**PHOTOCOPY this file for a COMPLETE* set of**

# CAMERA READY

**Resident Certification Package Forms**

**As of April 2014**

**BEGIN USING THE NEW FORMS AS SOON AS POSSIBLE**

**A complete set of FORMS INSTRUCTIONS 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

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

**Property Name:** _____ **Unit:** _____

**Resident Name:** _____

⇒ ⇒ ⇒ **ASSEMBLE MATERIALS FROM TOP TO BOTTOM** ⇐ ⇐ ⇐

*NOTE: Forms with a shaded box to the left are required. Forms preceded with a plain box are to be used if it applies to the specific household. We have a form for most but not all income verification situations. Every source of income listed on an REA needs supporting documentation. Income verification forms and/or supporting documentation should be submitted in REA questionnaire order.*

- ☐ Household Eligibility Certification
- ☐ Resident Eligibility Application (REA)

**OR**

- ☐ Self-Certification of Annual Income
  *For second annual recertification, on 100% income-restricted Tax Credit properties and for **all** recertifications after Year 15.*

- ☐ Household Declaration Supplement to REA (optional)
- ☐ Household Demographics DO NOT MAIL; enter in WBARS (for tax credit properties only)
- ☐ Authorization to Release Confidential Information

*Supporting Documentation Forms (include as applicable):*

## INCOME

- ☐ Employment Verification
- ☐ Income Verification/Clarification by Telephone
- ☐ Self-Employment Income Worksheet
- ☐ Self-Employment Verification (Include a signed copy of last year's tax return.)
- ☐ Seasonal Worker Statement
- ☐ Social Security Verification/Consent for Release of Information
- ☐ Child Support Affidavit
- ☐ Public Assistance Verification
- ☐ Unemployment Benefits Verification
- ☐ Military Pay Verification
- ☐ Pension Verification
- ☐ Annuity, Stock Verification, or 401(k) Account
- ☐ Gift Affidavit
- ☐ Zero Income Certification

## ASSETS

- ☐ Deposit Verification Request
- ☐ Under $5,000 Asset Certification or Sworn Statement of Net Household Assets
  (Use for tax credit or bond properties and only if assets are under $5,000. Assets over this amount always require third-party verification.)
- ☐ Real Estate Evaluation Worksheet (if applicable)
- ☐ Cash on Hand Affidavit

## COMMISSION SPECIAL-NEEDS SET-ASIDES and COMMITMENTS (if applicable)

- ☐ Proof of Age (for properties with Elderly Set-Asides)
- ☐ Disability Certification (for properties with Disabled Set-Aside)
- ☐ Disability Verification (for properties with Disabled Set-Aside)
- ☐ Homeless Certification (for properties with Homeless or Transitional Set-Aside)
- ☐ Farmworker Household Initial Certification (to prove $3,000 was earned from farm work)
- ☐ Farm Work W-2 Certification

## STUDENTS

- ☐ Student Certification
- ☐ Student Exception Affidavit and/or Foster Care Verification
- ☐ Student Status Verification
- ☐ Fulltime Student Job Training Exception Verification

## MISCELLANEOUS

- ☐ Estrangement Certification
- ☐ Identification Certification
- ☐ Live-In Aide Agreement
- ☐ Pregnancy Self-Certification

- ☐ Tax Credit/ARRA Lease Rider (Keep with resident's file. **Do not mail to WSHFC unless requested.**) or
  Bond Lease Rider (Mail with move-in packages.)

# HOUSEHOLD ELIGIBILITY CERTIFICATION

## PART I. DEVELOPMENT DATA

**Property Name:** _____ **Unit #:** _____

**Household Name:** _____ ☐ Initial Certification

Current HH Size: _____ Effective Date: _____ ☐ Re-Certification

Number of Bedrooms: _____ Original Certification Date: _____ If Transfer, from Unit #: _____

## PART II. HOUSEHOLD COMPOSITION

| HH Mbr # | FIRST NAME | LAST NAME | MI | REL TO HOH * | DOB (mm-dd-yyyy) | FULLTIME STUDENT | SSN last 4 digits |
|---|---|---|---|---|---|---|---|
| 1 | | | | **H** | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |

*** H** = Head of Household, **S** = Spouse, **A** = Adult Co-Resident, **C** = Child, **F** = Foster Child/Adult, **L** = Live-in Caretaker, O = Other

## PART III. GROSS ANNUAL INCOME (use annual amounts)

| HH Mbr # | (A) Employment or Wages | (B) Social Security/Pensions | (C) Public Assistance | (D) Other Income |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTALS: | | | | |

*Add totals from (A) through (D), above* **TOTAL INCOME (E):**

## PART IV. INCOME FROM ASSETS

| HH Mbr # | (F) Type of Asset | (G) Current or Imputed | (H) Cash Value of Asset | (I) Annual Income from Asset |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | TOTALS: | | |

*Enter Column (H) Total if over $5,000* _____ X *Passbook Rate* 2.00% = Imputed Income **(J):**

**TOTAL INCOME FROM ASSETS (K):**
*Enter the greater of the total of column I or J:*

**(L) TOTAL ANNUAL HOUSEHOLD INCOME** *from all Sources [Add (E) + (K)]*

## PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L)

*Current Maximum Allowable Income:* _____

Household Size at Move-In: _____

Household Income at Move-In: _____

Household Meets Income Restriction at:

○ 60% ○ 50%
○ 45% ○ 40%
○ 35% ○ 30%
○ 80% Bond Only

**FOR RE-CERTIFICATIONS ONLY:**

Current Income Limit x 140%: _____

Household Income Exceeds 140%:

☐ YES ☐ NO

**Property Name:** _____ **Unit #:** _____

**Household Name:** _____

## PART VI. RENT

Household Paid Rent: _____

Utility Allowance: _____

Other Non-Optional Charges: _____

GROSS RENT FOR UNIT:
*(Household paid rent plus Utility Allowance & other non-optional charges)*

Maximum Allowable Rent for this Unit: _____

Rent Assistance Type: _____ Amt: _____

Unit Meets Rent Restriction at:

- ◯ 60% ◯ 50%
- ◯ 45% ◯ 40%
- ◯ 35% ◯ 30%

## PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULLTIME STUDENTS?

YES ☐ NO ☐

If **"YES"**, Enter Student Explanation* (also attach documentation) Enter 1-5 ☐

Student Explanation:

1 TANF Assistance
2 Job Training Program
3 Single Parent/Dependent Child
4 Married/Joint Return
5 Previous Foster Care Assistance

## PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a through e) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

| a. Tax Credit ☐ | b. HOME ☐ | c. Tax-Exempt Bond ☐ | d. _____ *Name of Program* |
|---|---|---|---|
| See Part V Above | Income Status | Income Status | Income Status |
| | ◯ ≤ 50% AMGI | ◯ ≤ 50% AMGI | ◯ _____ |
| | ◯ ≤ 60% AMGI | ◯ ≤ 60% AMGI | ◯ _____ |
| | ◯ ≤ 80% AMGI | ◯ ≤ 80% AMGI | ◯ _____ |
| | ◯ OI* | ◯ OI** | ◯ OI* |

* Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

## PART IX. SPECIAL-NEEDS COMMITMENT(S) MET BY HOUSEHOLD

☐ Disabled ☐ Farm Worker ☐ Homeless

☐ Elderly ☐ Large Household ☐ Transitional

***Households cannot be counted toward more than one Special-Needs Set-Aside Commitment unless the property is 100% Elderly or 75 to 100% Farmworker; Homeless; or Transitional.***

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in this *Resident Eligibility Certification* and on the accompanying *Rental Eligibility Application* is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Extended Use Agreement (Regulatory Agreement), to live in a unit at this Property.

