

# HTC ELIGIBILITY/CERTIFICATION FORMS SUMMARY

Below is a list of tax credit eligibility and/or certification forms. Forms identified as "restrictive" are MHC generated forms that may not be altered and/or modified without written prior consent from the Corporation. Elective forms are sample forms and developments may use alternate forms as long as the same questions on the elective forms are on the development's forms. All applicable forms should be utilized as it applies to each household's situation and maintained in each household's file.

	FORM	Restrictive	Elective
1	Affidavit of Marital Status Affidavit		X
2	Certification of Daily Needs		X
3	Certification of Tip Income		X
4	Certification of Zero Income		X
5	Child Support Affidavit		X
6	Clarification Memo		X
7	Demographic Profile Reporting Form		X
8	Documentation of Telephone Verification		X
9	Documentation of Unit Transfer	X	
10	Eligibility Application		X
11	Employment Verification	X	
12	Initial Lease Agreement ( <i>sample not provided</i> )		X
13	Lease Addendum for HTC Developments		X
14	Live-in Aide Housing Agreement	X	
15	Live-in Aide/ Disability Verification <b>**Revised**</b>	X	
16	Non-Employment Affidavit		X
17	Notification/ Election of Optional Services	X	
18	Picture I.D. and/or Social Security Cards ( <i>sample not provided</i> )		X
19	Self-Certification of Unborn Child/Adoption/Custody		X
20	Self-Employment Affidavit	X	
21	Student and Rent Declaration	X	
22	Student Financial Aid Verification	X	
23	Student Status Certification		X
24	Tenant Income Certification Form (MHC) <b>**Revised**</b>	X	
25	Tenant Release and Consent Form		X
26	Under \$5,000 Asset Certification	X	
27	Verification of Child Support and/or Public Assistance		X
28	Verification of Regular Contribution		X

# AFFIDAVIT OF MARITAL STATUS

Household Name: \_\_\_\_\_ Unit#: \_\_\_\_\_

Applicant/ Resident Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

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**If you are currently separated/ estranged from your spouse or divorced, this form must be completed.**

Choose and complete the appropriate statement below:

**Part I: Marital Status**

- 1. I am currently  legally separated or  divorced from my spouse effective as of \_\_\_\_\_.  
(A copy of the legal separation agreement or divorce decree must be attached.)
  
- 2. I am currently, but not legally, separated from my spouse. I began the legal process on \_\_\_\_\_ (date) and I anticipate this separation to be permanent.
  
- 3. I am currently, but not legally, separated from my spouse effective \_\_\_\_\_ (date) and I have not begun the legal process for the following reason (s):
  - Financial reasons
  - Incarceration/ Protective Custody
  - Other (explain): \_\_\_\_\_
  - Responsible party is deceased
  - Responsible party's location is unknown

**Part II: Financial Support**

- I am currently receiving or anticipate receiving \$ \_\_\_\_\_ per \_\_\_\_\_ (frequency) from my spouse during the next 12 months.
  
- I am not currently and do not seek or anticipate receiving any compensation from my spouse during the next 12 months for the following reasons \_\_\_\_\_

**Part III: Leasing**

I certify that should my spouse rejoin the household within the initial lease term I will notify management immediately and that the entire household will need to be re-evaluated for eligibility. \_\_\_\_\_ (initial)

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I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of Section 42 or Section 515 housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT/TENANT**

\_\_\_\_\_  
**DATE**

# CERTIFICATION OF DAILY NEEDS

*(To be completed by all households certifying to income less than \$2,500.00.)*

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_

**For the next twelve months, I plan to provide for the following items through the sources listed below:**

<u>ITEMS</u>	<u>SOURCE OF INCOME*</u>	<u>AMOUNT</u>
RENT	_____	_____
FOOD	_____	_____
TRANSPORTATION		
Gas	_____	_____
Repairs/Maintenance	_____	_____
UTILITIES		
Electric/ Gas	_____	_____
Water/ Sewer	_____	_____
Cable TV	_____	_____
Telephone/ Cell phone	_____	_____
MISCELLANEOUS		
Personal Hygiene	_____	_____
Cleaning supplies	_____	_____
Alcohol	_____	_____
Cigarettes	_____	_____
Medical Expenses	_____	_____
Clothing	_____	_____
Loan payments ( <i>i.e. student, car</i> )	_____	_____
Credit card payments	_____	_____
Child Care payments	_____	_____

*\*Source of income indicates where the money to pay for each item will come from.*

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

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

**CERTIFICATION OF TIP INCOME**

*(To be completed by any adult household member working in a service industry position where tip income is expected. Form is to be utilized after management has documented failed attempts at a third-party verification of tips)*

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_  
Development Name: \_\_\_\_\_

Initial Certification      Effective Date: \_\_\_\_\_  
 Recertification              Effective Date: \_\_\_\_\_

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I, \_\_\_\_\_, understand that I have applied for occupancy at an Affordable Housing development governed by the rules of the Housing Tax Credit (HTC) program. I further understand that this Program requires me to certify all of my income, assets and eligibility information as part of determining my eligibility AND that my employment status has a direct impact on my eligibility. Thus, I hereby certify that:

My employment does not generate any tip income. Explain below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My estimated weekly earnings in tips are \$\_\_\_\_\_, this amount will be pro-rated to determine my annual gross income.

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

\_\_\_\_\_  
Signature of Applicant/Tenant      Printed Name of Applicant/Tenant      Date

## CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
  
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
  
3. I will be using the following sources of funds to pay for rent and other necessities: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

# CHILD SUPPORT AFFIDAVIT

Please complete one form for each child support case. If no case, please complete one form for each non-custodial parent.

