

APPLICATION FOR HOUSING

Please Print Clearly

This is an application for housing at:	Project:
	Address:
Please complete this application and return to:	Name:
	Address:

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when not applicable.

A. GENERAL INFORMATION

Applicant Name: _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR



B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No
 If not, explain custody agreement (proof of custody may be required): _____

1. Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
2. Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
3. Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
4. Are you living with anyone now who will not be moving into this unit with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	\$
12.	Social Security	\$
13.	SSI Benefits	\$
14.	SSI Benefits	\$
15.	Pension (list source)	\$
16.	Pension (list source)	\$
17.	Veteran's Benefits (list claim #)	\$
18.	Veteran's Benefits (list claim #)	\$
19.	Unemployment Compensation	\$
20.	Unemployment Compensation	\$
21.	Public Assistance (Title IV/TANF etc.)	\$
22.	Contributions to the Household (monetary or not)	\$
23.	Full-Time Student Income (18 & Over Only)	\$
24.	Financial Aid (excluding loans)	\$
25.	Annuities (list sources)	\$
26.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
27.	Scheduled Payments from Investments	\$
28.	Retirement Account Payments (including RMDs)	\$
29.	Income From Rental Property	\$

Household Member Name	Source of Income	Monthly Amount
30.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
31.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

Household Member Name	Source of Income	Monthly Amount
32.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
33.	Previous Employment amount (last 60 days)	\$
	Employer:	
	Position Held	
	How long employed:	
34.	Alimony	
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
35.	Child Support	
	Do you receive formal/informal (money, items, etc.) child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
36.	Other Income	\$
37.	Other Income	\$
38.	Other Income	\$
39. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		
		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do NOT leave this blank)		
		\$
41. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
44. <i>If yes to any of the above, explain:</i>		
45. Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS (even if jointly held)			
If your assets are too numerous to list here, please request an additional form.			
If a section doesn't apply, cross out or write NA.			
46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
47. Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$



48. Trust Account	#	Bank	Balance \$	
49. Debit cards not associated with a checking account	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
50. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
51. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
52. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
53. Life Insurance Policy	#		Cash Value \$	
54. Life Insurance Policy	#		Cash Value \$	
55. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
56. Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

58. Real Estate Property:	<i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property		
59. Location of property		
60. Appraised Market Value		\$
61. Mortgage or outstanding loans balance due		\$
62. Amount of annual insurance premium		\$
63. Amount of most recent tax bill		\$
64. Is the property subject to foreclosure, bankruptcy or eviction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:		

65. Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If yes, Type of property:</i>	
66. Market value when sold/disposed	\$
67. Amount sold/disposed for	\$
68. Date of transaction:	

69. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, describe the asset:</i>	
70. Date of disposition:	
71. Amount disposed	\$

72. Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION

73. Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
75. Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
76. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
77. Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

78. Current Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	



79. Prior Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	

80. Credit Reference #1:	
Address:	
Account #:	Phone #:

81. Credit Reference #2:	
Address:	
Account #:	Phone #:

82. Personal Reference #1:	
Address:	
Relationship:	Phone #:

83. Personal Reference #2:	
Address:	
Relationship:	Phone #:

84. Personal Reference #3:	
Address:	
Relationship:	Phone #:

85. In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
86. Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
87. Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
88. Do you own any pets?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>			

H. APPLICATION ASSISTANCE

89. Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, who assisted and what was the reason for the assistance:</i>		

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign and date the application.

SIGNATURE(S) (**Must be dated**):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

MARITAL STATUS AFFIDAVIT

(To be completed by all applicants)

Applicant/Tenant: _____ **Unit #:** _____

I certify that:

- ☐ I have never been married. (If checked, stop here and sign and date bottom of form.)
☐ I am divorced
☐ I am separated
☐ I am widowed
☐ I am estranged. (If checked, please answer estranged status questions below.)

from my spouse(s) whose name(s) is/are: _____

Date of divorce(s)/separation(s)/etc. _____

Check this box if you are ESTRANGED from your spouse and initial:

☐ I am estranged from my spouse (not yet legally separated or divorced). They will not be contributing financially and will not be living in the apartment at any time during my tenancy. Initial here: _____

Check A or B:

- A. ☐ I am not and will not be receiving any form of spousal contributions to my household.
B. ☐ I am or do anticipate receiving spousal contributions to my household

Spousal contribution in the amount of \$_____ per month will be received during the next 12-month period (verification is required). I will immediately notify the office of any change in this amount.

