

Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME		UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME			CURRENT HH SIZE
ORIGINAL CERTIFICATION DATE (mm/dd/yyyy)	EFFECTIVE DATE OF CERTIFICATION (mm/dd/yyyy)	CERTIFICATION TYPE <input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification	

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

Instructions: Fill out the table below with the names of everyone who will live in the home. Include anyone you expect will live there at least half the time over the next year.

PART 1: PEOPLE IN YOUR HOUSEHOLD

HH #	Name of Each Person Living in the Apartment	Date of Birth	SSN *Last 4 digits	Full-Time Student*	
1	(HEAD OF HOUSEHOLD)			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
7				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time	<input type="checkbox"/> N/A

***Only the last 4 digits of the Social Security Number are required.**

About Your Social Security Number: This form asks for your Social Security number because of rules from the Washington State Housing Finance Commission and the IRS. Your number will only be used to check if you qualify for housing. If you do not have a Social Security number, you can use a Work Visa, Alien Registration Card, Temporary Resident Card, ITIN (Individual Taxpayer Identification Number), or Employment Authorization Card instead. If you do not provide a number, it may slow down or stop your application.

***What is a Full-Time Student?** A full-time student is anyone who is now in school, plans to be, or was in school for at least 5 months this year. The 5 months do not have to be in a row. This includes students in grades K-12, college, technical schools, and trade schools. Students with a student visa from another country are also considered full-time students.

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INSTRUCTIONS: All Adult household members must complete this form (see Instructions page for definition of Adult). You must list all income and assets currently or to be received by any household member within the next 12-month period beginning on the anticipated date of move-in or recertification date. If no one in the household receives any income at all from any source, please skip to **Part 5** and complete the **Zero Income Certification**.

PART 2: HOUSEHOLD INCOME

HH#	Yes	No		Annual Gross Income
	<input type="checkbox"/>	<input type="checkbox"/>	1. Self-employment (<i>describe what you do</i>) <input type="text"/>	Use Net Income from business: \$
	<input type="checkbox"/>	<input type="checkbox"/>	2. Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. If yes, list additional information in Part 3: Current Employment Information below.	\$
	<input type="checkbox"/>	<input type="checkbox"/>	3. Unemployment benefits	
	<input type="checkbox"/>	<input type="checkbox"/>	4. Veteran's Administration benefits, or GI Bill income	\$
	<input type="checkbox"/>	<input type="checkbox"/>	5. Military income (from being active member of Armed Forces, National Guard, Reserves)	\$
	<input type="checkbox"/>	<input type="checkbox"/>	6. Education financial assistance (for full- and part-time students))	\$
	<input type="checkbox"/>	<input type="checkbox"/>	7. Retirement benefits from Social Security	\$
	<input type="checkbox"/>	<input type="checkbox"/>	8. Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) \$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	9. Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$
	<input type="checkbox"/>	<input type="checkbox"/>	10. Disability or death benefits other than Social Security	\$
	<input type="checkbox"/>	<input type="checkbox"/>	11. Worker's Compensation (L&I) benefits	\$
	<input type="checkbox"/>	<input type="checkbox"/>	12. Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance: <input type="text"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	13. I/we receive public assistance income (example: TANF, GAU, FIP, ADATSA, etc.)	\$

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HH#	Yes	No		Annual Gross Income
	<input type="checkbox"/>	<input type="checkbox"/>	14. Child support payments. If yes, for how many children do you receive support? <input type="text"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	15. Alimony/spousal support payments	\$
	<input type="checkbox"/>	<input type="checkbox"/>	16. Regular payments from trusts, annuities, inheritance, retirement funds or pensions. If yes, list sources: <input type="text"/> <input type="text"/>	\$ \$
	<input type="checkbox"/>	<input type="checkbox"/>	17. Income from real estate or personal property <input type="text"/>	Use Net Earned Income: \$
	<input type="checkbox"/>	<input type="checkbox"/>	18. Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance? If yes, who provides the cash assistance? <input type="text"/> How often do you receive the cash assistance? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: <input type="text"/>	What is the average amount of cash you receive? \$
	<input type="checkbox"/>	<input type="checkbox"/>	19. Earned income from online sources (Including but not limited to the following activities: video gaming, blogging, teaching, reselling items, paid surveys, investing (Twitch, YouTube, Amazon, E-Bay, Etsy, Swagbucks, etc.)) If yes, please explain. <input type="text"/>	\$

