



RD

Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

DO YOU WORK IN AGRICULTURE? ARE YOU RETIRED OR DISABLED BUT USED TO WORK IN AGRICULTURE?

IF SO, YOU MIGHT QUALIFY TO LIVE AT RICHLAND HOUSING RD SITE.

The minimum requirement to qualify for the Richland Housing RD site is as follows:

- ☐ Complete Income Taxes for 2019 tax year.
- ☐ Proof of income from all sources for the past 12 months for all members (check stubs for past 12 months. **Must earn minimum Farm Labor earnings of \$5753** or show past farm labor earnings prior to retirement or becoming disabled.
- ☐ Proof of Legal Residency for Head of Household
- ☐ ID for all adults
- ☐ Birth Certificates for all minors
- ☐ Social Security Cards for all members (if applicable)
- ☐ 6 month bank statements (if applicable)

* Retired domestic farm laborer is an individual who is at least 55 years of age and who has spent the last 5 years prior to retirement as a domestic farm laborer or spent the majority of the last 10 years prior to retirement as a domestic farm laborer.

¿TRABAJA EN LA AGRICULTURA? ¿ESTA JUBILADO O DISCAPACITADO PERO TRABAJABA EN LA AGRICULTURA?

SI ES ASI, USTED PODRÍA CALIFICAR PARA VIVIR EN LAS VIVIENDAS RICHLAND RD.

Los requisitos mínimos para calificar para las viviendas Richland RD son los siguientes:

- ☐ Impuestos completos para el año fiscal 2019.
- ☐ Prueba de ingresos de todas las fuentes de los últimos 12 meses para todos (talones de cheque de los últimos 12 meses. **Debe ganar un mínimo de \$5753 en trabajo agrícola** o debe comprobar ingresos pasados en trabajo agrícola antes de jubilarse o deshabilitarse.
- ☐ Prueba de residencia legal para la Cabeza de familia
- ☐ Identificación para todos los adultos
- ☐ Tarjetas de seguro social para todos los miembros (si es aplicable)
- ☐ 6 meses de estado de cuenta bancaria (si es aplicable)

*Trabajador agrícola doméstico jubilado es una persona que es por lo menos 55 años de edad y que ha pasado los últimos 5 años antes de la jubilación como trabajador agrícola domésticos o pasó la mayor parte de los últimos 10 años antes de la jubilación como trabajador agrícola domésticos.

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form, you may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov



REGIONAL HOUSING AUTHORITY
1455 BUTTE HOUSE ROAD, YUBA CITY, CA 95991
Teléfono (530) 671-0220 * Fax (530) 673-0775
Instrucciones para la Aplicación del Desarrollo Rural en las Viviendas Richland
LEA CON CUIDADO!

APLICACIONES serán distribuidas en la oficina DE LA AUTORIDAD DE VIVIENDAS en el domicilio 1455 Butte House Road. Aunque, la prioridad no será establecida hasta que el aplicante haya entregado toda la información necesaria. Una carta será mandada por correo al aplicante dentro de 10 días indicando que documentos son necesarios para que la aplicación sea considerada completa. **LA PRIORIDAD NO SERÁ ESTABLECIDA HASTA QUE TODOS LOS DOCUMENTOS NECESARIOS SE HAYAN RECIBIDO.** La hora y la fecha que todos los documentos finalmente se hayan recibido será notada en la lista de espera para establecer prioridad. Una aplicación completa incluye una autorización para verificar empleo e ingresos. **NO TENEMOS VIVIENDAS DE EMERGENCIA.**

Prioridades:

1. Labor de Campo Elegible Local Activo, primera prioridad hogares de ingresos muy bajos, y luego hogares de ingresos bajos y la ultima prioridad a hogares de ingresos medios.
2. Jubilados o Deshabilitados de Labor de Campo, primera prioridad hogares de ingresos muy bajos, y luego hogares de ingresos bajos y la ultima prioridad a hogares de ingresos medios.
3. Jubilados o Deshabilitados de Labor de Campo que no es local, primera prioridad hogares de ingresos muy bajos, y luego hogares de ingresos bajos y la ultima prioridad a hogares de ingresos medios.

