PHOTOCOPY this file for a COMPLETE* set of

FORM INSTRUCTIONS

Resident Certification Package Forms As of November 2017

BEGIN USING THE NEW FORMS AS SOON AS POSSIBLE

A complete set of CAMERA READY FORMS is available at:

www.wshfc.org/managers/forms-RC.htm

^{*} Check your Regulatory Agreement to determine which Special-Needs Commitments apply to your property and the forms that are needed to verify these Commitments.

Compliance Forms Checklist

Purpose: This form lists the order in which resident files should be packaged and is a tool to use to ensure the required documentation is being provided to the Commission.

Note: This form is purely for management's use and should not be included with resident packets sent to the Commission.

A special note regarding the *Household Demographics* form:

Please keep this form in your resident files; DO NOT mail it to the Commission. This form is used to help you enter demographic data into WBARS.

Special Mention:

► The Self-Certification of Annual Income may not be used for taxexempt bond properties.

Specific Instructions:

- 1. Enter name of property and unit number.
- 2. Print resident's name.
- 3. Check boxes that pertain to the individual household.

COMPLIANCE FORMS CHECKLIST

(This form is for your use. **DO NOT** mail with package.)

Property Name: (1)		Unit:(1)
Resident Name: (2)		
	c spou	
⇒ ⇒ ⇒ ASSEMBLE MATERIAL	LS FROM	TOP TO BOTTOM \Leftarrow
NOTE: Forms with a shaded box to the left are required. Forms household. We have a form for most but not all income verifica supporting documentation. Income verification forms and/or suporder. (3)	tion situation	ns. Every source of income listed on an REA needs
Household Eligibility Certification		Self-Certification of Annual Income For second annual recertification, on 100% income-
Resident Eligibility Application (REA)	~ ,	restricted Tax Credit properties and for all recertifications after Year 15.
☐ Household Declaration Supplement to REA(optional)	
Household Demographics DO NOT MAIL; ente	er in WBAF	RS (for tax credit properties only)
Authorization to Release Confidential Information		
Supporting Documentation Forms (include as a	nnlicable):
INCOME	ррпсавте	
☐ Employment Verification		Public Assistance Verification
Income Verification/Clarification by Telephone		Unemployment Benefits Verification
Self-Employment Income WorksheetSelf-Employment Verification (Include a		Military Pay Verification
signed copy of last year's tax return.)		Pension Verification
Seasonal Worker StatementSocial Security Verification/Consent for		Annuity, Stock Verification, or 401(k) Account
Release of Information Child Support Affidavit		Gift Affidavit Zero Income Certification
ASSETS	_	
 □ Deposit Verification Request □ Under \$5,000 Asset Certification or Sworn St (Use for tax credit or bond properties and only if require third-party verification.) □ Real Estate Evaluation Worksheet (if applicable □ Cash on Hand Affidavit 	assets are	
COMMISSION SPECIAL-NEEDS SET-ASID		COMMITMENTS (if applicable)
Proof of Age (for properties with Elderly Set-Aside Disability Certification (for properties with Disable Disability Verification (for properties with Disable Homeless Certification (for properties with Disable Homeless Certification (for properties with Disable Disability Verification (for properties with Homeless Certification (oled Set-Asi ed Set-Asid eless or Tra	le) ansitional Set-Aside)
STUDENTS		
 ☐ Student Certification ☐ Student Status Verification ☐ Fulltime Student Job Training Exception Verif ☐ Student Exception Affidavit ☐ Foster Care Verification 	ication	
MISCELLANEOUS		
Estrangement CertificationIdentification Certification		Live-In Aide Agreement Pregnancy Self-Certification
Tax Credit/ARRA Lease Rider (Keep with resident's file Bond Lease Rider (Mail with move-in packages.)	e. Do not n	nail to WSHFC unless requested.) or

www.wshfc.org/managers/forms-RC.htm
Compliance Forms Checklist | Rev. October 2017

Household Eligibility Certification

Purpose: To summarize a household's qualification for tax credit or bond-financed properties. This form is to be completed by on-site personnel or other representative of the Owner.

General Information:

This form is designed to be filled out electronically. Fill out all fields on-screen and then print the form at the time it will be signed. Note that several fields on Page 1 will fill in automatically. In the instructions below, any auto-fill field will be noted by the word "auto" at the end of the instructions for that field. Be sure to use the income and rent limits for the correct county, income set-aside percentage, and correct number of household members.

Note: Signatures of Resident/Applicant member are optional based on Owner/Management requirements.

Specific Instructions:

PART I. DEVELOPMENT DATA

- 1. Enter the property name.
- Enter the unit number.
- 3. Enter the Household name.
- 4. Enter the number of persons in the household.
- 5. Enter the number of bedrooms in the unit.
- 6. Enter the Effective Date of this certification, i.e., the date the lease is effective or the recert effective date. (mm-dd-yyyy)
- 7. Enter the effective date of the **initial** certification (the date the household originally took occupancy of the unit or the date they were first certified on a rehab). (mm-dd-yyyy)
- 8. Enter "X" in the appropriate box to indicate what type of certification this is (Initial or Re-Certification).

PART II. HOUSEHOLD COMPOSITION

- 9. Enter household members' names.
- 10. Choose relationship to HOH from drop down menu: spouse, adult coresident, child, foster child/adult, live-in caretaker, or other.
- 11. Enter date of birth. (mm-dd-yyyy)
- 12. Enter student status: Choose "Yes" from dropdown menu if resident has been or will attend school fulltime for five calendar months.
- 13. Enter last four digits of Social Security Number. If household member does not have a Social Security number, enter "N/A."

PART III. GROSS ANNUAL INCOME

- 14. Enter household member number as listed in Part II for any household member with income.
- Enter employment or wages, Social Security or pensions, public assistance or other income for each household member that has income. (automatically rounds to nearest dollar)

- 16. Enter totals for each column. (auto)
- 17. Add the totals from columns (A) through (D), above. Enter this amount as the Total Income (E). (auto)

PART IV. INCOME FROM ASSETS

- 18. Enter household member number as listed in Part II for any household member with assets.
- 19. Choose type of asset (F) from the dropdown menu.
- 20. Choose C (for Current) if the family currently owns or holds the asset, or Enter I (for Imputed) – if the family has disposed of the asset for less than fair market value within two years of the effective date of certification from the dropdown menu.
- 21. Enter the cash value of each asset (H).
- 22. Enter annual income for each asset (I).
- 23. Enter asset totals for columns (H) and (I). (auto)
- 24. Enter total from column (H), Cash Value of Asset, *only* if total is over \$5,000 and multiply by 2% = imputed income (J). (auto)
- 25. Enter the greater of the total of column (I) or (J) = (K). (auto)
- 26. Enter total annual household income [(E) plus (K) equal (L)]. (auto)

PART V. DETERMINATION OF INCOME ELIGIBILITY

- 27. Enter amount from line (L). (auto)
- 28. Enter the Maximum Allowable Income Limit, based on household size. *Use most restrictive Limit per all funder requirements.*
- 29. Enter the household size at the time of move-in.
- 30. Enter the household's income at the time of move-in.
- 31. Click in the circle corresponding to the income set-aside percentage being selected for the household.
- 32. For recertifications, enter Maximum Allowable Income Limit multiplied by 140%. (auto)
- 33. Check "Yes" or "No" indicating if household income exceeds 140% of Income Limit. (auto)

PART VI. RENT

- 34. Enter portion of rent that household pays.
- 35. Enter Maximum Allowable Rent (Use most restrictive Limit per all funder requirements).
- 36. Enter correct utility allowance.
- 37. Enter the type and amount of rental assistance, if any. (i.e. Section 8/\$400)
- 38. Enter amount of any non-optional charges.
- 39. Enter the gross rent. This amount is household portion of rent paid plus utility allowance and other non-optional charges. (auto)
- 40. Click in the circle corresponding to the rent set-aside percentage being selected for the household.

PART VII. STUDENT STATUS

- 41. Check "Yes" or "No" indicating whether all occupants are fulltime students.
- 42. If "Yes" was checked, enter the appropriate student explanation number in the box.

PART VIII. PROGRAM TYPE

43. Mark the program(s) for which this household's unit will be counted toward the property's occupancy requirements.

PART IX. SPECIAL-NEEDS COMMITMENTS MET BY HOUSEHOLD

- 44. Check appropriate box(es) if household meets a special-needs population the property owner elected to serve.
- 45. The Owner or Owner's representative must sign and date on this line.
- 46. Signatures of household members are **optional** on this form based on requirements of the owner and management company.

PART X. INCOME CALCULATION

NOTE: [If your company has its own calculation worksheet] this page is optional. Remember to include this page or your company's version showing how income was calculated.

- 47. Enter the name of each household member who has any income.
- 48. Enter the type of income the household member receives (e.g. unemployment, wages, tips, Social Security, TANF, pension, regular gift, etc.).
- 49. Enter the frequency of pay; Hourly, Weekly, Bi-weekly, Monthly or Annually.
- 50. Enter the rate of gross pay or payment. If the resident is paid hourly, enter the hourly amount. If paid weekly, enter the weekly amount. If paid biweekly, enter that amount etc.
- 51. If paid hourly, enter the number of hours worked per week.
- 52. If paid weekly or bi-weekly, enter the number of weekly or bi-weekly payments per year.
- 53. If paid monthly, enter the number of monthly payments per year.
- 54. Enter the total annual income by multiplying the appropriate columns.

For lines 54 through 61: Calculate Year-to-Date annual income for each household wage-earner. Compare the calculated annual income (column 54) to the YTD calculated annual income (column 61) and count whichever total is greater.

- 55. Enter the name of each wage-earning household member.
- 56. In the YTD Period column, enter the start and end dates of the YTD period from the Employment Verification form or from the paystub.
- 57. Enter the total amount of income paid to the household member during this period of time.
- 58. Enter the number of weeks from start date to end date. Do not round partial weeks up to the next week.
- 59. After dividing the YTD amount by the number of weeks in the period, enter the result in the Weekly Amount column. (auto)

Household Eligibility Certification – con't.

- 60. If employment is not for a full 52 weeks per year, use one of the lower rows and enter number of weeks worked in year in the blank.
- 61. Multiply the weekly amount by # of weeks worked and enter the result in the YTD Annual Income column. (auto)
- 62. Enter the total anticipated gross annual income for all household members.

To do this, circle or put an asterisk next to the annual income amounts to be totaled for all household members, then add these amounts together. For wage earners, circle/asterisk the higher of their annual income in the top income section, or their annual income as calculated in the YTD section.

PART XI. ASSET CALCULATION

NOTE: This section is optional. Assets may be listed directly in Part IV.

- 63. Enter the name of each household member with assets.
- 64. Enter the type of asset the household member has (e.g. checking or savings account, CD, stocks, bonds, annuity payments, real estate, etc.).
- 65. Enter the interest rate, if applicable. If an asset does not accumulate interest, leave this field blank or indicate N/A.
- 66. Only use if the asset in question doesn't have a % rate (#65), but does show a year-to-date income amount on the asset verification (e.g. stock portfolios, mutual funds, IRA's, etc.) Annualize the YTD amount and place it in (#68). Each asset should only have a % rate (#65) or YTD income (#66) NOT both.
- 67. Enter the current balance or market value of the asset.
- 68. Enter the anticipated annual income from the asset by multiplying the interest rate earned by the market value/current balance. If no income is earned, enter "0."

NOTE: For assets with YTD amounts listed in (#66), calculate based on YTD statement/analyzing YTD amount.

- 69. Enter any fees that might be incurred to convert an asset to cash. For example, many CDs, IRAs and annuities may have penalties for early withdrawal. For the sale of real estate, deduct 10% of the value and enter that amount as fees.
- 70. Enter the cash value of the asset. If liquidating the asset incurs some kind of fee, then the amount in this column is the result of subtracting (#69) from (#67). If there are no fees involved, enter the amount from (#67).
- 71. Add the anticipated income from all assets and enter here. (auto)
- 72. Add the cash value of all assets and enter here. (auto)

HOUSEHOLD ELIGIBILITY CERTIFICATION

PART	i. DE	EVELOPMEN	NT DATA										
		Name:	(1)								Ur	nit #:	(2)
_	_	d Name:	(3)								. (8	3) Initial C	ertification
	Curi	rent HH Size			Effective Date:(6)				(8	B) Re-Cer	tification		
Nu		of Bedrooms		<u>—</u> Ог	iginal	Certification Da				- If Tra	ansfer, f	from Unit#	
PART	TII. H	OUSEHOLD	COMPOSITION	ON .									
НН				- · ·					REL TO		ОВ	FULLTIME	
Mbr #	(9)	FIRST N	IAME	(9)	LAS	T NAME		(9)	HOH *		ld-yyyy)	STUDENT (12)	last 4 digits
2	(3)			(3)				(3)	(10)	(1	'')	(12)	(10)
3									•				
4												ļ	
5 6							-					1	
7							1					+	
* H = H	ead of F	lousehold, S = S	Spouse, A = Adult	Co-Resident,	C = Chil	ld, F = Foster Child/ <i>F</i>	\dult,	, L = Li	ve-in Caretake	er, O = Oth	ner		
PART	III. G	ROSS ANN	UAL INCOME	(use annu	ıal am	ounts)							
HH N	/lbr#	Emp	(A) loyment or Wag	es	Socia	(B) al Security/Pension	ns	Pı	(C) ublic Assista	ince		(D) Other In	
(1	4)			(15)		(1	5)			(15)			(15)
TOT	ALS:			(16)		(1	16)			(16)			(16)
		Ado	d totals from (A) th	rough (D), abo	ve			TO	TAL INCOM	E (E):			(17)
	IV. I	NCOME FRO											
HH Mbr #			(F) Type of Asset			(G) Current or Impu	ıted	Ca	(H) ash Value of	Asset	Ar	(I) nnual Income	e from Asset
(18)	(19)						(20	-		(21)			(22)
						ТОТ	ALS	S:		(23)			(23)
	Enter	Column (H) Tota	I if over \$5,000		F	Passbook Rate							
_		(24)		X		2.00%	=		nputed Inco				(24)
									ROM ASSET				(25)
			(L) TOT	AL ANNUA	L HOU	SEHOLD INCOM							(26)
PART	V. D	ETERMINAT	TION OF INCC	ME ELIGI	BILIT	Y							
													CATIONS ONLY:
			OUSEHOLD INC RCES: From ite		(27	') H		ehold strictio	Meets Incom on at: (31)	ne	Curr	rent Income (32	Limit x 140%:
				()			_	60%	O 509	%		(32)
	C	ırrent Maximu	m Allowable Inc	ome:	(28	3)	_	45%	O 409		House	hold Income	Exceeds 140%:
	O.		hold Size at Mov		(29		_	35%	() 309		33)	TYES	NO NO
			d Income at Mov	_	(28				Bond Only	/o (s	,3)	J 'L'S	

Property Name: (1)					_	Unit #:	(2)
Household Name: (3)							
PART VI. RENT							
Household Paid Rent:		(34)	Maxir	num Allowable Re	ent for this Unit:	(35	j)
Utility Allowance:		(36)	— Rent	Assistance Type:	(37)	Amt:	(37)
Other Non-Optional Cha	arges:	(38)	Unit N	Meets Rent Restri	ction at: (40)		
GROSS RENT FOR UN (Household paid rent plus Utility other non-optional charges)		(39)		○ 60%○ 45%○ 35%	50% 40% 30%		
PART VII. STUDENT STA	TUS						
	S FULLTIME STU ter Student Explar attach documenta	YES No. (42) nation* Enter 1		1 T 2 J 3 S 4 M	lent Explanation: ANF Assistance ob Training Progra ingle Parent/Depe farried/Joint Return revious Foster Cal	ndent Child า	•
PART VIII. PROGRAM TY	PE						
Mark the program(s) listed beloeach program marked, indicate a. Tax Credit				nis certification/rece	tification.	eancy requirer	
See Part V Above	Income :	Status) ≤ 50% AMGI	Incom	e Status) ≤ 50% AMGI	Income	•	un
(43)	C) ≤ 60% AMGI) ≤ 80% AMGI) OI*	C) ≤ 60% AMGI) ≤ 80% AMGI) OI**	0	OI*	
* Upon recertification, househo	ld was determine	d over-income (OI) a	ccording to el	igibility requirements	of the program(s)	marked abov	ve.
PART IX. SPECIAL-NEED	S COMMITMEN	NT(S) MET BY HO	USEHOLD				
(44) Disabled		m Worker ge Household		Homeless Transitional			
Households cannot be co	ounted toward m	ore than one Speci	al-Needs Set		t unless the prop	erty is 100%	Elderly or
Based on the representations in Eligibility Certification and on the Revenue Code, as amended, as	he accompanying	Rental Eligibility Ap	plication is/ar	e eligible under the p	provisions of Section	on 42 of the Ir	
	(45)			(45)			
Signati	ure of Property Re	epresentative		Date	•		
By signing below, I understand Revenue Service may review to of the effective date of this cert (46)	his information. I		_		-	•	
Head of Household	Signature	Date		Member #2 Siç	nature	Da	ate
 Member #3 Sig	nature	 Date		Member #4 Sig	gnature		 ate

