36 Bedford Terrace LLC

Rental Office: 71 State Street
Northampton, Massachusetts 01060
Phone (413) 586-8896 Fax (413) 582-7830
Email: abedfordterrace@oconnells.com



Professionally Marketed and Managed by:

Appleton CORPORATION

Rental Application

FOR OFFICE USE ONLY	
Date & Time Received:	
Household Size:	
Apartment Size:	
Unit Type:	60% 80% Market

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Rental History:	Acceptable	Not Acceptable
Credit History:	Acceptable	Not Acceptable
Background Screening:	Acceptable	Not Acceptable
Application:	Accepted	Denied
Unit Assigned:		

Please complete all requested information on both pages of the application. Thank you for your interest in our apartments!

HOUSEHOLD INFORMATION (List each household member who will be residing in the apartment)

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH	ALIAS OR OTHER NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX *(Response is Optional)*
						Head of Household	

Contact Information

Present Address: _____ HOME PHONE: _____

City: _____ State: _____ Zip: _____ CELL PHONE: _____

Email Address: _____

Mailing Address (if different than Present Address: _____

City: _____ State: _____ Zip: _____

HOUSING PREFERENCE (Please check the desired unit size)

UNIT SIZE (SELECT ONE): [ ] STUDIO [ ] ONE BEDROOM [ ] TWO BEDROOM [ ] THREE BEDROOM

SOURCE OF INCOME & EMPLOYMENT INFORMATION (Please indicate the income received by each member of your household)

HEAD OF HOUSEHOLD:

Employment
( ) Full Time
( ) Part Time
_____ # of hours worked per week
( ) Unemployed

Name of Employer | Supervisor | Employer Phone | Employer Fax

Full Street Address | Occupation | Length of Service

City | State | Zip | $ Present Gross Pay | per Hour/Week/Month

OTHER SOURCES OF INCOME (HEAD OF HOUSEHOLD):

SOCIAL SECURITY	[ ] YES [ ] NO	IF YES, ANNUAL AMT:	$	ALIMONY	[ ] YES [ ] NO	ANN. AMT	$
UNEMPLOYMENT	[ ] YES [ ] NO	IF YES, ANNUAL AMT:	$	CHILD SUPPORT	[ ] YES [ ] NO	ANN. AMT	$
DISABILITY	[ ] YES [ ] NO	IF YES, ANNUAL AMT:	$	GENERAL ASSISTANCE	[ ] YES [ ] NO	ANN. AMT	$
RETIREMENT/PENSION	[ ] YES [ ] NO	IF YES, ANNUAL AMT:	$	OTHER: _____	[ ] YES [ ] NO	ANN. AMT	$

2nd HOUSEHOLD MEMBER:

Employment
( ) Full Time
( ) Part Time
_____ # of hours worked per week
( ) Unemployed

Name of Employer | Supervisor | Employer Phone | Employer Fax

Full Street Address | Occupation | Length of Service

City | State | Zip | $ Present Gross Pay | per Hour/Week/Month

OTHER SOURCES OF INCOME (2nd HOUSEHOLD MEMBER):

SOCIAL SECURITY	[ ] YES [ ] NO	IF YES, ANNUAL AMT:	$	ALIMONY	[ ] YES [ ] NO	ANN. AMT	$
UNEMPLOYMENT	[ ] YES [ ] NO	IF YES, ANNUAL AMT:	$	CHILD SUPPORT	[ ] YES [ ] NO	ANN. AMT	$
DISABILITY	[ ] YES [ ] NO	IF YES, ANNUAL AMT:	$	GENERAL ASSISTANCE	[ ] YES [ ] NO	ANN. AMT	$
RETIREMENT/PENSION	[ ] YES [ ] NO	IF YES, ANNUAL AMT:	$	OTHER: _____	[ ] YES [ ] NO	ANN. AMT	$

RENTAL HISTORY (Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive.)

CURRENT LANDLORD NAME: _____ RENT PER MONTH: $ _____

ADDRESS: _____ MOVE IN DATE: _____

_____ LEASE EXPIRES: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____ HOW MUCH NOTICE IS REQUIRED: _____

REASON FOR MOVING? _____

PREVIOUS LANDLORD NAME: _____ RENT PER MONTH: $

LANDLORD'S ADDRESS: _____ RENTED FROM _____ TO _____

_____ PROPER NOTICE GIVEN: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____ DEPOSIT RETURNED: _____

APPLICANT'S PREVIOUS ADDRESS:

STREET ADDRESS: _____ City: _____ State: _____ Zip: _____

REASON FOR MOVING? _____

Does the household have a Federal or State mobile housing voucher? [ ] Yes [ ] No

The Management Agent will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose to determine an applicant household's ability to pay rent for a unit that does not have project based rental subsidy.

MARKETING INFORMATION

HOW DID YOU HEAR ABOUT US?