Answer the following:

I have been awarded income such as alimony, child support, or survivor benefits

☐ YES ☐ NO

I am in possession of and am providing copies of legal documents to verify divorce, separation, etc.

☐ YES ☐ NO If no, please state why:

The following legal actions have been made to attempt to collect payments owed to me:

Signature of Applicant

Date

These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.



STUDENT STATUS AFFIDAVIT

Applicant/Tenant Name: _____
Address: _____

Completed For: (check one)

[] Move-in; effective date: _____
[] Annual recertification; effective date: _____

Will all of the persons in your household be (or have been) full-time students during five calendar months of the certification year? [] Yes [] No

- If YES, then is anyone in your household:
- A student and receiving AFDC/TANF? [] Yes [] No
 - A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? [] Yes [] No
 - A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state, or local program? [] Yes [] No
 - A single parent living with his/her children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent? [] Yes [] No
 - Married and file a joint return [] Yes [] No
 - Has the person attended school full-time during any part of 5 months of this calendar year?
Months/year attended full time ____/____/____ to ____/____/____ [] Yes [] No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

Signature of Tenant	Date
Signature of Co-Tenant	Date
Signature of Co-Tenant	Date
Signature of Co-Tenant	Date
Signature of Manager	Date

SELF-EMPLOYMENT INCOME AFFIDAVIT

To be completed by any applicant or resident who receives income as a business owner, independent contractor, sole proprietor, cash pay, odd jobs, etc. Complete a separate affidavit for every business venture, i.e Uber, Lyft, and DoorDash, etc. **DO NOT** combine them on one affidavit.

Applicant/Tenant: _____

Name of Business: _____

Business Address: _____

Type of Business: _____

Position Held: _____

Start Date: _____

Anticipated Gross Annual Income: \$ _____

Anticipated Annual Business Expenses: \$ _____

Anticipated Annual Profit: \$ _____

Previous Year Profit (or Loss): \$ _____

Cash Withdrawals from Business: \$ _____

Do you file tax returns? ☐ YES ☐ NO

If YES, please submit tax returns with the most recent Schedule C. Taxpayer ID# _____

If NO, please state why: _____

- If tax returns were not filed, please submit a profit/loss report for each month since the business started.
- **This form alone is not sufficient to verify Self-Employment.** The tenant must provide documents such as tax returns, invoices, receipts, profit/loss statement, or accountant statement of business income.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature

Date



CHILD SUPPORT OR ALIMONY INCOME VERIFICATION

*This is a third-party verification form to be completed by the person providing child support or alimony payments.
If the payments are made due to a formal court order, include the order in the tenant file.*

*This file **should not** be completed by management or tenant.*

Applicant/Tenant: _____ Unit #: _____

Name and Address of Contributor:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Email: _____

I, _____, am contributing the following assistance to the above-named applicant / tenant for the purpose of:

☐ Alimony ☐ Child Support

Amount \$ _____ Frequency _____

These payments are made through a ☐ formal agreement or ☐ informal agreement

Will this assistance change in the next 12 months? ☐ YES ☐ NO

If YES please describe:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud.

Signature of Contributor

Date

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



UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form.

Full Name: _____ Unit Number: _____

I understand that if my employment status changes between now and the move-in or recertification date that I must inform the manager. Initial: _____

I work on a seasonal basis depending on the time of year: [] YES [] NO

I receive benefit income such as unemployment, disability, workers' compensation: [] YES [] NO

I have been unemployed for _____ years and _____ months.

My last job paid \$_____ per hour and I worked _____ hours per week.

*****Tenant must complete either Section A, B, or C as applicable*****

Section A

I [print name], _____, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

Section B

I [print name], _____, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$_____ from anticipated employment over the next twelve months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

Section C

I [print name], _____, state that I am currently unemployed but I have been hired for a new job which has not yet begun.

