearly, Other _____	Supervisor	
				Work Fax	

**IV. OTHER SOURCES OF INCOME**

Check "Yes" for all income of all adults and persons in your household, including those under the age of 18, which apply.

Source	Check one	Source Benefits/Pensions	Check one	Source	Other	Check one
Any Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Comp.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA / 401K Disbursements		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony		<input type="checkbox"/> Yes <input type="checkbox"/> No
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Comp.	<input type="checkbox"/> Yes <input type="checkbox"/> No	AFDC/Food Stamps		<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions / Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security / SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF/Cash Assistance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Overtime pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Military / Reserve Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Gifts		<input type="checkbox"/> Yes <input type="checkbox"/> No
Self Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pensions / Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Rental Property		<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability/Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support		<input type="checkbox"/> Yes <input type="checkbox"/> No
				Have you been awarded		<input type="checkbox"/> Yes <input type="checkbox"/> No
				Child Support by the court		

For each "Yes" marked above, please complete the following:

Household member name	Amount received	Source
	Amount Received \$ _____ <input type="checkbox"/> Hourly, <input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-weekly, <input type="checkbox"/> Bi-monthly, <input type="checkbox"/> Monthly, <input type="checkbox"/> Yearly, <input type="checkbox"/> Other _____	
	Amount Received \$ _____ <input type="checkbox"/> Hourly, <input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-weekly, <input type="checkbox"/> Bi-monthly, <input type="checkbox"/> Monthly, <input type="checkbox"/> Yearly, <input type="checkbox"/> Other _____	
	Amount Received \$ _____ <input type="checkbox"/> Hourly, <input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-weekly, <input type="checkbox"/> Bi-monthly, <input type="checkbox"/> Monthly, <input type="checkbox"/> Yearly, <input type="checkbox"/> Other _____	

Applicant's Initials: \_\_\_\_\_

Co-Applicant's Initials: \_\_\_\_\_

**V. HOUSEHOLD ASSETS**

Check "Yes" for all assets held by all adults and persons in your household, including those under the age of 18. For those items with an asterisk, (\*) please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash.

Type of Asset	Check one	Type of Asset	Check one	Type of Asset	Check one
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA / Keogh Account*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement / Pension Fund*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage / Note Held	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mutual Funds*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance Policy*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Market Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks / Bonds*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Property Held as an Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate / Land*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Other Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:

Household member name	Type of asset	Bank Name	Account Number	Cash value (see note)	Money asset will earn in the next 12 months

1. Have you or anyone in your household disposed of any assets for less than fair market value in the last two years preceding the date of this application (if disposed of due to foreclosure, bankruptcy or divorce, answer no)?  Yes  No.

If "Yes", please explain below.

\_\_\_\_\_

\_\_\_\_\_

**VI. RENTAL / CRIMINAL HISTORY**

Have you, your spouse or any other occupant listed in this Application ever:

1. Been evicted or had a forcible detainer filed against you?  Yes  No
2. Moved to avoid eviction or because of problems with other residents or a landlord?  Yes  No
3. Broken a rental agreement?  Yes  No
4. Been court ordered to register with the Sexual Predator Registry and/or been affected by the Megan Law?  Yes  No

If you answered "Yes" to any of the questions above, please give a brief explanation.

\_\_\_\_\_

\_\_\_\_\_

**VII. OTHER INFORMATION**

1. Do you or any other occupants smoke?  Yes  No  
Please be advised this is a smoke-free community and no smoking is allowed on the premises.
2. Will you or any other occupant have an animal?  Yes  No Please be advised this is a pet-free community.
3. Will your household be receiving Section 8 rental assistance at the time of move-in or within the next 12 months?  
Housing Authority: \_\_\_\_\_ Caseworker: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. What size unit would you prefer? \_\_\_\_\_

5. When would you like to move-in? \_\_\_\_\_

6. Do you have any special needs?  Yes  No

If "Yes", do you need a reasonable accommodation or modification to the apartment? If Yes, please explain what is needed:

\_\_\_\_\_

7. Do you have renter's insurance?  Yes  No

8. How did you hear about us?

- Drive By  Internet (Name) \_\_\_\_\_  Friend (Name) \_\_\_\_\_  Other \_\_\_\_\_  
 Resident Referral (Name) \_\_\_\_\_  Flyers (Location) \_\_\_\_\_  Sign \_\_\_\_\_

Please provide the following information on all vehicles that will be parked on the property by you, or any other occupant (including cars, trucks, motorcycles, trailers, etc.).