___ TENANT REFERRAL
___ NEWSPAPER AD
___ WEBSITE
___ COMMUNITY ORGANIZATION
NAME: _____
___ OTHER: _____

PETS

DO YOU CURRENTLY HAVE A PET? [ ] YES [ ] NO IF YES, NAME: _____

TYPE (CAT, DOG,..): _____ BREED: _____ SIZE: _____ LBS

INDOOR? [ ] YES [ ] NO NEUTERED? [ ] YES [ ] NO LICENSE? [ ] YES [ ] NO

APPLICANTS' CERIFICATION (All adult applicants, 18 or older, must sign the Application)

I/We understand that this form is not an offer of housing. Based on this form, I/We understand that I should not make any plans to move or end my present tenancy. I/We understand it is my responsibility to respond to any waiting list updates sent by the Management Agent.

I/We certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. I/We further understand that any inaccuracies provided or informaiton withheld may be the basis for immediate denial of my/our application by the Owner/Agent. I/We, by signature below, authorize the Owner/Agent to request complete criminal background check as well as a thorough credit investigation through an outside independent background service company to secure a written report of all information pertaining to [but not limited to] employment, landlord/rental history, sex offender records, criminal background, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine the person's eligibility.

_____ _____
Signature of Head of Household Date

_____ _____
Signature of Additional Adult Applicant Date

_____ _____
Signature of Additional Adult Applicant Date

NO SMOKING POLICY: The property you are applying to is a smoke-free community. Smoking is prohibited in any interior or exterior common areas, including but not limited to community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices, within all apartments, and within 25 feet of building(s) including entry ways, windows, porches, balconies and patios. This policy applies to all residents, guests, visitors, service personnel and employees.

APPLETON CORPORATION, acting as management agent for the Property, does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, gender identity, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

Disclosure: Please be advised that **36 Bedford Terrace LLC** intends to use a consumer and/or investigative consumer report as part of your application for housing. Your consent for the procurement and use of such a report is required. The consumer report will contain information from public records, which may include, but are not limited to, social security number and other information bearing on your credit worthiness, credit standing or credit capacity, motor vehicle operation history, employment history, and criminal history, to the extent permitted by law. An investigative consumer report can contain information from public records as stated above, in addition to interviews with elandlords, neighbors, friends, and associates for knowledge concerning your character, general reputation, personal characteristics or mode of living.

Authorization: I voluntarily and knowingly authorize any party or agency contacted to give records they may have concerning my social security number, credit worthiness, credit standing, credit capacity, motor vehicle operation history, employment history, rental history, criminal history, or other information to the extent permitted by law.

I further understand that, upon my written request, I will be given the name and address of each consumer reporting agency from which a consumer report or investigative consumer report may have been obtained, and, if an investigative consumer report has been obtained, a description of the nature and scope of the investigation. I understand that I may obtain additional information concerning the report by contacting the consumer reporting agency.

The report will be prepared by:

LeasingDesk Screening
2201 Lakeside Blvd.
Richardson, Texas 75082
(866) 934-1124
http://www.realpage.com/consumer-dispute

I understand that any consumer report or investigative consumer report prepared will be used strictly for purposes of determining housing suitability as defined in the Fair Credit Reporting Act. I further understand that any offer for housing will be conditional upon the receipt of satisfactory information as required and that to be considered for housing; I must authorize the procurement of such Report(s). A photographic or faxed copy of this Disclosure and Authorization Form shall be as valid as the original.

_____ I acknowledge having received "A Summary of Your Rights Under the Fair Credit Reporting Act"

Applicant Signature	Date	Applicant Signature	Date
Applicant Signature	Date	Applicant Signature	Date

(Effective 1/1/2026)

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Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

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- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You many limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480

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c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

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THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

This form is not to be faxed. Please return form to organization.

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for housing purposes.

Appleton Corporation is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing. As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to
Appleton Corporation
(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Appleton Corporation
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____

Signature of CORI Subject *Date*

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ___ ___ -- ___ ___ ___ ___ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

_____

_____

_____

Verified by:

_____
Print Name of Verifying Employee

_____ _____
Signature of Verifying Employee *Date*

Bedford Terrace Apartments
36 Bedford Terrace
Northampton, Massachusetts 01060
Phone (413) 586-8896
Fax (413) 582-7830
Email: abedfordterrace@oconnells.com



Professionally Marketed and Managed by:

Appleton CORPORATION

Landlord Verification Form

Applicant Name:		**For Office Use Only**	
Rental Address:		Date Sent:	
Landlord's Name:		Date Received:	
Landlord's Address:		Received By:	
Landlord's Phone/Fax #:		Verbal Verification:	

Information Requested:

1. Are you a relative or friend of the applicant? [ ] Yes [ ] No

   If so, please describe relationship: _____

2. Please Circle One: Current Landlord Previous Landlord Other
3. Dates of Applicant's Tenancy: From: _____ To: _____
4. Did the Applicant have a lease? [ ] Yes [ ] No
5. Did the applicant terminate their lease with proper notice? [ ] Yes [ ] No

A. Rent Payment History

1. Amount of monthly rent: $_____ 2. Did the applicant pay rent on time? [ ] Yes [ ] No
3. Was the rent ever paid late? [ ] Yes [ ] No

