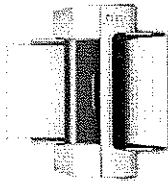


Case Study

Jones / Small Household, Move in Certification

For this exercise assume that you found this certification in a resident file. The HEC is incomplete. You need to calculate the income and complete the HEC to verify that the household income-qualified at move-in.



Print the Case Study Certification Packet posted on our web site by this webinar link. You will need the complete packet to complete this exercise.



Pause this presentation and work through the certification and try to complete the HEC. Keep in mind the 4/1/2016 effective date and that the asset section is already complete on the HEC.



Resume this presentation when you are ready to review the certification and calculations.

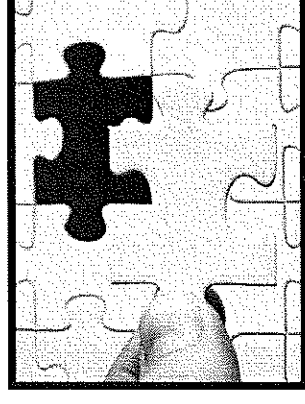


EXHIBIT "B"

TO REGULATORY AGREEMENT (EXTENDED USE AGREEMENT)

PROJECT DESCRIPTION:

1. NAME OF PROJECT: Cottonwood Village Apartments
- TC OR OID NUMBER: 03-05
- OWNER: Cottonwood Village LLC
- OWNER'S ADDRESS: 912 Deermont
Seattle, WA 98111
- CONTACT FOR LEGAL NOTICES: Robert Morris
Managing Member
Cottonwood Village LLC
912 Deermont
Seattle, WA 98111
2. PROJECT AND OWNER COMMITMENTS, RESTRICTIONS, COVENANTS:
- CREDIT SET-ASIDE CATEGORY: **For Profit**

*The agreement to comply with the conditions of the Preservation of Federally Assisted Low-Income Housing Allocation Criterion as set forth in the Application and/or Credit Reservation and Carryover Allocation Contract (RAC) apply to this Project.

ADDITIONAL LOW-INCOME HOUSING
USE PERIOD: **22 years**

PROJECT COMPLIANCE PERIOD: **40 years**

TOTAL UNITS: **102**

TOTAL COMMON AREA UNITS: **2**

TOTAL MARKET RATE UNITS:

†TOTAL HOUSING UNITS: **100**

*†PROJECT APPLICABLE FRACTION: **100%**

MINIMUM LOW-INCOME HOUSING SET-
ASIDE: **40/60**

PERCENT OF AMGI FOR QUALIFIED
LOW-INCOME HOUSING UNITS: **60%**

†TOTAL HOUSING UNITS IN LOW-
INCOME HOUSING COMMITMENT: **100**

	#* OF HOUSING UNITS	%* OF ALL LIH HOUSING UNITS	% of AMGI
†ADDITIONAL LOW-INCOME HOUSING ELECTION:	25	25%	40%

†SPECIAL-NEEDS HOUSING COMMITMENTS AND FARMWORKER HOUSING PROJECT

FOR LARGE HOUSEHOLDS:	20	20%
FOR PERSONS WITH DISABILITIES:	20	20%
FOR PERSONS WHO ARE ELDERLY:	0	0%

The Owner has elected the following criteria
for operating the Project as an Elderly Housing
Project: **N/A**

HOUSING FOR HOMELISS:	0	0%
TRANSITIONAL HOUSING:	0	0%
FARMWORKER ELECTION:	0	0%

The following buildings are of the Tax Credit Type: **New Construction**

BIN for each Building	Street Address for each Building	City	State	Housing Units per Building†	Qualified Low-Income Housing Units per Building†	Common Area Units	Transitional Housing
WA-03-00040	680 Alder Street	Seattle	WA	26	25	1	0
WA-03-00041	680 Alder Street	Seattle	WA	25	25	0	0
WA-03-00042	680 Alder Street	Seattle	WA	25	25	0	0
WA-03-00043	680 Alder Street	Seattle	WA	26	25	1	0

* Based on the lesser of the Unit Fraction or Floor Space Fraction.

