

## Resident Eligibility Application (REA)

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

### General Information:

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

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

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

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

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

#### **Specific Instructions:**

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

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Security Number \* of all household members occupying the unit.

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

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

16. Enter property name and unit number (will auto fill).
17. Enter household member name.
18. Resident checks appropriate box.
19. Resident checks boxes to answer questions 1 through 28. If the resident checks “Yes” s/he must enter amount(s) in column.

**Special Note about Question #6:** If applicant/resident has indicated “No” and there is no court-ordered support the *Child Support Affidavit* is not required.

20. Resident prints name, signs, and dates form.
21. Management’s representative must sign as a witness, print name, and date for each resident/applicant form.

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





Property Name: (16)

Unit #: (16)

Household Member Name: (17)

14.	<input type="checkbox"/>	<input type="checkbox"/>	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.	<input type="checkbox"/>	<input type="checkbox"/>	I have income or sources of income, other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____

**ASSET INFORMATION:**

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

Property Name: (16) Unit #: (16)

Household Member Name: (17)

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

\* 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.

\_\_\_\_\_  
(20)  
 Applicant/Resident Signature

\_\_\_\_\_  
(20)  
 Print Applicant/Resident Name

\_\_\_\_\_  
(20)  
 Date

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

\_\_\_\_\_  
(21)  
 Property Representative Signature

\_\_\_\_\_  
(21)  
 Print Property Representative Name

\_\_\_\_\_  
(21)  
 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