

Date _____
 Applicant/Resident Name _____
 Development Name The Lakes at San Marcos
 Unit Number/Identification _____

TO: (Name and Address of Payer) _____ RETURN TO: (Rental Community Address)
 _____ The Lakes at San Marcos
 _____ 4768 Woodville Highway
 _____ Tallahassee, FL 32305

I hereby authorize release of the information requested below in order to determine my eligibility for residency at the above rental community in the upcoming year.

Signature _____ Social Security # _____
 Printed Name _____ Date _____

The following information is requested as part of the household qualification process required by federal and/or state housing programs with jurisdiction over this rental community. Information provided will remain confidential. Your assistance by completing and returning this form in a timely manner will be greatly appreciated. Please call if you have questions.

Signature _____ Telephone Number P: 850-942-1002
F: 850-942-4002
 Printed Name _____ Title _____

THIS SECTION TO BE COMPLETED BY PAYER

Children's names _____

Payment amount _____ Frequency _____

Are funds paid to offset an AFDC/TANF grant? Yes No

Are changes expected in the next 12 months? Yes No

If yes, provide details _____

Note: Child support payments awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

I hereby certify that the information supplied is true and complete.

Signature _____ Completion Date _____
 Printed Name _____ Title _____
 Firm/ Telephone _____
 Organization Number _____