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HH#	Yes	No		Annual Gross Income
	<input type="checkbox"/>	<input type="checkbox"/>	<p>20. Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who helps you pay the bills or expense?</p> <input type="text"/> <p>How often do you receive the assistance?</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: <input type="text"/></p>	<p>What is the average amount of assistance you receive?</p> <p>\$ <input type="text"/></p>

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PART 3: CURRENT EMPLOYMENT INFORMATION

HH #	HOUSEHOLD MEMBER NAME	JOB TITLE	DATE HIRED (mm/dd/yyyy)		
EMPLOYER NAME		CONTACT PERSON	EMPLOYER EMAIL ADDRESS		
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE	EMPLOYER PHONE #
SALARY \$	PAY FREQUENCY <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____			WORK HOURS PER WEEK	

HH #	HOUSEHOLD MEMBER NAME	JOB TITLE	DATE HIRED (mm/dd/yyyy)		
EMPLOYER NAME		CONTACT PERSON	EMPLOYER EMAIL ADDRESS		
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE	EMPLOYER PHONE #
SALARY \$	PAY FREQUENCY <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____			WORK HOURS PER WEEK	

HH #	HOUSEHOLD MEMBER NAME	JOB TITLE	DATE HIRED (mm/dd/yyyy)		
EMPLOYER NAME		CONTACT PERSON	EMPLOYER EMAIL ADDRESS		
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE	EMPLOYER PHONE #
SALARY \$	PAY FREQUENCY <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____			WORK HOURS PER WEEK	

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PART 4: ASSET INFORMATION

Please choose one of the following:

I/We do not have any assets at this time. Continue to **Part 5: Zero Income Certification** (if required) and **Part 6: Student Status Certification**.

I/We have assets. My/our assets are listed below.

*For an explanation of what counts as an asset, please see the Instructions form on our website. Cash values is defined as the market value of the asset minus the cost of converting the assets to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

HH#	Yes	No		Cash Value	Interest Rate	Annual Income
	<input type="checkbox"/>	<input type="checkbox"/>	1. RVs, ATVs, boats, antique cars, stamp collections, etc.			
			<input type="text"/>	\$		\$
			<input type="text"/>	\$		\$
	<input type="checkbox"/>	<input type="checkbox"/>	2. Cash on hand	\$		\$
	<input type="checkbox"/>	<input type="checkbox"/>	3. Checking account(s). If yes, list bank names and account number(s).			
			BANK NAME #1			
			ACCOUNT NO.	\$	%	\$
			BANK NAME #2			
			ACCOUNT NO.	\$	%	\$
	<input type="checkbox"/>	<input type="checkbox"/>	4. Savings account(s). If yes, list bank names and account number(s).			
			BANK NAME #1			
			ACCOUNT NO.	\$	%	\$
			BANK NAME #2			
			ACCOUNT NO.	\$	%	\$
	<input type="checkbox"/>	<input type="checkbox"/>	5. Internet-based assets (Cash app, Venmo, PayPal, Apple Pay, etc.).			
			<input type="text"/>	\$	%	\$