Property Name:	(1)									Ur	nit #: (2)
Household Name:	(3)										<u> </u>
PART X. INCOME (ON								_	
Calculate annual incom compensation (e.g., over "YTD" section below. (Income [X].	ne for all of the ertime, tips, pa	household's ay increases,	bonus	es, etc.). For	each	wage earner,	also c	alcul	ate their Yea	ar-to-Date ear	nings using the
Resident Name	Туре	of Income		Pay Frequency		Pay Rate (gross)	hours we	s per	# weeks per year	# months per year	Annual Income
(47)	(48)		(4	49)		(50)	(5	1)	(52)	(53)	(54)
Additional for Wage	Earners Onl	y - Calculat	e Tota	l Year-to-Dat	e (Y	TD) Income					
Resident Name	YTD P	eriod -	Total	YTD Amount		# of Weeks		W	ekly Amou	x 52 = nt OR # of	YTD
Resident Name	Start Date	End Date	Total	TTD Amount		YTD Perio	d		ckiy Aillou	weeks	Annual Income
(55)	(56)	(56)		(57)	/	(58)	=		(5	9) x 52 =	(61)
					/		_ =			x 52 =	
					/					x 52 =	
			<u> </u>		,		⊢ =			x 52 =	
			1		/		\dashv			(00)	
					/						
TOTAL HOUSI	EHOLD AN	NUAL INC	ОМЕ	:	(6	52)		•		•	
PART XI. ASSET C	ALCULATIO	N									
Resident Name	Type of	Asset	% Rate	YTD Income	_	urrent Balanc Market Value)	-		Il Income/ Innualized	Fees to convert to cash?	Cash Value
(63)	(64)		(65)	(66)		(6	67)		(68)	(69)	(70)
							+				
							+				
							\dashv				

TOTAL:

(71)

TOTAL:

(72)

Resident Eligibility Application (REA)

Purpose: To obtain required employment status and income information for all members of the household.

General Information:

For the purpose of completing this form, "Adult" means any household member who is currently 18 years of age or older, as well as a 17 year old who will be turning 18 within 12 months of the household's certification. "Adult" also refers to any adults who are members of the household but who may be temporarily absent from the household.

For the purpose of completing this form, all household Adults must complete Pages 2-4 of the REA (one set of pages for each Adult).

A separate household Income/Assets questionnaire must be completed for each household member 18 years of age or older. Only one household member can appear on each questionnaire (pages 2-4).

- The head of household should complete page one. All adult household members must complete all sections of separate pages two through four, regardless of monetary contribution and have their signatures witnessed by on-site staff.
- > Birthdates of all household members must be completed.
- ➢ If a household adult is not working, disclose what s/he is doing, e.g., collecting unemployment, going to school, staying at home to care for children, etc.

Instructions 1-15 Pertain to Page One of the Rental Eligibility Application

Specific Instructions: Site staff may only complete #1-7.

- 1. Enter property name and unit number.
- 2. Enter name of head of household.
- 3. Enter number of people in the household.
- 4. Enter the number of bedrooms in the unit.
- Enter the Effective Date of Certification. This will be either the
 date the lease is effective (i.e. the date the household can take
 occupancy) for new move-ins; for re-certifications the date
 should be move-in anniversary date.
- 6. Enter the effective date of the **initial** certification (the date the household originally took occupancy of the unit or the date they were first certified on a rehab).
- 7. Check applicable box indicating initial certification or annual recertification.
- 8. Resident enters names, birthdates, and last four digits of Social Security Number * of all household members occupying the unit.

Resident Eligibility
Application (REA) – con't.

- 9. Resident checks the applicable "Yes" or "No" box (refer to Chapter 2 of the Tax Credit Compliance Procedures Manual) regarding student status.
- 10. Resident enters household member's name, contact phone and contact e-mail.
- 11. Resident enters source of income, or name of the company the resident is employed by and the phone number of the employer.
- 12. Resident enters complete address of the employer.
- 13. Resident enters resident's job title and hire date.
- 14. Resident enters direct supervisor's name and the monthly gross income of resident.
- 15. Resident repeats steps 10-14 if more than one person in a household is working or if a resident has two jobs. You may use additional pages when needed to list additional employers or sources of income such as Social Security.

Instructions 16-21 pertain to the REA (Income/Assets Questionnaire)

- 16. Enter property name and unit number (will auto fill).
- 17. Enter household member name.
- 18. Resident checks appropriate box.
- 19. Resident checks boxes to answer questions 1 through 28. If the resident checks "Yes" s/he must enter amount(s) in column.
 - **Special Note about Question #6:** If applicant/resident has indicated "No" and there is no court-ordered support the *Child Support Affidavit* is not required.
- 20. Resident or POA prints name, signs, and dates form. POA should also complete #22.
- 21. Management's representative must sign as a witness, print name, and date for each resident/applicant form.
- 22. If a third party assisted Resident in completing this form as a reasonable accommodation, they should sign, print their name, indicate their relationship to the Resident, provide their phone number, and date the form. Site staff should only assist Resident in completing this form if the Resident has no one else to assist them.
- * **Note:** For privacy reasons, a resident may elect to **not** provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

RESIDENT ELIGIBILITY APPLICATION (REA)

Proper	rty Name: <u>(</u>	1)				Un	it #: _	(1	I)
House	hold Name:	(2)							
C	Current HH Size:				fication:		_		Type: (7)
	er of Bedrooms:				n Date:		_	Re-Certif	
	HE FOLLOWING						CANT/R	RESIDE	NT
HOUSE	HOLD COMP	OSITION:							
	(8)	551115111	(8)	(8)	(8)	(8)		(9)
Hshld Mbr	First Name	Li	ast Name	MI	Date of Bird			Fulltime Statu	
Head							_ [Yes	☐ No
2.							_ [Yes	☐ No
3.							_ [Yes	☐ No
4.							_ [Yes	☐ No
5.							_ [Yes	☐ No
6.							[Yes	☐ No
7.								Yes	☐ No
	ou in this calenda old Member's Na			-		student for five m			
	Phone: (10)				-mail: (10)				
Income S	Source or Emplo	yer: <u>(11)</u>				Phone	e:	(11)	
Address: Position:						Hire Da	to.	(12)	
Supervis	or: <u>(14)</u>					Income/Salary	/: \$ _		(14)
Househo	old Member's Na	me: <u>(15)</u>							
Contact I	Phone:			Contact E	-mail:				
Income S	Source or Emplo	yer:				Phone	e:		
Address:									
Position:						Hire Da	te:		
Supervis	or:					Income/Salary	y : \$		

RESIDENT ELIGIBILITY APPLICATION (REA)

An Adult household members (see Instructions page for definition of Adult) must complete an REA. Adults should list all their income/assets for the next 12 month period beginning on the anticipated date of move-in or recertification.

Prop	perty	Name	e: <u>(16)</u>	Unit #:	(16)							
Hou	sehol	ld Me	mber Name: (17)									
нс	NISEL	ם וסו	MEMBER: (please check one) (18)	□4 □5	□6 □7							
			, , , = , _ , = _									
INC	OME	INFO	DRMATION:									
	Yes	No	(19)	Annual G	Pross Income							
1.			I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: Annual Gross Wages/Salary	\$								
			Annual Overtime	\$								
			Annual Bonus/Commission/Tips									
2.			I am presently employed at an additional job. (NOT self-employed)	\$								
3.			I am self employed. (Attach signed tax return and appropriate schedules) Name of Business:	\$(use net income	me from business)							
4.			I am receiving or I have applied or will apply in the next 12 months: (check all that apply) ☐ Social Security (SSA); ☐ Supplemental Social Security (SSI); or ☐ WA State (SSI).	am receiving or I have applied or will apply in the next 12 months: (check all that apply) ☐ Social Security (SSA);								
5.			The household receives <i>unearned</i> income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.). Name of Member(s):	under (example: Social Security, trust fund disbursements, bank accounts, etc.).								
6.			Do you receive child support? If no and there are children in the household, are you eligible for child support or is there a court order for child support? ☐ Yes ☐ No Number of court-ordered child support cases:	\$								
7.			I receive alimony/spousal payments.	\$								
8.			I receive Public Assistance Income (TANF, GAU, FIP, ADATSA).	\$								
9.			I receive unemployment, Labor & Industries or disability benefits (not SSI).	\$								
10.			I am a member of the Armed Forces (Active, National Guard or Reserves).	\$								
11.			I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) \$									
12.			I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	\$								
13.			I receive income from real or personal property (attach signed tax return with Schedule E).	\$								

Pro	roperty Name:(16)										
Hou	seho	ld Me	mber Name: (17)		<u> </u>						
14.			I hold a contract for real estate sold. If yes, provide a copy of the and an amortization schedule. (Only count interest portion of pay		\$						
15.	I have income or sources of income, other than those listed above. If yes, list type below: a.) b.) \$										
ASS	SET I	NFO	RMATION:								
7.0	Yes	No		Balance or '	Value	Interest Earned					
16.			I have a checking account(s). If yes, list bank(s)	\$ 		\$ \$					
17.			I have a savings account(s). If yes, list bank(s) a.) b.)	\$ 		\$ \$					
18.			I have a Money Market account(s). If yes, list sources/bank names a.) b.)	\$ \$		\$ \$					
19.			I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account). If yes, list sources/bank names a.) b.)	\$\$ \$		\$ \$					
20.			I have a trust fund. ☐ Revocable ☐ Non-Revocable If yes, list bank(s)/trustee	\$		\$					
21.				\$ 		\$ \$					
22.				\$ \$		\$ \$					
23.			I □ own □ or am in the process of selling or □ have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation.	\$		\$					
24.			I have a whole life or universal life insurance policy. If yes, how many policies?	\$		\$					

Pro	perty	Name	e: <u>(16)</u>			Unit #:	(16)
Ηοι	ıseho	ld Me	mber Name: (17)			_	
25.			I own personal property hel (arts, coins, etc.) If "yes," a	d strictly as investme ttach appraisals.	ent assets \$	\$	
26.			I have disposed of assets we than fair-market value. If "y			\$	
27.			I have funds not held in a fir	nancial institution.	\$	\$	
28.			I have assets other than the If yes, list type below a.)		\$ \$_	\$ \$	
You wo lide equal but but the Signal	ur Soo uld be ntifica uivalei nders t prior der pe best nstitu e lease	eial Seial Seial Seial Seial Seial Seial Seial Worth International Seial	ccurity number will be used ork Visa, Alien Registration lumber (ITIN), or Employment or delay that any changes to my litial occupancy must be of perjury, I certify that knowledge and belief. In act of fraud. False, mistement and/or prosecution to the those of the Applicant/	If for income eligibing Receipt Card, Tendent Authorization this property's abilinousehold income disclosed immediately income the information purchasely income in	rvice regulations allow us to lity verification purposes or mporary Resident Card, IR Card. Failure to provide you lity to review your application after and/or composition after liately to management stated that providing false respected in this application and that providing false respected information may respect to the power of Attorney (POA rent POA, government-issue).	nly. Equivalent in S Individual Taxon Social Securon for housing. The the date of maff. The ion is true and expresentations sult in the term A) documentation	dentification cpayer rity number or my signature accurate to herein hination of
			(20)		(20)		(20)
		Appl	cant/Resident Signature		Print Applicant/Resident Name		Date
l ce	ertify t	hat I	nave observed the above	e-signed Applicant	t/Resident complete, sign	and date this	document.
		Propert	(21) y Representative Signature	Pri	(21) nt Property Representative Name		(21) Date
sigi I ce	asona nature	ble Ac , print	commodation: If a third pared name, relationship, phore	ty is required to ass e number and date	sist with the completion of thi		d their
	Third	(22)	Signature Print T	(22) hird Party Name	(22) Relationship	(22) Phone #	(22) Date

Self-Certification of Annual Income

Purpose: This form may be used for 100% Low Income Tax Credit Properties for the third year and beyond. Initial certification and third-party certification for the second year of occupancy is required; the third year you may use this form.

NOTE: Properties approved for Post-Year 15 monitoring and those with the IRS Recertification Waiver may use this form for all of their recertifications.

NOTE: Back-up documentation is not required by WSHFC but may be required by other funders.

General Information:

This form is to be effective on the lease anniversary date (or initial certification anniversary for in-place residents in an acquisition/rehab) and must be completed within 120 days prior to that date by every household. Remember that a "Head of Household" (HOH) can also be an emancipated minor. There is a "management use only" portion at the end of the form; otherwise, households must complete the form themselves.

Specific Instructions:

- 1. Enter property name and unit number (management staff may fill this in).
- Print head of household name (HOH).
- 3. Enter number of bedrooms.
- 4. Enter number of persons in household.
- 5. Print name of HOH.
- 6. Print HOH date of birth.
- 7. Check "Yes" or "No" box in response to student question.
- Print names of additional household members on additional lines
- 9. Enter dates of birth for additional household members.
- 10. Check "Yes" or "No" boxes in response to student question for each additional household member.
- 11. Print name of HOH.
- 12. Enter total gross income received by HOH, including assets (see NOTES on second page of form). If the HOH has more than one income source, add income from all of his/her individual sources together and enter total. Do not include any income of other household members on this line.
- 13. Enter source of income.

Head of Household completes items 2 – 18

Management Completes items 19 - 26

- 14. Initials of HOH go on this line.
- 15. Print names of all additional household members on additional lines.
- 16. Enter total gross income received by additional household members, including assets and unearned income of minors, on additional lines.
- 17. Enter source of income.
- 18. Print initials of additional adult household members (18 or older or emancipated minor) go on additional lines, even if the adult receives no income.
- 19. HOH signs, prints name and dates where indicated.
- Additional adult household members (18 or older or emancipated minor) sign, print and date.
- 21. Enter original move-in date.
- 22. Enter effective date of re-certification; this date should be the anniversary date of the initial certification.
- 23. Enter total gross income amount for entire household (based on self-certification and any back-up documentation).
- 24. Enter only the resident portion of rent paid.
- 25. Enter the applicable utility allowance for the unit.
- 26. Enter subsidy portion of rent, if applicable.
- 27. Enter the qualifying income set-aside percentage.
- 28. Management representative who conducts interview or collects information from HOH signs, prints name, and enters date here.

SELF-CERTIFICATION OF ANNUAL INCOME

Prope	rty Name:	_(1)		Unit:	(1)	
House	hold Name:	(2)					
# of B	edrooms:	(3)	# of Persons	in Household:	(4)		
	RE	MAINDER OF FORI	M TO BE COMPLETE	D BY RESIDENT ONL	_Y		
			ate(s) of birth below (con per is or will be a fulltime			ecessary).	
	Но	ousehold Member Name		Date of Birth		Student us *	
Head	(5)			(6)	_	☐ No	(7)
2.	(8)			(9)	_ 🗌 Yes	☐ No	(10
3.				_	_	☐ No	
4.					_ □ Yes	☐ No	
5.					_	☐ No	
6.					_	☐ No	
7.					_ 🗌 Yes	☐ No	
* Have	you, in this cale	ndar year, or will you ir	the next calendar year,	be a fulltime student for f	five months	or more?	
income	put "Zero." Eve	ery adult Household me	om assets of each adult hember must initial below and page of this form (con	to certify their gross annu	ual income a	anticipated	
	Household Me	mber Name	Total Gross Annual Income & Income from Assets	Source of Income		Initials of Adult Iousehold Member	
Head	(11)		(12)	(13)		(14)	
2.	(15)		(16)	(17)		(18)	
3.							
4.							
5.							
6.							