_____ _____
Signature of Property Representative Date

By signing below, I understand that the Owner is relying on this information in filing his/her tax return and that a State Agency and the Internal Revenue Service may review this information. I hereby swear that this document's information is true and complete to the best of my knowledge as of the effective date of this certification.

| Head of Household Signature | Date | Member #2 Signature | Date |
|---|---|---|---|
| Member #3 Signature | Date | Member #4 Signature | Date |

**Property Name:** _____ **Unit #:** _____

**Household Name:** _____

## PART X. INCOME CALCULATION

Calculate annual income for all of the household's income sources. For wage earners, use separate line(s) to calculate additional employment compensation (e.g., overtime, tips, pay increases, bonuses, etc.). For each wage earner, also calculate their Year-to-Date earnings using the "YTD" section below. Count the greater of anticipated or YTD wage earnings. Circle or identify amounts used to calculate Total Household Annual Income [X].

| Resident Name | Type of Income | Pay Frequency | Pay Rate (gross) | # hours per week | # weeks per year | # months per year | Annual Income |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Additional for Wage Earners Only - Calculate Total Year-to-Date (YTD) Income

| Resident Name | YTD Period - | | Total YTD Amount | | # of Weeks in YTD Period | | Weekly Amount | x 52 = OR # of weeks | YTD Annual Income |
|---|---|---|---|---|---|---|---|---|---|
| | Start Date | End Date | | | | | | | |
| | | | | / | | = | | x 52 = | |
| | | | | / | | = | | x 52 = | |
| | | | | / | | = | | x 52 = | |
| | | | | / | | = | | x 52 = | |
| | | | | / | | = | | | |
| | | | | / | | = | | | |
| | | | | / | | = | | | |

**TOTAL HOUSEHOLD ANNUAL INCOME:** _____

## PART XI. ASSET CALCULATION

| Resident Name | Type of Asset | % Rate | YTD Income | Current Balance (Market Value) | Actual Income/ YTD Annualized | Fees to convert to cash? | Cash Value |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | **TOTAL:** | | **TOTAL:** | |

# RESIDENT ELIGIBILITY APPLICATION (REA)

**Property Name:** _____ **Unit #:** _____

**Household Name:** _____

Current HH Size: _____ Effective Date of Certification: _____

Number of Bedrooms: _____ Original Certification Date: _____

Certification Type:

☐ Initial Certification

☐ Re-Certification

**THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT**

## HOUSEHOLD COMPOSITION:

| Hshld Mbr | First Name | Last Name | MI | Date of Birth mm-dd-yyyy | SSN *See page 4 Last 4 digits | Fulltime Student Status ** |
|---|---|---|---|---|---|---|
| Head | | | | | | ☐ Yes ☐ No |
| 2. | | | | | | ☐ Yes ☐ No |
| 3. | | | | | | ☐ Yes ☐ No |
| 4. | | | | | | ☐ Yes ☐ No |
| 5. | | | | | | ☐ Yes ☐ No |
| 6. | | | | | | ☐ Yes ☐ No |
| 7. | | | | | | ☐ Yes ☐ No |

*** Have you in this calendar year or will you in the next calendar year, be a fulltime student for five months or more?*

Household Member's Name: _____

Contact Phone: _____ Contact E-mail: _____

Income Source or Employer: _____ Phone: _____

Address: _____

Position: _____ Hire Date: _____

Supervisor: _____ Income/Salary: $ _____

Household Member's Name: _____

Contact Phone: _____ Contact E-mail: _____

Income Source or Employer: _____ Phone: _____

Address: _____

Position: _____ Hire Date: _____

Supervisor: _____ Income/Salary: $ _____

# 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.

**Property Name:** _____ **Unit #:** _____

**Household Member Name:** _____

**HOUSEHOLD MEMBER: (please check one)** ☐ 1 (Head) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

## INCOME INFORMATION:

| | Yes | No | | Annual Gross 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:<br>Annual Gross Wages/Salary<br>Annual Overtime<br>Annual Bonus/Commission/Tips | <br><br>$ _____<br>$ _____<br>$ _____ |
| 2. | ☐ | ☐ | I am presently employed at an additional job. (NOT self-employed) | $ _____ |
| 3. | ☐ | ☐ | I am self employed. (Attach signed tax return and appropriate schedules)<br>Name of Business:<br>_____ | <br><br>$ _____<br>(use *net* income 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). | $ _____ |
| 5. | ☐ | ☐ | The household receives *unearned* income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.).<br>Name of Member(s):<br>_____ | <br><br><br>$ _____ |
| 6. | ☐ | ☐ | Do you receive child support?<br>**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<br>Number of court-ordered child support cases: _____ | <br><br>$ _____ |
| 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).<br>Source of Benefits:<br>a.) _____<br>b.) _____ | <br><br>$ _____<br>$ _____ |
| 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). | $ _____ |

**Property Name:** _____ **Unit #:** _____

**Household Member Name:** _____

| | | | | |
|---|---|---|---|---|
| 14. | ☐ | ☐ | I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule. (Only count interest portion of payment.) | $ _____ |
| 15. | ☐ | ☐ | I have income or sources of income, other than those listed above.<br>If yes, list type below:<br>a.) _____<br>b.) _____ | <br><br>$ _____<br>$ _____ |

## ASSET INFORMATION:

| | Yes | No | | Balance or Value | Interest Earned |
|---|---|---|---|---|---|
| 16. | ☐ | ☐ | I have a checking account(s).<br>If yes, list bank(s)<br>a.) _____<br>b.) _____ | <br><br>$ _____<br>$ _____ | <br><br>$ _____<br>$ _____ |
| 17. | ☐ | ☐ | I have a savings account(s).<br>If yes, list bank(s)<br>a.) _____<br>b.) _____ | <br><br>$ _____<br>$ _____ | <br><br>$ _____<br>$ _____ |
| 18. | ☐ | ☐ | I have a Money Market account(s).<br>If yes, list sources/bank names<br>a.) _____<br>b.) _____ | <br><br>$ _____<br>$ _____ | <br><br>$ _____<br>$ _____ |
| 19. | ☐ | ☐ | I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account).<br>If yes, list sources/bank names<br>a.) _____<br>b.) _____ | <br><br>$ _____<br>$ _____ | <br><br>$ _____<br>$ _____ |
| 20. | ☐ | ☐ | I have a trust fund.<br>☐ Revocable ☐ Non-Revocable<br>If yes, list bank(s)/trustee<br>_____ | <br><br><br>$ _____ | <br><br><br>$ _____ |
| 21. | ☐ | ☐ | I have an IRA/Keogh Account/401K.<br>If yes, list financial entity(ies)<br>a.) _____<br>b.) _____ | <br><br>$ _____<br>$ _____ | <br><br>$ _____<br>$ _____ |
| 22. | ☐ | ☐ | I have a pension or annuity asset. (NOT receiving income currently.)<br>If yes, list bank(s)<br>a.) _____<br>b.) _____ | <br><br>$ _____<br>$ _____ | <br><br>$ _____<br>$ _____ |
| 23. | ☐ | ☐ | I ☐ own ☐ or am in the process of selling or<br>☐ have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation. | <br><br>$ _____ | <br><br>$ _____ |
| 24. | ☐ | ☐ | I have a whole life or universal life insurance policy.<br>If yes, how many policies? _____ | <br><br>$ _____ | <br><br>$ _____ |