† Excludes any Common Area Units

KING COUNTY Effective: 3/28/16 To 4/13/17 (ARCHIVE)

2016 Median Income: \$90,300

Maximum HOUSEHOLD INCOME for All Tax Credit and Bond Financed Properties (REQUIRED to qualify residents.)								
Set-Aside %	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
80 %	\$50,640	\$57,840	\$65,040	\$72,240	\$78,080	\$83,840	\$89,600	\$95,360
60 %	\$37,980	\$43,380	\$48,780	\$54,180	\$58,560	\$62,880	\$67,200	\$71,520
50 %	\$31,650	\$36,150	\$40,650	\$45,150	\$48,800	\$52,400	\$56,000	\$59,600
45 %	\$28,485	\$32,535	\$36,585	\$40,635	\$43,920	\$47,160	\$50,400	\$53,640
40 %	\$25,320	\$28,920	\$32,520	\$36,120	\$39,040	\$41,920	\$44,800	\$47,680
35 %	\$22,155	\$25,305	\$28,455	\$31,605	\$34,160	\$36,680	\$39,200	\$41,720
30 %	\$18,990	\$21,690	\$24,390	\$27,090	\$29,280	\$31,440	\$33,600	\$35,760

Maximum RENTS for Projects Based on UNIT SIZE Low-Income Housing Tax Credit Program						
Set-Aside %	Studio	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom
60 %	\$949	\$1,017	\$1,219	\$1,409	\$1,572	\$1,734
50 %	\$791	\$847	\$1,016	\$1,174	\$1,310	\$1,445
45 %	\$712	\$762	\$914	\$1,056	\$1,179	\$1,300
40 %	\$633	\$678	\$813	\$939	\$1,048	\$1,156
35 %	\$553	\$593	\$711	\$822	\$917	\$1,011
30 %	\$474	\$508	\$609	\$704	\$786	\$867

Calendar for year 2016 (United States)

January Week Su Mo Tu We Th Fr Sa 52 1 2 1 3 4 5 6 7 8 9 2 10 11 12 13 14 15 16 3 17 18 19 20 21 22 23 4 24 25 26 27 28 29 30 5 31	February Week Su Mo Tu We Th Fr Sa 5 1 2 3 4 5 6 6 7 8 9 10 11 12 13 7 14 15 16 17 18 19 20 8 21 22 23 24 25 26 27 9 28 29	March Week Su Mo Tu We Th Fr Sa 9 1 2 3 4 5 10 6 7 8 9 10 11 12 11 13 14 15 16 17 18 19 12 20 21 22 23 24 25 26 13 27 28 29 30 31
April Week Su Mo Tu We Th Fr Sa 13 1 2 14 3 4 5 6 7 8 9 15 10 11 12 13 14 15 16 16 17 18 19 20 21 22 23 17 24 25 26 27 28 29 30	May Week Su Mo Tu We Th Fr Sa 18 1 2 3 4 5 6 7 19 8 9 10 11 12 13 14 20 15 16 17 18 19 20 21 21 22 23 24 25 26 27 28 22 29 30 31	June Week Su Mo Tu We Th Fr Sa 22 1 2 3 4 23 5 6 7 8 9 10 11 24 12 13 14 15 16 17 18 25 19 20 21 22 23 24 25 26 26 27 28 29 30
July Week Su Mo Tu We Th Fr Sa 26 1 2 27 3 4 5 6 7 8 9 28 10 11 12 13 14 15 16 29 17 18 19 20 21 22 23 30 24 25 26 27 28 29 30 31 31	August Week Su Mo Tu We Th Fr Sa 31 1 2 3 4 5 6 32 7 8 9 10 11 12 13 33 14 15 16 17 18 19 20 34 21 22 23 24 25 26 27 35 28 29 30 31	September Week Su Mo Tu We Th Fr Sa 35 1 2 3 36 4 5 6 7 8 9 10 37 11 12 13 14 15 16 17 38 18 19 20 21 22 23 24 39 25 26 27 28 29 30
October Week Su Mo Tu We Th Fr Sa 39 1 40 2 3 4 5 6 7 8 41 9 10 11 12 13 14 15 42 16 17 18 19 20 21 22 43 23 24 25 26 27 28 29 44 30 31	November Week Su Mo Tu We Th Fr Sa 44 1 2 3 4 5 45 6 7 8 9 10 11 12 46 13 14 15 16 17 18 19 47 20 21 22 23 24 25 26 48 27 28 29 30	December Week Su Mo Tu We Th Fr Sa 48 1 2 3 49 4 5 6 7 8 9 10 50 11 12 13 14 15 16 17 51 18 19 20 21 22 23 24 52 25 26 27 28 29 30 31

Calendar generated on www.timeanddate.com/calendar

Count only full weeks when annualizing Year-to-Date earnings.

