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WEBCAST HANDOUT

Calculating Assets 101
Part 1 and Part 2



RENTAL ELIGIBILITY APPLICATION (REA)

Property Name: Blue Rid			ge Apartments			Uni	it:	1	45	
Effecti	ve Date of C	ertification:	4	/1/08	Original	Certific	cation Da	ate:	4	/1/08
Certification Type:				Move-In			Annua	l Re-ce	rtific	ation
Household Size: 2				Number of Bedrooms:				2		<u></u>
THE FOLLOWING PAGES ARE TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT										
	HOUSEHOLD COMPOSITION									
Hshld Mbr		Name		Date of Birt	h Soc	cial Secur	ity No. *			Student Months?
Head	Al Watson			9/22/48	5	55-55-:	5555	□ Y	'es	⊠ No
2.	Helen Wats	son		4/16/49	5	55-55-	5556	□ Y	'es	⊠ No
3.								□ Y	'es	☐ No
4.								□ Y	'es	☐ No
5.								□ Y	'es	☐ No
6.								□ Y	'es	☐ No
-								_ ,		

REA INCOME/ASSETS QUESTIONNAIRE

Net Household Assets \$5,000 or Over Must be Verified by a Third Party

Name:		Al W	atson	Unit:	145
12.	Yes ⊠	No	Do you have any bank account(s)	Total # of Accounts	2
12.		а. b.	\$ 1,500 Current Balance: Annual interest ear	☐ Savings	
		c. d.	\$ 2,500 Current Balance: \$ Annual interest ear	⊠ Savings rned	Checking
13.		П а. b.	Do you have any money market accounts \$ 45,000	ccount(s)	2
14.			Do you own any treasury bills, certificate of deposit (CDs), or stocks/bonds (NOT h in a retirement plan)?	` '	2
		a. b.	\$ 15,000 Current Value of A Annual income	ccount(s)	

Property Name: Blue Ridge Apartments Unit: 145

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	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	Depositor	y)	R	equestor (Name and A	Address	of Project)			
Bank of America 1001 E Yesler Drive Seattle, WA 98111	22	Steve Ryan c/o Blueridge Apartments 22064 SE 145 th St Kent, WA 98036							
Attn: Sally Smith	_ Fax #:	206.555.3236							
Steve RyanManager3/28/08253.555.3365Signature of RequestorTitleDatePhone #									
VERIFY:									
Type of Account	Accou	ınt in Name of		Account Number	I	Balance			
Checking	Al & Hele	en Watson		123456789	\$	1500			
Savings	same			123456788		2500			
CD	Same			987654321	- \$_ \$	5000			
CD	Same			987654322	\$	10000			
Money Market Account	Same			987654322		45000			
					_				
Name and Address of Applicant(s)								
Al Watson	,			Al Wats					
11242 12 th Ave S				Signature of A					
Seattle, WA 98188				Signature of A	pplicarit				
2040, 117. 00100				555-55-5555					
				Social Security					
		1							

TO BE COMPLETED BY DEPOSITORY

Part II - Verification of Depository

Type of Account	Account Number	_	Current alance		ge Balance for ous 6 Months	Interest Rate
Checking	123456789	\$	1555	\$	1800	0
Savings	123456788	\$ <u></u>	2200	\$	2000	0.25
CD	987654321	\$	5025	\$		4.0
CD	987654322	\$	10250	\$		4.0
Money Market Fund	456789-21		45,000	<u> </u>		5.0

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.

s jurisdiction.	
Branch Manager	3/28/08
Title	Date
206.555.5557	
Phone #	_
	Branch Manager Title 206.555.5557

Property Name:	Blue Ridge Apartments	Unit #:	145
Household Name:	Watson		

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
Al	Checking	0.00%		\$1,555.00			
	Savings	0.25%		\$2,200.00	\$5.50		
	CD	4.50%		\$5,025.00	\$226.13	251	\$4,774.00
	CD	4.50%		\$10,250.00	\$461.25	512	\$9,738.00
	Money Market Fund	5.00%		\$45,000.00	\$2,250.00	4,500	\$40,500.00
				TOTAL [Y]:	\$2,942.88	TOTAL [Z]:	\$54,247.50