7.

Household Name: (2)		
I agree to notify management IMMEDIATELY if: Anyone in my household becomes a fully		
 My household composition changes in a 		
I certify under penalties of perjury that the above knowledge. I understand that false or incomplete grounds for eviction. I agree to furnish any addit property owner/management to document my/ou	e information is a violation of the terms of it information is a violation of the terms of it in it is in a violation requ	my lease and is
(10)	(40)	(19)
Head of Household Signature	(19) Print Name	Date
(20)	(20)	(20)
Other Household Adult Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date
	NOTES	
Types of Income: Possible types of income include but are not limited tassistance, Social Security/SSI, retirement benefits, types of financial aid. Include amount you receive not income listed must be GROSS income (income before)	VA benefits, child support, regular gifts, unemow and amount you anticipate receiving in the	ployment, and some
Income from Assets: Income from assets must also be included in Total G limited to: checking accounts, savings accounts, casl bonds, 401(k) and real estate. Include the annual int	h on hand, money market accounts, certificate	es of deposit, stocks,
TO BE COMPL	ETED BY MANAGEMENT	
Original Move-in Date: (21)	Effective Date of Recertification:	(22)
Total Gross Income – All Household Memb	ers: \$ <u>(23)</u>	
Household Portion of Rent: \$ (24)	Utility Allowance: \$(25)	
Subsidy Portion: \$ (26)	Set-aside %: (27)	
(28)	(28)	(28)
Signature of Management Representative	Printed Name of Management Representative	Date

Household Declaration Supplement to REA

Purpose: This form may be used at initial certification to identify any absent or anticipated household members.

Note: This form is optional.

General Information: This form should to be completed at *initial* certification only.

Specific Instructions:

- 1. Enter property name and unit number.
- 2. Print resident's name.
- 3. Applicant answers "Yes" or "No" to these three questions.
- 4. Head of Household signs and dates the form.
- 5. Other adult household members sign and date the form.

HOUSEHOLD DECLARATION SUPPLEMENT TO REA

(for initial certifications only)

Property Name: (1)		Unit:	(1)
Applicant/Resident Nar	me: <u>(2)</u>		
the Washington State Housing	completing are for the Low-Income Housing Taxing Finance Commission in compliance with Secue limits of our rental households.		
All household members over verified and be on the lease.	the age of eighteen must sign the forms; have	their income and	assets third-party
including spouses (husband member must be included in the apartment must be included)	annual income, we are required to document te or wife), roommates, and dependants. Income the total household income. The income of a s ded when determining income, unless documen d to join the household within the initial six montated.	of any temporarily pouse, even if he tation of a legal se	y absent household /she will not reside ir eparation is provided
★ Will anyone be residing	in the unit not listed on page 1 of the Rental	Eligibility Applica	ation?
☐ Yes ☐ No	If "Yes," identify the person and position in the	ne household: _	
∗ Do any household men Rental Eligibility Application	nbers have a spouse who is not listed as a ho ation? If "Yes," please share the spouse's name an legal separation documentation.		-
Spouses Name:	Source of Income:		
•	your household within six months?		
☐ Yes ☐ No	If "Yes," complete the following:		
Name:	When expected: So	ource of Income:	
all roommates and anyone e omitting any current househo expected to join my/our house	ave disclosed all current household members, to expected to join my/our household within the next old members, the spouse of any household membershold within the next six months from the tenant household residency. I/We further understand wrior written approval.	ct six months. I/W nber, any roomma ncy process is con	e understand that ates or anyone sidered fraud and is
(4)			(4)
Head of Househ	old Signature		Date
Other Adult Hous	ehold Member		(5) Date
Other Adult Hous	ehold Member		Date

(3)

Household Demographics

Purpose: To collect demographic data on all household members in Tax Credit properties as mandated by federal HERA (Housing and Economic Recovery Act) legislation of 2008.

Note: This form is required at initial occupancy. It is required at recertification <u>only</u> if there have been changes to the household composition.

Special Mention:

➤ To avoid a fair housing issue we strongly recommend that this form be completed after the household has been approved for residency.

General Information:

Each household must be offered the opportunity to disclose their race, ethnicity, and disability.

Residents may choose not to disclose; however, they still need to complete the top portion, "Household Composition," and check the "choose not to disclose" boxes (line 6 under "Racial Categories", line 3 under "Ethnic Categories", and line 2 under "Disability Status.") and sign and date at the bottom of the form.

Parents or guardians are asked to disclose on behalf of all children in the household who are under the age of 18.

All adult members (18 years or older) must sign and date at the bottom of the form as proof that the option to disclose was made available.

Specific Instructions:

- 1. Enter property name.
- 2. Enter unit number.
- 3. Enter household name.
- 4. Enter household members' names.
- 5. Enter relationship to head of household.
- 6. Each adult is to complete Racial Categories. More than one box may be checked.
- 7. Each adult is to complete "Ethnic Categories." Choose only one.
- 8. Each adult is to complete "Disability Status" if applicable.
- 9. Head of Household signs and dates form.
- Other adult members of the household should sign and date.

HOUSEHOLD DEMOGRAPHICS

Prope	Property Name: (1) Unit #: (2)												
House	ehold Name: (3)												
HOU	SEHOLD COMPOS	SITION			(5	DELAT		TOUE	A D. O.I	LIQUEEU			
					(5) KELA	Adult	TO HE	Fost				
Mbr#	FIRST NAME	LAST NAME		МІ	Head	Spouse	Co- Resident	Child	Child Adu				
1	(4)				X								
2													
3													
4													
5													
6													
7													
					6) Chec	k ALL that	apply for	each ho	usehol	d member.			
(A) R	ACIAL CATEGORI	ES** (6)	HOF Memb		Member	Member	Membe	_	nber	Member	Member		
\			#1		#2	#3	#4		5	#6	#7		
White	or African American								_				
	can Indian or Alaska Na	tive							<u> </u>				
Asian	all ilidiali di Alaska Nai	iive							<u> </u>				
	Hawaiian or Other Paci	fic Islander]				
	e Not to Disclose	no iolaridor							.				
0000	2.00.000				(7)	Check one	e for each l	househo	ld mei	mber.			
(5)			HOF	1	(-)								
(B) E	THNIC CATEGORI	ES** (7)	Memb #1	per	Member #2	Member #3	Membe #4		nber 5	Member #6	Member #7		
Hispar	nic or Latino]				
-	spanic or Latino								1				
	e Not to Disclose								1				
			HOH	1									
(C) D	ISABILITY STATU	S** (8)	Memb #1	oer	Member #2	Member #3	Membe #4		nber 5	Member #6	Member #7		
	y household members of the Housing Act? If "Yes,								<u> </u>				
Are an	y household members or ir Housing Act? If "No,"	disabled according to							ב				
Choos	e Not to Disclose]				
	*Please r	efer to the attached p	age fo	r defi	nitions c	of race, etl	nnicity, ar	nd disal	oility.				
	nable Accommodation: If a relationship and phone nu			vith the	completion	on of this do	cument, ad	ld their si	gnatur	e and date, p	orinted		
	name, relationship and phone number to the bottom of this page. (9) (10)												
-	Head of Household Signati		ate				#2 Signatur	·e			ate		
	(11)	(1	1)				(12)			(1	12)		
	Member #3 Signature						#4 Signatur						

THIS FORM TO BE COMPLETED BY APPLICANT/RESIDENT

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

The following racial and ethnic definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD-27061), used by the U.S. Department of Housing and Urban Development (HUD):

- **A.** Household members can select one or more of the following applicable racial definitions:
- White A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- **Black or African American -** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
- American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian -** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander -** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **B.** Household members can select one of the following applicable ethnic definitions:
- **Hispanic or Latino -** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
- **Not Hispanic or Latino -** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The following definition of "disabled" comes directly from the Fair Housing Act:

- **C.** Per the Fair Housing Act, the definition of disabled is:
 - A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at: http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201.
 - "Handicap" does not include current, illegal use of or addiction to a controlled substance.
 - An individual shall not be considered to have a handicap solely because that individual is a transvestite.

Authorization to Release Confidential Information

Purpose: This form may be used to show resident has given you authorization to verify information and/or statements made in the rental application process. This form may be attached to various verification forms if the original verification form has been lost in the mail.

Note: This form is optional. However, owners should always have applicants/residents sign some kind of release prior to requesting any third-party verifications. Owners cannot refuse to complete this form if the applicant/resident requests to use it.

Specific Instructions:

- 1. Enter property name.
- 2. Enter unit number.
- 3. Management signs *before* the applicant/resident.
- 4. Management representative prints name and dates form.
- 5. After management completes bottom portion of form the applicant/resident signs, prints his or her name and writes the date.

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Property Na	ıme:	(1)			Unit:	(2)
As a condition of participating in an affordable housing program, I understand the property owner is required to initially and annually certify each resident's eligibility for such program. Consequently, I understand it is necessary for me to give authorization for specific income and asset information to be provided on one or more of the following forms:						
> Social > Public > Unem > Militar > Pensi > Annui > Depos > Stude	Securit Assista ploymen y Pay V on Verifi ty or Sto sit Verifi nt Statu	ock Verification cation Request s Verification		erification nent has their own form)		
unless revoke disclose my s	This Authorization is limited to the forms listed above and expires 180 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose my specific income and asset information as requested on the forms above. No other information may be released without my express written authorization.					
Notice to applicant/resident: Do not sign this document unless the authorized management agent's signature appears at the bottom of this page.						
Signatu	(5 ire of App	plicant/Resident	Print Na	me of Applicant/Resident		Date
By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:						
	Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property;					
applio disclo	The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by proper administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and					
inforn inforn meas	The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained as (a) confidential personal information, (b) separate from that of other residents, and (c) using such physical and other security measures, including security measures for protection of records maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.					
Signature of A	(3 Authorize	d Management Agent	P	(4) rint name of Agent		(4) Date

Verification Cover Letter

Purpose: To get a better response from employers, banks, and other entities where verifications are sent.

Special Mention:

► This form is optional. Remember to include a self-addressed envelope.

Specific Instructions:

- 1. Enter name of the property and unit number.
- 2. Enter applicant's/resident's name.
- 3. Enter your fax number.
- 4. Enter your phone number.
- 5. Print your name on this line.

Verification Cover Letter

Prope	ty Name: _(1)	Unit:	(1)
Appli	ant/Resident Name: (2)	<u> </u>	
Dear	ir or Madam:		
commencion	mployee or client has applied or is living at an affordable-house unity monitored by the Washington State Housing Finance Coned request must be completed in order to qualify your employed mmission's income guidelines. Without this information we called the housing needs. Therefore, we need your help.	mmission. The or client un	he nder
form).	mployee or client has authorized you to disclose their informate. Please complete the lower half of the enclosed form that has the enclosed form the enclosed form the enclosed form that has the enclosed form t	been signed	by your
IMPO	RTANT:		
1.	Please answer all questions; do not leave blank spaces.		
2.	For questions that you cannot answer, use the phrase "cannot "none" or "N/A."	ot disclose" o	r write
3.	Do not use the word "varies."		
4.	Please use only gross amounts.		
5.	If you need to change an answer please cross out the incorrect answer beside it and initial the change. Do not use we have the change of the		rite
	you for your cooperation. If you have any questions, please for the at	eel free to	
	(5)		
	Print Name		

Employment Verification

Purpose: To verify an applicant's/resident's income.

Note: This form must be mailed, faxed, or emailed to the resident's employer by on-site personnel. The resident cannot "hand carry" the form to his/her employer.

Specific Instructions:

- 1. Enter name and address of employer.
- 2. Use this section to document when the verification was sent.

 Must document 3 attempts over a 2 week period before moving to an alternate verification format.
- 3. Enter the fax number and the person's name that the verification was sent.
- 4. Enter applicant's/resident's name.
- 5. Enter Social Security number. *
- 6. Enter unit number if assigned.
- 7. Have resident sign his/her name and enter date before mailing to employer.
- 8. Property Representative signs.
- 9. Enter Property Representative's phone number including area code.
- 10. Enter project name and address.

Lower portion of form to be completed by employer only. There is a new sentence that requires the employer to view picture identification if no Social Security number was provided. Make sure that each question/section is completed. If a question is not answered by the employer, you need to call and clarify.

* **Note:** For privacy reasons, a resident may elect to **not** provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

EMPLOYMENT VERIFICATION

THIS SECTION TO BE CO	MPLETED BY MANAGEMEN	T AND SIGNED	BY RESIDEN	IT
	ed or faxed to the resident's empl cannot "hand carry" this form to l		rsonnel.	
The resident (cannot nana carry uns form to i	nsmer employer.		
TO: (Name & address of employer) (1)			1 st Request	(2)
			2 nd Request	(2)
		□	3rd Request	(2)
			Fax #:	(3)
			Attn:	(3)
DE (0)	,	•		(0)
RE: (4) Applicant/Resident Name	Social Secu	rity Number	·	(6) Unit # (if assigned)
		nty Number	,	onit # (ii assigned)
I hereby authorize release of my employment inform	nation.			
(7)	(7	')		
Signature of Applicant/Resident	Da	ite	•	
The individual named above is an applicant/resident of	a housing program that requires ver	ification of income	The information	provided will remain
confidential to satisfaction of that stated purpose only.				provided will remain
	Re	eturn Form To: (1	0)	
(8)				
Management Agent				
(9)				
Phone Number				
THIS SEC	TION TO BE COMPLETED B	Y EMPLOYER		
1	ts and do not leave any sections b)" or "N/A."	—
	•	Job Title:		
			- (Fl	
	mployed:			
Current Gross Wages/Salary: \$	(check one below) Av	_		·
☐ hourly ☐ weekly ☐ bi-weekly	☐ monthly ☐ semi-m	onthly	arly 🔲 d	other:
Year-to-date gross earnings: \$	from through	# 0	f Pay Periods ir	ncluded in YTD
	(mm-dd-yy)	(mm-dd-yy)		
Overtime Rate: \$		# of overtime hours	per week:	
Shift Differential Rate: \$	per hour Average	shift differential h	ours per week:	
Commissions, bonuses, tips, other: \$	(check one below) Incl	uded in Y-T-D figur	e above?	Yes 🗌 No
☐ hourly ☐ weekly ☐ bi-weekly	☐ monthly ☐ semi-m	onthly 🔲 ye	arly 🔲 d	other:
List any anticipated increase in the employee's rate	of pay within the next 12 months:		Effective Da	ate:
Does the employee participate in a 401K Retiremen	t account?	Employee can ac	cess the account	? ☐ Yes ☐ No
If the employee work is seasonal or sporadic, please				
	_		_	_
If no Social Security number was provided, did e	employer view picture identifica	tion?	Yes	□ No
Additional Remarks:				
Employer's Signature	Employer's Printed I	Name and Title		Date
Employor a dignature	Employer 3 i finteu i	Tame and The		Daio
				_
Employer (Company) Name	E-mail Address		Phone #	Fax #

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.

Income Verification/ Clarification by Telephone

Only enter items that are being clarified in lines 7 – 22

Purpose: To verify a resident's income.

Note: If this form is being used to verify income, all blanks must be filled in, either with "N/A" or "would not disclose," etc. This will ensure that nothing has been overlooked, such as pay raises and bonuses.

If this form is being used to clarify income you only need to complete the top portion and the items that you are clarifying, then date and sign.