**Property Name:** _____ **Unit #:** _____

**Household Member Name:** _____

| | | | | | |
|---|---|---|---|---|---|
| 25. | ☐ | ☐ | I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals. | $ _____ | $ _____ |
| 26. | ☐ | ☐ | I have disposed of assets within the last two years for less than fair-market value. If "yes," attach explanation. | $ _____ | $ _____ |
| 27. | ☐ | ☐ | I have funds not held in a financial institution. | $ _____ | $ _____ |
| 28. | ☐ | ☐ | I have assets other than those listed above.<br>If yes, list type below:<br>a.)_____<br>b.)_____ | <br><br>$ _____<br>$ _____ | <br><br>$ _____<br>$ _____ |

***** This property has requested your Social Security number on this and other forms on behalf of the Washington State Housing Finance Commission. Internal Revenue Service regulations allow us to ask for this information. Your Social Security number will be used for income eligibility verification purposes only. Equivalent identification would be a Work Visa, Alien Registration Receipt Card, Temporary Resident Card, IRS Individual Taxpayer Identification Number (ITIN), or Employment Authorization Card. Failure to provide your Social Security number or equivalent number could hinder or delay this property's ability to review your application for housing.

**I understand that any changes to my household income and/or composition after the date of my signature but prior to initial occupancy must be disclosed immediately to management staff.**

**Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement and/or prosecution.**

Signatures must be those of the Applicant/Resident, except where Power of Attorney (POA) documentation authorizes another individual to sign legal documents. If so, copies of current POA, government-issued photo ID, and address and phone number of the POA must be included in the certification.

| _____ | _____ | _____ |
|---|---|---|
| Applicant/Resident Signature | Print Applicant/Resident Name | Date |

I certify that I have observed the above-signed Applicant/Resident complete, sign, and date this document.

| _____ | _____ | _____ |
|---|---|---|
| Property Representative Signature | Print Property Representative Name | Date |

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature, printed name, relationship, phone number and date to the bottom of this page.

I certify that I have assisted the above-signed Applicant/Resident complete this document as a reasonable accommodation.

| _____ | _____ | _____ | _____ | _____ |
|---|---|---|---|---|
| Third Party Signature | Print Third Party Name | Relationship | Phone # | Date |

# SELF-CERTIFICATION OF ANNUAL INCOME

**Property Name:** _____ **Unit:** _____

Household Name: _____

# of Bedrooms: _____ # of Persons in Household: _____

**REMAINDER OF FORM TO BE COMPLETED BY RESIDENT ONLY**

Enter **all household member name(s)** and date(s) of birth below (continue on separate sheet of paper if necessary). Also note whether or not any household member is or will be a fulltime student in next 12 months.

| | Household Member Name | Date of Birth | Fulltime Student Status * |
|---|---|---|---|
| Head | | | ☐ Yes ☐ No |
| 2. | | | ☐ Yes ☐ No |
| 3. | | | ☐ Yes ☐ No |
| 4. | | | ☐ Yes ☐ No |
| 5. | | | ☐ Yes ☐ No |
| 6. | | | ☐ Yes ☐ No |
| 7. | | | ☐ Yes ☐ No |

* Have you, in this calendar year, or will you in the next calendar year, be a fulltime student for five months or more?

Enter **household income** including income from assets of each adult household member. If some members have no income put "Zero." Every **adult** Household member must initial below to certify their gross annual income anticipated for the next 12 months. See **NOTES** on second page of this form (continue on separate sheet of paper if necessary).

| | Household Member Name | Total Gross Annual Income & Income from Assets | Source of Income | Initials of Adult Household Member |
|---|---|---|---|---|
| Head | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

Household Name: _____

**I agree to notify management IMMEDIATELY if:**

- **Anyone in my household becomes a fulltime student;**
- **My household composition changes in any way.**

**I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease and is grounds for eviction. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income:**

| | | |
|---|---|---|
| Head of Household Signature | Print Name | Date |
| 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 to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid. Include amount you receive now and amount you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

**Income from Assets:**
Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

**TO BE COMPLETED BY MANAGEMENT**

Original Move-in Date: _____ Effective Date of Recertification: _____

**Total Gross Income – All Household Members:** $ _____

Household Portion of Rent: $ _____ Utility Allowance: $ _____

Subsidy Portion: $ _____ Set-aside %: 0.00%

| | | |
|---|---|---|
| Signature of Management Representative | Printed Name of Management Representative | Date |

# HOUSEHOLD DECLARATION SUPPLEMENT TO REA

(for initial certifications only)

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

The forms you are currently completing are for the Low-Income Housing Tax Credit or Bond Program governed by the Washington State Housing Finance Commission in compliance with Section 42 and 142 of IRS Code. These programs regulate the income limits of our rental households.

All household members over the age of eighteen must sign the forms; have their income and assets third-party verified and be on the lease.

As part of determining gross annual income, we are required to document temporarily absent household members including spouses (husband or wife), roommates, and dependants. Income of any temporarily absent household member must be included in the total household income. The income of a spouse, even if he/she will not reside in the apartment must be included when determining income, unless documentation of a legal separation is provided. Income of anyone anticipated to join the household within the initial six months of occupancy such as a fiancé or roommate must also be counted.

- Will anyone be residing in the unit not listed on page 1 of the *Rental Eligibility Application*?

  ☐ Yes ☐ No If "Yes," identify the person and position in the household: _____

  _____

- Do any household members have a spouse who is not listed as a household member on page 1 of the *Rental Eligibility Application*?

  ☐ Yes ☐ No If "Yes," please share the spouse's name and income information or provide legal separation documentation.

  Spouses Name: _____ Source of Income: _____

- Will anyone be joining your household within six months?

  ☐ Yes ☐ No If "Yes," complete the following:

  Name: _____ When expected: _____ Source of Income: _____

I/We hereby declare that I/ have disclosed all current household members, the spouse of all household members, all roommates and anyone expected to join my/our household within the next six months. I/We understand that omitting any current household members, the spouse of any household member, any roommates or anyone expected to join my/our household within the next six months from the tenancy process is considered fraud and is grounds to terminate my/our household residency. I/We further understand that no one will be allowed to join my/our households without prior written approval.