ELIGIBILITY CERTIFICATION

Pro	roperty Name: Blue Ridge Apartm			ents				Unit #:	145
Hou	sehold Name:	Watson							
Nι	ımber of Bdrms	2	_	Ef	fective Date	Ap	oril 1, 2008 Ce	ertification Type) :
С	urrent HH Size	2	_	Original Certif	ication Date	Ap	oril 1, 2008	x Move-in	ı
Previ	ous Yr. HH Size			Move-out D	ate (optional)		_	Re-Cert	ification
	(if applicable)	2	_	Jnit Square Fo	ootage (opt.)			If Transfer, fro	om
	Set-Aside Percent Selected (check or	ne):	80 Bond Only	60 50 x	45 40 3	35 30		Unit #:	
INC	OME QUALIFICAT	TION							
A.	Hshold Annual Inco	ome from Tot	al: [X]		\$0.00				
_						G.	Household Annual	Gross Income	· -
B.	Actual Asset Incom	ne from Total:	[Y]		\$2,942.88		(Line A plus line F)		\$0.00
C.	Cash Value of Asse	ets from Tota	l: [Z]		\$54,247.50	Н.	Maximum Househole	d Income Limit:	
D.	Is line C greater tha	an \$4,999?		YES	NO	Fo	r Re-Certs Only -		
							140% of Income Limit:		\$0.00
E.	If Yes , multipl	y line C by 2	% or .02:		\$1,084.95	l.	Is Household Income	e-Oualified?	
F.	Enter the Greater of	of line B or lir	ne E:		\$2,942.88		is i louseriola iricolli	YES	NO

RENTAL ELIGIBILITY APPLICATION (REA)

Property Name: Rosewood A			partme	ents	Unit:	3	35		
Effecti	Effective Date of Certification: 5/01/08 Original Certification Date: 5/01/05								
Certification Type:					Annual F	Re-certific	ation		
House	Household Size: 2 Number of Bedrooms: 2							_	
THE F	THE FOLLOWING PAGES ARE TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT								
	HOUSEHOLD COMPOSITION								
Hshld Mbr		Name		Date of Birt	h Social Secu	rity No. *	Fulltime S Next 12 M		
Head	Tom Ander	rson		2/12/68	555-55-	5558	☐ Yes	⊠ No	
2.	Brett Gibso	on		11/18/79	555-55-	5557	☐ Yes	⊠ No	
3.							☐ Yes	☐ No	
4.							☐ Yes	☐ No	
5.							☐ Yes	☐ No	
6.							☐ Yes	☐ No	
7							□ Ves	□ No	

REA INCOME/ASSETS QUESTIONNAIRE Net Household Assets \$5,000 or Over Must be Verified by a Third Party

Name:		Tom .	Anderson		Unit:	335	
12.	Yes	No	Do you have any ba \$\frac{1100}{500}\$	nk account(s) Current Balance: Annual interest earned Current Balance: Annual interest earned	Total # of Accounts ☐ Savings ☐ Savings	☐ Checking☐ Checking	
13.		a.	-	oney market account(s)? Current Value of Account Annual interest earned	Total # of Accounts t(s)		
14.		⊠ a.		asury bills, certificate(s) stocks/bonds (NOT held Current Value of Account	Total # of Accounts		
		b.	\$	Annual income	-(-)		

15.	Yes	No ⊠	Do you receive money from a trust fund? ☐ revocable or ☐ non-revocable Total # of Funds
		a.	\$ Current Value of Account(s)
		b.	\$ Annual income received
16.		П а. b.	Do you have a 401(k)/IRA/Keogh? \$ 3800
17.			Do you have a pension or annuity asset? (NOT receiving income currently.) \$ Current value
18.		⊠ a. b.	Do you have net income from rental property (attach signed tax return with Schedule E)? \$ Current value of real estate \$ Annual net income
19.		⊠ a.	Do you own OR are you in the process of selling any real estate or do you hold a contract for real estate sold? \$ Current value (or current contract amount)
		b.	\$ Annual interest earned
20.		\boxtimes	Do you own personal property held strictly as investment assets (art, coins, etc.)? \$ Current value
21.		⊠ a.	Have you disposed of assets within the last two years for less than fair-market value? \$
22.			Do you have income from assets or sources other than those listed above? If yes, explain:
			\$ Annual Income