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HH#	Yes	No		Cash Value	Interest Rate	Annual Income								
	<input type="checkbox"/>	<input type="checkbox"/>	<p>6. Debit card(s) not associated with a bank account. If yes, list last 4 numbers of the card(s).</p> <table border="1"> <tr> <td>BANK NAME #1</td> <td>LAST 4 DIGITS</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>BANK NAME #2</td> <td>LAST 4 DIGITS</td> </tr> <tr> <td></td> <td></td> </tr> </table>	BANK NAME #1	LAST 4 DIGITS			BANK NAME #2	LAST 4 DIGITS			\$		
BANK NAME #1	LAST 4 DIGITS													
BANK NAME #2	LAST 4 DIGITS													
	<input type="checkbox"/>	<input type="checkbox"/>	<p>7. Brokerage account(s). If yes, list bank names(s) and account number(s).</p> <table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	BANK NAME #1	ACCOUNT NO.			BANK NAME #2	ACCOUNT NO.			\$	%	\$
BANK NAME #1	ACCOUNT NO.													
BANK NAME #2	ACCOUNT NO.													
	<input type="checkbox"/>	<input type="checkbox"/>	<p>8. Capital investments</p> <table border="1"> <tr> <td></td> </tr> </table>		\$	%	\$							
	<input type="checkbox"/>	<input type="checkbox"/>	<p>9. Annuities. If yes, list bank names(s) and account number(s).</p> <table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	BANK NAME #1	ACCOUNT NO.			BANK NAME #2	ACCOUNT NO.			\$	%	\$
BANK NAME #1	ACCOUNT NO.													
BANK NAME #2	ACCOUNT NO.													
	<input type="checkbox"/>	<input type="checkbox"/>	<p>10. Money market. If yes, list bank names(s) and account number(s).</p> <table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	BANK NAME #1	ACCOUNT NO.			BANK NAME #2	ACCOUNT NO.			\$	%	\$
BANK NAME #1	ACCOUNT NO.													
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HH#	Yes	No		Cash Value	Interest Rate	Annual Income								
	<input type="checkbox"/>	<input type="checkbox"/>	11. Life insurance (do not include term life insurance that is only payable upon death). If yes, list company. <input type="text"/> <input type="text"/>	\$	%	\$								
	<input type="checkbox"/>	<input type="checkbox"/>	12. Cryptocurrency (Ethereum, Tether, Bitcoin, etc.). <input type="text"/>	\$	%	\$								
	<input type="checkbox"/>	<input type="checkbox"/>	13. Stocks/Bonds. If yes, list company where held. <input type="text"/> <input type="text"/>	\$	%	\$								
	<input type="checkbox"/>	<input type="checkbox"/>	14. Certificate of Deposit. If yes, list bank names(s) and account number(s). <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">BANK NAME #1</td> <td style="width: 50%;">ACCOUNT NO.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	BANK NAME #1	ACCOUNT NO.	<input type="text"/>	<input type="text"/>	BANK NAME #2	ACCOUNT NO.	<input type="text"/>	<input type="text"/>	\$	%	\$
BANK NAME #1	ACCOUNT NO.													
<input type="text"/>	<input type="text"/>													
BANK NAME #2	ACCOUNT NO.													
<input type="text"/>	<input type="text"/>													
	<input type="checkbox"/>	<input type="checkbox"/>	15. Trust funds that are under control of the household. If yes, list bank names(s) and account number(s). <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">BANK NAME #1</td> <td style="width: 50%;">ACCOUNT NO.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	BANK NAME #1	ACCOUNT NO.	<input type="text"/>	<input type="text"/>	BANK NAME #2	ACCOUNT NO.	<input type="text"/>	<input type="text"/>	\$	%	\$
BANK NAME #1	ACCOUNT NO.													
<input type="text"/>	<input type="text"/>													
BANK NAME #2	ACCOUNT NO.													
<input type="text"/>	<input type="text"/>													