HOUSEHOLD ELIGIBILITY CERTIFICATION

PART I. DEVELOPMENT DATA

Property Name: <u>Cottonwood Village</u>	Unit #: <u>A203</u>
Household Name: <u>Jones & Small</u>	<input checked="" type="checkbox"/> Initial Certification
Current HH Size: <u>5</u>	Effective Date: <u>04-01-2016</u>
Number of Bedrooms: <u>3</u>	Original Certification Date: <u>04-01-2016</u> If Transfer, from Unit #: _____
<input type="checkbox"/> Re-Certification	

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	Shari	Jones	M	H	03-22-1975		6789
2	Samantha	Jones	S	C	08-22-1998		5555
3	Mark	Jones	H	C	06-10-2003		4444
4	Mandy	Jones	A	C	06-10-2003		4445
5	Harold	Small	R	A	04-26-1953		1111
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
1				
2				
5				
5				
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
5	Checking	C	\$1,496.32	\$0.00
5	Savings	C	\$3,456.21	\$8.99
5	CD	C	\$44,665.69	\$500.26
5	Real Estate	C	\$247,500.00	\$0.00
			TOTALS:	\$297,118.22
Enter Column (H) Total if over \$5,000				
Passbook Rate				
\$297,118 X 2.00% = Imputed Income (J):				\$5,942.36
TOTAL INCOME FROM ASSETS (K):				\$5,942.36
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)		Household Meets Income Restriction at:	FOR RE-CERTIFICATIONS ONLY: Current Income Limit x 140%:
Current Maximum Allowable Income:		<input type="radio"/> 60% <input type="radio"/> 50%	
Household Size at Move-In: <u>5</u>		<input type="radio"/> 45% <input type="radio"/> 40%	Household Income Exceeds 140%:
Household Income at Move-In:		<input type="radio"/> 35% <input type="radio"/> 30%	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="radio"/> 80% Bond Only	

Property Name: Cottonwood VillageUnit #: A203Household Name: Jones & Small**PART VI. RENT**Household Paid Rent: \$1,259.00

Maximum Allowable Rent for this Unit: _____

Utility Allowance: \$150.00

Rent Assistance Type: _____ Amt: _____

Other Non-Optional Charges: _____

Unit Meets Rent Restriction at:

GROSS RENT FOR UNIT:

(Household paid rent plus Utility Allowance & other non-optional charges)

\$1,409.00

- ☐ 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 Previous Foster Care Assistance
- 3 Job Training Program
- 4 Single Parent/Dependent Child
- 5 Married/Joint Return

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 ☒

See Part V Above

b. HOME ☐

Income Status

- ☐ ≤ 50% AMGI
☐ ≤ 60% AMGI
☐ ≤ 80% AMGI
☐ OI*

c. Tax-Exempt Bond ☐

Income Status

- ☐ ≤ 50% AMGI
☐ ≤ 60% AMGI
☐ ≤ 80% AMGI
☐ OI**

d. _____

Name of Program
Income Status

- ☐ _____
☐ _____
☐ _____
☐ 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.Jennifer Williams

Signature of Property Representative

04-01-2016

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.

Shari Jones04-01-16

Head of Household Signature

Date

Samantha Jones04-01-16

Member #2 Signature

Date

Harold Small04-01-16

Member #4 Signature

Date

Member #3 Signature

Date

Property Name: Cottonwood VillageUnit #: A203Household Name: Jones & Small**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 =	
				/		=		32	
				/		=			
				/		=			

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: Cottonwood Village

Unit #: A203

Household Name: Shari Jones

Current HH Size: 5

Effective Date of Certification: 04-01-2016

Number of Bedrooms: 3

Original Certification Date: 04-01-2016

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	Shari	Jones	M	03-22-1975	6789	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Samantha	Jones	S	08-22-1998	5555	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Mark	Jones	H	06-10-2003	4444	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Mandy	Jones	A	06-10-2003	4445	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	Harold	Small	R	04-26-1953	1111	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> 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: Shari

Contact Phone: _____ Contact E-mail: _____

Income Source or Employer: Island King Phone: 206-555-5555

Address: 8585 N. Island Way, Seattle

Position: Shift Manager Hire Date: 08-28-2007

Supervisor: Dorothy Ott Income/Salary: \$ 15,000

Household Member's Name: Shari

Contact Phone: _____ Contact E-mail: _____

Income Source or Employer: Child Support Phone: _____

Address: _____

Position: _____ Hire Date: _____

Supervisor: _____ Income/Salary: \$ 6,000

RESIDENT ELIGIBILITY APPLICATION (REA)

Property Name: Cottonwood Village Unit #: A203

Household Name: Jones & Small

Current HH Size: _____ Effective Date of Certification: _____ ☐ Initial Certification
 Number of Bedrooms: _____ Original Certification Date: _____ ☐ Re-Certification

Certification Type:

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	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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: Samantha

Contact Phone: _____ Contact E-mail: _____

Income Source or Employer: Burger King Phone: 206-444-4444

Address: 8580 N. Island Way, Seattle

Position: Crew Staff Hire Date: 09-01-2015

Supervisor: Harold Dodger Income/Salary: \$ 6,000

Household Member's Name: Harold

Contact Phone: _____ Contact E-mail: _____

Income Source or Employer: Social Security & Pension Phone: _____

Address: _____

Position: _____ Hire Date: _____

Supervisor: _____ Income/Salary: \$ 984 & 345

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: Cottonwood Village Unit #: A203