Property Name: Rosewood Apartments Unit: 335

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.									
David David									
Part I - Request To (Name and Address of Depository) Requestor (Name and Address of Project)									
Bank of America 1001 2 nd Avenue Seattle, WA 98111 Attn: _Darcy Smalls	Fax #:206.555.323	6	Michelle Stevens 204 Cherry St Seattle, WA 98118	uui 033	or rojecty				
Darcy Smalls Signature of Requesto	Manag r Title	er	4/18/08 Date		3.555.3368 Phone #				
VERIFY:									
Type of Account	Account in Name of		Account Number		Balance				
Checking	Tom Anderson		123456789	\$_	1100				
Savings	same		123456788	\$_	500				
				\$					
Name and Address of Applicant(s) Tom Anderson 204 Cherry Street		_	Fom Ander						
Seattle, WA 98118			Signature of Ap	piicarii					
			555-55-55	58					
Social Security Number									

Property Name:	Rosewood Apartments	Ur	nit:	335		
	t has applied for a rental unit locat Program"). The Commission requ					
The applicant/resident has	consented to this release of infor	mation as e	videnced by h	nis/her signature	below.	
Parts II and III to be com	pleted by depository. The form	is not to be	e transmitted	I through the ap	plicant(s) or	any other party.
	TO BE COM	PLETED	BY DEPO	SITORY		
Part II - Verification o	f Depository					1
DEPOSIT ACCOUNTS of	APPLICANT(S):					
	Account		rrent	Average Ba	alance for	Interest
Type of Accour			ance	Previous 6 Months R		Rate
Checking	123456781	\$	1115	\$	1233	0
Savings	123456782	\$	550	\$		0.25
Part III – Authorized S	ignature					
	US Code makes it a criminal offer the US as to any matter within its ju		willful false s	statements or mis	srepresentation	on to any
Dari	cy Smalls	Branch Manager				4/22/08
	of Representative	Title				Date

206.555.5557

Phone #

Darcy Smalls

Print Name

this

Property Name: Rosewood Apartments Unit: 335

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 t	ransmitted through the applicant(s) or any other party.								
Part I - Request									
To (Name and Address of Depository)	Requestor (Name and Address of Project)								
Boeing Employees Credit Union 17982 W Marginal Way SE Kent, WA 98032	Michelle Stevens 204 Cherry St Seattle, WA 98118								
Attn: Steven Alder Fax #: 253.555.1236									
Manage Signature of Requestor Title	<u>4/18/08</u> <u>253.555.3368</u> Date Phone #								
VERIFY:									
Type of Account Account in Name of	Account Number Balance								
401k Tom Anderson	981234 \$ 3800								
	\$ \$								
Name and Address of Applicant(s)									
Tom Anderson Som Anderson									
204 Cherry Street	Signature of Applicant								
Seattle, WA 98118	• • • • • • • • • • • • • • • • • • • •								
	555-55-5558								
	Social Security Number								

(Tom Anderson)

Property Name:	Rosewood Apartments		Unit: 335			
	t has applied for a rental unit loc Program"). The Commission re					
The applicant/resident has	s consented to this release of inf	ormation	as evidenced by h	nis/her signature below.		
Parts II and III to be com	pleted by depository. The for	m is not f	to be transmitted	through the applicant(s)	or any other party.	
	TO BE COM	/IPLETE	D BY DEPOS	SITORY		
Part II - Verification o	f Depository					
DEPOSIT ACCOUNTS of	APPLICANT(S):					
Type of Accour	Account nt Number		Current Balance	Average Balance for Previous 6 Months	Interest Rate	
401k	981234	\$ _ -	3800	\$	0	
Part III – Authorized S	•					
	f US Code makes it a criminal of he US as to any matter within its			statements or misrepresenta	tion to any	
Steven Alder			Accounts M	lanager	4/22/08	
Signature	of Representative	Title			Date	
Ste	ven Alder	253.555.1236				
Print Name			Phone			

REA INCOME/ASSETS QUESTIONNAIRE Net Household Assets \$5,000 or Over Must be Verified by a Third Party