_____ _____
Head of Household Signature Date

_____ _____
Other Adult Household Member Date

_____ _____
Other Adult Household Member Date

# HOUSEHOLD DEMOGRAPHICS

**Property Name:** _____ **Unit #:** _____

**Household Name:** _____

## HOUSEHOLD COMPOSITION

| Mbr # | FIRST NAME | LAST NAME | MI | RELATIONSHIP TO HEAD-OF-HOUSEHOLD | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | *Head* | *Spouse* | *Adult Co-Resident* | *Child* | *Foster Child/ Adult* | *Live-in Caretaker* | *Other* |
| 1 | | | | ☒ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 2 | | | | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 3 | | | | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 4 | | | | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 5 | | | | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 6 | | | | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 7 | | | | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

| (A) RACIAL CATEGORIES* | Check ALL that apply for each household member. | | | | | | |
|---|---|---|---|---|---|---|---|
| | **HOH Member #1** | **Member #2** | **Member #3** | **Member #4** | **Member #5** | **Member #6** | **Member #7** |
| White | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Black or African American | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| American Indian or Alaska Native | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Asian | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Native Hawaiian or Other Pacific Islander | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Choose Not to Disclose | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

| (B) ETHNIC CATEGORIES* | Check one for each household member. | | | | | | |
|---|---|---|---|---|---|---|---|
| | **HOH Member #1** | **Member #2** | **Member #3** | **Member #4** | **Member #5** | **Member #6** | **Member #7** |
| Hispanic or Latino | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Not Hispanic or Latino | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Choose Not to Disclose | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

| (C) DISABILITY STATUS* | HOH Member #1 | Member #2 | Member #3 | Member #4 | Member #5 | Member #6 | Member #7 |
|---|---|---|---|---|---|---|---|
| Are any household members disabled according to the Fair Housing Act? If "Yes," check box. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Are any household members disabled according to the Fair Housing Act? If "No," check box. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Choose Not to Disclose | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

***Please refer to the attached page for definitions of race, ethnicity, and disability.**

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

| Head of Household Signature | Date | Member #2 Signature | Date |
|---|---|---|---|
| Member #3 Signature | Date | Member #4 Signature | Date |

## 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

**Property Name:** _____ **Unit:** _____

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:

- Employment Verification
- Social Security/Supplemental Security Income Benefits Verification
- Public Assistance Verification
- Unemployment Benefits Verification
- Military Pay Verification
- Pension Verification
- Annuity or Stock Verification
- Deposit Verification Request
- Student Status Verification
- Child Support verification (to be used if property management has their own form)

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.*

| _____ | _____ | _____ |
|---|---|---|
| Signature of Applicant/Resident | Print Name 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:

1. 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;
2. 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
3. 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 Authorized Management Agent | Print name of Agent | Date |

# Verification Cover Letter

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

Dear Sir or Madam:

Your employee or client has applied or is living at an affordable-housing apartment community monitored by the Washington State Housing Finance Commission. The enclosed request must be completed in order to qualify your employee or client under the Commission's income guidelines. Without this information we cannot assist him/her with their housing needs. Therefore, we need your help.

Your employee or client has authorized you to disclose their information (see attached form). Please complete the lower half of the enclosed form that has been signed by your employee or client and fax back to: _____ or mail the original in the enclosed envelope.

**IMPORTANT:**

1. Please answer all questions; do not leave blank spaces.
2. For questions that you cannot answer, use the phrase "cannot disclose" or write "none" or "N/A."
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, write correct answer beside it and initial the change. ***Do not use whiteout***.

Thank you for your cooperation. If you have any questions, please feel free to contact me at _____

_____

Print Name

# EMPLOYMENT VERIFICATION

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT**

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

TO: (Name & address of employer)

_____
_____
_____

☐ 1st Request _____
☐ 2nd Request _____
☐ 3rd Request _____
Fax #: _____
Attn: _____

RE: _____ Applicant/Resident Name _____ Social Security Number _____ Unit # (if assigned)

*I hereby authorize release of my employment information.*

_____ Signature of Applicant/Resident _____ Date

The individual named above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

_____
Management Agent

_____
Phone Number

**Return Form To:**

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Please use **GROSS** amounts and do not leave any sections blank; enter zero **"0" or "N/A."**

Employee Name: _____ Job Title: _____

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

Current **Gross** Wages/Salary: $ _____ (check one below) Average # of regular hours per week: _____

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other: _____

Year-to-date **gross** earnings: $ _____ from _____ (mm-dd-yy) through _____ (mm-dd-yy) # of Pay Periods included in YTD _____

Overtime Rate: $ _____ per hour Average # of overtime hours per week: _____

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

Commissions, bonuses, tips, other: $ _____ (check one below) Included in Y-T-D figure above? ☐ Yes ☐ No

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other: _____

List any anticipated increase in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

Does the employee participate in a 401(k) Retirement account? ☐ Yes ☐ No Can employee access the account? ☐ Yes ☐ No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____

**If no Social Security number was provided, did employer view picture identification?** ☐ Yes ☐ No

Additional Remarks: _____
_____

_____ Employer's Signature _____ Employer's Printed Name and Title _____ Date

_____ 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

**Property Name:** _____ **Unit:** _____

**Resident Name:** _____

**Employer (Company):** _____ **Phone Number:** _____

**Name and Title of Person Contacted:** _____ _____
Name Title

If this form is being used as an alternative to the *Employment Verification*, include back-up documentation (such as a copy of a pay stub).

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 or bonuses. If you are using this form to **clarify** information you need only to complete what you are clarifying.

***Only enter items that are being clarified.***

Employee Name: _____ Job Title: _____

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

Current **Gross** Wages/Salary: $ _____ (check one below) Average # of regular hours per week: _____

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other

Year-to-date **gross** earnings: $ _____ from _____ (mm-dd-yy) through _____ (mm-dd-yy)

Overtime Rate: $ _____ per hour Average # of overtime hours per week: _____

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

Commissions, bonuses, tips, other: $ _____ (check one below) Included in Y-T-D figure above? ☐ Yes ☐ No

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other

List any anticipated increase in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

Does the employee participate in a 401(k) Retirement account? ☐ Yes ☐ No Can employee access the account? ☐ Yes ☐ No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____

**If no Social Security number was provided, did employer view picture identification?** ☐ Yes ☐ No

Additional Remarks: _____

_____

This form was completed on: _____
Date

**By:** _____ _____
Management Representative Signature Print Name

# SELF-EMPLOYMENT INCOME WORKSHEET

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

To Calculate 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 that is paid to self or household members living in the unit. | _____ |
| **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

**Property Name:** _____ **Unit:** _____

**Resident Name:** _____

**Name of Business:** _____

**Mailing Address::** _____ **Phone Number:** _____

_____

**Type of Business:** _____ **Taxpayer ID #:** _____

Business income counted toward income eligibility is net income from the operation of a business or profession, including cash withdrawals from the business. Do NOT deduct depreciation, payments made to expand the business, or principal payments on debt.

1. Date Began: _____ Position/Occupation: _____
2. Last Year's Income: _____
3. Anticipated Income: _____
4. Has business been continuous (i.e.: months per year?) ☐ Yes ☐ No # Months per Year: _____

☐ **Attached is a SIGNED, complete copy of my most recent federal income tax return (with appropriate schedules).**

or

☐ This is a new business. Attached is a Profit and Loss Statement if available.

I hereby certify that the statements above are true and accurate to the best of my knowledge.

_____ _____

Signature Date

# SEASONAL WORKER STATEMENT

**Property Name:** _____ **Unit:** _____

**Resident Name:** _____

I am employed as a seasonal worker. I anticipate not working _____ weeks out of the year.