Specific Instructions:

- 1. Enter property name and unit number.
- 2. Enter resident's full name.
- Enter name of the resident's employer.
- 4. Enter employer's phone number.
- 5. Enter full name and title of the employer's representative who verified the resident's income.
- 6. Enter resident's full name.
- 7. Enter job title of resident.
- 8. If "Yes," enter starting date of employment. If "No," enter last date of employment
- 9. Enter dollar amount of the current wage and/or salary and check only ONE of the choices listed (hourly, weekly, etc.).
- 10. Enter number of hours worked per week if resident is paid hourly.
- 11. Enter year-to-date earnings amount and the "paid from" and "paid through" date and # of pay periods included in YTD.
- 12. Enter dollar amount per hour of overtime worked per week.
- 13. Enter average # of overtime hours per week if the employer will not commit to a specific number, and gives a range of hours, always use the highest amount.
- 14. Enter dollar amount per hour for a shift differential.
- 15. Enter average # of shift differential hours per week (if the employer will not commit to a specific number, and gives a range of hours, always use the highest amount.)
- 16. Enter amount of tips, commissions and/or bonuses received per week. If tips are not provided by the employer, add 20% of gross income for food servers and personal care providers such as hair stylists; add 40% for employees in the gaming industry. Call your compliance officer if you have questions regarding tip income.
- 17. Enter if commissions, bonuses, tips are included in YTD.

- Enter dollar amount of any pay increase during the next 12 months.
- 19. Enter effective date of next pay raise.
- 20. Indicate whether resident participates in a 401(k) program and whether the resident can access the account.
- 21. Enter layoff periods if the employee work is seasonal or sporadic.
- 22. If resident did not provide a Social Security number, did the employer view picture identification?
- 23. Enter date you spoke to the employer on the phone.
- 24. Sign and print your name.

INCOME VERIFICATION/CLARIFICATION BY TELEPHONE

Resident Name:(2) Employer (Company):(3) Name and Title of Person Contacted:(5) Name If this form is being used as an alternative to the Employment Verification, inc	Phone Number:	(4) 5) tle
Name and Title of Person Contacted: (5) Name		5) tle
Name	Ti	tle
of a pay stub).		on (such as a co
f this form is being used to verify income, all blanks must be filled in, either wensure that nothing has been overlooked, such as pay raises or bonuses. If you need only to complete what you are clarifying.		
Only enter items that are being clarifie	ininininininininininininininininininin	97.007.007.007.007.007.007.007.007.007.0
Employee Name: (6) Job T	Fitle: (7)	
Presently Employed:	Last Date of Employment:	(8)
Current Gross Wages/Salary: \$ (9) (check one below) Average	e # of regular hours per week:	(10)
☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly	y yearly othe	er:
	1) # of Pay Periods includent	ed in YTD(11)
Overtime Rate: \$ (12) per hour Average # of or	vertime hours per week:	(13)
Shift Differential Rate: \$ (14) per hour Average # shift	t differential hours per week:	(15)
Commissions, bonuses, tips, other: \$(16) (check one below) Included \[\text{hourly} \text{weekly} \text{monthly} \text{semi-monthly} \]		Yes ☐ No er:
List any anticipated increase in the employee's rate of pay within the next 12 months: (1	18) Effective Date	(19)
Does the employee participate in a 401(k) Retirement account? Yes No call the employee work is seasonal or sporadic, please indicate the layoff period(s): (21)	an employee access the account?	☐ Yes ☐ No
If no Social Security number was provided, did employer view picture identification? Additional Remarks:	?	□ No
If the employee work is seasonal or sporadic, please indicate the layoff period(s): (21) If no Social Security number was provided, did employer view picture identification?		
Зу: (24)	(24)	

Self-Employment Income Worksheet

Purpose: To assist in determining self-employment income.

Special Mention:

► The line numbers mentioned in this form are from Schedule C, IRS 1040 forms (2011).

Income from a Business

When calculating annual income, owners must include the net income from operation of a business or profession including self-employment income. Net income is gross income less business expenses, interest on loans, and depreciation computed on a straight-line basis.

- ➤ In addition to net income, owners must count any salaries or other amounts distributed to family members from the business, and cash or assets withdrawn by family members, except when the withdrawal is a reimbursement of cash or assets invested in the business.
- When calculating net income, owners must not deduct principal payments on loans, interest on loans for business expansion or capital improvements, other expenses for business expansion, or outlays for capital improvements.
- Excessive amounts claimed on lines 24 and 27 need to be explained.
- If the net income from a business is negative, it must be counted as zero income. A negative amount must not be used to offset other household income.

Specific Instructions:

- 1. Enter name of property and unit number.
- 2. Print applicant's or resident's name.
- 3. Follow line-by-line instructions on the form to determine selfemployment income.

The completed *Self-Employed Income Worksheet* should be placed on top of the IRS 1040 with Schedule C and other appropriate schedules.

SELF-EMPLOYMENT INCOME WORKSHEET

Property Name: (1)			Unit:	(1)
Applica	nt/Reside	nt Name: (2)		
(3)				
To Calcul	ate Income	from Schedule C Profit or Loss From Business:		
	Line 31:	Net profit or (loss)		
Add	Line 11:	Contract labor: Add any part of the amount for contract labor is paid to self or household members living in the unit.	or that	
Add	Line 12:	Depletion		
Add	Line 13:	Depreciation and Section 179 expense Deduction		
Equals		Amount of self-employment income for given tax year	=	

Other lines on Schedule C to take into account:

- Line H If the tax return does not include a full year of self-employment earnings, then the income will need to be annualized.
- ♦ Line 24 Travel and Meal expenses must be reasonable for the type of business.
- Line 27 Other expenses must be detailed on the second page and be reasonable for the type of business.

Other considerations:

- Any cash withdrawals or payments made to expand the business need to be included in self-employment income
- Any cash withdrawals or payments made by or to family members must be counted as income (unless resident can document that withdrawals are reimbursement of amounts previously invested in the business). The amount calculated above represents business income for the given tax year. Anticipated income for the next 12 months may be different. If the resident expects to earn less, obtain a written explanation why s/he expects to earn less. If it is anticipated to be more include the higher amount.
- ◆ The amount on Line 12, "Business income or (loss)" on form 1040 should equal "Net profit or (loss)" on Line 31 of Schedule C. If it does not, then the resident may have, or have had another business, and should have another Schedule C.
- All other income and assets disclosed on the tax return must be accounted for.
- ◆ Tax return must be signed by the resident(s).
- If net income from business is negative it must be counted as zero income. A negative amount may not be used to offset other household income.
- Do Not Include in Expenses:
 - Principle Payments on Loans
 - Interest on Capital Improvement or Business Expansion Loans
- Do Not
 - Offset any other family member income

Self-Employment Verification

Purpose: This form should be completed by self-employed applicants.

Note: If the applicant/resident has been self-employed long enough to have filed a tax return, this form does not take the place of a tax return but rather should be used in conjunction with the tax return including appropriate schedules.

- 1. Enter property name and unit number.
- 2. Resident writes his/her name here.
- 3. Resident enters name of business.
- 4. Resident enters business mailing address and phone number.
- Resident enters type of business and tax payer identification number.
- Resident enters date business began and position or occupation.
- 7. Resident enters past year's income.
- 8. Resident enters what s/he expects to earn for the year.
- Resident indicates if business had been continuous and the number of months per year. If the business has not been continuous place a check mark in the "No" box.
- 10. Resident checks the appropriate box.
- 11. Resident signs and dates.

SELF-EMPLOYMENT VERIFICATION

Prop	perty Name:	(1)				Unit:	(1)
Resi	ident Name:	(2)					
Nam	e of Business:	(3)					
Maili	ng Address:	(4)				Phone Number:	(4)
		(4)		(4) State	(4) Postal Code	_	
Туре	of Business:	<u>(5)</u>				_ Taxpayer ID #:	(5)
nclud ousine	ing cash withdra ess, or principal p		siness. Do	NOT de	educt depreciation,	eration of a business payments made to e	expand the
1.	Date Began:			(6)	Position/Oc	cupation:	(6)
2.	Last Year's Inc				<u>(7)</u>		
 3. 4. 	Anticipated Inco	een continuous			(8)		
7.	(i.e.: months p		☐ Yes	s 🗆	No # Months po	er Year: (9)	<u> </u>
		•		-		income tax return (eturn please docum	
(10)	or						
	This is a new b	usiness. Attache	d is a Prof	it and Lo	oss Statement if av	ailable.	
herel	by certify that the	e statements abov	ve are true	and acc	curate to the best o	f my knowledge.	
		(11)			(11)		
	Sia	nature			Date		

Seasonal Worker Statement

Purpose: The purpose of this form is to find out what the intentions are or what income the resident intends to earn during the offseason.

- 1. Enter property name and unit number.
- 2. Enter applicant or resident name.
- 3. Applicant/resident should enter how many weeks s/he will not be working in a calendar year. Income for all other weeks needs to be verified may be from several employers.
- 4. Applicant/resident should check one of the boxes and fill in applicable lines.
- 5. Applicant/resident should sign and date.

SEASONAL WORKER STATEMENT

Property Name:	<u>(1)</u>		Unit:	(1)
Resident Name:	(2)			
I am employed a	s a seasonal worker. I anticipa	ate not working (3)	_ weeks ou	ut of the year.
While I am not w	orking, I will support myself by:	(4)		
☐ Collectin	ig unemployment. If yes, how	much per week?		
Living of	f of savings or cash on hand.	NOTE: Savings or casl	n on hand m	nust be verified.
Other				
	(5)	(5)		
Signa	ature of Resident	Date	_	

Child Support Affidavit

Purpose: To verify child support income when an applicant is receiving child support but does not have acceptable verification (as outlined in the Income & Assets chapter of the Tax Credit or Bond Compliance Procedures Manual), or receives none or only a portion of what the court has awarded.

Special Mention:

► This form is optional. It is not required if an acceptable verification of child support is obtained or if the *Resident Eligibility Application (REA)* indicates no support is being received or court ordered.

Please note that Owners must count child support amounts awarded by the court unless the applicant certifies that payments are not being made and that he or she has taken all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment. A support history from DSHS, Division of Child Support/Support enforcement is sufficient for this purpose.

- 1. Enter property name and unit number.
- 2. Print resident's name.
- Resident should check the applicable box(es); list each child in the household under one of the three statements; fill in the appropriate dollar amounts, and attach documentation when required.
 - Statement I If all children in the household are listed here then the Resident Eligibility Application (REA) should declare no support is being received or court ordered and the Commission does not require the Child Support Affidavit form or any further documentation.
 - Statement II This section is for self-certification of anticipated support not yet being received where there is no court-ordered amount. This amount should be counted as anticipated income.
 - Statement III This section is for the declaration of support for which documentation is not available, or not being paid at the ordered amount.
- 4. Person completing this form signs and dates in the presence of Notary.
- 5. This section must be completed by a Notary.

CHILD SUPPORT AFFIDAVIT

FIC	open	y Name: (1)		Onit:(1)
I, A	pplica	ant/Resident Name: (2)		do hereby attest to the following:
Sele	ect the	e appropriate statements (lis	t each child once):	
I.		I am not entitled to receive c	nild support under any court order	or non-court agreement and I am not in the ng child/children living in my household:
II.		I will receive such an order v	ithin the next 12 months. I expec	ny court or other agreement. However, I believe t to receive \$ per month, ild/children:
III. 3)		I am entitled to receive child per month for the following c	support under a court order or oth nild/children: (Attach applicable agree	ner agreement in the amount of \$
		Notwithstanding the above, I	expect to receive no more than \$	over the next 12 months because
abo agre	ve-refe eemen	(Attached documentation proving of nd that this affidavit is made a erenced property and that any t and subject me to immediate	s part of the qualification procedu misrepresentation herein will be o	re to determine the eligibility of residency at the considered a material breach of the lease at of any changes in the status of my child support.
		(4)		(4)
		Signature of Applicant/Re	sident	Date
			NOTE: Sign in Presence of	Notary
(5)			TOTE: Olgi III I Toodiloo or	
		WASHINGTON)	SS.	
	JNTY (,		
On t to m unde	this ne knov er oath	day of wn to be the individual described that she/he signed the same of	,, personally appe in and who executed the within and her/his free and voluntary act and c	eared before me, d foregoing instrument, and acknowledged to me deed, for uses and purposes therein mentioned.
WIT	NESS	my hand and official seal hereto	affixed the day and year first above	e written.
			NOTARY PUBLIC in ar Residing at: Printed Name:	nd for the State of Washington
			My Commission expire	s:

Public Assistance Verification

Purpose: To verify income received from public assistance such as Temporary Assistance to Needy Families (TANF) or other DSHS benefits.

Special Mention:

As a courtesy, provide a self-addressed envelope if you are mailing this form.

Specific Instructions:

- 1. Enter name of property and unit number.
- 2. Print resident's name.
- Enter resident's Social Security number. *
- 4. Use this section to document when the verification was sent.
- 5. Enter the fax number and the person's name that the verification was sent.
- 6. Print your name.
- 7. Enter your phone number.
- 8. Sign your name here.
- 9. Applicant/resident signs his/her name and dates here.

* **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

PUBLIC ASSISTANCE VERIFICATION

Property Name: (1)			Unit:	(1)
		☐ 1 ^s	^t Request	(4)
RE: <u>(2)</u>			d Request _	
	_		Request	
				(5)
SS#: (3) See instruction page.	_		·	(5)
See instruction page.				
Dear Sir/Madam:				
We are required to verify the income of all household assisted housing Units which we operate, and period requirement, we ask your cooperation in supplying th individual. This information will be used only in determined to the cooperation of	ically to re-exan e information re	nine household in equested below re	come. To egarding the	comply with this referenced
Your prompt return of this form will be appreciated. It	f you have any	questions, please	call:	
	Name:	(6)		
	Phone #	(7)		
Sincerely,				
(8)				
Management Agent				
I hereby authorize the release of requested inform	nation.			
(0)		(9)		
(9) Applicant's Signature		Date		
TO BE COMPL	ETED BY CAS	EWORKER		Monthly Amount
Number in Household:			=	Monthly Amount
Temporary Assistance for Needy Families (TANF):			\$	
Disability Lifeline (GAU; FIP; ADATSA):			\$	
Food Stamps:			\$	
State SSI:			\$	
Other Assistance – Type:			\$_	
Other Income – Source:			\$	
Comments:				
Signature	Т	itle		Date
Print Name				Phone Number

Unemployment Benefits Verification

Purpose: To verify an applicant's or resident's unemployment benefits.

Note: This form must be mailed or faxed to the applicable unemployment office shown on the form. The resident cannot "hand carry" the form.

Special Mention:

▶ Remember to include a self-addressed envelope.

Specific Instructions:

- 1. Enter property name and unit number.
- 2. Enter date.
- 3. Enter name and address of property. Include your phone number and your fax number (if you want request faxed back to your office).
- 4. Enter name of the applicant or resident.
- 5. Enter applicant's Social Security number. *
- 6. Have applicant sign and date before mailing.
- 7. Mail or Fax to the Employment Security Department's Records Disclosure Unit once form is filled out.

* **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

UNEMPLOYMENT BENEFITS VERIFICATION

Property Name: (1)	Unit: (1)
Date: <u>(2)</u>	
TO: Employment Security Department (ESD) ATTN: Records Disclosure P.O. Box 9046 Olympia, WA 98507-9046 Phone Number: 360. 407.4580 Fax Number: 866.610.9225	FROM: (Name of Property) (3)
SUBJECT: Verification of information supplied by an applican	nt for housing assistance.
Name: (4)	
Social Security Number: (5)	
This person has applied for housing assistance under a low income housing tax Finance Commission. This agency requires the housing owner to verify all informentits. We ask your cooperation in providing the following information and refer this information will help to assure timely processing of the application for assinformation as shown below.	rmation that is used in determining this person's eligibility of level of turning it to the person listed at the top of the page. Your prompt return
Release of Information: YOU DO NOT HAVE TO SIGN THIS ORGANIZATION OR THE ORGANIZATION SUPPLYING TH	
RELEASE: I hereby authorize the release of the requested in limited to information that is no older than 12 months. There a verify information that is up to 5 years old, which would be aut copy of this consent.	are circumstances which would require the owner to
(6)	(6)
Signature	Date
INFORMATION BEING REQUESTED: Gross weekly payment Date of initial payment	\$
Duration of benefits Is the claimant eligible for further benefits?	☐ Yes ☐ No
If "YES," how many weeks?	
If "NO," what is the termination date of benefits?	
Name of Person Supplying the Information Title	Agency/Organization
Signature Date	Phone Number
WARNING STATEMENT: Section 1001 of Title 18, United State Cod any department of agency of the United States knowingly and willingly device a material fact, or makes any false, fictitious or fraudulent state or document knowing the same to contain false, fictitious of fraudulen imprisonment of up to five years or both."	y falsifies, conceals or covers up by any trick, scheme, or ements or representations, or makes or used any false writing

Military Pay Verification

Purpose: To verify an applicant's/resident's military income.