Head of Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_

Non-Custodial Parent (NCP): \_\_\_\_\_

## I certify that the following is true regarding my current child support situation:

- I am obliged/ entitled per court order to receive child support. **Provide supporting documentation such as a court order, child support agreement, print out from DHS (which shows at least 12 months of history), etc.**

Monthly Amount of Award: \$ \_\_\_\_\_ Date of Court Order: \_\_\_\_\_

County & State of Order: \_\_\_\_\_

I am currently receiving child support payments:  Yes  No

How is the child support received?:  Child Support Agency  Court of Law  Directly from NCP

- I am **not** obliged/entitled per court order to receive child support but I **(check all that applies)**:

receive or  anticipate receiving

payments or  non-cash contributions (i.e. gasoline, diapers, baby formula, medicine, etc) in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ (frequency) in lieu of child support. **Provide signed statement from non-custodial parent, check copies, etc.**

- I am **not** obliged /entitled per court order to receive child support. I do **not** anticipate such an order in the next 12 months, and no support is being received. I am not pursuing legal action because **(must check at least one)**:

Financial reasons

Responsible party is deceased

Incarceration/ Protective Custody

Responsible party's location is unknown

Other (explain): \_\_\_\_\_

I understand that I must notify the owner or management agent of any changes in the status of any child support payments as soon as possible.

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

\_\_\_\_\_  
Signature of Applicant/ Resident

\_\_\_\_\_  
Date

## STATE OF MISSISSIPPI

County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
DATE

My commission expires: \_\_\_\_\_

# CLARIFICATION MEMO

Applicant/Resident Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Development Name: \_\_\_\_\_

Initial Certification

Recertification

Effective Date: \_\_\_\_\_

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**Mode of Clarification:**

Telephone Conversation

Person-to-Person Interview

Other (*Describe*): \_\_\_\_\_

Date of Clarification: \_\_\_\_\_

Time: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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**Reason for Clarification:**

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**Summary of Clarified Information:**

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\_\_\_\_\_  
Signature of Verifier

\_\_\_\_\_  
Printed Name of Verifier

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Printed Name of Resident

\_\_\_\_\_  
Date

**Mississippi Home Corporation  
Demographic Profile Reporting Form**

Development Number: \_\_\_\_\_  
 Unit Number: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

Development Name: \_\_\_\_\_  
 Household Name: \_\_\_\_\_

HOUSEHOLD COMPOSITION				Relationship to Head-of- Household						
Mbr #	FIRST NAME	LAST NAME	MI	Head	Spouse	Adult/ Co- Resident	Child	Foster Child/ Adult	Live-in Aide	Other
1				<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input 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"/>

ETHNIC CATEGORIES*	Check ONE for each household member.						
	HOH Mbr #1	Mbr #2	Mbr#3	Mbr#4	Mbr#5	Mbr#6	Mbr#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 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"/>

RACIAL CATEGORIES*	Check ALL that applies for each household member.						
	HOH Mbr #1	Mbr #2	Mbr#3	Mbr#4	Mbr#5	Mbr#6	Mbr#7
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black/ African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/ Alaskan 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/ 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISABILITY STATUS	Check ONE for each household member.						
	HOH Mbr #1	Mbr #2	Mbr#3	Mbr#4	Mbr#5	Mbr#6	Mbr#7
Are any household members disabled according to the Fair Housing Act? Please check yes or no.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	No	No	No	No	No	No
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.**

_____ Resident Signature	_____ Date	_____ Resident Signature	_____ Date
_____ Resident Signature	_____ Date	_____ Resident Signature	_____ Date



**Supplement to the Demographic Profile Reporting Form**  
**To be completed upon initial occupancy and when a change has occurred.**

You currently reside in, a rental housing unit located in a development operating under the Housing Tax Credit 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 ethnicity, race, 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 household members must sign and date at the bottom of this form as proof that the option to disclose was made available.**

**NOTE:** Please note that the information collected assists program administrators and the federal government in evaluating the benefits, needs and continuing existence of the Housing Tax Credit Program.

**The following ethnic and racial definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD 270061), used by the U.S. Department of Housing and Urban Development (HUD):**

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.

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 American (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.

**The following instructions regarding disability status were written and approved by HUD's Office of Fair Housing and Equal Opportunity.**

The [development] must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the [development] shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

**The following definition of "disabled" comes directly from the Fair Housing Act:**

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 100.20, available at: [http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201).
- "Handicap" does not include current, illegal use of or addition to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

# DOCUMENTATION OF TELEPHONE VERIFICATION

Applicant/Resident: \_\_\_\_\_

Unit No.: \_\_\_\_\_

## Part I:

Oral (telephone) verifications may be used when other methods are not feasible. Describe the reason(s) why third-party written or first-hand verifications are not feasible in this instance. **NOTE: Attempts at third-party and first-hand verifications MUST be documented in the file.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Part II:

In lieu of third-party written or first-hand verification, on \_\_\_\_\_, at \_\_\_\_\_,  
(Date) (Time)

I spoke with \_\_\_\_\_,  
(Contact Person) (Title)

at \_\_\_\_\_ at \_\_\_\_\_.  
(Phone number) (Name of Employer)

## Part III:

Date employment began: \_\_\_\_\_ Date employment ended: \_\_\_\_\_

Employee's Position: \_\_\_\_\_

Gross Pay before Deductions

Wage/Salary: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Bi-monthly  Annually

Gross Year-to-date Earnings: \$ \_\_\_\_\_ (Period Covering) From: \_\_\_\_\_ To: \_\_\_\_\_