Household Member Name: Shari Jones

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

INCOME INFORMATION:

	Yes	No		Annual Gross Income
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: Annual Gross Wages/Salary Annual Overtime Annual Bonus/Commission/Tips	\$ <u>15,000</u> \$ _____ \$ _____
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am presently employed at an additional job. (NOT self-employed)	\$ _____
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am self employed. (Attach signed tax return and appropriate schedules) Name of Business: _____	\$ _____ (use net income from business)
4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am receiving or I have applied or will apply in the next 12 months: (check all that apply) <input type="checkbox"/> Social Security (SSA); <input type="checkbox"/> Supplemental Social Security (SSI); or <input type="checkbox"/> WA State (SSI).	\$ _____
5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The household receives <i>unearned</i> income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.). Name of Member(s): _____	\$ _____
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you receive child support? If no and there are children in the household, are you eligible for child support or is there a court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of court-ordered child support cases: <u>1</u>	\$ <u>6,000</u>
7.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I receive alimony/spousal payments.	\$ <u>6,000</u>
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I receive Public Assistance Income (TANF, GAU, FIP, ADATSA).	\$ _____
9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I receive unemployment, Labor & Industries or disability benefits (not SSI).	\$ _____
10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am a member of the Armed Forces (Active, National Guard or Reserves).	\$ _____
11.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) _____ b.) _____	\$ _____ \$ _____
12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	\$ _____
13.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I receive income from real or personal property (attach signed tax return with Schedule E).	\$ _____

Property Name: Cottonwood VillageUnit #: A203Household Member Name: Shari Jones

14.	<input type="checkbox"/>	<input checked="" 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 checked="" 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		Balance or Value	Interest Earned
16.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a checking account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
17.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a savings account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a Money Market account(s). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
19.	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
22.	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	I have a whole life or universal life insurance policy. If yes, how many policies? _____	\$ _____	\$ _____

Property Name: Cottonwood Village Unit #: A203

Household Member Name: Shari Jones

25.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals.	\$ _____	\$ _____
26.	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	I have funds not held in a financial institution.	\$ _____	\$ _____
28.	<input type="checkbox"/>	<input checked="" 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.

Shari Jones Shari Jones 03-15-16
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.

Jennifer Williams Jennifer Williams 03-15-16
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

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: Cottonwood Village Unit #: A203

Household Member Name: Samantha Jones

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

INCOME INFORMATION:

	Yes	No		Annual Gross Income
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: Annual Gross Wages/Salary \$ <u>8,000</u> Annual Overtime \$ _____ Annual Bonus/Commission/Tips \$ _____	
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am presently employed at an additional job. (NOT self-employed)	\$ _____
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am self employed. (Attach signed tax return and appropriate schedules) Name of Business: _____ \$ _____ (use net income from business)	
4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am receiving or I have applied or will apply in the next 12 months: (check all that apply) <input type="checkbox"/> Social Security (SSA); <input type="checkbox"/> Supplemental Social Security (SSI); or <input type="checkbox"/> WA State (SSI).	\$ _____
5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The household receives <i>unearned</i> income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.). Name of Member(s): _____	\$ _____
6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you receive child support? If no and there are children in the household, are you eligible for child support or is there a court order for child support? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of court-ordered child support cases: _____	\$ _____
7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I receive alimony/spousal payments.	\$ _____
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I receive Public Assistance Income (TANF, GAU, FIP, ADATSA).	\$ _____
9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I receive unemployment, Labor & Industries or disability benefits (not SSI).	\$ _____
10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am a member of the Armed Forces (Active, National Guard or Reserves).	\$ _____
11.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) _____ \$ _____ b.) _____ \$ _____	
12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	\$ _____
13.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I receive income from real or personal property (attach signed tax return with Schedule E).	\$ _____

Property Name: Cottonwood VillageUnit #: A203Household Member Name: Samantha Jones

14.	<input type="checkbox"/>	<input checked="" 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 checked="" 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		Balance or Value	Interest Earned
16.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a checking account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
17.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a savings account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a Money Market account(s). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
19.	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
22.	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	I have a whole life or universal life insurance policy. If yes, how many policies? _____	\$ _____	\$ _____

Property Name: Cottonwood VillageUnit #: A203Household Member Name: Samantha Jones

25.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals.	\$ _____	\$ _____
26.	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	I have funds not held in a financial institution.	\$ _____	\$ _____
28.	<input type="checkbox"/>	<input checked="" 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.