Note: A Leave and Earning Statement ("LES") may be substituted for this verification form. If you use an LES in lieu of the *Military Pay Verification Request* form make sure to get verification of the clothing and housing allowance.

Special Mention:

- ► This form may not be hand carried. It should be mailed or faxed to the resident's commanding officer or personnel officer.
- ► As a courtesy, enclose a self-addressed envelope.

Specific Instructions:

- 1. Enter property name and unit number.
- 2. Enter name and address or the name and fax number of the Commanding Officer.
- 3. Enter property name and address.
- 4. Enter applicant's name.
- 5. Enter applicant's Social Security number. *
- 6. Applicant signs and dates here.
- 7. Property Representative sign your name; print your title, date, and include your phone number.

* **Note:** For privacy reasons, a resident may elect to not provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

MILITARY PAY VERIFICATION

Property Name: (1)		Unit: (1)
The undersigned applicant has applied for a rental unit loc Commission multifamily rental housing program. Income is to complete bottom portion.	statements of a prospective resident mus	
This form must be mailed or faxed. DO NOT ha	nd-carry this form.	
TO: Name and Address of Commanding Officer: (2)	FROM: Name (3)	and Address of Property:
Applicant's Name:		
Social Security Number: (5)		
My signature authorizes verification of my milita		
(6)	(6)	
(6) Signature of Applicant/Resident	Date	
I certify that this verification has been sent directly to the eather interested party.	employer and has not passed through the	e hands of the applicant or any
other interested party. (7)	(7)	(7) (7)
(7) Signature of Sender	<mark>(7)</mark> Title Ph	
(7) Signature of Sender TO BE COMPLETED BY MILITARY PERSONNI	<mark>(7)</mark> Title Ph	(7) (7) one # Date
(7) Signature of Sender TO BE COMPLETED BY MILITARY PERSONNI Years and months	<mark>(7)</mark> Title Ph	(7) (7) Date
(7) Signature of Sender TO BE COMPLETED BY MILITARY PERSONNI	Title Ph EL of service for pay purposes	(7) (7) Date
CTO Signature of Sender TO BE COMPLETED BY MILITARY PERSONNI Years and months Number of dependents claimed	Title Ph EL of service for pay purposes	(7) (7) Date
(7) Signature of Sender TO BE COMPLETED BY MILITARY PERSONNI Years and months Number of dependents claimed Monthly Entitlements from the following sou	Title Ph EL of service for pay purposes	(7) (7) Date
(7) Signature of Sender TO BE COMPLETED BY MILITARY PERSONNI Years and months Number of dependents claimed Monthly Entitlements from the following sou Base pay and longevity pay \$	Title Ph EL of service for pay purposes Irces: Imminent danger pay	(7) one #
CTO BE COMPLETED BY MILITARY PERSONNI Years and months Number of dependents claimed Monthly Entitlements from the following sour Base pay and longevity pay \$ Proficiency pay \$	Title Ph EL of service for pay purposes Irces: Imminent danger pay Subsistence allowance Basic Allowance for Housing (B	(7) one #
CTO BE COMPLETED BY MILITARY PERSONNI Years and months Number of dependents claimed Monthly Entitlements from the following sou Base pay and longevity pay \$ Proficiency pay \$ Sea and foreign duty pay \$ Hazardous duty pay \$	Title Ph EL of service for pay purposes Irces: Imminent danger pay Subsistence allowance Basic Allowance for Housing (B	(7) One #
CTO BE COMPLETED BY MILITARY PERSONNI Years and months Number of dependents claimed Monthly Entitlements from the following sou Base pay and longevity pay \$ Proficiency pay \$ Sea and foreign duty pay \$ Hazardous duty pay \$	Title Ph EL of service for pay purposes Irces: Imminent danger pay Subsistence allowance Basic Allowance for Housing (B (include only amount contributed by gove	(7) One #
CTO BE COMPLETED BY MILITARY PERSONNI Years and months Number of dependents claimed Monthly Entitlements from the following sou Base pay and longevity pay \$ Proficiency pay \$ Proficiency pay \$ Sea and foreign duty pay \$ Hazardous duty pay \$ Other (explain)	Title Ph EL of service for pay purposes irces: Imminent danger pay Subsistence allowance Basic Allowance for Housing (B (include only amount contributed by gove	(7) One #
TO BE COMPLETED BY MILITARY PERSONNI Years and months Number of dependents claimed Monthly Entitlements from the following sou Base pay and longevity pay \$ Proficiency pay \$ Sea and foreign duty pay \$ Hazardous duty pay \$ Other (explain) TOTAL AMOUNT RECEIVED MONTHLY: \$	Title Ph EL of service for pay purposes Irces: Imminent danger pay Subsistence allowance Basic Allowance for Housing (B (include only amount contributed by gove	(7) (7) Date

Pension Verification

Purpose: To verify an applicant's/resident's pension.

Note: This form must be mailed or faxed to the applicable plan administrator's office. The resident cannot "hand carry" the form.

Special Mention:

As a courtesy, provide a self-addressed envelope.

Specific Instructions:

- 1. Enter property name and unit number.
- 2. Enter the name and the address of the plan administrator's office.
- 3. Enter your property's name and address (contact name and phone number is also helpful).
- 4. Enter name of the applicant or resident.
- 5. Enter applicant's Social Security number. *
- 6. Have applicant sign and date.

* **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

PENSION VERIFICATION REQUEST

Property Name: (1)	Unit:	(1)
The undersigned applicant has applied for a rental unit located in a project fin Commission multifamily rental housing program. Income statements of a procomplete bottom portion.	nanced under a Washington State Ho spective resident must be verified. A	ousing Finance Agency is to
This form must be mailed or faxed. DO NOT hand-carry this for	m.	
TO: Name and Address of Plan Administrator: (2)	FROM: Name and Address	of Property: (3)
The individual listed below has stated s/he is receiving benefits from your age determine eligibility for occupancy.	ency. Information provided will be us	sed solely to
Applicant's Name: (4)		
Social Security Number: (5)		
My signature authorizes release of the requested information on	this inquiry.	
(6)	(6)	
	Date	
TO BE COMPLETED BY PENSION ADMINISTRATOR ONLY		
Gross Monthly Amount of Pension:	¢	
Date of Initial Award:	Ψ	
Effective Date of Current Amount:	· · · · · · · · · · · · · · · · · · ·	
Anticipated COLA?	\$	
COLA Effective Date:	· <u></u>	
Medical Insurance Premiums Deducted from Gross Monthly Bene	efits: \$	
	No	
I hereby certify that the statements above are true and complete	to the best of my knowledge.	
Authorized Cignoture	Title	Data
Authorized Signature	Title	Date
Print Name Ph	one Number	

Annuity, Stock Verification, or 401(k) Account

Purpose: To verify an applicant's or resident's annuity or stock benefits.

Note: This form must be mailed or faxed to the applicable plan administrator's office. The resident cannot "hand carry" the form.

Special Mention:

- ► As a courtesy, include a self-addressed envelope.
- Please include a Quarterly Statement with the resident's package.

Specific Instructions:

- 1. Enter name of property and unit number.
- 2. Enter address of plan administrator's office.
- 3. Enter your property's name and address (contact name and phone number is also helpful).
- 4. Enter name of the applicant or resident.
- 5. Enter account number.
- 6. Enter applicant's Social Security number.*
- 7. Have the applicant/resident sign and date.

* **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

ANNUITY, STOCK VERIFICATION, or 401(k) ACCOUNT

Property Name: (1)			_ Unit:	(1)
TO:(2)			FROM:(3)		
and 1	VERY IMPO	ORTANT in the A	APPROVAL PROCESS	/ 1889 / 1888 / 1888 / 1889 / 1889 / 1888 / 1888 / 1888 / 1889 / 1888 / 1888 / 1888 / 1888 / 1888 / 1888 / 1888 /) (1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1
The individual listed below Information provided will				es verification	of income.
Please answer all questions ("YTD"), previous year's cap and frequency.					
Applicant's Name:	(4)				
Account #:	(5)		Social Security #	:	(6)
My signature authoriz					
my orginatare adment			anon on this inquity.		
	(7)		(7)		
Signature o	of Applicant/Reside	ent	Date		
TO BE COMPLETED BY	FINANCIAL ENT	TTY ONLY			
Market Value:				\$	
Annual Dividends or Curr	ent Annual Yield:			\$	
Mandatory Distributions:				\$	
Frequency of Distribut	ions (i.e. monthly,	quarterly, etc.):			
Non-Mandatory Distributi	ons:			\$	
Frequency of Distribut	ions (i.e. monthly,	quarterly, etc.):			
Can account holder acce	ss the funds in acc	ount?		☐ YE	S 🗆 NO
If so, would there be a	withdrawal penalty	y and/or taxes du	ue?	☐ YE	S NO
Has this account been ar	nuitized?	☐ YES	□ NO		
Authorized Sig	nature		Title		Date
Print Nam	ne.	_	Phone Number		

Gift Affidavit

Purpose: To be used when a household receives an on-going gift from organizations or persons not living in the unit.

Note: This form may be completed by either the person giving the gift or receiving the gift. It must always be notarized.

- 1. Enter property name and unit number.
- 2. Enter applicant's/resident's name.
- 3. Person who is completing this form enters his/her name.
- 4. Person completing this form enters his/her address.
- 5. Person completing this form circles whether s/he is giving or receiving the gift.
- 6. Enters dollar amount of the gift.
- 7. Check applicable box.
- 8. Person completing this form signs and dates in front of notary.
- 9. This section to be completed by a notary.

GIFT AFFIDAVIT

Property Name:	(1)					Unit:	(1)
Applicant/Resider	nt Name: _	(2)					
l, (3)	Name		, resic	ling at		(4)	
	Name		_			Street Address (5)	3
(4) City	(4) State	(4) Code	_ , do herel	by certify that		eive the sum of
\$	in the form	of (i.e. g	gift, etc.)				
and I further certify t	hat this incor	me is of a	a recurrir	ng nature:			
] weekly						
(7)] monthly						
	annually						
	-						
	(8)				_		(8)
	Signature						Date
	NO	TE: Sigr	n in Pres	sence of N	otary Only		
STATE OF WASHI	NGTON)					
COUNTY OF)	SS.	(9)			
On this	day of		,		_ , personal	y appeare	d before me
							the individual
described in and when the control with t	e/he signed t	he same					
WITNESS my hand	d and official	seal her	eto affix	ced the day	and year fire	st above w	ritten.
		NOTARY	′ PUBLI	C in and fo	or the state of	f Washingt	on
	F	Residing	at:				
	F	Printed N	lame:	•			
	N	Му Comr	mission	expires:			

Zero Income Certification

Purpose: To be completed by an adult household member who is 18 years or older who is not employed and receives no other income.

Note: A separate statement should be completed for each household member 18 years or older, who has no income or who is unemployed.

- 1. Enter property name and unit number.
- 2. Enter resident's full name.
- 3. Resident must complete #3.
- 4. Resident signs and dates form.

ZERO INCOME CERTIFICATION

(To be completed by <u>adult</u> household members.)

Property Name:		me: <u>(1)</u>	Unit: (1)				
Doold	ont Nou						
Resid	ent Nar	me: <u>(2)</u>					
1.	I her	reby certify that I do not individually receive income from a rces:	any of the following				
	a. Wages from employment (including commissions, tips, bonuses, fees, etc.).						
	b.	Income from operation of a business.					
	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 received from persons not living in my household.						
	i.	Sales from self-employed resources (Avon, Mary Kay, E	Bay, etc.).				
	j.	Any other source not named above.					
2.	 I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months. 						
3.	3. I will be using the following sources of funds to pay for rent and other necessities: (3)						
	_						
accura false r	ate to the	y of perjury, I certify that the information presented in this needest of my knowledge. The undersigned further undersintations herein constitutes an act of fraud. False, mislead may result in the termination of a lease agreement.	stand(s) that providing				
		(4)					
(Signature of Applicant/Resident Date						

Deposit Verification Request

Purpose: To verify an applicant's/resident's checking, savings, or other accounts.

Note: This form must be mailed or faxed to the financial institution. The resident cannot "hand carry" the form.

Special Mention:

Include a self-addressed envelope with your request.

Specific Instructions:

- 1. Enter name of property and unit number.
- Enter bank name and address or fax number
- 3. Enter your property's name and address.
- 4. Apartment manager should sign here.
- 5. Enter your title, date, and phone number (with area code).
- 6. Enter type of accounts, names, account numbers and balances.
- 7. Enter name and address of applicant or resident.
- 8. Have applicant or resident sign.
- 9. Have resident enter his or her Social Security number. *

Part II and III are to be completed by the bank.

* **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

DEPOSIT VERIFICATION REQUEST

Property Name:	(1)			Unit:	(1)
The undersigned applican Commission ("Multifamily determining this person's	Program"). The Co	ental unit located mmission requires	in a property finar s the housing own	nced under a Washington er to verify all information	State Housing Finance that is used in
The applicant/resident has	s consented to this r	elease of informa	tion as evidenced	by his/her signature belo	ow.
Parts II and III to be comp	eleted by depository.	The form is not t	o be transmitted t	hrough the applicant(s) o	r any other party.
Part I - Request					
To (Name and Address of (2)	f Depository)		Reques (3)	tor (Name and Address o	·f Project)
Attn:	Fax #	·			
(4)			(5)	(5)	(5)
Signature of Re	questor		itle	Date	Phone #
VERIFY: (6)					
Type of Account	Ac	count in Name of	·	Account Number	Balance
					\$
					\$
					\$
Name and Address of App	plicant(s)			4-3	
(7)			-	(8) Signature of App	licant
				(9)	
			-	Social Security N	umber
	то	BE COMPLET	TED BY DEPO	SITORY	
Dort II Varification o					
Part II – Verification o	•				
DEPOSIT ACCOUNTS of	TAPPLICANT(5):			Average Balan	ce Interest
Type of Account	Accour	nt Number	Current Balance	for Previous 6 Mc	onths Rate
			\$	\$	
			\$	\$	
			\$	\$	
Part III – Authorized S	Signature				
Section 1001 of Title 18 o department or agency of t	of US Code makes it			lse statements or misrep	resentation to any
Signature	of Representative			Title	Date
					_

Phone #

Print Name

Under \$5,000
Asset
Certification or
Sworn
Statement of
Net Household
Assets

Purpose: This form is used if the applicant's/resident's assets are less than \$5,000.

Note: All household members 18 years or older need to initial, date, and sign this form. If assets exceed \$5,000, you must verify the income received from the assets using third party verification or by providing the most recent complete, signed federal income tax return.

- 1. Have residents read, initial and date page one.
- 2. Enter property name and unit number.
- 3. Enter full name of resident(s).
- 4. If household assets do not exceed \$5,000, resident writes the amount of annual income received from the asset.
- 5. Residents sign and date form.

UNDER \$5,000 ASSET CERTIFICATION OR SWORN STATEMENT OF NET HOUSEHOLD ASSETS

Included for your use is a Sworn Statement of Net Household Assets ("Sworn Statement") with the Definition of Net Household Assets as described in 24 CFR 813.102. Revenue Procedure 94-65 of the Internal Revenue Code requires this form to be used by residents, whose net household assets are less than \$5,000, to meet the asset requirements of the tax credit program.

Owners and managers should be aware that this form is only to be used to satisfy requirements for income from assets. Furthermore, the owner and management company should be aware that you may not rely on this statement if a reasonable person in the owner's or management company's position would conclude the resident's asset income is higher than the annual asset income represented in the application. In this case, you must obtain other documentation of the resident's annual asset income to satisfy program requirements.

Each potential or existing qualified resident whose net household assets are less than \$5,000 is required to read and sign the Sworn Statement. A copy of the Definition of Net Household Assets must be attached to the Sworn Statement. The original signed statement must remain with your files.

The Commission will review the sworn statement and other income documentation for qualification and signatures when reviewing project documentation.