Average number of hours worked per week: \_\_\_\_\_ Number of weeks employed each year: \_\_\_\_\_

Overtime (OT) Rate: \$ \_\_\_\_\_ Average number of hours worked per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ Average number of hours worked per week: \_\_\_\_\_

Amount of tips, commission, bonuses, other: \$ \_\_\_\_\_  Weekly  Monthly  Annually

Expected change in pay: \$ \_\_\_\_\_ Effective date: \_\_\_\_\_

Is the employee's work seasonal or sporadic? \_\_\_\_\_ If yes, what is the layoff period? \_\_\_\_\_

Other remarks regarding employee's income: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Owner or Authorized Representative)

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

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Print Title)

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.**

**Documentation of Unit Transfer**

Name of Household: \_\_\_\_\_

Date of Unit Transfer: \_\_\_\_\_

Transferring from BIN: MS- \_\_\_\_\_      Transferring to BIN: MS- \_\_\_\_\_

Transferring from Unit #: \_\_\_\_\_      Rent Amount: \$ \_\_\_\_\_

Transferring to Unit #: \_\_\_\_\_      New Rent Amount \$ \_\_\_\_\_

Last (Re)Certification Date: \_\_\_\_\_      Annual Income: \$ \_\_\_\_\_

Next (Re)Certification Date: \_\_\_\_\_

Compliance status of transferring household at time of transfer (check one):

- Not a Section 42 household (market rate unit)
- First Section 42 household to qualify unit after Placed in Service (month \_\_\_\_ to \_\_\_\_)
- Section 42 household (qualified tax credit unit)
- Section 42 household (qualified tax credit unit subject to the Available Unit Rule) with recertified income over 140%. If transferring to a *different* building, the newly occupied unit will be considered non-qualifying, or a market rate unit.

Compliance status of vacant unit at time of transfer (check one):

- Not a Section 42 household (market rate unit)
- Qualified vacant unit (Section 42 household was previous occupant)
- Designated Section 42 unit never occupied by qualified household (month from \_\_\_\_ to \_\_\_\_ )

*Remember: Units "swap" status when the household lease is transferred. Since a household can qualify only one unit for Section 42 status, it is important to note carefully transfers between units where at least one of the units has never been occupied by a qualified household. If a household with recertified income that exceeds 140% of the applicable income limit transfers to a new unit a different building, the newly occupied unit is considered a market unit.*

Place a completed copy of this form in each respective unit file.

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

- Initial  
 Recertification

**MHC HOUSING TAX CREDIT  
 ELIGIBILITY APPLICATION**

\_\_\_\_\_ Move-in Date

\$ \_\_\_\_\_ Rent Amount

Property Name \_\_\_\_\_

Address \_\_\_\_\_

Unit # \_\_\_\_\_

City, State \_\_\_\_\_

# of Bedrooms \_\_\_\_\_

**APPLICANT/ TENANT INFORMATION**

Full Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

Other Phone # \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Email \_\_\_\_\_

Rent /Own \_\_\_\_\_

How Long? \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

**Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.**

	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	MARITAL STATUS S=SINGLE SP=SEPARATED D=DIVORCED W=WIDOWED	DATE OF BIRTH	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO IF YES, PART-TIME (PT) OR FULL-TIME (FT)	SOCIAL SECURITY NUMBER
1		<b>HEAD</b>				
2						
3						
4						
5						
6						
7						
8						

\* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Do all of the above household members reside in the household 100% of the time? (Y/N) \_\_\_\_ If no, please list the household members that do not live in the household 100% of the time: \_\_\_\_\_

Anticipated changes in the household size within the next 12 months? (Y/N) \_\_\_\_ If Yes, explain \_\_\_\_\_

Anticipated change in number of students within the next 12 months? (Y/N) \_\_\_\_ If Yes, explain \_\_\_\_\_

Current Marital Status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_ Date of divorce/separation: \_\_\_\_\_

If every household member listed above is indicated as a full-time (FT) student, please answer the following questions:

Circle One

a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF)

Yes No

b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs?

Yes No

c. Are any full-time students married and filing or entitled to file a joint tax return?

Yes No

d. Is the household comprised entirely of a single parent & child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?

Yes No

e. Was previously under the care and placement responsibility of the state agency responsible for administer foster care?

Yes No

**HOUSEHOLD INCOME INFORMATION**

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification.  
**Include all full time, part time or seasonal income even if completing this application in the off-season.**

**DO YOU RECEIVE OR EXPECT TO RECEIVE**

(Check **YES** or **NO** to each item, as applicable, and include gross monthly amount. List sources on page 3.):

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.) . . . . .	\$
		2. Does any member work for someone who pays them in cash or is self-employed. . . . .	\$
		3. Regular pay for a member of the armed forces . . . . .	\$
		4. Public Assistance (MFIP, GA) . . . . .	\$
		5. Worker's compensation . . . . .	\$
		6. Unemployment benefits or severance pay . . . . .	\$
		7. Student financial assistance (public or private, not including student loans) . . . . .	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) . . . . .	\$
		9. Alimony/Spousal Maintenance . . . . .	\$
		10. Social Security income (including unearned income of minor children) . . . . .	\$
		11. Disability benefits including social security disability . . . . .	\$
		12. Regular payments from pensions (PERA, railroad, etc.) . . . . .	\$
		13. Regular payments from retirement benefits . . . . .	\$
		14. Death Benefits . . . . .	\$
		15. Regular payments from annuities or life insurance dividends . . . . .	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc. . . . .	\$
		17. Net income from rental property . . . . .	\$
		18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries) . . . . .	\$
		19. Other (list) _____	\$
		20. Other (list) _____	\$