Samantha Jones

Applicant/Resident Signature

Samantha Jones

Print Applicant/Resident Name

03-15-16

Date

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

Jennifer Williams

Property Representative Signature

Jennifer Williams

Print Property Representative Name

03-15-16

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

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: Cottonwood Village

Unit #: A203

Household Member Name: Harold Small

HOUSEHOLD MEMBER: (please check one)

☐ 1 (Head)

☐ 2

☐ 3

☐ 4

☒ 5

☐ 6

☐ 7

INCOME INFORMATION:

	Yes	No		Annual Gross Income
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: Annual Gross Wages/Salary Annual Overtime Annual Bonus/Commission/Tips	\$ _____ \$ _____ \$ _____
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am presently employed at an additional job. (NOT self-employed)	\$ _____
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am self employed. (Attach signed tax return and appropriate schedules) Name of Business: _____	\$ _____ (use net income from business)
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am receiving or I have applied or will apply in the next 12 months: (check all that apply) <input checked="" type="checkbox"/> Social Security (SSA); <input type="checkbox"/> Supplemental Social Security (SSI); or <input type="checkbox"/> WA State (SSI).	\$ _____ 16,800
5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The household receives <i>unearned</i> income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.). Name of Member(s): _____	\$ _____
6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you receive child support? If no and there are children in the household, are you eligible for child support or is there a court order for child support? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of court-ordered child support cases: _____	\$ _____
7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I receive alimony/spousal payments.	\$ _____
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I receive Public Assistance Income (TANF, GAU, FIP, ADATSA).	\$ _____
9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I receive unemployment, Labor & Industries or disability benefits (not SSI).	\$ _____
10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am a member of the Armed Forces (Active, National Guard or Reserves).	\$ _____
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) DFAS b.) _____	\$ _____ 4,980 \$ _____
12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	\$ _____
13.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I receive income from real or personal property (attach signed tax return with Schedule E).	\$ _____

Property Name: Cottonwood VillageUnit #: A203Household Member Name: Harold Small

14.	<input type="checkbox"/>	<input checked="" 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 checked="" 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		Balance or Value	Interest Earned
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) a.) <u>Reliable Bank</u> b.) _____	\$ <u>1,500</u> \$ _____	\$ <u>0</u> \$ _____
17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) a.) <u>Reliable Bank</u> b.) _____	\$ <u>3,299</u> \$ _____	\$ <u>3.30</u> \$ _____
18.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a Money Market account(s). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
19.	<input checked="" 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.) <u>Reliable Bank</u> b.) _____	\$ <u>43,000</u> \$ _____	\$ <u>500</u> \$ _____
20.	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
22.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a pension or annuity asset. (NOT receiving income currently.) If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
23.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I <input type="checkbox"/> own <input checked="" 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.	\$ <u>275,000</u>	\$ <u>0</u>
24.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a whole life or universal life insurance policy. If yes, how many policies? _____	\$ _____	\$ _____

Property Name: Cottonwood Village Unit #: A203

Household Member Name: Samantha Jones

25.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals.	\$ _____	\$ _____
26.	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	I have funds not held in a financial institution.	\$ _____	\$ _____
28.	<input type="checkbox"/>	<input checked="" 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.

Harold Small
Applicant/Resident Signature

Harold Small
Print Applicant/Resident Name

03-15-16
Date

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

Jennifer Williams
Property Representative Signature

Jennifer Williams
Print Property Representative Name

03-15-16
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

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Property Name: Cottonwood Village Unit: A203

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.

Shari Jones

Signature of Applicant/Resident

Shari Jones

Print Name of Applicant/Resident

03-15-16

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.

Jennifer Williams

Signature of Authorized Management Agent

Jennifer Williams

Print name of Agent

03-15-16

Date

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Property Name: Cottonwood Village Unit: A203

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.

Samantha Jones

Signature of Applicant/Resident

Samantha Jones

Print Name of Applicant/Resident

03-15-16

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.

Jennifer Williams

Signature of Authorized Management Agent

Jennifer Williams

Print name of Agent

03-15-16

Date

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Property Name: Cottonwood Village Unit: A203

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.

Harold Small

Signature of Applicant/Resident

Harold Small

Print Name of Applicant/Resident

03-15-16

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.

Jennifer Williams

Signature of Authorized Management Agent

Jennifer Williams

Print name of Agent

03-15-16

Date

HOUSEHOLD DECLARATION SUPPLEMENT TO REA

(for initial certifications only)

Property Name: Cottonwood Village Unit: A203

Applicant/Resident Name: Shari Jones

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.