RENTA BÁSICA/CANTIDAD DE DEPOSITO.

2 RECÁMARAS	\$1,021.00	DEPÓSITO	\$100.00
3 RECÁMARAS	\$1,154.00	DEPÓSITO	\$100.00
4 RECÁMARAS	\$1,278.00	DEPÓSITO	\$100.00

REQUISITOS DE INGRESOS. Para ser elegible no debe exceder las cantidades mencionadas en seguida para su tamaño de familia, **y tener pruebas de ingresos de labor de campo con un mínimo de \$5,753.00 anualmente.**

<u>Tamaño de Familia</u>	<u>Limites de Ingresos</u>	<u>Tamaño de Familia</u>	<u>Limites de Ingresos</u>
1	\$29,400	5	\$45,300
2	\$33,600	6	\$48,660
3	\$37,800	7	\$52,020
4	\$41,940	8	\$55,380

REQUISITOS DE RESIDENCIA. Aplicantes que aplican para asistencia de vivienda, no importe su edad, tendrá que someter pruebas de su ciudadanía de Estados Unidos por nacimiento, naturalización, o su declaración firmada en cuanto a su estatus de inmigración elegible.

APLICACIONES serán aceptadas en el mismo lugar los lunes a jueves de 8:00 AM a 5:00 PM. Por favor deje saber a nuestra oficina central que usted está entregando una aplicación completa **CAMBIO DE DOMICILIO.** Por favor póngase en contacto con la Autoridad de Viviendas si usted tiene un cambio en su domicilio de correo actual o número de teléfono.

This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form, You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov





REGIONAL HOUSING AUTHORITY

U S D A / DESARROLLO RURAL EN LAS VIVIENDAS RICHLAND

AVISO AL APLICANTE: Información en la aplicación debe estar completa. Si no está completa, la aplicación será regresada al aplicante. Es su responsabilidad de ponerse en contacto con esta oficina para avisarles de cualquier cambio en sus circunstancias: domicilio, teléfono, ingresos, número de miembros en su hogar, etc. para mantener su posición en la lista de espera.

PARA USO DE OFICINA

APLICACIÓN # _____

FECHA RECIBIDA _____

HORA RECIBIDA _____

TAMAÑO DE

RECÁMARAS _____

Prioridad 1 2 3 VL L M

I. INFORMACIÓN PERSONAL – Por favor indique TODAS las personas que vivirán con usted:

	NOMBRE COMPLETO	RELACIÓN AL APLICANTE	FECHA DE NACIMIENTO	NÚMERO DE SEGURO SOCIAL	VIVIRA EN LA UNIDAD P= TEMPORAL F= TIEMPO COMPLETO
1		YO MISMO			
2					
3					
4					
5					
6					
7					
8					

II. HISTORIA DE VIVIENDAS – Todo aviso y llamada telefónica se mandará en este domicilio y número de teléfono:

DOMICILIO ACTUAL: _____

DOMICILIO DE

CORREO: _____

TELÉFONO DE CASA: _____ TELÉFONO DE TRABAJO: _____

MENSAJE/NÚMERO CELULAR : _____

VIVIENDO EN ESTE HOGAR DE _____ A _____

CANTIDAD DE RENTA PAGADA \$ _____

RÁZON POR LA QUE DESALOJO _____

NOMBRE DEL DUEÑO _____

TELÉFONO _____

DOMICILIO _____

NOTA: Si usted contesta si a cualquiera de las siguientes preguntas, por favor explique en una hoja de papel separada y agregue a esta aplicación.

a. Usted ha tenido un domicilio adicional no mencionado anteriormente, o ha aplicado para viviendas bajo un nombre diferente? Si ___ No ___ . Si es que si, por favor explique: _____

b. Está usted relacionado con cualquiera de los dueños anteriores? Si ___ No ___ . Si es que si, por favor indique su relación después del nombre del dueño en la línea anterior. _____

c. Usted anticipa un cambio en la cantidad de personas en su hogar por cualquier razón dentro de los siguientes 12 meses? Si ___ No ___

d. Usted o cualquier miembro de su familia de 18 años o mayores están atendiendo a la escuela? Si ___ No ___ Si es que si, quien? _____

e. Usted requiere de una unidad accesible para deshabilitados o acomodos especiales? Si es que si, por favor explique. _____

f. Usted o cualquier miembro de la familia del aplicante ha sido arrestado o juzgado por algún crimen penal?