DEFINITION OF NET HOUSEHOLD ASSETS 24 CFR 813.102

Net Household Assets means the cash value, after deducting reasonable costs, that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investments, excluding interests in Indian trust land and the equity in a housing cooperative unit or in a manufactured home in which the household resides. The value of necessary items of personal property such as furniture and automobiles shall be excluded. (In case where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining Annual Income under 813.106.) In determining net household assets, owners shall include the value of any business for household assets disposed of by an applicant or resident for less than fair-market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or re-examination, as applicable, in excess of the consideration of a disposition as part of a separation received thereof. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair-market value if the applicant or resident receives important consideration not measurable in dollar terms.

(1)	(1)
Applicant's/Resident's Initial Here	Date
(1)	(1)
Applicant's/Resident's Initial Here	Date
(1)	(1)
Applicant's/Resident's	Date

UNDER \$5,000 ASSET CERTIFICATION OR SWORN STATEMENT OF NET HOUSEHOLD ASSETS

(NOTE: If assets exceed \$5,000, interest/dividends from assets received must be verified.)

Property Name: (2)	Unit:	(2)
(3)		
Applicant's/Resident's Full Name		
(3) Applicant's/Resident's Full Name		
Applicant's/Resident's Full Name		
(3)		
Applicant's/Resident's Full Name		
1000- da la contra con contra con a la contra con a la contra con	de e fellossiones etatasse	
I/We do hereby swear under penalty of perjury that each of	the following statem	ents are true:
I/We have reviewed the definition of Net Household Assets definition is found in 24 Code of the Federal Regulations 81 the HUD Section 8 program.) I understand that Net Househ limited to, any monies in banks, credit union accounts, real funds, certificates of deposit, personal property such as coir	3.102 (which provide nold Assets includes estate, stocks or bor	es definitions for , but is not nds, retirement
antiques used for investment.		
Please complete below:		
My/Our Net Household Assets do not exceed \$5,000.	•	
The income I/We received from these assets is:	\$	(4)
(5)		(5)
Applicant's/Resident's Signature		Date
(5)		(5)
Applicant's/Resident's Signature		Date
(5)		(5)
Applicant's/Resident's Signature		Date

Real Estate Evaluation Worksheet

Purpose: Use this form to determine an applicant's/resident's income derived from real estate assets.

Specific Instructions:

- 1. Enter name of property and unit number.
- 2. Enter applicant's/resident's name.
- The value of the real estate should be entered here. This figure could be the selling price (if the property is up for sale), the tax assessors assessed value for taxation purposes, or the appraised value.
- 4. If there is an outstanding lien, such as a deed of trust or mortgage against the property, the balance owing, as reflected on a statement from lien holder, goes here.
- 5. Enter balance of second deed of trust, if applicable.
- 6. Enter 10% of value for selling cost. To arrive at this figure multiply the value of the real estate by 10%.
- 7. Enter any other deductions for additional liens, or buy-in or entrance fee to life-care facility (a statement will need to be obtained from resident). A letter is required from the life-care facility to verify the entrance fee.
- 8. Enter the balance after deducting items 4 through 7. You then multiply by HUD passbook rate.* There may be instances where your calculation will show a negative amount. This is acceptable. It basically means they are not realizing any funds from real estate and therefore have nothing to value.

* **Note:** When this form was updated, HUD's current passbook rate was 2%. Check our website for rate changes.

REAL ESTATE EVALUATION WORKSHEET

Property Name: (1) Unit: (1)

Applicant/Resident Na	olicant/Resident Name: (2)				
Current	value of real estate	(3)			
Minus	mortgage owing	(4)			
Minus	second mortgage/deed of trust	(5)			
Minus	10% selling costs (based on value)	(6)			
Minus	other (explain)	(7)			

If real estate is rented, you will need to obtain a copy of the resident's signed federal tax return complete with all schedules as well as a copy of the rental agreement.

(8)

Equals amount to be valued as an asset

Minus other (explain)

If real estate was sold on contract, you will need to obtain a copy of the contract and determine whether there is an underlying mortgage and if so, the interest rate. This information will determine which method you will use for figuring income. The easiest method is to obtain a copy of their signed federal tax return with all schedules.

If real estate is currently listed for sale, obtain a copy of the listing agreement. If the sale is pending, obtain a copy of the RESPA statement, which will reflect the net proceeds. If the transaction has closed recently, request a HUD –1 Settlement Statement.

Cash on Hand Affidavit

Purpose: This form may be used to verify cash on hand when assets are over \$5,000 and the cash needs to be verified.

Specific Instructions:

- 1. Enter property name and unit number.
- 2. Enter applicant's/resident's name.

The following must be completed by the applicant/resident:

- 3. Applicant/resident enters his/her name.
- 4. The amount of cash is entered here.
- 5. Applicant/resident signs and dates.

Notary completes the bottom section.

CASH ON HAND AFFIDAVIT

Property Name: (1)			Unit	: (1)
Applicant/Resident Nam	ne: <u>(2)</u>			
	Certifi	ication of Cash or	n Hand	
I, (3) It is being held by me eith set aside to pay for rent a be included in my assets	er in my home nd other neces	or in someone els		at these monies are
	(5)			(5)
Applicant/Resid	\ /			Date
By my dated signature above	, I certify that the	information I have g	iven on this affidavit is	complete and accurate.
	NOTE: Sign	n in Presence of	Notary Only	
STATE OF WASHINGTO	DN)	SS.		
COUNTY OF)			
On this day of		,	, personally app	peared before me to be the individual
described in and who exe under oath that she/he sig and purposes therein me	gned the same	of her/his free a		
WITNESS my hand and o	official seal her	reto affixed the da	ay and year first abo	ove written.
	NOTARY	Y PUBLIC in and	for the state of Was	hington
	Residing	at:		
	Printed N	Name:		
	My Comi	mission expires:		

Disability Certification

Purpose: This form should be given to all households of properties with the Commission's Special-Needs Housing Commitments for Person(s) with Disabilities.

* Check your Regulatory Agreement (for TC only) to see if your property elected the Commission's Disabled Commitment.

General Information: This form to be completed only at *initial move-in* and only needs to be completed by one adult household member.

- 1. Enter name of the property and unit number.
- 2. Enter household name.
- 3. Adult applicant checks the "Yes" or "No" box.
- 4. Adult applicant prints the name of the qualifying household member.
- 5. Adult applicant signs the Certification.
- 6. Adult applicant enters the date s/he signed the form.

DISABILITY CERTIFICATION

Property Name:	(1)			Unit:	(1)
Applicant Name:	(2)				
A certain number of member who falls v	•		been set-aside for hous :	eholds witl	n a household
"DISABILITY" mea	ans:				
activities of an inc	dividual, such	as not being	antially limits one or m gable to care for oneso reathing, or learning.		
Do you or a m	ember of your h	household fal	I within this definition?		
(3)	Yes*	No			
* Qualifying ho	ousehold memb	per's name:	(4)		
Signatu	(5) Ire of Applicant		(6) Date	_	

^{*} If "YES," provide an executed copy of the *Disability Verification* or attach a written verification from the applicant's physician, relative, social worker, or caregiver. The verification should simply state that the applicant falls within the definition of being disabled.

Disability Verification

Purpose: To provide acceptable verification of disability to meet the requirements of the Commission's Disabled Housing Commitment.

Special Mention:

► The Commission will also accept a Benefit Statement from SSI as verification of disability if a "D" or "DC" follows the Social Security number.

Specific Instructions:

- 1. Enter property name and unit number.
- 2. Print resident's name.
- 3. Enter name of qualifying disabled household member.

Note: The bottom portion should be completed by an appropriate third-party. On–site personnel may *not* complete this form unless permission is obtained from their Portfolio Analyst for a *specific* applicant/resident.

DISABILITY VERIFICATION

Property Na	nme: <u>(1)</u>	Unit: <u>(1)</u>			
Applicant/R	esident Name: (2)	<u> </u>			
Name of Qualifying Household Member: (3)					
State Housin	eferenced property rents units under programs administence Commission. Under these programs, the Ownunits for persons with disabilities as defined below.				
	ired to complete the verification process within certain tile ition to this matter will be greatly appreciated.	me frames, and your			
"DISABILIT	Y" means:				
activities of	or mental impairment that substantially limits one or an individual, such as not being able to care for one ing, seeing, hearing, speaking, breathing, or learning	eself, performing manual			
I certify	that the above referenced applicant falls within this Disa	bility definition.			
I certify	this information as the the applicant's (please check the	appropriate box):			
	Physician				
	Relative				
	Social Worker				
	Caregiver				
	Other				
	Signature Title	Date			
	Print Name Ph	one #			

Homeless Certification

Purpose: To verify homeless status for applicants of properties that have the Transitional or Permanent Housing for the Homeless Commitment.

General Information:

The applicant should check which box applies to his or her living situation and sign and date the form. Only one form needs to be completed per household and it only needs to be completed at the time of *initial qualification*.

A Service Provider* is required to complete and sign the bottom half of the form.

- 1. Enter property name.
- 2. Enter unit number.
- 3. The applicant should check the appropriate box
- 4. The applicant should print his or her name.
- 5. The applicant should sign here.
- 6. The applicant should enter the date. Example: 06/15/08
- 7. A representative of the service provider ("Provider") enters the applicant's name.
- 8. The provider signs here.
- 9. The provider prints his or her name here.
- 10. The provider prints his or her title here.
- 11. The provider prints the name of the service organization.
- 12. The provider prints the date here.
- 13. The provider prints service organization phone number here.
- * The service provider is the entity contracted with the owner to provide services to Homeless/Transitional households in the project. The service provider/owner relationship is spelled out in the Service Agreement. If the project owner is a non-profit service-providing agency, then no Service Agreement is necessary, since the owner itself is providing services to the residents.

HOMELESS CERTIFICATION

Pro	perty Name: (1)		Unit: <u>(2)</u>
	Cla	im for Homeless Status	
Certi	licant: Please check the statement which ification below. The Service Provider that o is form.	applies to your current housing situation,	
	I am/We are without housing and spend I am/We are staying with another family	the streets, in a car, non-residential build nights in a shelter, institution, or temporar (for less than 30 days) and there are not extensive to: eviction, sale of housing, loss of incommined by a licensed housing inspector.	ry housing. enough beds for everyone.
		Applicant Certification	
misre	eby certify that the information I am providi epresentation on my part will result in the ruminerepresentation, I understand that my plants.	ejection of my application for housing. If I	receive housing based on
	(4)	(5)	(6)
	Applicant/Resident Printed Name	Applicant/Resident Signature	Date
	I certify that: Applicant	(7)	is homeless.
		(Print Name of Head of Household)	
	The applicant lacks a regular or adequate temporary housing; or lives with another farisk of losing their housing; or has had thei A Service Plan for the above-i	mily which does not have sufficient beds	for everyone; or is at
L	Additional Comments:		
<u>-</u>			
	(8)		(9)
	Signature of Service Provider	Name of Serv	vice Provider (Print)
	(10)		(11)
	Professional Title (Print)	Organi	ization (Print)
	(12)		(13)
	Date	Phoi	ne Number

Farmworker Household Initial Certification

Purpose: Each household at a Commission Property with a Farmworker Commitment must complete one of these forms. The principal occupation of the household should be Farm Work.

General: Use a separate line for each Farm Work job. Household members who have more than one Farm Work job should list their jobs on separate lines. Use additional forms if necessary. Farm Work income from household members that are under 18 and who are the head, spouse or co-head of a household may be used to help the household reach the \$3,000 from Farm Work requirement.

- 1. Enter name of property and unit number.
- 2. Enter name of the head of household.
- 3. If head of household checks "YES", head of household must complete the rest of the questions and sign form.
- 4. If head of household checks "NO" the property CANNOT move this household into an empty (never been rented) unit. The property MAY be able to move this household into a vacant (previously rented but currently vacant) unit, if the property has no qualified Farmworker Household on a waiting list and markets the rent-ready unit to farm workers for at least 30 days. The property must provide documentation of these marketing efforts and complete a *Special Needs Set-Aside* and *Farmworker Commitment Vacancy Report*.
- 5. Enter name of household members that have Farm Work income. (see General comments above).
- 6. Enter type of work the household member did that would meet the definition of Farm Work. If a household member is claiming that they are receiving retirement or disability income derived from Farm Work, put "retired" or "disabled" in this column. The property must obtain documentation that supports the previous type of work of the individual that meets the definition of Farm Work. See "Exceptions."
- 7. Enter name of the Farm Work employer(s).
- 8. Enter amount of annual Farm Work income the household member received from this employer. Retirement or disability income derived from Farm Work may count towards the \$3,000 requirement.
- Total income household is claiming to receive from Farm Work. The
 household should be able to demonstrate that they have received
 \$3,000 income from Farm Work in the last 12 months. Qualifying Farm
 Work income must be verified by the property manager using
 employment verification(s), W-2(s) or tax return(s).
- 10. Enter the amount the household anticipates receiving from Farm Work during the next 12 months.
- 11. Head of household checks one of the boxes.
- 12. Head of household signs, print name, and enters date.

EXCEPTIONS/CLARIFICATIONS

The following exceptions can be considered if fully documented:

1. Household with less than \$3,000 income from Farm Work in the last 12 months.

If a Household made less than \$3,000 during the last 12 months from Farm Work they *must* be able to document *all* of the following to qualify:

- At least one Household member has a history of meeting the Requirement for a Farmworker Household (including over \$3,000 per year in previous Farm Work income); and
- At least one Household member's *principal* current occupation and past 12 months occupation is Farm Work; and
- At least one Household member plans to continue doing Farm Work as their *principal* occupation.
- 2. Household with a disabled individual whose principal occupation for the 12-month period before their disability was Farm Work.
- 3. Household with an individual retired from Farm Work.

This Household must include at least one person who is at least 55 years of age or older and they must have:

- Spent the five years prior to retirement as a Farmworker.
- Spent the majority of ten years prior to retirement as a Farmworker.

Property manager must document above exceptions to verify Farm Work status with third-party verification(s), W-2(s) or tax return(s).

Clarifications to Farm Work Definition: Property managers should attach any necessary documentation to this form which demonstrates how household meets the Farm Work Definition. Further clarification of Agriculture and Aquaculture can be found in the RCWs and WACs listed in the Farm Work Reference www.wshfc.org/managers/forms-RC.htm#commission.

FARMWORKER HOUSEHOLD INITIAL CERTIFICATION

(For properties with a Commission Farmworker Housing Commitment)

Prope	rty Name:	(1)		Unit: _	(1)
Head o	of Househo	old Name: (2)			
		rmworker Househo earned at least \$3,	old: 000 per year from Far	m Work.	
Services drying, p common agricultu	packing, gradi dity, or deliver ural or aquacu Iture product.	in with cultivating the ing, storing, or in pre ring to storage, mark ulture commodity; or	eserving in its unmanu ket, or a carrier for trar working in a processi	sting, or in catching, netting, ifactured state any agriculture insportation to market or to pring plant and directly handling rocessing plants may not be	e or aquaculture occessing any gagriculture or
				old requirement described uctions for this form?	above, does your
(3)	☐ Yes	(4) No			
List mer	mbers of your	household that rece	eived income from Far	m Work during the previous	12 months:
Hshld		Name	Type of Farm Work	Employer Name	Annual Farm Work Income
Mbr					***************************************
Mbr Head		(5)	(6)	(7)	\$ (8)
		(5)	(6)	(7)	
Head		(5)	(6)	(7)	\$ (8)
Head 2.		(5)	(6)	(7)	\$ (8)
Head 2. 3.		(5)	(6)	(7)	\$ (8) \$ \$
Head 2. 3. 4.		(5)	(6)	(7)	\$ (8) \$ \$ \$
2. 3. 4. 5.	uch Farm Wor				\$ (8) \$ \$ \$ \$
2. 3. 4. 5.	primary occup	k income does your	household anticipate	Total:	\$ (8) \$ \$ \$ \$ \$ \$ (9)
Head 2. 3. 4. 5. How mu Will the months	primary occu∣ ? □ Y	k income does your pation of at least on es □	household anticipate e member of your hou	Total: earning in the next 12 month	\$ (8) \$ \$ \$ \$ \$ \$ (9)
Head 2. 3. 4. 5. How mu Will the months	primary occu∣ ? ☐ Y y certify that	k income does your pation of at least on les the information pr	household anticipate e member of your hou No	Total: earning in the next 12 month sehold be as a Farm Worker	\$ (8) \$ \$ \$ \$ \$ \$ (9)
Head 2. 3. 4. 5. How mu Will the months	primary occu∣ ? ☐ Y y certify that	k income does your pation of at least on les the information pr	household anticipate e member of your hou No	Total: earning in the next 12 month sehold be as a Farm Worker	\$ (8) \$ \$ \$ \$ \$ \$ \$ \$ \$ (9) and the next 12

NOTE: Section 1001 of Title 18 of 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.