**HOUSEHOLD ASSET INFORMATION**

Yes	No	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
		21. Checking Accounts . . . . . (6 month average balance)	\$
		22. Savings Accounts . . . . .	\$
		23. Stocks . . . . .	\$
		24. Capital Investments . . . . .	\$
		25. Bonds . . . . .	\$
		26. Trusts* . . . . .	\$
		27. Securities . . . . .	\$
		28. Whole Life Insurance Policy (do not include term life insurance) . . . . .	\$
		29. 401K* . . . . .	\$
		30. IRA/KEOGH Accounts . . . . .	\$
		31. Certificates of Deposit . . . . .	\$
		32. Pension/Retirement/Annuity accounts . . . . .	\$
		33. Money Market Funds . . . . .	\$
		34. Treasury Bills . . . . .	\$
		35. Safety Deposit Box . . . . .	\$
		36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains) . . . . .	\$
		37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
		38. Other _____	

\*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

Yes	No		Value
<input type="checkbox"/>	<input type="checkbox"/>	39. Do you now own Real Estate? . . . . . If yes, list address(es): _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	40. Do you hold a contract for deed? . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items . . . . . held as an investment (wedding rings and personal jewelry do not count)?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	42. Are any assets held jointly with another person? List person and asset(s). _____ _____	
Is combined cash value of all household assets over \$5,000? If yes, 3rd party verification of assets is required.			

**EMPLOYMENT INFORMATION**

Current Employer Name _____	Title _____
Address _____	Date of Hire _____
City, State and Zip _____	Monthly Gross Wage \$ _____
Supervisor _____	Phone _____ Fax _____
Additional Employer Name _____	Title _____
Address _____	Date of Hire _____
City, State and Zip _____	Monthly Gross Wage \$ _____
Supervisor _____	Phone _____ Fax _____
Previous Employment _____	Title _____
Address _____	Phone _____
City, State and Zip _____	Fax _____
From _____	To _____

**DO NOT LEAVE THIS SECTION BLANK.**

From **2-42, income and assets** above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source	Contact Name & phone/fax number

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

I/We hereby certify that I/we

**Have**    **Have not**

    sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below.

Household Member	Asset & Estimated Market Value	Date sold/dispoused	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**MISCELLANEOUS**

The following questions pertain to yourself and every member of your household who will occupy the unit. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT**

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Cell/Home Phone \_\_\_\_\_  
 City, State and Zip \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

**SIGNATURES**

I/we hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation in this application might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

This applicant/resident required assistance in completing the eligibility application due to: \_\_\_\_\_

Assistance in completing this application was provided by: \_\_\_\_\_ Date: \_\_\_\_\_

# EMPLOYMENT VERIFICATION

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer)

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mode of Delivery:**

Mailed     Faxed     Hand Delivered\*  
\* Official Office stamp required

RE: \_\_\_\_\_  
Applicant/Tenant Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Unit # (if assigned)

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant 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.

\_\_\_\_\_  
Project Owner/Management Agent

### Return Form To:

## THIS SECTION TO BE COMPLETED BY EMPLOYER

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

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Employee is  Independent Contractor  W-2 Employee

Presently Employed: Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

How often is employee paid? \_\_\_\_\_ Number of pay periods included in the Year-To-Date earnings above: \_\_\_\_\_

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

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Are the commissions, bonuses, tips, and/or other compensation included in the Year-to-date earnings above? (circle one) Yes No

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

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

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

**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.



## LEASE ADDENDUM FOR LIHTC PROPERTIES

Tenant Eligibility: Landlord does not discriminate on the basis of race, religion, gender, national origin, handicap, or familial status.

This property has received an allocation of Low-Income Housing Tax Credits (LIHTC) under section 42 of the Internal Revenue Code. The Landlord is responsible for compliance with the code. In order to accomplish this, Tenant agrees to immediately notify the Landlord of all changes in household composition and all changes in household student status. Further, Tenant agrees to complete annually or at any other such time requested by Landlord the Recertification Questionnaire disclosing current household composition, household student status and all household income and assets. Tenant agrees to cooperate fully during the recertification process signing all third party verifications and providing all requested names and addresses. Tenant agrees to respond promptly to recertification notices to ensure a timely completion of the process. Tenant understands that failure to comply within thirty (30) days of the initial recertification notice is considered material non-compliance with this lease and therefore grounds for termination of the lease and eviction.

Tenant understands and certifies that the household meets the following student criteria: If the occupant or if all the occupants of a unit are full-time students, the unit will not be considered a qualifying tax credit unit unless one of the full-time students is:

1. A single parent with children, none of which are declared as dependents on another Person's tax return.
2. Married and filing a joint federal tax return.
3. Receiving AFDC payments on behalf of minor children.
4. Enrolled in a job-training program receiving assistance under the Job Training Partnership Act or funded by a state or local government agency.
5. A former participant in the Foster Care Program.

Tenant certifies that the following information is complete and correct. List all members of the household:

Name:		Social Security #:		
Birth date:		Full-time Student:	Yes	No

Name:		Social Security #:		
Birth date:		Full-time Student:	Yes	No

Name:		Social Security #:		
Birth date:		Full-time Student:	Yes	No

Name:		Social Security #:		
Birth date:		Full-time Student:	Yes	No

Name:		Social Security #:		
Birth date:		Full-time Student:	Yes	No

Name:		Social Security #:		
Birth date:		Full-time Student:	Yes	No

For any persons to be added to the lease, they must fill out an application and meet the Landlord’s “Tenant Selection Criteria”. Any occupant deemed permanent by the Landlord that does not comply with this procedure or vacate promptly when determined ineligible or jeopardizes the household tax credit compliance is the responsibility of the Tenant and grounds for termination of the lease.