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HH#	Yes	No		Cash Value	Interest Rate	Annual Income								
	<input type="checkbox"/>	<input type="checkbox"/>	16. Lump Sum amounts (lottery/ inheritance, etc). <input type="text"/>	\$	%	\$								
	<input type="checkbox"/>	<input type="checkbox"/>	17. Safety Deposit Box and its contents <input type="text"/>	\$										
	<input type="checkbox"/>	<input type="checkbox"/>	18. Other asset(s): <input type="text"/> <input type="text"/>	\$ \$	% %	\$ \$								
	<input type="checkbox"/>	<input type="checkbox"/>	19. I/we have given away money or assets for less than their value in the past two years. If yes, list the items and the dates. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">ITEM</td> <td style="width: 30%;">DATE</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>ITEM</td> <td>DATE</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	ITEM	DATE	<input type="text"/>	<input type="text"/>	ITEM	DATE	<input type="text"/>	<input type="text"/>	\$ \$	% %	\$ \$
ITEM	DATE													
<input type="text"/>	<input type="text"/>													
ITEM	DATE													
<input type="text"/>	<input type="text"/>													
	<input type="checkbox"/>	<input type="checkbox"/>	20. Have you received a tax refund in the last 12 months? <input type="text"/>	Amount of return: \$										
	<input type="checkbox"/>	<input type="checkbox"/>	21. Real estate property <input type="text"/> <input type="text"/>	\$ \$		\$ \$								
Does the total value of assets for your entire household exceed \$50,000?					<input type="checkbox"/> Yes <input type="checkbox"/> No									

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PART 5: ZERO INCOME CERTIFICATION

To be completed ONLY by any household that does not receive any kind of income from any source at all.

1. I/We hereby certify that I/we do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
 - b. Income from operation of a business.
 - c. Rental income from real or personal property.
 - d. Income, interest or dividends from assets.
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
 - f. Unemployment or disability payments.
 - g. Public assistance payments.
 - h. Regular allowances such as alimony, child support, or gifts received from persons not living in my household.
 - i. Sales from self-employed resources (Avon, Mary Kay, eBay, etc.).
 - j. Any other source not named above.

2. Employment Income – Choose one:

- I/We have no income and am currently looking for a job but haven't received any offers.
- I/We have no income and won't be looking for a job in the next 12 months.

3. I/We will be using the following sources of funds or relying on the following person(s) to pay for rent and other necessities. Enter full name(s):

<input type="text"/>	<input type="text"/>
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PART 6: STUDENT STATUS CERTIFICATION

Students include members who are in grades K-12, college, technical schools, and trade schools. Students do not include members who are completing trainings at the job site or taking job training classes.

Please choose one of the following:

<input type="checkbox"/>	1. The HH includes at least one member who is not a student and will not be a student for the next 5 months this year or the next year. List member(s) who are not students :		
<input type="checkbox"/>	2. The HH includes all students but at least one member is a part-time student (must provide verification of part-time student status). List member(s) who are part-time students :		
<input type="checkbox"/>	3. The HH includes all students who are now in school, plans to be, or was in school for at least 5 months this year. The 5 months do not have to be in a row.		
If yes, you must answer all questions below:		Yes	No
<input type="checkbox"/>	A. Are the students married and file tax return together? <i>(Include proof of a tax return or a written declaration such as an affidavit)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	B. One student member is a single parent who – i. does not receive any support as a dependent of someone else. ii. independently care for the child/children.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	C. Is one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	D. Does one student in one of the following programs? <i>(Must provide proof)</i> i. The Job Training Partnership Act. ii. The Workforce Investment Act or similar federal, state, or local laws.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	E. Does the household include one student who was under foster care in the past? <i>(Must provide proof)</i>	<input type="checkbox"/>	<input type="checkbox"/>

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I understand that if my household income or the people who live in my home changes after I sign this form but before I move in, I must tell the management staff right away. Under penalty of perjury, I promise that all the information I gave in this application is true and correct to the best of my knowledge. I understand that giving false or incomplete information is fraud. If I do, my lease can be canceled, and I could face legal action.

Only the Applicant/Resident should sign this form, unless someone else has legal permission (Power of Attorney) to sign for them. If so, a copy of the Power of Attorney, their photo ID, and their contact information must be included.

HEAD OF HOUSEHOLD SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
HOUSEHOLD MEMBER SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
HOUSEHOLD MEMBER SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
HOUSEHOLD MEMBER SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
HOUSEHOLD MEMBER SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)

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.

PRINT THIRD PARTY NAME	RELATIONSHIP	PHONE NUMBER
THIRD PARTY SIGNATURE		DATE (mm/dd/yyyy)