(11)

Farm Work W-2 Certification

Purpose: Only to be used at Farmworker properties and for individuals whose activities meet the definition of Farmworker when preferred methods of verification of income cannot be obtained.

- 1. Enter property name and unit number.
- 2. Have resident enter applicable year.
- 3. Have resident sign, print name and date.
- 4. Have property representative witness, sign, print name and date the document.

FARM WORK W-2 CERTIFICATION (Use at Initial Certification)

Property Name:	(1)	Unit:	(1)
Definition of Forms	Marke Caminas in some		h
or in catching, nett unmanufactured s market, or a carrie	ting, handling, planting, tate any agriculture or a er for transportation to m	nection with cultivating the soil, raising or drying, packing, grading, storing, or in prequaculture commodity, or delivering to starket or to processing any agricultural or and directly handling agricultural or aquant	eserving in its orage, aquacultural
Certain classes of property.	employment in food pro	ocessing plants may not be eligible for ho	using in this
•	penalty of perjury that the earned income for cale	ne attached annual income verification(s) ndar year (2)	and W-2(s)
months on the Rea	ntal Eligibility Application	close all my previous income from the pand all expected sources of income over its credit-financed housing.	
	(3)	(3)	(3)
Applicant/Re	esident Signature	Print Applicant/Resident Name	Date
	(4)	(4)	(4)
Witnes	s Signature	Print Witness Name	Date

Student Certification

Purpose: All RD/HUD households must complete this form unless the Commission's forms such as the Resident Eligibility Application (REA) are being used.. For straight tax credit properties this form only needs to be completed when all household members are or will be students to show that they are eligible for the program under certain criteria.

Note: See **Chapter 2** of the *Tax Credit Compliance Procedures*Manual and Frequently Asked Questions on our website for more information about the definition of a fulltime student.

Special Mention:

- To verify past participation in foster care the Owner must obtain written verification from a state foster care administrative entity (DSHS in Washington State) that the student was previously in a foster care program. Washington State DSHS has informed us that residents could obtain this information with a Social Security number. If the Owner agent is unable to obtain written verification directly from DSHS, the Commission will allow copies of documentation directly from the resident as proof of this exception to the fulltime student rule.
- ► A Student Status Verification form is available to send to education institutions to determine if an individual is a fulltime student.

- 1. Enter property name and unit number.
- 2. Enter applicant's/resident's name.
- 3. Applicant/resident checks A, B, or C.
- Applicant/resident checks appropriate "Yes" or "No" box for each exemption category; you will need to attach documentation when required.
- 5. Head of Household signs and dates form.

STUDENT CERTIFICATION

(For All Projects Regardless of Funding)

Pro	perty Na	me: <u>(1)</u>				Unit: _	(1)	
Hea	d of Hou	sehold Na	ame: <u>(2)</u>						
midd	le or junior	high schools	, senior high so		nose attending public universities, technica):				
A.		be a student	for five or more	e months during t	ho is <i>not</i> a student, he current and/or up cked, no further infor	coming calenda	ar year (mo		
B.		Household co	ontains all stud	•	fied because the follo are a part-time stude				
	•	part-time stu	dent status is re		st one member of the				
C.			r (months need		ive or more months of tive). If this item is of				
							YES	NO	
1.					e IV of the Social Sec Assistance for Needy				
2.	Workforce	Innovation a		y Act or under oth	eiving assistance und ner similar, federal, s				
3.	of another p	r individual ar arent? A sigi	nd the child(ren	n) is/are not depe e last year's feder	nd this parent is not and and this parent is not and and and and the ral tax return OR the	other than			(
4.		udents marri ge license.)	ed and entitled	to file a joint tax	return? (Provide cop	y of tax return			
5.	state agei		ole for administ		d placement respons ? (Provide documen				
cond	litions are c	onsidered eli	gible. If questi		come eligible and sat red NO, or verification household.				
			t immediately if ate in this prog		us changes. I unders	stand changes i	n student s	status may	
relea	se such inf	ormation in o		with program reg	nd complete to the begulations. I understar				
		(5))		(5)				
	He	ad of Househ	old Signature		Date				

NOTE: Section 1001 of Title 18 of 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.

Student Exception Affidavit

Purpose: This form must be completed by any household wishing to claim the "single parent with dependents" exception (#3 of the four exceptions on the *Student Certification* form) to the fulltime student rule in tax credit properties.

General Information: Households wishing to claim this fulltime student exception must submit a previous year's tax return along with this form, proving the head of household is not anyone else's dependent. If the head of household is exempt from filing taxes, s/he may complete this form to self-certify that s/he is not listed as a dependent on anyone else's tax return and that the children in the household are not dependents of anyone other than another parent. No other documentation is needed in this instance.

Review **Chapter 2** of the Tax Credit Compliance Procedures Manual and Frequently Asked Questions on our website for more information about fulltime students.

Note: Property staff cannot fill in anything beyond Line 1 of this form. Applicant/resident must sign/date this form in the presence of a Notary Public.

- 1. Enter property name and unit number.
- 2. Print applicant/resident name.
- 3. Check applicable box.
- 4. Person completing this form signs and dates on this line in front of Notary.
- 5. This section to be completed by a Notary.

STUDENT EXCEPTION AFFIDAVIT

Property Name:	(1)				Unit:	(1)
l, <u>(2)</u>				hereby certify	that:	
	not claime	ed on any	one else's	tax return).	m not a dependent All minor children li a parent.	
(3) or				se I am not red nild/children re	quired to. esiding in this housel	nold on their
Signature of	<mark>(4)</mark> Applicant/R	esident		(<u>4</u> Da		
	N	OTE: Siç	gn in Pres	ence of Notai	ry Only	
STATE OF WASH	INGTON)	SS.	(5)		
COUNTY OF)				
On this	day of _		,		personally appeare to me known to be	
	e/he signed	the sam			ument, and acknowl lluntary act and dee	
WITNESS my hand	d and offici	al seal he	ereto affixe	ed the day an	d year first above w	ritten.
		NOTAR	Y PLIBLIC	in and for th	e state of Washingt	ron
		Residin			e state of vvasimig	OH
		Printed				
			nmission e	vnires:		

Foster Care Verification

Purpose: To verify that an applicant/resident was in a foster care program for purposes of qualifying a fulltime student.

Special Mention:

As a courtesy, provide a self-addressed envelope if you are mailing this form.

Specific Instructions:

- 1. Enter name of property and unit number.
- 2. Print resident's name.
- 3. Enter resident's Social Security number. *
- 4. Use this section to document when the verification was sent.
- 5. Enter the fax number and the person's name that the verification request was sent.
- 6. Print your name.
- 7. Enter your phone number.
- 8. Sign your name here.
- 9. Applicant/resident signs his/her name and dates here.

* **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

FOSTER CARE VERIFICATION

Prop	perty Name:	(1)			Unit:	(1)
				П	1 st Request	(4)
RE:	(2)				2 nd Request	
					3 rd Request	` '
				_	Fax #:	• • • • • • • • • • • • • • • • • • • •
SS#:	(3)				Attn:	
Dear	Sir/Madam:					
in mo	st cases we canr ptions, including it	housing that requires certain not rent to a household that is f a household member was o we ask your cooperation in s	s comprised totally or still is under the o	of fulltime stue are of a state	dents. Howev foster care pr	er, there are severa
Your	prompt return of	this form will be appreciated.	If you have any qu	uestions, plea	se call:	
			Name:	(6)		
			Phone #	(7)		
Since	rely,					
		(8)				
	Manage	ement Agent				
I here	eby authorize the	e release of requested info	rmation.			
		(0)				(9)
	Applicant/Re	esident Signature			_	Date
1001001001001		то ве сомр	PLETED BY AGEN	CY STAFF		
	The above nar	med applicant is currently red	ceiving foster care t	hrough the st	ate of	
	The above nar	med applicant was, but is no	longer receiving fo	ster care thro	ugh the state of	of
	The above nar	med applicant has not receive	ed foster care from	the state of		
	Sign	ature	Tit	le		Date
		Print Name			Phone Nu	mber

Student Status Verification

Purpose: Use this form to verify the student status (fulltime or parttime) of an applicant/resident at an educational institution.

Note: This form should be faxed or mailed to the educational institution. DO NOT allow the resident to hand carry this form. Be sure the educational institution completes all of the questions and identifying information.

Special Mention:

► As a courtesy, provide a self-addressed envelope.

- 1. Enter property name.
- 2. Enter unit number.
- 3. Enter name of educational institution.
- 4. Obtain applicants/student's signature.
- 5. Enter the date the applicant/student signed the form.
- 6. Print the applicants/student's name.
- 7. Enter the student identification number.
- 8. Enter your property's return address.

STUDENT STATUS VERIFICATION

		MPLETED BY MA						
This Student Status Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:						tment:		
Property Name:	(1)				Unit:	(2)		
	_(-)				=			
I hereby grant disclosu	ro of the infor	mation requested	bolow from	m·		(2)		
Thereby grant disclosu	re or the inion	mation requested	Delow II OI		ame of Edu	cational In:	stitution	
					anno on Edd	oational in	Juluuon	
(4	۸			(5)				
Applicant/Stud	ent Signature			Date				
	· ·							
(6)			(7)				
Applicant/Studer	,		Student	Identification Nu	ımber			
	Return F	orm to:			(8)			
The above-named individu		O BE COMPLETE					dont stat	
The above-hamed mulvidu		ease provide the inform			unes vermo	ation of stu	ueni siali	us.
Is the above-named ind	lividual a stud	ent at this educat	ional instit	tution?		YES	П	NO
16		DART TIME			_		_	
If so, part-time or fullting	ne 🗆	PART-TIME	FU	JLLTIME				
If f								
If fulltime, the date the st	udent enrolled	as sucn:						
Expected date of gradua	tion:	_						
I hereby certify that the ir	nformation supp	plied in this section	is true and	complete to th	e best of	my knowl	edge.	
, ,				•		•	Ü	
Signature:				Date:				
Print your name:				- Telephone #				
•				_ 101001101101				
Title:								
Educational Institution								
	·							

NOTE: Section 1001 of Title 18 of 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.

Fulltime Student Job Training Exception Verification

Purpose: This form may be used to verify that a student is enrolled in a qualified job-training program.

Special Mention:

► This form is for your convenience and is optional. Remember to include a self-addressed envelope.

- 1. Enter name of the property and unit number.
- 2. Enter student's name.
- 3. Enter name of educational institution.
- 4. Student signs his/her name and writes date.
- 5. Student prints his/her name.
- 6. Student enters his/her student identification number.
- 7. Enter your name.
- 8. Enter your phone number.
- 9. Enter your name and property name and address.
- 10. This section is to be completed by the educational institution.

FULLTIME STUDENT JOB TRAINING EXCEPTION VERIFICATION

Property Name: (1)	Unit:(1)
Student: (2)	
I hereby grant disclosure of the information requested	d below from: (3) Name of Educational Institution
(4) Student Signature	(4) Date
(5)	(6)
Student Printed Name	Student Identification Number
Requested By: (7)	
Phone Number: (8)	
	perty wherein the Low-Income Housing Tax Credit or Bond housing eligibility to specific exceptions, one being certain
Please indicate below if this student is enrolled in one of Participation in certain types of job training programs may Credit/Bond property.	the types of job training programs listed below. influence if an individual is eligible for residency at a Tax
If you have any questions, please contact the property us	ing the contact information listed above.
THE FOLLOWING IS TO BE COMPLET	ED BY THE EDUCATIONAL INSTITUTION
The above named student is (check one):	
☐ Enrolled in a job training program receiving assista	ance under the Workforce Innovation and Opportunity Act.
Enrolled in a job training program similar to the assistance from a federal, state, or local government Program Name:	From diagram Comment
	by, or similar to, the Workforce Innovation and Opportunity
I hereby certify that the information supplied above is true	and complete to the best of my knowledge.
Signature:	Date:
Print your Name:	Phone Number :
Title:	
Educational Institution:	

Estrangement Certification

Purpose: Use this form if an applicant/resident is separated from his or her spouse but a formal Separation Agreement or final Divorce Decree has *not* been filed.

- 1. Enter property name and unit number.
- 2. Enter applicant's/resident's full name.
- 3. Have applicant/resident enter the full name of the spouse.
- 4. Have applicant/resident sign and date here.

ESTRANGEMENT CERTIFICATION

Property Name: (1)		Unit:	(1)
Applicant/Resident Name: (2)			
I hereby certify that:			
I am separated from my spouse.			
Full Name of Spouse: (3)			
 If reconciliation occurs, my spouse will referenced property unless at least 12 lease term. 	•		
 If reconciliation occurs prior to expirate spouse wishes to reside with me in the must meet occupancy and income qua understand we must vacate the unit. 	e above-referenced property,	our entire	household
Under penalty of perjury, I certify that the is accurate to the best of my knowledge. The representations herein constitutes an act of may result in the termination of my lease a	ne undersigned further unders of fraud. False, misleading, o	stands tha	t providing false
(4) Signature of Applicant/Decident	(4)		
Signature of Applicant/Resident	Date		

Identification Certification

Purpose: This certification is required if household members:

- Give you a document other than an original Social Security card;
- Do not have a Social Security number; or who
- Do not have an acceptable document to verify their Social Security number.

Note: The fact that an applicant is an undocumented worker does not mean (under the Tax Credit program) than you cannot rent to them.

Each household wage earner, 18 years or older, needs to complete a separate certification if an original Social Security card is not provided.

Specific Instructions:

- 1. Enter property name.
- 2. Enter unit number.

Use Certification #1 if the wage earner applicant (18 years or older) provides you with documentation other than a Social Security card, such as a Work Visa, Alien Registration Receipt Card, Temporary Resident Card, IRS Individual Taxpayer Identification Number (ITIN), or Employment Authorization Card. Apply a checkmark in the Certification #1 box.

Instructions for Certification #1

- 3. Print name of applicant/resident.
- 4. Enter name of alternative document.
- 5. Applicant signs and dates this line.

Use Certification #2 for wage earner applicant (18 years or older) who does not have a Social Security number or does not wish to disclose his/her Social Security number and provides an alternative type of documentation. Apply a checkmark in the Certification #2 box.

Instructions for Certification #2

- 3. Print name of applicant/resident.
- 4. Enter document provided as proof of identity.
- 5. Applicant signs and dates this line.

Identification Certification (cont.)

Use Certification #3 for wage earner applicant (18 years or older) who has a Social Security number but does not have an original. Apply a checkmark in the Certification #3 box.

Instructions for Certification #3

- 3. Print name of applicant/resident.
- 4. Enter document provided as proof or identity.
- 5. Applicant signs and dates this line.