While I am not working, I will support myself by:

- ☐ Collecting unemployment. If yes, how much per week? _____
- ☐ Living off of savings or cash on hand. ***NOTE:*** Savings or cash on hand must be verified.
- ☐ Other _____

_____ _____

Signature of Resident Date

# CHILD SUPPORT AFFIDAVIT

**Property Name:** _____ **Unit:** _____

**I, Applicant/Resident Name:** _____ do hereby attest to the following:

**Select the appropriate statements (list each child once):**

I. ☐ I am not entitled to receive child support under any court order or non-court agreement and I am not in the process of seeking any monies for child support for the following child/children living in my household:

_____

II. ☐ I am not currently entitled to receive any child support under any court or other agreement. However, I believe I will receive such an order within the next 12 months. I expect to receive $_____ per month, commencing on _____, 20 ___ for the following child/children: _____

_____

III. ☐ I am entitled to receive child support under a court order or other agreement in the amount of $ _____ per month for the following child/children: (Attach applicable agreement – i.e., divorce decree)_____

_____

_____

☐ Notwithstanding the above, I expect to receive no more than $ _____ over the next 12 months because:

_____

_____

If court ordered, I have made all reasonable efforts to collect the monies due me.
(Attached documentation proving efforts to collect.)

I understand that this affidavit is made as part of the qualification procedure to determine the eligibility of residency at the above-referenced property and that any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I will notify management of any changes in the status of my child support. Under penalties of perjury, I certify the above representations to be true as of the signature date below.

_____ _____

Signature of Applicant/Resident Date

**NOTE: Sign in Presence of Notary**

STATE OF WASHINGTON )
) ss.
COUNTY OF )

On this _____ day of _____, _____, personally appeared before me _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged to me under oath that she/he signed the same of her/his free and voluntary act and deed, for uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.

_____

NOTARY PUBLIC in and for the State of Washington

Residing at: _____

Printed Name: _____

My Commission expires: _____

# PUBLIC ASSISTANCE VERIFICATION

**Property Name:** _____ **Unit:** _____

RE: _____

☐ 1st Request _____
☐ 2nd Request _____
☐ 3rd Request _____
Fax #: _____
Attn: _____

SS#: _____
*See instruction page.*

Dear Sir/Madam:

We are required to verify the income of all household members applying for admission as residents to the federally-assisted housing Units which we operate, and periodically to re-examine household income. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual. This information will be used only in determining the eligibility status of the Household.

Your prompt return of this form will be appreciated. If you have any questions, please call:

Name: _____

Phone # _____

Sincerely,

_____
Management Agent

**I hereby authorize the release of requested information.**

_____ _____
Applicant's Signature Date

**TO BE COMPLETED BY CASEWORKER**

| | Monthly Amount |
|---|---|
| Number in Household: _____ | |
| Temporary Assistance for Needy Families (TANF): | $_____ |
| Disability Lifeline (GAU; FIP; ADATSA): | $_____ |
| Food Stamps: | $_____ |
| State SSI: | $_____ |
| Other Assistance – Type: _____ | $_____ |
| Other Income – Source: _____ | $_____ |

Comments: _____

_____

_____ _____ _____
Signature Title Date

_____ _____
Print Name Phone Number

# UNEMPLOYMENT BENEFITS VERIFICATION

**Property Name:** _____ **Unit:** _____

Date: _____

| **TO: Employment Security Department (ESD)**<br>ATTN: Records Disclosure<br>P.O. Box 9046<br>Olympia, WA 98507-9046<br>Phone Number: 360. 407.4580<br>Fax Number: 866.610.9225 | **FROM: (Name of Property)** |
|---|---|

SUBJECT: Verification of information supplied by an applicant for housing assistance.

Name: _____

Social Security Number: _____

This person has applied for housing assistance under a low income housing tax credit/bond program administered by the Washington State Housing Finance Commission. This agency requires the housing owner to verify all information that is used in determining this person's eligibility of level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant/resident has consented to this release of information as shown below.

Release of Information: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTIING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

_____ 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 Code provides, "whoever, in any matter within the jurisdiction of any department of agency of the United States knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or used any false writing or document knowing the same to contain false, fictitious of fraudulent statement or entry shall be fined under the title $10,000.00 or imprisonment of up to five years or both."

# MILITARY PAY VERIFICATION

**Property Name:** _____ **Unit:** _____

The undersigned applicant has applied for a rental unit located in a project financed under a Washington State Housing Finance Commission multifamily rental housing program. Income statements of a prospective resident must be verified. Military Personnel is to complete bottom portion.

***This form must be mailed or faxed. DO NOT hand-carry this form.***

| **TO: Name and Address of Commanding Officer:** | **FROM: Name and Address of Property:** |
|---|---|
| | |

Applicant's Name: _____

Social Security Number: _____

My signature authorizes verification of my military pay information:

_____ _____

Signature of Applicant/Resident Date

*I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.*

_____ _____ _____ _____

Signature of Sender Title Phone # Date

TO BE COMPLETED BY MILITARY PERSONNEL

Years _____ and months _____ of service for pay purposes.

Number of dependents claimed _____

**Monthly Entitlements from the following sources:**

| | | | |
|---|---|---|---|
| Base pay and longevity pay | $ _____ | Imminent danger pay | $ _____ |
| Proficiency pay | $ _____ | Subsistence allowance | $ _____ |
| Sea and foreign duty pay | $ _____ | Basic Allowance for Housing (BAH) (include only amount contributed by government) | $ _____ |
| Hazardous duty pay | $ _____ | | |

Other (explain) _____

TOTAL AMOUNT RECEIVED MONTHLY: $ _____

Annual Clothing Allowance: $ _____

_____ _____

Signature of CO or Military Personnel Date

# PENSION VERIFICATION REQUEST

**Property Name:** _____ **Unit:** _____

The undersigned applicant has applied for a rental unit located in a project financed under a Washington State Housing Finance Commission multifamily rental housing program. Income statements of a prospective resident must be verified. Agency is to complete bottom portion.

***This form must be mailed or faxed. DO NOT hand-carry this form.***

| **TO: Name and Address of Plan Administrator:** | **FROM: Name and Address of Property:** |
|---|---|
| | |

*The individual listed below has stated s/he is receiving benefits from your agency. Information provided will be used solely to determine eligibility for occupancy.*

Applicant's Name: _____

Social Security Number: _____

My signature authorizes release of the requested information on this inquiry.

_____ _____
Signature of Applicant/Resident Date

TO BE COMPLETED BY PENSION ADMINISTRATOR ONLY

Gross Monthly Amount of Pension: $ _____

Date of Initial Award: _____

Effective Date of Current Amount: _____

Anticipated COLA? $ _____

COLA Effective Date: _____

Medical Insurance Premiums Deducted from Gross Monthly Benefits: $ _____

Is this a lifetime pension? ☐ Yes ☐ No

I hereby certify that the statements above are true and complete to the best of my knowledge.