Shari Jones

Head of Household Signature

3-15-16

Date

Samantha Jones

Other Adult Household Member

3-15-16

Date

Carol Small

Other Adult Household Member

3-15-16

Date

Verification Cover Letter

Property Name: Cottonwood Village Unit: A203

Applicant/Resident Name: Shari Jones

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: 206.111.1112 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 206.111-1111

Jennifer Williams

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)

Island King
8585 N. Island Way, Seattle

☒ 1st Request 03/15/16

☐ 2nd Request

☐ 3rd Request

Fax #: 206-555-5556

Attn: Dorothy Ott

RE: Shari Jones
Applicant/Resident Name

123-45-6789
Social Security Number

A203
Unit # (if assigned)

I hereby authorize release of my employment information.

Shari Jones
Signature of Applicant/Resident

03-15-16
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.

Jennifer Williams
Management Agent

206-111-1111
Phone Number

Return Form To:
Cottonwood Village
Fax: 206-111-1112

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: Shari Jones Job Title: Shift Manager

Presently Employed: ☒ Yes Date First Employed: 08/28/07 ☐ No Last Date of Employment:

Current Gross Wages/Salary: \$ 19.50 (check one below) Average # of regular hours per week: 16

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

Year-to-date gross earnings: \$ 3,995.00 from 01/01/16 through 03/20/16 # of Pay Periods included in YTD
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ 30.00 per hour Average # of overtime hours per week: varies

Shift Differential Rate: \$ -0- per hour Average # shift differential hours per week: -0-

Commissions, bonuses, tips, other: \$ N/A (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: N/A 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: Works 2 days a week

Dorothy Ott
Employer's Signature

Dorothy Ott
Employer's Printed Name and Title

03-21-16
Date

Island King
Employer (Company) Name

dott@islandking.org
E-mail Address

206-555-5555
Phone #

206-555-5556
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: Cottonwood Village Unit: A203

Resident Name: Shari Jones

Employer (Company): Island King Phone Number: 206.555.5555

Name and Title of Person Contacted: Dorothy Ott General Manager
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: Shari Jones 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 _____ through _____ # of Pay Periods included in YTD _____
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: 1

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: Paid OT rate for any hours over 8 per day
Sometimes gets up to one hour a week of OT

This form was completed on: 03-23-16
Date

By: Jennifer Williams
Management Representative Signature

Jennifer Williams
Print Name

Case Payment History

3/15/2016 3:26:07 PM - 6111
Current Field Office; CFO
CFO: Seattle
IV-D Case #: 1889381

State of Washington
Division of Child Support
NCP: Mathew Jones
CP: Shari Jones

Monthly Child Support:	700.00	DSHS Arrs:	261.20	Curr Support Due:	200.00
Monthly Medical Support:	0.00	DSHS Med Arrs:	0.00	Curr Medical Due:	0.00
Monthly Order Amt:	700.00	Temp Arrs:	0.00	Disbursed:	22,125.54
Annual Fee Due:	0.00	CP Arrs:	1432.00	Retained:	4,513.80
Annual Fee Paid:	0.00	CP Medical Arrs:	0.00	Retained: Medical:	0.00
Receivable:	700.00			Total Amount Paid:	26,639.34
				Total Owed:	1,693.20

Case Type	Receipt Date	Payment Number	Current Payment	Current Medical	DSHS Arrears	DSHS Med Arrears	TEMP Arrears	CP Arrears	CP Med Arrears	Annual Fee	Recy	Payments	Total
NA	03/12/16	031217	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00	250.00
NA	03/06/16	030616	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00	250.00
NA	02/18/16	011817	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00	250.00
NA	02/04/16	020417	350.00	0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	450.00	450.00
NA	11/27/15	112716	350.00	0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	450.00	450.00
NA	11/13/15	111317	350.00	0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	450.00	450.00
NA	10/30/15	103016	350.00	0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	450.00	450.00
NA	10/16/15	101616	236.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	236.00	236.00
NA	08/21/15	082116	350.00	0.00	0.00	0.00	0.00	75.00	0.00	0.00	0.00	425.00	425.00
NA	08/07/15	080716	350.00	0.00	0.00	0.00	0.00	75.00	0.00	0.00	0.00	425.00	425.00
MEDI	07/20/15	072016	350.00	0.00	0.00	0.00	0.00	75.00	0.00	0.00	0.00	425.00	425.00
MEDI	07/04/15	080416	350.00	0.00	0.00	0.00	0.00	75.00	0.00	0.00	0.00	425.00	425.00
MEDI	06/26/15	062616	128.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	128.00	128.00
MEDI	05/15/15	051516	128.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	128.00	128.00
TANF	04/21/15	042116	350.00	0.00	0.00	0.00	0.00	75.00	0.00	0.00	0.00	408.00	408.00
TANF	04/12/15	042216	350.00	0.00	0.00	0.00	0.00	58.00	0.00	0.00	0.00	425.00	425.00
TANF	03/22/15	042216	350.00	0.00	0.00	0.00	0.00	75.00	0.00	0.00	0.00	425.00	425.00
		Total	5092.00	0.00	0.00	0.00	0.00	908.00	0.00	0.00	0.00	6,000.00	6,000.00

Total Case Payments printed for IVD#: 1889381
Date Range requested - From 3/16/2015 To: 3/15/16

CHILD SUPPORT AFFIDAVIT

Property Name: Cottonwood Village Unit: A203

I, Applicant/Resident Name: Shari Jones 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 \$ 700 per month for the following child/children: (Attach applicable agreement – i.e., divorce decree) Samantha, Mark & Mandy
- ☒ Notwithstanding the above, I expect to receive no more than \$ 6,000 over the next 12 months because: Ex does not always have steady job to pay full amount.