IDENTIFICATION CERTIFICATION

roperty Nai	me: <u>(1)</u>			Unit:	(2)
PPI ICANT [.]	Please ch	eck the box (one	e only) that applies to	o vour situation	
1 1 210/1111.	i icasc on	on the box (one	only) that applied to	your ortunation.	
Certific	cation #1	CERTIFICATION SOCIAL SECURI	of ADULT WHO PROVII TY NUMBER	DED ALTERNATIVE DO	OCUMENT for
		e provided the docu ent is complete and	ment identified below as accurate.	proof of my Social Sec	urity number.
Print Name	e: <u>(3)</u>				
Document	provided as	s proof: (4)			
Signature:	_(5)			Date:	(5)
NOTE:			ted States Code makes it and the property of t		
] Certific	cation #2	CERTIFICATION	of ADULT WITHOUT SC	OCIAL SECURITY NUM	IBER
Print Name	e: <u>(3)</u>		native documentation as		
Signature:	(5)			Date:	(5)
NOTE:			ted States Code makes it a by Department or Agency of		
Certific	cation #3	CERTIFICATION of NUMBER	of ADULT WITH SOCIA	L SECURITY NUMBER	BUT NO PRO
accurate but	I cannot prov	ride acceptable prod	the Social Security num of of that number at this to ceptable proof of the Soc	ime. I understand that	
Print Name	e: <u>(3)</u>				
Document	provided as	s proof: (4)			
Signature:	(5)			Date:	(5)
NOTE:	Section 1001	of Title 18 of the Uni	ted States Code makes it any Department or Agency of	a criminal offence to mak	

Live-In Aide Agreement

Purpose: This form is optional. The form explains the fact that a Live-In Aide is not considered part of the household, and therefore has no rights to the unit and must vacate if the resident no longer requires the services of a Live-In Aide. It further states that the Live-In Aide must abide by property's House Rules and Regulations.

- 1. Enter name of the property and unit number.
- 2. Enter name of the household.
- 3. Enter name of the household member who requires assistance.
- 4. Enter name of the Live-In Aide.
- 5. Have Live-In Aide sign and date this line.
- 6. The resident signs and dates here.
- 7. Management representative enters date here.
- 8. Management representative signs here.

LIVE-IN AIDE AGREEMENT

Prope	rty Name:	(1)			Unit:	(1)	
Applic	:ant/Resider	nt Name:	(2)				
Name (of Household	Member R	equiring Assistan	ce: <u>(3)</u>			
Name o	of Live-In Aid	e: <u>(4)</u>					
The ap the uni	•	ent hereby r	equests the mana	gement's approva	al for the Live-I	n Aide to res	ide in
	ondition of ob acknowledge		management's ap	proval, the applica	ant/resident ar	d the Live-In	Aide
1)		ne property	a resident of the p regardless of the ent.	• •			
2)			e living in the unit tance, and shall n		• •		sehold
3)	Live-In Aide	shall vacate mination of	er requiring assista e the unit no later the Live-In Aide's mediately.	than the househo	old member's d	eparture date	e.
4)			ot violate any of th de if he/she/they v		_	_	
Live-In	Aide's Signa	ature: <u>(5)</u>			Date:	(5)	
Reside	nt's Signatur	re: <u>(6)</u>			Date:	(6)	
Manag	ement hereb	y approves	the Live-In Aide:		Date:	(7)	
Manag	ement Repre	sentative S	ignature: (8)				

Pregnancy Self-Certification

Purpose: Use this form if an applicant/resident is pregnant and you want to include the unborn child as part of the household so a higher Maximum Allowable Income may be used.

- 1. Enter property name and unit number.
- 2. Enter applicant's/resident's full name.
- 3. Resident enters expected delivery date here.
- 4. Have the applicant/resident sign and date here.

PREGNANCY SELF-CERTIFICATION

Property Name: (1)	Unit:(1)	
Applicant/Resident Name: (2)		
federal regulations which require verificati	mentioned apartment complex. The owner is subject ion of information supplied by applicant's/resident's porn children are considered household members for able Income.	to
I hereby certify that I am pregnant with an	approximate delivery date of(3)	
(4) Signature of Applicant/Resident	(4)Date	

Tax Credit Lease Rider

Purpose: The purpose of the rider is to inform prospective residents of tax credit program requirements and to notify residents that annual recertification is required.

Note: This lease rider supersedes all previous forms of lease rider provided in owner regulatory agreements. All household members 18 years or older must sign this new lease rider upon initial occupancy, upon the execution of any renewal, or at their annual recertification date, whichever comes first.

Specific Instructions:

- 1. Enter property name and unit number.
- 2. Enter applicant's/resident's full name.
- 3. Property representative print names, signs, dates and enter phone number here.
- 4. Applicant's/Resident's sign and print names here.

A copy of the lease and lease rider must be given to the resident.

Note: A new lease rider should be completed each time a new lease is signed.

TAX CREDIT LEASE RIDER

(to be attached to resident lease)

Property Name: (1)	Unit:(1)
Applicant/Resident Name: (2)	
Dear Applicant or Existing Resident:	

Summary

The owner(s) of this property rents residential units under the federal Low-Income Housing Tax Credit Program (the "program") as administered by the Washington State Housing Finance Commission (the "Commission"). Under the program, the owner(s) can qualify for federal IRS tax credits by renting some or all of the units in the property to low-income households and restricting the rents for those units. In addition the owner **may** have agreed to reserve some of the units in the property for households or persons with special needs. (See the special-needs section below.) This rider was prepared to help residents understand the program.

Income and Rent Limits

The Commission gives the owner(s) new income and rent limit tables each year. This property has agreed to reserve some or all of the units for households at or below the 30, 35, 40, 45, 50 or 60% income limits found on these tables. The rent tables show the maximum rent a property can charge for a unit based on a household's income, number of bedrooms in the unit or the number of people in the household. Some properties have more than one income limit. Ask the property representative for specific information.

Annual Recertification

To be eligible for a rent- and income-restricted unit, all income and assets of any household members 18 years and older must be documented and verified. The owner(s) or manager of this property will give you the required forms to declare and verify income and assets from all sources. They **may** also ask you for supporting documentation. The program requires each existing household to **recertify** or complete a new set of the required forms at least once every 12 months.

Since this program involves IRS tax credits, the Commission and everyone involved with this program is under growing pressure to prevent fraud. Your forms must be prepared carefully, with every question answered. Annually, you will be signing a document under penalty of perjury, saying that the information and verifications submitted are correct. Households who do not properly complete their paperwork **may not** qualify for residency or **may** be required to vacate their income- and rent-restricted unit.

A property that has more than one income/rent limit **can** switch a household to a higher or lower income/rent limit, based on the household's income at recertification. Ask the property representative for specific information.

Special Needs

The owner(s) of this property **may** have chosen to reserve some of the program units for households that have special needs. Units **could** be reserved for households that meet the program definition for large household, disabled, elderly, homeless housing or farmworker. Households or individuals applying for one of these special needs units will be required to verify their eligibility. Ask your property representative for specific information.

Fulltime Student Households

A household where each member is a full-time student **may not** qualify for an income- and rent-restricted unit. A household where everyone becomes a full-time student after move-in **may no longer** qualify for an income- and rent-restricted unit. I agree to notify management immediately if my student status changes. Any change in student status (for you or any other household member) could affect your eligibility to participate in this program. Ask your property representative for specific information.

Property Standards

The property must comply with federal housing policy governing nondiscrimination and accessibility. In making an apartment available, the owner(s) **cannot** discriminate against you because of your race, creed, color, sex, national origin, marital status, age, disability or familial status. Furthermore, the owner(s) **cannot** discriminate against you based on the sources of your income (including Section 8 subsidy), provided the sources of income do not violate any federal, state or local law. Additional state, local laws or ordinances may also apply. When selecting residents, the owner(s) **cannot** apply standards to a potential resident that are more burdensome than standards applied to any other potential or existing resident.

Good Cause Evictions/Nonrenewals

The owner is prohibited from evicting you, and is prohibited from refusing to renew your lease or rental agreement, other than for "good cause." Generally, good cause shall mean the serious or repeated violation of material terms of the lease or a condition that makes your unit uninhabitable. Any termination or non-renewal notice must state the specific factual violations. Under federal law, you have the right to enforce this requirement in state court as a defense to any eviction action brought against you.

By signing below, I indicated I have read and discussed information included in this lease rider. I have been given a copy of this lease rider along with my lease.

(3)	(3)	(3)
Print Property Representative Name	Property Representative Signature	Date
If you have questions about this form	contact the property representative at:	(3)
		Phone Number
(4)	(4)	(4)
Print Applicant/Resident Name	Applicant/Resident Signature	Date
(4)	(4)	(4)
Print Applicant/Resident Name	Applicant/Resident Signature	Date
(4)	(4)	(4)
Print Applicant/Resident Name	Applicant/Resident Signature	Date

Bond Lease Rider

Purpose: The purpose of the *Bond Lease Rider* is to inform prospective residents of program requirements and to notify residents that annual recertification is required.

Note: This Bond Lease Rider supersedes all previous forms of Lease Rider provided in Owner Regulatory Agreements. All Household members 18 years or older must sign this new Lease Rider upon initial occupancy and upon the execution of any renewal.

Specific Instructions:

- 1. Enter property name and unit number.
- 2. Enter applicant's/resident's full name.
- 3. Property representative enters date here.
- 4. Applicant's/resident's sign and print names here.

A copy of the lease and *Bond Lease Rider* must be given to the resident.

Note: A new Bond Lease Rider should be completed each time a new lease is signed.

BOND LEASE RIDER

(to be attached to resident's lease)

Property Name: (1)		Unit:	(1)
Applicant/Resident Name:	(2)		

Dear Potential Resident/Existing Resident:

This apartment Project was financed with bonds issued by the Washington State Housing Finance Commission (the "Commission"). Under this program, the Owner received a below-market interest rate on his/her mortgage loan in exchange for renting a portion of his/her building to income-qualified individuals.

This apartment and the Commission spell out how to measure, report, and verify income under this program to ensure that the Property is reaching those individuals for whom it was designed. Substantial assets are converted by formula and included in the income total. Special rules are used for fulltime students. All income and assets must be documented and verified. The onsite personnel of the Property will provide the forms each Resident will be required to submit.

Because of the growing pressure on the government and the Commission to combat fraud, these forms must be prepared carefully so that every question is answered and that all answers are clearly legible. "N/A" (not applicable) should be written in all sections which do not apply.

For Projects that were funded under the new tax Code, annual recertification is required for all participating Residents. This means that a new set of these same forms must be completed annually. Again, all information must be accompanied by documentation. Once a new Resident is certified, s/he continues to be eligible until his/her income reaches 140% of the area median gross income. However, the Owner cannot evict him/her on the basis of his/her income, and the Property remains in compliance as long as the next available Unit is rented to a Qualified Resident.

All housing in this Property will be operated in a manner consistent with federal housing policy governing nondiscrimination and accessibility, as determined under the Americans with Disabilities Act, the Fair Housing Amendments Act of 1988, the rules and regulations of HUD, and federal, state, and local laws now provided or which may hereafter be provided.

To that end, the Owner shall not discriminate in making rental Units available for occupancy on the basis of race, creed, color, sex, national origin, religion, marital status, age, or disability. Furthermore, the Owner shall not discriminate against any Resident or potential Resident on the basis of that Resident's sources of income provided such sources of income are not in contravention of any federal, state, or local law.

All Units set aside for occupancy by individuals who meet the low–income or special–needs criteria of the program will be of the same quality construction as all other Units and will be

equipped and maintained in the same manner as all other Units (not including luxury amenities such as fireplaces).

When selecting Residents for occupancy, the Owner shall not apply selection criteria to a potential Resident that is more burdensome than selection criteria applied to any other Resident or potential Resident; and the Owner shall take into consideration the rental history of such potential Resident as evidence of the ability to pay the applicable rent, so long as: (i) the rental history is of a term of at least one year; and (ii) the history shows that the Resident has paid at least the same percentage of his/her income for rent during that period as s/he will be required to pay for the rent of the Unit for which s/he is applying.

This form	was completed on: (3) Date	_
Ву:	(4) Signature of Resident	(4) Print Name
Ву:	(4) Signature of Resident	(4) Print Name

Lease Rider for Tax Credit ARRA Project

Purpose: The purpose of the rider is to inform prospective residents of federal American Recovery and Reinvestment Act Subsidy program requirements and to notify residents that annual recertification is required.

Note: This lease rider supersedes all previous forms of lease rider provided in owner regulatory agreements. All household members 18 years or older must sign this new lease rider upon initial occupancy, upon the execution of any renewal, or at their annual recertification date, whichever comes first.

Specific Instructions:

- 1. Enter property name and unit number.
- 2. Enter applicant's/resident's full name.
- 3. Property representative print names, signs, dates and enter phone number here.
- 4. Applicant's/Resident's sign and print names here.

A copy of the lease and lease rider must be given to the resident.

Note: A new lease rider should be completed each time a new lease is signed.

LEASE RIDER FOR ARRA SUBSIDY PROPERTY

(to be attached to resident lease)

Property Name: (1)	Unit:(1)
Applicant/Resident Name: (2)	
Dear Applicant or Existing Resident:	

Summary

The owner(s) of this property rents residential units under certain federal American Recovery and Reinvestment Act Subsidy Programs (the "program") as administered by the Washington State Housing Finance Commission (the "Commission"). Under the program, the owner(s) can qualify for federal subsidies by renting some or all of the units in the property to low-income households and restricting the rents for those units. In addition the owner **may** have agreed to reserve some of the units in the property for households or persons with special needs. (See the special-needs section below.) This rider was prepared to help residents understand the program.

Income and Rent Limits

The Commission gives the owner(s) new income and rent limit tables each year. This property has agreed to reserve some or all of the units for households at or below the 30, 35, 40, 45, 50 or 60% income limits found on these tables. The rent tables show the maximum rent a property can charge for a unit based on a household's income, number of bedrooms in the unit or the number of people in the household. Some properties have more than one income limit. Ask the property representative for specific information.

Annual Recertification

To be eligible for a rent- and income-restricted unit, all income and assets of any household members 18 years and older must be documented and verified. The owner(s) or manager of this property will give you the required forms to declare and verify income and assets from all sources. They **may** also ask you for supporting documentation. The program requires each existing household to **recertify** or complete a new set of the required forms at least once every 12 months.

Since this program involves federal subsidies, the Commission and everyone involved with this program is under growing pressure to prevent fraud. Your forms must be prepared carefully, with every question answered. Annually, you will be signing a document under penalty of perjury, saying that the information and verifications submitted are correct. Households who do not properly complete their paperwork **may not** qualify for residency or **may** be required to vacate their income- and rent-restricted unit.

A property that has more than one income/rent limit **can** switch a household to a higher or lower income/rent limit, based on the household's income at recertification. Ask the property representative for specific information.

Special Needs

The owner(s) of this property **may** have chosen to reserve some of the program units for households that have special needs. Units **could** be reserved for households that meet the program definition for large household, disabled, elderly, homeless housing or farmworker. Households or individuals applying for one of these special needs units will be required to verify their eligibility. Ask your property representative for specific information.

Fulltime Student Households

A household where each member is a full-time student **may not** qualify for an income- and rent-restricted unit. A household where everyone becomes a full-time student after move-in **may no longer** qualify for an income- and rent-restricted unit. I agree to notify management immediately if my student status changes. Any change in student status (for you or any other household member) could affect your eligibility to participate in this program. Ask your property representative for specific information.

Property Standards

The property must comply with federal housing policy governing nondiscrimination and accessibility. In making an apartment available, the owner(s) **cannot** discriminate against you because of your race, creed, color, sex, national origin, marital status, age, disability or familial status. Furthermore, the owner(s) **cannot** discriminate against you based on the sources of your income (including Section 8 subsidy), provided the sources of income do not violate any federal, state or local law. Additional state, local laws or ordinances may also apply. When selecting residents, the owner(s) **cannot** apply standards to a potential resident that are more burdensome than standards applied to any other potential or existing resident.

Good Cause Evictions/Nonrenewals

The owner is prohibited from evicting you, and is prohibited from refusing to renew your lease or rental agreement, other than for "good cause." Generally, good cause shall mean the serious or repeated violation of material terms of the lease or a condition that makes your unit uninhabitable. Any termination or non-renewal notice must state the specific factual violations. Under federal law, you have the right to enforce this requirement in state court as a defense to any eviction action brought against you.

By signing below, I indicated I have read and discussed information included in this lease rider. I have been given a copy of this lease rider along with my lease.

(3)	(3)	(3)
Print Property Representative Name	Property Representative Signature	Date
If you have questions about this form c	contact the property representative at:	(3)
		Phone Number
(4)	(4)	(4)
Print Applicant/Resident Name	Applicant/Resident Signature	Date
(4)	(4)	(4)
Print Applicant/Resident Name	Applicant/Resident Signature	Date
(4)	(4)	(4)
Print Applicant/Resident Name	Applicant/Resident Signature	Date