_____ _____ _____
Authorized Signature Title Date

_____ _____
Print Name Phone Number

# ANNUITY, STOCK VERIFICATION, or 401(k) ACCOUNT

**Property Name:** _____ **Unit:** _____

| **TO:** | **FROM:** |
|---|---|
| | |

**VERY IMPORTANT in the APPROVAL PROCESS**

*The individual listed below is an applicant/resident of a housing program that requires verification of income. Information provided will be used solely to determine eligibility for occupancy.*

**Please answer all questions clearly or indicate "N/A" if something does not apply. Provide interest, dividends year-to-date ("YTD"), previous year's capital gains, and/or any other income earned. If distributions are being taken, please indicate amount and frequency.**

Applicant's Name: _____

Account #: _____ Social Security #: _____

My signature authorizes release of the requested information on this inquiry:

_____ _____

Signature of Applicant/Resident Date

TO BE COMPLETED BY FINANCIAL ENTITY ONLY

| | |
|---|---|
| Market Value: | $ |
| Annual Dividends or Current Annual Yield: | $ |
| Mandatory Distributions: | $ |
| Frequency of Distributions (i.e. monthly, quarterly, etc.): | $ |
| Non-Mandatory Distributions: | $ |
| Frequency of Distributions (i.e. monthly, quarterly, etc.): | $ |
| Has this account been annuitized? ☐ YES ☐ NO | |

_____ _____ _____

Authorized Signature Title Date

_____ _____

Print Name Phone Number

# GIFT AFFIDAVIT

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

I, _____ , residing at _____
Name Street Address

_____ _____ _____ , do hereby certify that I give / receive the sum of
City State Zip Code (CIRCLE ONE)

$ _____ in the form of (i.e. gift, etc.) _____

and I further certify that this income is of a recurring nature:

- ☐ weekly
- ☐ monthly
- ☐ annually

_____ _____
Signature Date

**NOTE: Sign in Presence of Notary Only**

---

STATE OF WASHINGTON )
) ss.
COUNTY OF )

On this _____ day of _____ , _____ , personally appeared before me _____ , to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged to me under oath that she/he signed the same of her/his free and voluntary act and deed, for uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.

_____
NOTARY PUBLIC in and for the state of Washington

Residing at: _____

Printed Name: _____

My Commission expires: _____

# ZERO INCOME CERTIFICATION

(To be completed by adult household members.)

**Property Name:** _____ **Unit:** _____

**Resident Name:** _____

1. I hereby certify that I do not individually receive income from any of the following sources:

   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, EBay, 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. I will be using the following sources of funds to pay for rent and other necessities:

   _____

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

_____ _____

Signature of Applicant/Resident Date

# DEPOSIT VERIFICATION REQUEST

**Property Name:** _____ **Unit:** _____

The undersigned applicant has applied for a rental unit located in a property financed under a Washington State Housing Finance Commission ("Multifamily Program"). The Commission requires the housing owner to verify all information that is used in determining this person's eligibility.

The applicant/resident has consented to this release of information as evidenced by his/her signature below.

Parts II and III to be completed by depository. The form is not to be transmitted through the applicant(s) or any other party.

**Part I - Request**

| To (Name and Address of Depository) | Requestor (Name and Address of Project) |
|---|---|
| Attn: _____ Fax #: - _____ | |

| Signature of Requestor | Title | Date | Phone # |
|---|---|---|---|
| | | | - |

*VERIFY:*

| Type of Account | Account in Name of | Account Number | Balance |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |

| Name and Address of Applicant(s) | |
|---|---|
| | Signature of Applicant |
| | Social Security Number |

## TO BE COMPLETED BY DEPOSITORY

**Part II – Verification of Depository**

*DEPOSIT ACCOUNTS of APPLICANT(S):*

| Type of Account | Account Number | Current Balance | Average Balance for Previous 6 Months | Interest Rate |
|---|---|---|---|---|
| | | $ | $ | |
| | | $ | $ | |
| | | $ | $ | |

**Part III – Authorized Signature**

Section 1001 of Title 18 of US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the US as to any matter within its jurisdiction.

| Signature of Representative | Title | Date |
|---|---|---|
| Print Name | Phone # | |

# 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.

| | |
|---|---|
| Applicant's/Resident's<br>Initial Here | Date |
| Applicant's/Resident's<br>Initial Here | Date |
| Applicant's/Resident's<br>Initial Here | 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:** _____ **Unit:** _____

_____
Applicant's/Resident's Full Name

_____
Applicant's/Resident's Full Name

_____
Applicant's/Resident's Full Name

I/We do hereby swear under penalty of perjury that each of the following statements are true:

I/We have reviewed the definition of Net Household Assets attached to this statement. The definition is found in 24 Code of the Federal Regulations 813.102 (which provides definitions for the HUD Section 8 program.) I understand that Net Household Assets includes, but is not limited to, any monies in banks, credit union accounts, real estate, stocks or bonds, retirement funds, certificates of deposit, personal property such as coin collections, gems, jewelry or 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:** $ _____

_____ _____
Applicant's/Resident's Signature Date

_____ _____
Applicant's/Resident's Signature Date

_____ _____
Applicant's/Resident's Signature Date

# REAL ESTATE EVALUATION WORKSHEET

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

| | | | |
|---|---|---|---|
| Current | value of real estate | | _____ |
| Minus | mortgage owing | | _____ |
| Minus | second mortgage/deed of trust | | _____ |
| Minus | 10% selling costs (based on value) | | _____ |
| Minus | other (explain) | | _____ |
| Minus | other (explain) | | _____ |
| Equals | amount to be valued as an asset | = | _____ |

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.

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

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

**Certification of Cash on Hand**

I, _____ certify that I have cash savings in the amount of $_____
It is being held by me either in my home or in someone else's care. I certify that these monies are set aside to pay for rent and other necessities when needed. I understand that these monies must be included in my assets for qualification purposes.

_____ _____
Applicant/Resident Signature Date

**By my dated signature above, I certify that the information I have given on this affidavit is complete and accurate.**

**NOTE: Sign in Presence of Notary Only**

---

STATE OF WASHINGTON )
) ss.
COUNTY OF )

On this _____ day of _____ , _____ , personally appeared before me _____ , to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged to me under oath that she/he signed the same of her/his free and voluntary act and deed, for uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.

_____
NOTARY PUBLIC in and for the state of Washington

Residing at: _____

Printed Name: _____

My Commission expires: _____

# DISABILITY CERTIFICATION

**Property Name:** _____ **Unit:** _____

**Applicant Name:** _____

A certain number of units at this property have been set-aside for households with a household member who falls within the following definition:

**"DISABILITY" means:**

**A physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.**

Do you or a member of your household fall within this definition?

☐ Yes* ☐ No

* Qualifying household member's name: _____

_____ _____

Signature of Applicant 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

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

**Name of Qualifying Household Member:** _____

---

The above-referenced property rents units under programs administered by the Washington State Housing Finance Commission. Under these programs, the Owner has agreed to provide some of the units for persons with disabilities as defined below.

We are required to complete the verification process within certain time frames, and your prompt attention to this matter will be greatly appreciated.

**"DISABILITY" means:**

**A physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.**

---

I certify that the above referenced applicant falls within this Disability definition.

I certify this information as the applicant's (please check the appropriate box):

- ☐ Physician
- ☐ Relative
- ☐ Social Worker
- ☐ Caregiver
- ☐ Other _____

| _____ | _____ | _____ |
|---|---|---|
| Signature | Title | Date |

| _____ | _____ |
|---|---|
| Print Name | Phone # |

# HOMELESS CERTIFICATION

**Property Name:** _____ **Unit:** _____

### *Claim for Homeless Status*

**Applicant:** Please check the statement which applies to your current housing situation, then complete the *Applicant Certification* below. The Service Provider that can attest to your homeless situation must complete the bottom portion of this form.