The company is: _____

The start date is: _____

The salary is: _____

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: _____ Date: _____



UNEMPLOYMENT INCOME VERIFICATION

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

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

AGENCY PROVIDING BENEFITS

Agency Name:			Contact Name:			
Address:			Phone:		Fax:	
City:		State:		Zip:		Email:

My Signature Authorizes Verification of my Unemployment 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:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY BENEFIT ADMINISTRATION

Please list all benefits received by the above-named applicant / tenant.
Attach a pay history for the last 12 months

Are benefits currently being paid? ☐ YES ☐ NO

If NO, when did they end: _____

If YES, please list gross benefit amount: \$_____

☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other:

When did payments begin: _____

When will payments end: _____

Please list any expected changes: _____

Additional remarks: _____

Signature

Date

Name and Title of Person Supplying the Information

Phone Number

Fax Number

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



CERTIFICATION OF ZERO INCOME

(One form to be completed by each adult member with no reported income from any source.)

Applicant/Tenant: _____ Unit #: _____

1. ☐ I currently have no income of any kind and I do not expect this to change in the next 12 months.
2. ☐ I am still a dependent and have never had an independent source of income.
3. I have been living with zero income for _____ years and _____ months.
4. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonus, etc.)
 - b. Income from the operation of a business or sales from self-employed resources (Avon, Mary Kay, etc.)
 - c. Rental income from real or personal property
 - d. Interest or dividends from assets
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
 - f. Unemployment or disability payments
 - g. Public assistance payments
 - h. Periodic allowances such as alimony, child support, or gifts from persons not living in my household
 - i. Income from driving (Uber, Lyft, etc.)
 - j. Cash payments
 - k. Student financial aid
 - l. Any other source not named above

5. The reason I have no income is: _____

6. I will be using the following sources of funds to pay for (Use N/A instead of leaving blanks):

*In-Kind Donations are excluded income: i.e. Food bank, Church, etc.

Utilities:	
Food:	
Clothing and Laundry:	
Transportation:	
Internet/Cable:	
Phone:	
Toiletries	
Credit Cards/loans/bills:	

Tenant Signature _____ Date _____

Management Signature _____ Date _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.



UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income		(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Source				Source			
Savings Account(s)	\$ _____	% _____	\$ _____	Checking Account(s)***	\$ _____	% _____	\$ _____
Cash on Hand	\$ _____	N/AP _____	N/AP _____	Government Benefits****	\$ _____	% _____	\$ _____
Certificates of Deposit	\$ _____	% _____	\$ _____	Money Market Funds	\$ _____	% _____	\$ _____
Stocks	\$ _____	% _____	\$ _____	Bonds	\$ _____	% _____	\$ _____
IRA Account(s)	\$ _____	% _____	\$ _____	401(k)/403(b) Account(s)	\$ _____	% _____	\$ _____
Keogh Account(s)	\$ _____	% _____	\$ _____	Trust Funds	\$ _____	% _____	\$ _____
Equity in Real Estate	\$ _____	% _____	\$ _____	Land Contracts	\$ _____	% _____	\$ _____
Lump Sum Receipts	\$ _____	% _____	\$ _____	Capital Investments	\$ _____	% _____	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	% _____	\$ _____	GoFundMe/Crowdsourcing	\$ _____	% _____	\$ _____
Life Insurance (Excluding Term)	\$ _____	% _____	\$ _____				
Other Retirement/Pension Funds not named above:	\$ _____	% _____	\$ _____	Explanation _____			
Personal Property Held as an Investment**	\$ _____	% _____	\$ _____	Explanation _____			
Other (list):	\$ _____	% _____	\$ _____	Explanation _____			

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.
***Checking Account cash value should be the average in the checking account over the last six (6) months
****Cash Card Account used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$ _____ (enter the difference between FMV and the amount you received).
3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$ _____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

Under \$5,000 Asset Certification (2019)

Asset Self-Certification

For households whose combined net assets are \$50,000 or less. Complete only ONE form per household; include assets of children, except foster children. Also exclude assets held by foster adults or live-in aides. **Do not leave blanks. Use N/A if a box is not applicable.**

Applicant / Tenant: _____

Unit #: _____

1) ☐ I/we do not have any assets at this time. If checked, skip to #3 below. **OR** 2) ☐ I/we have the following assets.