Make/Model	Color	Year	License Number	State

Applicant's Initials: \_\_\_\_\_

Co-Applicant's Initials: \_\_\_\_\_

RENTAL APPLICATION FOR: \_\_\_\_\_

Emergency contact person over 18 who will not be living with you. If you die or are seriously ill, missing or incarcerated according to an affidavit if (check one or more)  the person listed below  your spouse, or  your parent or child, we may allow such person (s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for and ambulance at your expense. We're not legally obligated to do so.

Name	Address	Home Phone	Work Phone	Relationship

**VIII. RENTAL APPLICATION CLAUSE**

This application and its contents are considered to be a part of my lease if my application is accepted, and I sign a lease. However, I/WE understand that I/WE acquire no rights to a unit until I/WE sign a lease in the form submitted to me and make a deposit on the unit I/WE have selected. I/WE also understand that the deposit is to be held as long as I/WE occupy the unit. I/WE have been informed that I/WE may not have a pet on this community without prior written approval of Management.

**HOLDING DEPOSIT AGREEMENT:** I/WE understand that I/WE have 72 hours after approval of this application to retract after which I/WE will lose the good faith deposit of \$ 200.00 hereinafter referred to as a "Holding Deposit". I/WE have deposited the Holding Deposit in consideration for Owner's taking the dwelling unit off the market while considering approval of my application. If my application is approved by Owner and the Lease is entered in to, the Holding Deposit shall be credited to the required security deposit. If my application is approved but I/WE fail to enter into the Lease, the Holding Deposit shall be retained by the Owner in consideration for the Owner having taken the dwelling unit off the market. The Holding Deposit may be refunded if my application is not approved as long as all information provided is true and correct. Keys will be furnished only after the Lease and other rental documents have been properly executed by all parties and only after applicable rent and security deposits have been paid. This application is preliminary only and does not obligate the Owner or Owner's Agent to execute a Lease or deliver possession of the proposed premises.

Applicant's Initials _____	Required Amount	Amount Paid	Co-Applicant's Initials _____	Date Paid	Balance Due
Application Fee:	\$75.00				
Deposit:	2=\$1000.00, 3=\$1200.00, 4=\$1300.00,	\$200.00			
Total:					

By submitting this application, I/WE give my permission for Horizon Housing Management, LLC, its agents or designees, to inquire as to prior rental history, credit worthiness, criminal background, employment and / or such other investigations or approvals as Horizon Housing Management, LLC, in its sole judgement may deem necessary in processing this application for residency. Under penalty of perjury, I/WE certify that the information presented on this application is true and accurate to the best of our knowledge and belief. I/WE clearly understand that false or incomplete information on this application may be grounds for rejection of this application or for termination of tenancy after I/WE have moved into a unit and that I/WE could be subject to criminal and/or civil penalties.

A Resident Selection Policy is attached hereto and made a part of this Application for Residency. The Lease Contract will not become effective until this Application for Residency is approved by management.

\_\_\_\_\_  
Applicant's Signature Date \_\_\_\_\_ / Time \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Signature Date \_\_\_\_\_ / Time \_\_\_\_\_

\_\_\_\_\_  
Property Representative's Signature Date \_\_\_\_\_

Title VIII of the CIVIL RIGHTS ACT of 1968 prohibits discrimination based on race, color, religion, sex, national origin, disability or familial status in connection with the rental of housing. The Federal EQUAL HOUSING CREDIT OPPORTUNITY ACT prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age or because an applicant receives income from a public assistance program. The Federal agency which administers compliance with these laws concerning this company is: Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh St. SW, Washington, DC 20410-2000.