- ☐ I am/We are without housing and live on the streets, in a car, non-residential building, etc.
- ☐ I am/We are without housing and spend nights in a shelter, institution, or temporary housing.
- ☐ I am/We are staying with another family (for less than 30 days) and there are not enough beds for everyone.
- ☐ I am/We are at risk of losing housing due to: eviction, sale of housing, loss of income, or other crisis.
- ☐ I/We live in substandard housing as determined by a licensed housing inspector.

### *Applicant Certification*

I hereby certify that the information I am providing is true and accurate. I understand that any intentional misrepresentation on my part will result in the rejection of my application for housing. If I receive housing based on any misrepresentation, I understand that my placement in such housing will immediately terminate.

| _____ | _____ | _____ |
|---|---|---|
| Applicant/Resident Printed Name | Applicant/Resident Signature | Date |

### *Homeless Status Verification*

(*to be completed by Service Provider*)

**I certify that: Applicant** _____ **is homeless.**

(Print Name of Head of Household)

The applicant lacks a regular or adequate nighttime residence; or is staying in a shelter, institution, or temporary housing; or lives with another family which does not have sufficient beds for everyone; or is at risk of losing their housing; or has had their housing declared substandard.

**A Service Plan for the above-named individual/household has been completed.**

Additional Comments: _____

_____

_____

| _____ | _____ |
|---|---|
| Signature of Service Provider | Name of Service Provider (Print) |
| _____ | _____ |
| Professional Title (Print) | Organization (Print) |
| _____ | _____ |
| Date | Phone Number |

# FARMWORKER HOUSEHOLD INITIAL CERTIFICATION

(For properties with a Commission Farmworker Housing Commitment)

**Property Name:** _____ **Unit:** _____

**Head of Household Name:** _____

**Requirement for Farmworker Household:**
A household that has earned at least $3,000 per year from Farm Work.

**Farm Work Definition:**
Services in connection with cultivating the soil, raising or harvesting, or in catching, netting, handling, planting, drying, packing, grading, storing, or in preserving in its unmanufactured state any agriculture or aquaculture commodity, or delivering to storage, market, or a carrier for transportation to market or to processing any agriculture or aquaculture commodity; or working in a processing plant and directly handling agriculture or aquaculture product. Certain classes of employment in food processing plants may not be eligible for housing in this property.

**If your household does NOT meet the Farmworker Household requirement described above, does your household meet one of the "Exceptions" listed in the instructions for this form?**

☐ Yes ☐ No

List members of your household that received income from Farm Work during the previous 12 months:

| Hshld Mbr | Name | Type of Farm Work | Employer Name | Annual Farm Work Income |
|---|---|---|---|---|
| Head | | | | $ |
| 2. | | | | $ |
| 3. | | | | $ |
| 4. | | | | $ |
| 5. | | | | $ |
| | | | | |

*Total:* $ _____

How much Farm Work income does your household anticipate earning in the next 12 months? $_____

Will the primary occupation of at least one member of your household be as a Farm Worker during the next 12 months? ☐ Yes ☐ No

***I hereby certify that the information provided above is complete and correct:***

| _____ | _____ | _____ |
|---|---|---|
| Head of Household Signature | Print Head of Household Name | Date |

*Property manager must verify Farmworker status using employment verification(s), W-2(s) and /or tax return(s).*

**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.

# FARM WORK W-2 CERTIFICATION

(Use at Initial Certification)

**Property Name:** _____ **Unit:** _____

Definition of Farm Work: Services in connection with cultivating the soil, raising or harvesting, or in catching, netting, handling, planting, drying, packing, grading, storing, or in preserving in its unmanufactured state any agriculture or aquaculture commodity, or delivering to storage, market, or a carrier for transportation to market or to processing any agricultural or aquacultural commodity; or working in a processing plant and directly handling agricultural or aquacultural product.

Certain classes of employment in food processing plants may not be eligible for housing in this property.

I certify under the penalty of perjury that the attached annual income verification(s) and W-2(s) represent my total earned income for calendar year _____ .

I understand that I am also required to disclose **all** my previous income from the past twelve months on the *Rental Eligibility Application* and all expected sources of income over the next twelve months to income-qualify for this tax credit-financed housing.

| _____ | _____ | _____ |
|---|---|---|
| Applicant/Resident Signature | Print Applicant/Resident Name | Date |
| _____ | _____ | _____ |
| Witness Signature | Print Witness Name | Date |

# STUDENT CERTIFICATION

(For All Projects Regardless of Funding)

**Property Name:** _____ **Unit:** _____

**Head of Household Name:** _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

A. ☐ Household contains at least one occupant who is ***not*** a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. ☐ Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.

C. ☐ Household contains all fulltime students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed:

| | | YES | NO |
|---|---|---|---|
| 1. | Is at least one student receiving assistance under Title IV of the Social Security Act which includes but is not limited to TANF (Temporary Assistance for Needy Families)? | ☐ | ☐ |
| 2. | Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (Provide documentation of previous participation.) | ☐ | ☐ |
| 3. | Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (Attach documentation of participation.) | ☐ | ☐ |
| 4. | Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than another parent? A signed copy of the last year's federal tax return OR the *Student Exception Affidavit* must be attached. | ☐ | ☐ |
| 5. | Are the students married and entitled to file a joint tax return? (Provide copy of tax return or marriage license.) | ☐ | ☐ |

*Household composed entirely of fulltime students that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.*

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

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

_____ _____

Head of Household 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

**Property Name:** _____ **Unit:** _____

I, _____ hereby certify that:

I am an independent single parent with minor children and I am not a dependent of another individual (i.e. I am not claimed on anyone else's tax return). All minor children living in my unit are not the dependents of any additional individual other than a parent.

☐ I have filed a federal tax return and have attached a signed copy.

or

☐ I have not filed a federal tax return because I am not required to.

_____ _____

Signature of Applicant/Resident Date

**NOTE: Sign in Presence of Notary Only**

---

STATE OF WASHINGTON )
) ss.
COUNTY OF )

On this _____ day of _____ , _____ , personally appeared before me _____ , to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged to me under oath that she/he signed the same of her/his free and voluntary act and deed, for uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.

_____

NOTARY PUBLIC in and for the state of Washington

Residing at: _____

Printed Name: _____

My Commission expires: _____

# FOSTER CARE VERIFICATION

**Property Name:** _____ **Unit:** _____

RE: _____

SS#: _____

☐ 1st Request _____
☐ 2nd Request _____
☐ 3rd Request _____
Fax #: _____
Attn: _____

Dear Sir/Madam:

We provide affordable housing that requires certain stipulations. One element deals with fulltime students, whereas in most cases we cannot rent to a household that is comprised totally of fulltime students. However, there are several exceptions, including if a household member was or still is under the care of a state foster care program. To comply with this requirement, we ask your cooperation in supplying the information requested below.