Non-Necessary Personal Property							
Note: Be sure to include the value of any cash or other asset in a safe deposit box or any other means of storage.							
* Cash value is market value minus cost to convert an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.							
Non-necessary personal property (examples RVs, ATVs, boats, antique cars, stamp collections, etc)				Cash Value*	Interest	Annual Income	
Description:				\$		\$	
Description:				\$		\$	
Type of Asset	Cash Value*	Interest	Annual Income	Type of Asset	Cash Value*	Interest	Annual Income
Cash on hand	\$		\$	Money Market accounts current balances	\$		\$
Checking current balances	\$		\$	Life Insurance current cash value (exclude term life)	\$		\$
Savings current balances	\$		\$	Cryptocurrency (Bitcoin, etc.)	\$		\$
Debit cards (not linked to above accounts)	\$		\$	Stocks/Bonds current balance	\$		\$
Annuities current balances	\$		\$	CD/Money Market current balances	\$		\$
Brokerage accounts current account balance (mutual funds, etc.)	\$		\$	Trust accounts current balances (if under control of the household)	\$		\$
Internet based assets current balance (Cash App, Venmo, PayPal, ApplePay, etc.)	\$		\$	Lump sums not included in accounts listed (i.e. lottery/inheritance, etc.)	\$		\$
Other Description	\$		\$	Vehicles not used for regular transport. (RVs, Campers, etc.)	\$		\$
[A] Total cash value of non-necessary personal property:					[B] Total Income:		

Important Note | if the above total value [A] is \$50,000 or less, it is not added into the Total Net Assets Section [E] below. However, total income from non-necessary personal property above is added to total income [F] below.

Real Property			
Description of property	Cash Value		Income
[C] Total real property value: \$		[D] Total Income from real prop:	\$

Total Net Assets and Income			
[E] Tax Return. Have you received a tax return or refundable tax credit in the last 12 months that was deposited into an account listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes, Value of credit _____	\$	Subtract tax return/credit (if any) from total net assets. See formula for [F].	
[F] Total Net Assets: (Total real property [C] + non-necessary personal property [A] (if [A] exceeds \$50,000) - [E] tax return/refundable credit)	\$	[F] Total Asset Income: [B]+[D]	\$

3) ☐ Yes ☐ No Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). If "No", sign & date below. If "Yes", complete # 4, then sign & date below.

4) Date of disposal 1: _____ Difference FMV & Amt. Rcvd.: _____ Date of disposal 2: _____ Difference FMV & Amt. Rcvd.: _____

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant	Date	Applicant/Tenant	Date	Applicant/Tenant	Date
PENALTIES FOR MISUSING THIS VERIFICATION					
Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.					

SEASONAL WORKER AFFIDAVIT

Any adult applying to live in a tax credit unit who has a seasonal job should complete this form.

Applicant/Tenant: _____ Unit #: _____

Name of Seasonal Employer: _____

Are you employed at this job for only a portion of the year?

☐ YES ☐ NO

Please list the dates that you **DO NOT** work at this job:

During your lay off period, please check the following as applicable:

- | | | |
|--|------------------------------|-----------------------------|
| 1. I will receive unemployment benefits | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I have/will look for another job | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. I will receive gift income from friends/family/etc. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. I will have zero income status | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Other | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

- If **YES** to 1, 2, or 3 please list the amount of income expected to be received:

- If **OTHER** please explain:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Tenant Signature: _____ Date: _____

Management Signature: _____ Date: _____



CUSTODY & CHILD SUPPORT AFFIDAVIT

Please complete a separate form for each minor living in this unit who is not living with both biological or adoptive parents

Applicant/Tenant Name: _____ Unit #: _____

Child Name _____

Child SSN(last four digits) _____ Child DOB : _____ / _____ / _____

Name of Absent Parent: _____

Will this child live with you in the tax credit apartment at least 50% of the time?

☐ YES

☐ NO

Who claimed the child as a dependent on their most recent tax return?

☐ I did

☐ The absent parent

☐ No one

☐ Other: _____

Do you receive support (monetary or not) for this child? ☐ YES ☐ NO

(Note: "Support" may be legally ordered or an informal agreement)

If **YES** list amount \$ _____ per _____

Have you ever been awarded an amount of child support for this child through the courts?

☐ YES

☐ NO

If awarded but not paid, have you taken legal action to collect child support?

☐ YES

☐ NO

If yes, please describe efforts and proof: _____

Do you expect to receive child support for this child in the next 12 months?

☐ YES

☐ NO

If no, please explain: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Household Member

Date

Signature of Manager

Date