Si ___ No ___ Si es que si, por favor explique: _____

Usted o cualquier miembro de la familia del aplicante está bajo condición libre de pena? Si ___ No ___

Si es que si, por favor explique: _____

g. Usted o cualquier miembro de la familia del aplicante alguna vez ha vivido en Viviendas Públicas o recibido

Asistencia de Renta Sección 8? Si ___ No ___

Si es que si, Donde: _____

Nombre de la Agencia: _____

Fechas: De _____ A _____

III. EMPLEO ACTUAL/PREVIO:

EMPLEO	DOMICILIO	TELÉFONO	FECHAS DE EMPLEO

IV. INFORMACIÓN DE INGRESOS DEL HOGAR

INGRESOS (Indique el tipo de trabajo)	MENSUAL	ANUAL
1. Agrícola:		
2. Otro Empleo:		
3. Compensación de Desempleo:		
4. TANF- asistencia para familias con hijos dependientes		
5. SSI/SSA-Seguro Social		
6. Beneficios Matrimoniales/Asistencia para Hijos Menores		
7. Pensión, Jubilación o Préstamos de Capital		
8. Interés		
9. Otro (Especifique)		
	INGRESO TOTAL ANUAL	

V. BIENES: Liste TODAS las Cuentas de Ahorros/Cheques que tenga. Si no tiene, marque NINGUNA.

NOMBRE DEL BANCO	NÚMERO DE CUENTA	DOMICILIO	TELÉFONO

Liste cualquier otro bien (bienes raíces, seguro de vida, depósitos de tiempo o cuentas de jubilación, etc.). Liste detalles en una hoja separada. Si no tiene, marque NINGUNO. _____

VI. CUIDADO DE HIJOS: (Complete solamente si sus hijos tienen 12 años de edad o menos y viven en su hogar).

Usted emplea el cuidado de sus hijos para que usted o alguien en su hogar trabaje o continua su educación?

() Si () No

Estos gastos son pagados por usted? () Si () No

Cantidad Pagada: \$ _____

VII. GASTOS MÉDICOS: Usted tiene gastos médicos que exceden el 3% (tres por ciento) de sus ingresos anuales?

() Si () No

NOTA: Gastos médicos solamente pueden ser deducidos para hogares con ancianos (encabezado de la familia, su esposa o esposo, o el miembro único en el contrato de arrendamiento que tenga 62 años o mayor O un individuo con una deshabilidad).

VII. VEHICULOS:

Marca/Modelo: _____ Color: _____ Año: _____

Número de Licencia: _____

Yo certifico que la vivienda a la que estoy aplicando será mi hogar permanente. Yo certifico que yo no mantendré otra unidad separada de renta subsidiada en una localidad diferente.

EL APLICANTE VERIFICA QUE LA INFORMACIÓN ANTERIOR ESTÁ COMPLETA Y PRECISA Y QUE CUALQUIER MALA REPRESENTACIÓN DESCALIFICARÁ AL APLICANTE. EL APLICANTE AUTORIZA LA INVESTIGACIÓN Y LA VERIFICACIÓN DE ESTA INFORMACIÓN.

FIRMA DEL APLICANTE

FECHA

FIRMA DEL CO-APLICANTE

FECHA

VIII. RAZA/ETHNICIDAD

La información que refiere a raza, etnicidad, y designación sexual solicitada en esta aplicación se pide para asegurarle al Gobierno Federal, actuando por medio del Servicio de Viviendas Rurales, que las leyes federales que prohíben la discriminación en contra de aplicaciones de inquilinos basadas en raza, color, origen nacional, religión, sexo, estatus familiar, edad y deshabilidad se están cumpliendo. Usted no está obligado a proporcionar esta información, pero se le pide de favor que lo haga. Esta información no se usará en evaluar su aplicación o en discriminar en contra suya de cualquier manera. Aunque, si usted prefiere no proporcionar esta información, el dueño está obligado a notar la raza, etnicidad, y sexo de aplicantes individuales basado en observación visual o apellido.