Tenant understands and agrees that the Landlord will verify in writing through a third party when necessary, the information provided on the application and recertification questionnaire in order to ensure IRC section 42 compliance. Failure of the Tenant to provide satisfactory, complete and accurate information will be considered material non-compliance with the lease. Misrepresentation of any information required to determine tenant eligibility will entitle Landlord to terminate this lease and pursue eviction.

The Tenant is permitted to have a guest(s) visit their household. However, the Landlord reserves the right to request a recorded declaration of domicile or proof of domicile if it is suspected that the guest is an unauthorized household occupant. Such suspicion may arise whenever an adult person(s) is making reoccurring visits or one continuous visit 7 days and/or nights without prior notification to the Landlord. Should the Tenant or person in question not provide the requested information needed to confirm other domicile, or should the facts be sufficient to evidence domicile in the project, then the Landlord may consider such person(s) an unauthorized occupant and terminate the lease for material non-compliance.

Tenant understands and agrees to be bound by the above stipulations. Further, the Tenant agrees to take no action to jeopardize the Landlord’s tax credit compliance. Should it be determined that Tenant’s continued occupancy, for whatever reason, jeopardizes the Landlord’s tax credit compliance, the Tenant agrees to voluntarily after receipt of written notification from the Landlord, relocate to another dwelling and relinquish tenancy in their current unit. The Landlord will allow the Tenant sixty (60) days to accomplish this process.

**TENANT**

**LANDLORD**

\_\_\_\_\_  
**Tenant**

**By:** \_\_\_\_\_  
**(Agent for Landlord)**

\_\_\_\_\_  
**Tenant**

\_\_\_\_\_  
**Date**

## Live-in Aide Housing Agreement

A Live-in Aide is a person or persons who:

- **Resides with an elderly, handicapped or disabled person(s);**
- **Is determined to be essential to the care and well being of the tenant;**
- **Is not obligated for the support of the tenant; and**
- **Would not be living in the unit except to provide the necessary supportive services.**

Name of Household: \_\_\_\_\_ Unit #: \_\_\_\_\_

Name of Household member requiring assistance: \_\_\_\_\_

Name of Live-in Aide: \_\_\_\_\_

The tenant and Live-in Aide acknowledge and agree to the following:

- The Live-in Aide is not a tenant of the Landlord. The Live-in Aide shall not become a tenant of the Landlord regardless of the length of his/her stay in the unit or his/her relationship to the Tenant. Relatives who meet the definition and qualify as a Live-in Aide relinquish all rights to the unit as a “remaining member” of the Tenant’s household.
- The Live-in Aide shall be living in the unit solely to provide support services to the household member requiring assistance. If the household member requiring assistance no longer resides in the unit, the Live-in Aide shall have no rights or privileges to remain on the premises.
- If the household member requiring assistance dies, the Live-in Aide shall vacate the unit within 10 days of said household’s member’s death. If the household member requiring assistance vacates the unit, the Live-in Aide shall also vacate the unit no later than said household member’s vacate date. Upon the termination of the Live-in Aide’s services for any other reason, the Live-in Aide shall vacate the unit within 24-hours.
- The Live-in Aide shall not violate any of the House Rules. The Landlord may evict the Live-in Aide if s/he violates any of the House Rules.

\_\_\_\_\_  
Tenant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Live-in Aide’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Management Agent’s Signature

\_\_\_\_\_  
Date

**LIVE-IN AIDE/DISABILITY VERIFICATION**

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

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

<b>Mode of Delivery:</b>	
<input type="checkbox"/> Mailed	Date: _____
<input type="checkbox"/> Faxed	Date: _____
<input type="checkbox"/> Hand Delivered*	Date: _____

RE: \_\_\_\_\_  
Applicant/Tenant Name

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Unit # (if assigned)

I hereby authorize release of my information.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of his/her need of a live-in aide and/or to verify that he/she is disabled. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

**Return Form To:**

**THIS SECTION TO BE COMPLETED BY A MEDICAL PROFESSIONAL**

**DEFINITION OF DISABLED**

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and who is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3].

**INFORMATION REQUESTED**

1. Is the above referenced household member disabled as defined above?  Yes  No
2. In your professional opinion, does the household member need the services of a live-in aid in order to have the same opportunity that a non-disabled individual has to use and enjoy their residence?  Yes  No

I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
**SIGNATURE** **DATE**

\_\_\_\_\_  
**PRINTED NAME/ TITLE** **TELEPHONE**



# NON-EMPLOYMENT AFFIDAVIT

*To be completed by any adult household member, including emancipated minors, who claim no employment income.*

TENANT/APPLICANT: \_\_\_\_\_ UNIT NO: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

**DIRECTIONS:** *Please select all that applies and attach the printout from MDES to show the existence or lack of unemployment benefits and wage history for the last twelve months preceding the certification.*

**1. I am not currently employed in any capacity and do not anticipate the change in my status.** (Please check all that applies)

I am not seeking employment.

I have not recently applied for employment.

I have not been offered employment.

I am not under any affirmative obligation to obtain employment.

I do not plan to look for employment due to: \_\_\_\_\_

**2. I am not currently employed in any capacity; however, I anticipate becoming employed in the next 12 months.**

**A.** (Check one)

I have been offered a position with \_\_\_\_\_ (employer) that will begin \_\_\_\_\_ (date)

I am seeking employment as a \_\_\_\_\_ (position) and I anticipate earning \$ \_\_\_\_\_ per \_\_\_\_\_ (frequency).