Your prompt return of this form will be appreciated. If you have any questions, please call:

Name: _____

Phone #: _____

Sincerely,

_____
Management Agent

**I hereby authorize the release of requested information.**

_____ _____
Applicant/Resident Signature Date

**TO BE COMPLETED BY AGENCY STAFF**

☐ The above named applicant is currently receiving foster care through the state of _____

☐ The above named applicant was, but is no longer receiving foster care through the state of _____

☐ The above named applicant has not received foster care from the state of _____

_____ _____ _____
Signature Title Date

_____ _____
Print Name Phone Number

# STUDENT STATUS VERIFICATION

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT**

***This Student Status Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:***

**Property Name:** _____ **Unit:** _____

**I hereby grant disclosure of the information requested below from:** _____

Name of Educational Institution

_____ _____

Applicant/Student Signature Date

_____ _____

Applicant/Student Printed Name Student Identification Number

**Return Form to:**

**THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION**

***The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:***

**Is the above-named individual a student at this educational institution?** ☐ **YES** ☐ **NO**

**If so, part-time or fulltime** ☐ **PART-TIME** ☐ **FULLTIME**

If fulltime, the date the student enrolled as such: _____

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Print your name: _____ Telephone # _____

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

**Property Name:** _____ **Unit:** _____

**Student:** _____

**I hereby grant disclosure of the information requested below from:** _____
Name of Educational Institution

_____ _____
Student Signature Date

_____ _____
Student Printed Name Student Identification Number

Requested By: _____

Phone Number: _____

**RETURN FORM TO:**

The above-named student has applied or resides at a property wherein the Low-Income Housing Tax Credit or Bond Program is utilized. The program(s) limit fulltime student-housing eligibility to specific exceptions, one being certain job training programs.

Please indicate below if this student is **enrolled** in one of the types of job training programs listed below. Participation in certain types of job training programs may influence if an individual is eligible for residency at a Tax Credit/Bond property.

If you have any questions, please contact the property using the contact information listed above.

- - - - - - - - - - - THE FOLLOWING IS TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION - - - - - - - - - - -

**The above named student is (check one):**

☐ Enrolled in a job training program receiving assistance under the Workforce Investment Act or Job Training Partnership Act.

☐ Enrolled in a job training program similar to the Workforce Investment Act, receiving assistance from a federal, state, or local government agency.
Program Name: _____ Funding Source _____

☐ NOT enrolled in a job training program covered by, or similar to, the Workforce Investment Act

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

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

I hereby certify that:

1. I am separated from my spouse.

   **Full Name of Spouse:** _____

2. If reconciliation occurs, my spouse will **not** be permitted to reside with me in the above-referenced property unless at least 12 months have elapsed since the beginning of the initial lease term.

3. If reconciliation occurs prior to expiration of the 12 month timeframe cited above, and my spouse wishes to reside with me in the above-referenced property, our entire household must meet occupancy and income qualifications. If our household does not qualify, I understand we must vacate the unit.

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

_____ _____

Signature of Applicant/Resident Date

# IDENTIFICATION CERTIFICATION

**Property Name:** _____ **Unit:** _____

APPLICANT: Please check the box (one only) that applies to your situation.

☐ **Certification #1** CERTIFICATION of ADULT WHO PROVIDED ALTERNATIVE DOCUMENT for SOCIAL SECURITY NUMBER

I hereby certify that I have provided the document identified below as proof of my Social Security number. I also certify that the document is complete and accurate.

**Print Name:** _____

**Document provided as proof:** _____

**Signature:** _____ **Date:** _____

NOTE: Section 1001 of Title 18 of the United States Code makes it a criminal offence to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

☐ **Certification #2** CERTIFICATION of ADULT WITHOUT SOCIAL SECURITY NUMBER

I hereby certify that I have not been assigned a Social Security number or for privacy reasons, do not wish to disclose it. I have provided the following alternative documentation as proof of my identity.

**Print Name:** _____

**Document provided as proof:** _____

**Signature:** _____ **Date:** _____

NOTE: Section 1001 of Title 18 of the United States Code makes it a criminal offence to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

☐ **Certification #3** CERTIFICATION of ADULT WITH SOCIAL SECURITY NUMBER BUT NO PROOF of NUMBER

I hereby certify that I have been assigned the Social Security number listed below; that the number is accurate but I cannot provide acceptable proof of that number at this time. I understand that I have 60 days from the date of this certification to provide acceptable proof of the Social Security number.

**Print Name:** _____

**Document provided as proof:** _____

**Signature:** _____ **Date:** _____

NOTE: Section 1001 of Title 18 of the United States Code makes it a criminal offence to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

# LIVE-IN AIDE AGREEMENT

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

**Name of Household Member Requiring Assistance:** _____

**Name of Live-In Aide:** _____

The applicant/resident hereby requests the management's approval for the Live-In Aide to reside in the unit.

As a condition of obtaining the management's approval, the applicant/resident and the Live-In Aide hereby acknowledge and agree as follows:

1) The Live-In Aide is not a resident of the property. The Live-In Aide shall not become a resident of the property regardless of the length of his/her/their stay in the unit or his/her/their relationship to the resident.
2) The Live-In Aide shall be living in the unit solely to provide support services to the household member requiring assistance, and shall not contribute income to the support of the household.
3) If the household member requiring assistance moves out or no longer occupies the unit, the Live-In Aide shall vacate the unit no later than the household member's departure date. Upon the termination of the Live-In Aide's services for any other reason, the Live-In Aide shall vacate the unit immediately.
4) The Live-In Aide shall not violate any of the House Rules and Regulations. Management may evict the Live-In Aide if he/she/they violate(s) any of the House Rules and Regulations.

**Live-In Aide's Signature:** _____ **Date:** _____

**Resident's Signature:** _____ **Date:** _____

**Management hereby approves the Live-In Aide:** **Date:** _____

**Management Representative Signature:** _____

# PREGNANCY SELF-CERTIFICATION

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

You have applied to reside at the above-mentioned apartment complex. The owner is subject to federal regulations which require verification of information supplied by applicant's/resident's regarding their annual gross income. Unborn children are considered household members for purposes of determining Maximum Allowable Income.

I hereby certify that I am pregnant with an approximate delivery date of _____ **.**

_____ _____

Signature of Applicant/Resident Date

# TAX CREDIT LEASE RIDER

(to be attached to resident lease)

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

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 am indicating 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.

| Print Property Representative Name | Property Representative Signature | Date |
|---|---|---|

If you have questions about this form contact the property representative at: _____

Phone Number

| Print Applicant/Resident Name | Applicant/Resident Signature | Date |
|---|---|---|
| Print Applicant/Resident Name | Applicant/Resident Signature | Date |
| Print Applicant/Resident Name | Applicant/Resident Signature | Date |

# BOND LEASE RIDER

(to be attached to resident's lease)

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

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 on-site 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:** _____
Date

**By:** _____ _____
Signature of Resident Print Name

**By:** _____ _____
Signature of Resident Print Name

# LEASE RIDER FOR TAX CREDIT ARRA PROJECT

(to be attached to resident lease)

**Property Name:** _____ **Unit:** _____

**Applicant/Resident Name:** _____

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 am indicating 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.

| Print Property Representative Name | Property Representative Signature | Date |
|---|---|---|

If you have questions about this form contact the property representative at: _____
Phone Number

| Print Applicant/Resident Name | Applicant/Resident Signature | Date |
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| Print Applicant/Resident Name | Applicant/Resident Signature | Date |
| Print Applicant/Resident Name | Applicant/Resident Signature | Date |