Nan	ne:	Brett	Jackson	Unit: _	335
12.	Yes ⊠	No	Do you have any bank account(s) \$ 750 Current Balance:	Total # of Accounts	
		a. b.	\$ _750 Current Balance: \$ Annual interest earned	Savings	
		c. d.	\$ Current Balance: Annual interest earned	☐ Savings	Checking
13.		\boxtimes	Do you have any money market account(s)?	Total # of Accounts	
		a.	\$ Current Value of Accoun	it(s)	
		b.	\$ Annual interest earned		
14.			Do you own any treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement plan)?	Total # of Accounts	
		a.	\$ Current Value of Accoun		
		b.	\$ s Annual income	,	

Property Name: Rosewood Apartments Unit: 335

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 tra	insmitted through the applicant(s) or	any other party.							
Part I - Request									
To (Name and Address of Depository)	Requestor (Name and Ad	iaress of Project)							
Bank of America 1001 2 nd Avenue Seattle, WA 98111	Michelle Stevens 204 Cherry St Seattle, WA 98118								
Attn: Darcy Smalls Fax #: 206.555.3236									
<u>Darcy Smalls</u> Manager Signature of Requestor Title	4/18/08 	253.555.3368 Phone #							
VERIFY:									
Type of Account Account in Name of Checking Brett Gibson	Account Number 123456781	\$							
Name and Address of Applicant(s)									
Tom Anderson Som Anderson									
204 Cherry Street	Signature of Appl	licant							
Seattle, WA 98118	9								
	555-55-555								
Social Security Number									

(Brett Gibson)

Property Name:	Rosewood Apartments		Unit: <u>335</u>				
	t has applied for a rental unit loc Program"). The Commission red						
The applicant/resident has	s consented to this release of inf	ormation as evidenced	by his/her signature below	<i>I</i> .			
Parts II and III to be com	pleted by depository. The for	m is not to be transmi	tted through the applica	nt(s) or any other party.			
	TO BE COM	IPLETED BY DEP	OSITORY				
Part II - Verification o	f Depository						
DEPOSIT ACCOUNTS of	APPLICANT(S):						
Type of Accour	Account nt Number	Current Balance	Average Baland Previous 6 Mod				
Checking	123456787	\$	3 \$1,9	927 0			
	Signature f US Code makes it a criminal of he US as to any matter within its		se statements or misrepre	esentation to any			
Dar	cy Smalls	Branch	Manager	4/22/08			
Signature	of Representative	Title		Date			
Dar	cy Smalls	206.5					
Pr	int Name	Phone #					

Property Name:	Rosewood Apartments	Unit #:	335
		_	

Household Name: Anderson & Gibson

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
Tom	Checking	0.00%		\$1,233.00			\$1,233.00
Tom	Savings	0.25%		\$550.00	\$137.50		\$550.00
Tom	401k	0.00%		\$3,800.00	\$0.00	1,140	\$2,660.00
Brett	Checking	0.00%		\$1,927.00	\$0.00	0	\$1,927.00
		\$2,942.88	TOTAL [Z]:	\$54,247.50			

ELIGIBILITY CERTIFICATION

Property Name:	roperty Name: Rosewood Apartments							
Household Name:	Anderson & G							
Number of Bdrms	2		Eff	ective Date	M	ay 1, 2008	Certification Ty	pe:
Current HH Size	2	(Original Certifi	cation Date	M	ay 1, 2008	Move-	-in
Previous Yr. HH Size			Move-out Da	ate (optional)			x Re-Ce	ertification
(if applicable)	2	L	Jnit Square Fo	otage (opt.)			If Transfer,	from
Set-Aside Percen Selected (check o	ne):	30 I Only	60 50 x [45 40 3	35 30		Unit #:	
INCOME QUALIFICA	TION							
A. Hshold Annual Inc	ome from Total:	[X]		\$0.00				
					G.	Household Annu	ıal Gross Incor	
B. Actual Asset Incom	ne from Total:	[Y]		\$137.50		(Line A plus line F)		\$0.00
C. Cash Value of Ass	ets from Total:	[Z]		\$6,370.00	Н.	Maximum Housel	nold Income Lim	it:
D. Is line C greater th	an \$4,999?		YES	NO	Fo	r Re-Certs Only -		
						140% of Income Lir	nit:	\$0.00
E. If Yes, multip	ly line C by 2% or	.02:		\$127.40	I.	Is Household Inco	me-Qualified?	
F. Enter the Greater	of line B or line E			\$137.50		is i louseriolu liloc	YES YES	NO