**B.** My anticipated income is supported by (check all that applies):

Written confirmation from my new employer

Previous tax return

Previous job pay stub/ salary history

Three current employment advertisements showing average compensation for a similar position

Other: \_\_\_\_\_

**3. I attest that the following is true regarding benefits related to my unemployment:**

**A.** (Please check one)

I am currently receiving unemployment benefits or other benefits related to my non-employment status.

I am not currently receiving and do anticipate receiving unemployment benefits or other benefits.

I am not currently receiving and do not anticipate receiving unemployment benefits or other benefits.

**B.** If benefits related to your unemployment status (i.e. disability) other than unemployment is being received, please identify source: \_\_\_\_\_ and amount \$ \_\_\_\_\_.

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

\_\_\_\_\_  
Tenant/ Applicant Signature

\_\_\_\_\_  
Date

**WARNING:** Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

## NOTIFICATION/ELECTION OF OPTIONAL SERVICES

(For use at an intermediate care facility only)

Household Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Development Name: \_\_\_\_\_

- Initial Certification  
 Recertification

Effective Date: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

---

I, \_\_\_\_\_, have been approved for residency at \_\_\_\_\_ *[enter development name]*, an assisted living tax credit community. As a condition of residency, I understand that I am eligible to receive a non-housing related "Optional Service Package" (i.e., assistance with medication, bathing, meals, etc.) and limited, skilled nursing, medical or psychiatric care from the staff of said development (or any hired affiliate) at an OPTIONAL charge. I further understand that if I elect NOT to receive the Optional Service Package provided by the referenced development that I am still entitled to occupancy provided said services have been secured from another third-party affiliate and evidence of such has been released to said development prior to occupancy.

Therefore, with receipt of this notification and my signature below, I elect to:

Receive the Optional Service Package provided by the referenced development. *With my election, I understand that I will be charged an additional optional service fee of \$ \_\_\_\_\_, which is separate and distinct from the basic rental rate, to cover the cost associated with said services. I further understand that this election is for the certification period covered above but may be changed and/or amended upon written notification and acceptance by the owner/management or at the next scheduled recertification;*

NOT receive the Optional Service Package provided by the referenced development. *With my election, I understand that I must retain said services from an outside third-party source and provide evidence of such to the owner/manager of the development prior to occupancy/recertification can be granted. I further understand that this election is for the certification period covered above but may be changed and/or amended upon written notification and acceptance by the owner/management or at the next scheduled recertification.*

---

Signature of Applicant/Tenant

---

Printed Name of Applicant/Tenant

---

Date

**SELF-CERTIFICATION OF UNBORN  
CHILD/ADOPTION/CUSTODY**

Applicant's Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

For purposes of determining the income limit and/or number of bedrooms applicable for my household size, I hereby certify that I am:

- Expecting a child (or children). The due date is: \_\_\_\_\_
- In the process of adopting a child (or children).
- In the process of obtaining custody of child (or children).

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

SS #: \_\_\_\_\_

**Warning: 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.**

# SELF-EMPLOYMENT AFFIDAVIT

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

**Name of Business:** \_\_\_\_\_ **Business Address:** \_\_\_\_\_  
**Type of Business:** \_\_\_\_\_ **City, State, and Zip:** \_\_\_\_\_  
**Position Held:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**PART A: (ESTABLISHED BUSINESS WITH FILED TAX RETURNS)**

Number of Self-Employment Federal Tax Returns filed in the last two years: \_\_\_\_\_  
 Average net business income of the last two tax returns: \$ \_\_\_\_\_  
 Anticipated annual net business income: \$ \_\_\_\_\_

**NOTE:**

- **Support documentation (IRS Tax Returns including all applicable schedules and evidence of filing) MUST be attached.**
- If anticipated annual income is greater than the average of the tax returns, include the anticipated annual income.
- If anticipated annual income is less than the average of the tax returns, provide explanation; otherwise, include average of the tax returns.

**PART B: (NEWLY FORMED BUSINESS WITH NO TAX RETURN)**

A. ANTICIPATED GROSS ANNUAL INCOME \$ \_\_\_\_\_

B. ANTICIPATED EXPENSES

1.	Interest on Loan(s)	\$	_____
2.	Cost of Goods/Materials	\$	_____
3.	Business Rent	\$	_____
4.	Utilities	\$	_____
5.	Employees' salaries (other than self and family)	\$	_____
	Owner's salaries (self and family)	\$	_____
6.	Employee Withholding Tax	\$	_____
7.	Federal Withholding Tax	\$	_____
8.	State Withholding Tax	\$	_____
9.	FICA	\$	_____
10.	Sales Tax	\$	_____
11.	Straight Line Depreciation	\$	_____
12.	Other:	\$	_____
	<b>TOTAL EXPENSES</b>	\$	_____

C. ANTICIPATED NET ANNUAL INCOME \$ \_\_\_\_\_

**NOTE:**

- **Support documentation (i.e. accountant's/ business's quarterly report, business licenses, bank statements, etc.) MUST be attached.**

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

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



# STUDENT AND RENT DECLARATION

*To be used in place of annual recertification process once a household has completed the initial certification process as required.*

Effective Date: _____	Move- in Date: _____
Development Name: _____	Building ID #: _____
Household Name: _____	Unit #: _____ Unit Size: _____
Unit Designation <input type="checkbox"/> 50% <input type="checkbox"/> 60%	

## PART I: STUDENT STATUS

Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YY)	Age	Student Status (Full-time, Part-time, No)
		<b>HEAD</b>			
Total # of HH Mbrs =					

Has your household composition changed resulting in the vacancy of all original members?  Yes  No

Does your household contain all full-time students who have attended an educational institution for five or more months during the current and/or upcoming calendar year (months need not be consecutive)?  Yes  No

If yes, please indicate student qualifying exception and attach documentation:

- |   |   |
|---|---|
| <input type="checkbox"/> TANF Assistance                | <input type="checkbox"/> Job Training Program |
| <input type="checkbox"/> Single parent/dependent child  | <input type="checkbox"/> Married/joint return |
| <input type="checkbox"/> Former Foster Care participant | <input type="checkbox"/> None of the above    |

I agree to notify management immediately if our household student status/household composition changes. I understand that changes in my household's student status/composition may affect my household's eligibility to participate in this program.