   If so, how late and how often: _____

4. Did the applicant have any bounced (NSF) checks? [ ] Yes [ ] No If yes, how many? _____
5. Does the applicant owe any monies? [ ] Yes [ ] No
6. Have you ever begun/completed eviction for non-payment? [ ] Yes [ ] No
7. Was a Court judgment rendered in your favor for eviction for non-payment? [ ]Yes [ ]No [ ]N/A
8. Were the Utilities included in the rent? [ ] Yes [ ] No
9. Have the tenant-paid utilities ever been disconnected? [ ] Yes [ ] No [ ] N/A

B. Caring for the Unit

1. Did the applicant keep the unit clean, safe and sanitary? [ ] Yes [ ] No
2. Did the applicant have a pet? [ ]Yes [ ]No If so what kind and how many? _____
3. Did the applicant, family members, guests or pet ever damage the unit or common areas? [ ]Yes [ ]No

   If yes, describe:_____

4. Has the applicant paid for the damage? [ ] Yes [ ] No [ ] N/A
5. Will (did) you keep any security deposit? [ ] Yes [ ] No
6. Did the applicant have any problems with insects/rodents or bed bugs? [ ] Yes [ ] No

(Revised 12/17/2021)

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7. Did the applicant's housekeeping contribute to infestation? [ ] Yes [ ] No

8. Did the applicant make any alterations to the unit without your permission? [ ] Yes [ ] No

C. General

1. Was the applicant listed on the lease or occupancy agreement for the unit? [ ] Yes [ ] No

2. Did the applicant permit persons other than those on the lease to live in the unit? [ ] Yes [ ] No

If yes, describe:_____

_____

3. Did the applicant, family members or guests create any physical hazards, engage in any criminal activity, act in a physically violent and/or verbally abusive manner, or interfere with the right to peaceful enjoyment of other residents, guests, landlord or staff? [ ] Yes [ ] No

If yes, describe:_____

_____

4. Has the applicant given you any false information? [ ] Yes [ ] No

If yes, describe:_____

_____

5. Has the applicant ever been given a lease violation? [ ] Yes [ ] No

If yes, describe:_____

_____

6. Would you rent to this applicant again? [ ] Yes [ ] No

If not, why? _____

_____

The information provided is true and correct to the best of my knowledge.

_____ _____

Signature of Landlord Date

_____ _____

Print Name Title

_____ _____

Print Company Name Phone Number

Applicant Release

I hereby authorize the release of all information deemed necessary relating to my residency at the above named rental address. I agree to hold harmless all parties and their agents from any and all claims I may have from the contents of the information disclosed and the disclosure and use of this information.

_____ _____

Signature of Applicant Date

_____

Print Name

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EMPLOYMENT VERIFICATION

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

Project Name:	36 Bedford Terrace LLC	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Employer Contact:

Business Name:			**Contact Person:**				
Address:			**Phone:**			**Fax:**	
City:		**State:**		**Zip:**		**Email:**	

My Signature Authorizes Verification of My Employment Income Information:

_____ _____

Applicant/Tenant Signature **Date**

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:
36 Bedford Terrace LLC
71 State Street, Northampton, MA 01060
Fax: (413) 582-7830
Email: abedfordterrace@oconnells.com

_____
Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please provide an employee pay history report when returning this completed form. Please do not leave blanks.

Employee Name: _____ Job Title: _____

Presently Employed: Yes ☐ Date First Employed: ____/____/_____ No ☐ Last Date of Employment: ____/____/_____

Current Wages (check one) ☐ Hourly ☐ Salary $ _____ Pay Frequency ☐ Weekly ☐ Bi-weekly ☐Monthly ☐Semi-monthly ☐Yearly
Pay Method ☐ Cash ☐ Check ☐Direct Deposit ☐ Other _____

Number of regular hours scheduled per week:
(If hours vary please list maximum anticipated) _____

Gross Year to Date Pay: $_____
From ____/____/____ Through ____/____/_____
Number of pay periods included in the YTD earnings above:_____

Gross pay from prior year: $_____

Overtime Rate: $_____ per hour
Average number of OT hours per week: _____

Shift Differential Rate: $_____ per hour Average number of shift differential hours per week: _____

COMMISSION $_____ ☐ Weekly ☐ Bi-weekly ☐Monthly BONUS: $_____ ☐ Weekly ☐ Bi-weekly ☐Monthly ☐Yearly
TIPS: $_____ ☐ Weekly ☐ Bi-weekly ☐Monthly OTHER: $_____ ☐Semi-monthly ☐Yearly

List any anticipated change in the employee's rate of pay/hours within the next 12 months: $_____Hours_____; Effective date:____/____/_____

If the employee's work is seasonal or sporadic, please indicate the number of weeks worked:_____

Is employee eligible for unemployment during the layoff? ☐No ☐Yes

_____ _____ _____
Employer Signature Employer Printed Name & Title Date

_____ _____ _____
Phone # Fax # E-Mail

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.

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