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.

Shari Jones

Signature of Applicant/Resident

03-17-16

Date

NOTE: Sign in Presence of Notary

STATE OF WASHINGTON)
) ss.
COUNTY OF)

On this 17th day of March, 2016, personally appeared before me Shari Jones, 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 Seal

Jane Smith

NOTARY PUBLIC in and for the State of Washington

Residing at: Seattle

Printed Name: Jane Smith

My Commission expires: 12/19/19

Verification Cover Letter

Property Name: Cottonwood Village Unit: A203

Applicant/Resident Name: Samantha Jones

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: 206.111.1112 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 206.111-1111

Jennifer Williams

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)

Burger King
8580 N. Island Way, Seattle

☒ 1st Request 03/16/16
☐ 2nd Request
☐ 3rd Request
Fax #: 206-444-4445
Attn: Harold Dodger

RE: Samantha Jones
Applicant/Resident Name

123-01-5555
Social Security Number

A203
Unit # (if assigned)

I hereby authorize release of my employment information.

Samantha Jones
Signature of Applicant/Resident

03-15-16
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.

Jennifer Williams
Management Agent

206-111-1111
Phone Number

Return Form To:
Cottonwood Village
Fax: 206-111-1112

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: Samantha Jones Job Title: General Staff Member

Presently Employed: ☒ Yes Date First Employed: 09/01/15 ☐ No Last Date of Employment:

Current Gross Wages/Salary: \$ 10.00 (check one below) Average # of regular hours per week: 15

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

Year-to-date gross earnings: \$ 1,525.00 from 01/01/16 through 03/15/16 # of Pay Periods included in YTD
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ N/A per hour Average # of overtime hours per week: N/A

Shift Differential Rate: \$ N/A per hour Average # shift differential hours per week: N/A

Commissions, bonuses, tips, other: \$ N/A (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: N/A 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:

Harold Dodger
Employer's Signature

Harold Dodger
Employer's Printed Name and Title

03-18-16
Date

Burger King
Employer (Company) Name

hdodger@burgerking.org
E-mail Address

206-444-4444
Phone #

206-444-4445
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.

Your New Benefit Amount

BENEFICIARY'S NAME: HAROLD SMALL

Your Social Security benefits will not change in 2016, because there was no change in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

• Your new monthly amount (before deductions) is	<u>\$1,400.00</u>
• The amount we are deducting for Medicare medical insurance is (If you did not have Medicare as of Nov. 15, 2015, or if someone else pays your premium, we show \$0.00.)	<u>\$129.00</u>
• The amount we are deducting for your Medicare prescription drug plan is (If you did not elect withholding as of Nov. 1, 2015, we show \$0.00.)	<u>\$0.00</u>
• The amount we are deducting for voluntary federal tax withholding is (If you did not elect voluntary federal tax withholding as of Nov. 15, 2006, we show \$0.00.)	<u>\$0.00</u>
• After taking any other deductions, we will deposit into your bank account on Jan. 3, 2015.	<u>\$1,271.00</u>

If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

What If I Have Questions?

Visit our website at www.socialsecurity.gov for information and a variety of online services. Or, call 1-800-111-1111 and speak to a representative from 7 a.m. until 7 p.m. on business days. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week and early in the month; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, 1-800-111-1111. If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States, you also can visit your local office.

SUITE 150
8625 MAIN STREET
ANYWHERE, WA

PENSION VERIFICATION REQUEST

Property Name: Cottonwood Village Unit: A203

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:
DFAS
Washington, DC
Fax #: 111-111-1112

FROM: Name and Address of Property:
Cottonwood Village
680 Alder Street
Seattle, WA 98104