## PART II: RENT

Effective Date	Tenant Paid Rent	Utility Allowance	Non-Optional Charges	Rental Assistance	Owner Rental Assistance	Gross Rent	Max. Rent Limit	Mgr and Tenant Initials*

*\*NOTE: Gross Rent changes supported by a HAP contract do not require manager or tenant initials.*

I hereby acknowledge that my net rent contribution has been reduced by the amount of the owner-based rental assistance.  
 \_\_\_\_\_ (Please initial if applicable)

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge and belief. I understand that false or incomplete income information is a violation of the terms of my lease and can be grounds for eviction.

Tenant's Signature: _____	Date: _____
Tenant's Signature: _____	Date: _____
Manager's Signature: _____	Date: _____

## **INSTRUCTIONS FOR COMPLETING Student and Rent Declaration**

Effective Date	Enter the effective date of the certification.
Move-in Date	Enter the date the household took occupancy of the unit.
Development Name	Enter the name of the development.
Building ID #	Enter the building identification number assigned by the IRS Form 8609.
Household Name	Enter the full name of the Head of Household.
Unit #	Enter the unit number.
Unit Size	Enter the number of bedrooms in the unit.
Unit Designation	Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for this project.

### **PART I- STUDENT STATUS**

List all occupants of the unit. State each household member's relationship to the head of household, the date of birth, age, and student status for each occupant.

Total No. of Household members: Total up the number of household members listed above. This is the total number of occupants in the unit. This number should also match the applicable lease agreement. If there are more than 5 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

### **PART II- RENT**

Please list the current rent effective at certification and every gross rent change prior to the next scheduled certification.

Effective Date	Enter the effective date of the current rent and rent change.
Tenant Paid Rent	Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8 and FmHA).
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Other non-optional charges	Enter the amount of <u>non-optional</u> charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Rental Assistance	Enter the amount of rent assistance, if any. If no rental assistance is given, insert "0".
Owner Rental Assistance	Enter the amount of rent assistance that is provided by the owner, if any. If owner-based rental assistance is given, insert "0".
Gross Rent	Enter the total of Tenant Paid Rent plus Utility Allowance, and other non-optional charges.
Max. Rent Limit	Enter the maximum allowable gross rent for the unit. Maximum gross rent is the rental amount listed on the applicable Income & Rent Limits Chart issued by MHC and effective for this certification period.
Mgr and Tenant Initial	Both the manager and the tenant(s) should initial each rent line. Gross Rent changes supported by a HAP contract do not require manager or tenant initials.

If the household receives owner rental assistance, please have the tenant(s) initial acknowledging that the contract rent was decreased by the amount specified.

### **CERTIFICATION AND SIGNATURES**

Each household member age 18 or older, including emancipated minors, must sign and date the Student and Rent Declaration form.

The manager/ owner representative should sign and date this document immediately following execution by the resident(s).

## STUDENT FINANCIAL AID VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: \_\_\_\_\_  
 Name & Address of Financial Aid Provider \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 \_\_\_\_\_  
 Fax Number \_\_\_\_\_

RE: \_\_\_\_\_  
 Applicant/Tenant Name \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 \_\_\_\_\_  
 Unit # (if assigned) \_\_\_\_\_

- If you are over the age of 23 with dependent child(ren), please check here.  
 If you are a student residing with your parent(s), please check here.

I hereby authorize release of my financial aid information.

\_\_\_\_\_  
 Signature of Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
 Signature of Owner's Representative

**Return Form To:**

THIS SECTION TO BE COMPLETED BY FINANCIAL AID PROVIDER AND/OR EDUCATIONAL INSTITUTION

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

Student currently attends school: <i>(please circle one)</i>	Full Time	Part Time		
Total scholarships, grants, gifts etc. <i>(public or private, excluding student loans)</i> received is:				
	Source	Amount	Beginning Date	Ending Date
Scholarships	_____	\$ _____	_____	_____
Grants	_____	\$ _____	_____	_____
Other Contributions	_____	\$ _____	_____	_____
Cost of Tuition	_____	\$ _____	_____	_____

Expected Date of Graduation: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
 Title: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Educational Institution: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Student Status Certification

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_

---

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

- A. Household contains at least one occupant who is not a student, has not been a student, and has/will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B. Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a part-time student(s). Documentation of part-time student status is required.
- C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed, with the applicable documentation attached:

1. Is at least one student receiving assistance under Title IV of the Social Security Act?  Yes  No
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care?  Yes  No
3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws?  Yes  No
4. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than the parent?  Yes  No
5. Are the students married and entitled to file a joint tax return?  Yes  No

---

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

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

**Mississippi Home Corporation  
TENANT INCOME CERTIFICATION**

Initial Certification       Recertification       Other

Effective Date: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_  
(MM/DD/YYYY)

**PART I - DEVELOPMENT DATA**

Development Name: \_\_\_\_\_ County: \_\_\_\_\_ BIN #: \_\_\_\_\_  
Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