Etnicidad:

Hispano o Latíno _____

No Hispano o Latíno _____

Raza:

1 Indio Americano/Nativo de Alaska _____

2 Asiático _____

3 Negro o Africano Americano _____

4 Hawaiano Nativo o Nativo de Otras Islas Pacíficas _____

5 Blanco _____

Sexo: Masculino _____ Femenino _____

PARA USO DE LA OFICINA ÚNICAMENTE:

Aplicación completa recibida:

Fecha: _____

Prioridad: 1 2 3 V L M

Ingresos: (ajustados para el tamaño de familia) _____

Ingresos de labor de campo: _____

Deducciones: Dependientes _____ Cuidado de Hijos _____

Hogar de Anciano _____

Gastos Médicos: _____

Gastos para Deshabilitados: (3% de ingresos anuales podrán ser deducidos) _____

Califican: Si/No Asistencia de Renta Asignada: _____

DENTRO DE 10 DÍAS CALENDARIOS DE QUE SE RECIBA LA APLICACIÓN COMPLETA, EL APLICANTE SERÁ NOTIFICADO DE SU ESTATUS

Estatus de la aplicación: Vivienda _____

Puesta en la Lista de Espera _____

(Fechas) Rechazada _____

Sacada _____

Incompleta _____

(Agregue copias de correspondencia escrita a esta aplicación)

Especialista: _____



REGIONAL HOUSING AUTHORITY

Serving the Cities of Live Oak, Yuba City and Colusa • Counties of Sutter, Nevada, Colusa and Yuba

1455 Butte House Road • Yuba City, CA 95993

Phone: (530) 671-0220 • Toll Free: (888) 671-0220 • TTY: (866) 735-2929 • Fax: (530) 673-0775

www.RegionalHA.org

AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT

I authorize and direct any and all listed below to release to REGIONAL HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or continued eligibility for assistance under the Housing Choice Voucher, Low-Income Public Housing, USDA Rural Development, Affordable Housing and/or other housing assistance program(s). I understand and agree that this authorization or the information obtained pursuant to its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, welfare department, law enforcement officials, future landlords and other government, state and public agencies. This includes records of my payment history, and any violation of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested, include but are not limited to:

Identity and Marital Status

Employment, Income and Assets

Criminal Activity

Residences and Rental Activity

Household Composition

Credit Activity

Medical or Child Care Allowances

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continues participation in housing assistance.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including

Past and Present Employers

Veterans Administration

Public Housing Agencies)

Welfare Agencies

Retirement Systems

Court Clerks

State Unemployment Agencies

Schools and Colleges

Banks & other Financial Institutions

Social Security Administration

Law Enforcement Agencies

Medical & Child Care Providers

Credit Providers

Credit Bureaus

Support & Alimony Providers

Dept. of Motor Vehicles

Medical Facilities

Postal Office

Utility Companies

Workman's Compensation Payers

Foster Care Providers

Support Service Providers

Family Support Division

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personal Management; U.S Postal Service; Social Security Administration; Department of Justice; State & County welfare and food stamp agencies.



The Housing Authority is an equal opportunity employer and housing provider.



CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand this form will be used to verify information for future recertification requirements. The original of this authorization is on file with the PHA and will stay in effect for one year and three months from the date signed. I understand I have a right to review and correct any information that I can prove is incorrect.

SIGNATURES

Signature of Head of Household	(print name)	Date
--------------------------------	--------------	------

Signature of Spouse	(print name)	Date
---------------------	--------------	------

Signature of Other Family Member 18 years or older	(print name)	Date
--	--------------	------

Signature of Other Family Member 18 years or older	(print name)	Date
--	--------------	------

Signature of Other Family Member 18 years or older	(print name)	Date
--	--------------	------

Signature of Other Family Member 18 years or older	(print name)	Date
--	--------------	------

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGN SEPARATELY.