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: Harold Small

Social Security Number: 654-29-1111

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

Harold Small

Signature of Applicant/Resident

03-15-16

Date

TO BE COMPLETED BY PENSION ADMINISTRATOR ONLY

Gross Monthly Amount of Pension: \$ 415.00

Date of Initial Award: 03-03-1996

Effective Date of Current Amount: N/A

Anticipated COLA? \$ N/A

COLA Effective Date: N/A

Medical Insurance Premiums Deducted from Gross Monthly Benefits: \$ N/a

Is this a lifetime pension? ☒ Yes ☐ No

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

Jillian Major

Authorized Signature

Benefits Manager

Title

03-25-16

Date

Jillian Major

Print Name

111-111-1111

Phone Number

DEPOSIT VERIFICATION REQUEST

Property Name: Cottonwood Village **Unit:** A203

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) Reliable Bank, NA 444 Maple St Anywhere, WA 00000 Attn: <u>Customer Deposits</u> Fax #: <u>800-222-1112</u>		Requestor (Name and Address of Project) Cottonwood Village 680 Alder Street Seattle, WA 98104 Fax <u>206-111-1112</u>	
<u><i>Jennifer Williams</i></u> Signature of Requestor		<u>Manager</u> Title	
<u>3/15/16</u> Date		<u>206-111-1111</u> Phone #	

VERIFY:

Type of Account	Account in Name of	Account Number	Balance
Checking	Harold Small	123-44456-999	\$ 1,500
Savings	Harold Small	123-44456-106	\$ 3,299
CD	Harold Small	123-44456-60369	\$ 43,296.32

Name and Address of Applicant(s) Harold Small 2323 Gorge Road Anywhere, WA 00000	<u><i>Harold Small</i></u> Signature of Applicant <u>654-29-1111</u> 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
Checking	999	\$ 2536.33	\$ 1496.32	-0-
Savings	106	\$ 3456.21	\$ 4525.14	.26
CD	60369	\$ 44665.69	\$ N/A	1.12

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.

<u>Harriet Moni</u> Signature of Representative	<u>Cust. Serv Mgr</u> Title	<u>3/23/16</u> Date
<u>Harriet Moni</u> Print Name	<u>800-222-1111</u> Phone #	

REAL ESTATE EVALUATION WORKSHEET

Property Name: Cottonwood Village Unit: A203

Applicant/Resident Name: Jones & Small

Current	value of real estate	<u>275,000.00</u>
Minus	mortgage owing	<u>-0-</u>
Minus	second mortgage/deed of trust	<u>-0-</u>
Minus	10% selling costs (based on value)	<u>27,500.00</u>
Minus	other (explain)	<u> </u>
Minus	other (explain)	<u> </u>
Equals	amount to be valued as an asset	= <u>247,500.00</u>

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.



Gorden Real Estate, Inc.
536 Apple Road
Anywhere Washington 00000
111.111.2222

January 20, 2016

Mr. Harold Small
123 Main St
Anywhere, WA 00000

Re: Residence located at
2323 Gorge Road
Anywhere, WA

Dear Mr. Small:

We have evaluated the property referenced above and based on similar sales of properties located in a five mile radius of your condominium we feel that a Fair Market Value is \$275,000.00.

When you are ready to sell your house we would like the opportunity to list your house. We are very familiar with the neighborhood and feel we could sell it within a 45 day time period.

Please feel free to give us a call at anytime to discuss.

Sincerely,

John Gorden

John Gorden
Owner/Broker

DISABILITY CERTIFICATION

Property Name: Cottonwood Village Unit: A203

Applicant Name: Shari Jones

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: Harold Small

Shari Jones
Signature of Applicant

03-15-16
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: Cottonwood Village Unit: A203

Applicant/Resident Name: Shari Jones

Name of Qualifying Household Member: Harold Small

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 _____

Shari Jones

Signature

Daughter

Title

3-15-16

Date

Shari Jones

Print Name

206-735-4976

Phone #

TAX CREDIT LEASE RIDER

(to be attached to resident lease)

Property Name: Cottonwood Village Unit: A203

Applicant/Resident Name: Jones & Small

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.

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.

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.

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.

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.

Jennifer Williams	<i>Jennifer Williams</i>	03-15-16
Print Property Representative Name	Property Representative Signature	Date

Shari Jones	<i>Shari Jones</i>	03-15-16
Print Applicant/Resident Name	Applicant/Resident Signature	Date

Harold Small	<i>Harold Small</i>	03-15-16
Print Applicant/Resident Name	Applicant/Resident Signature	Date

www.wshfc.org/managers/forms-RC.htm
Tax Credit Lease Rider | Rev. June 2012

HOUSEHOLD DEMOGRAPHICS

Property Name: Cottonwood Village

Unit #: A203

Household Name: Jones & Small

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				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check ALL that apply for each household member.

(A) RACIAL CATEGORIES*

	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
White	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one for each household member.

(B) ETHNIC CATEGORIES*

	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members disabled according to the Fair Housing Act? If "No," check box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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.

Shari Jones

04-01-16

Head of Household Signature

Date

Member #2 Signature

Date

Harold Small

04-01-16

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.