**PART II. HOUSEHOLD COMPOSITION**

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YY)	Age	F/T Student* (Y or N)	Social Security or Alien Reg. No.
1			<b>HEAD</b>				
2							
3							
4							
5							
6							
Total # of HH Mbrs =							

**PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)**

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income (Child support, Contribution, etc..)
<b>TOTALS</b>	\$	\$	\$	\$
Add totals from (A) through (D), above			<b>TOTAL INCOME (E):</b>	\$

**PART IV. INCOME FROM ASSETS**

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
<b>TOTALS:</b>			\$	\$
Enter Column (H) Total If over \$5000      \$ _____ X		Passbook Rate 0.06%	=	(J) Imputed Income \$
Enter the greater of the total of column I or J: imputed income			<b>TOTAL INCOME FROM ASSETS (K)</b>	\$
<b>(L) Total Annual Household Income from all Sources [Add (E) + (K)]</b>				\$

**HOUSEHOLD CERTIFICATION & SIGNATURES**

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. \*I/we agree to notify the landlord immediately upon any member becoming a full time student.

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

_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

**PART V. DETERMINATION OF INCOME ELIGIBILITY**

**RECERTIFICATION ONLY:**

TOTAL ANNUAL HOUSEHOLD INCOME  
FROM ALL SOURCES:  
From item (L) on page 1

\$

Household Meets  
Income Restriction  
at:

- 30%    50%  
 60%    61-80%  
 <80%    >80%

**Current Income Limit x 140%:**

\$ \_\_\_\_\_

**Household Income exceeds 140% at  
recertification:**

Yes    No

Current Income Limit per Family Size: \$ \_\_\_\_\_

Household Income at Move-in: \$ \_\_\_\_\_

Household Size at Move-in: \_\_\_\_\_

**PART VI. RENT**

Tenant Paid Rent \$ \_\_\_\_\_

Utility Allowance \$ \_\_\_\_\_

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

\$

Federal Rent Assistance: \$ \_\_\_\_\_

Other non-optional charges: \$ \_\_\_\_\_

Owner-based rental assistance: \$ \_\_\_\_\_

Unit Meets Rent Restriction at:

- 30%    50%    60%    80%

\*Maximum Gross Rent **LIMIT** for this unit: \$ \_\_\_\_\_

\*Note: Maximum gross rent is the rental amount listed on the applicable Income & Rent Limits Chart issued by the MHC and effective for this certification period.

**PART VII. STUDENT STATUS**

ARE **ALL** OCCUPANTS FULL TIME STUDENTS?

Yes    No

If yes, Enter student explanation\*  
(also attach documentation)

\*Student Explanation:

- TANF assistance
- Job Training Program
- Single parent/dependent child
- Married/joint return
- Former Foster Care participant

**PART VIII. CERTIFICATION NOTES/COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF OWNER/REPRESENTATIVE**

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Development.

\_\_\_\_\_  
SIGNATURE OF OWNER/REPRESENTATIVE

\_\_\_\_\_  
DATE

# INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

*This form is to be completed by the owner or an authorized representative.*

## Part I - Development Data

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, designate the purpose of the recertification (i.e., a unit transfer, a change in household composition, or other state-required recertification).

Move-in Date Enter the date the tenant has or will take occupancy of the unit.

Effective Date Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.

Development Name Enter the name of the development.

County Enter the county (or equivalent) in which the building is located.

BIN # Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).

Address Enter the address of the building.

Unit Number Enter the unit number.

# Bedrooms Enter the number of bedrooms in the unit.

## Part II - Household Composition

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

H	-	Head of Household	S	-	Spouse
A	-	Adult co-tenant	O	-	Other family member
C	-	Child	F	-	Foster child(ren)/adult(s)
L	-	Live-in caretaker	N	-	None of the above

Enter the date of birth, age, student status, and social security number or alien registration number for each occupant.

Total No. of Household members: Total up the number of household members listed above. This is the total number of occupants in the unit. This number should also match the applicable lease agreement.

*If there are more than 6 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.*

## Part III - Annual Income

**See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.**

From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

Column (A) Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.

Column (B)	Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.
Column (C)	Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).
Column (D)	Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
Row (E)	Add the totals from columns (A) through (D), above. Enter this amount.

#### **Part IV - Income from Assets**

**See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.**

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

Column (F)	List the type of asset (i.e., checking account, savings account, etc.)
Column (G)	Enter C (for current, if the family currently owns or holds the asset), or I (for imputed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification).
Column (H)	Enter the cash value of the respective asset.
Column (I)	Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
TOTALS	Add the total of Column (H) and Column (I), respectively.

If the total in Column (H) is greater than \$5,000, you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by 0.60% and enter the amount in (J), Imputed Income.

Row (K)	Enter the greater of the total in Column (I) or (J)
Row (L)	Total Annual Household Income From all Sources    Add (E) and (K) and enter the total

#### **HOUSEHOLD CERTIFICATION AND SIGNATURES**

After all verifications of income and/or assets have been received and calculated, each adult household member, including emancipated minors, must sign and date the Tenant Income Certification. For move-in, it is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification, and **NO LATER** than the effective date of the TIC.

#### **Part V – Determination of Income Eligibility**

Total Annual Household Income from all Sources	Enter the number from item (L).
Current Income Limit per Family Size	Enter the Current Move-in Income Limit for the household size.
Household income at move-in Household size at move-in	For recertifications, only. Enter the household income from the move-in certification. On the adjacent line, enter the number of household members from the move-in certification.
Household Meets Income	Check the appropriate box for the income restriction that the household meets



Restriction	according to what is required by the set-aside(s) for the project.
Current Income Limit x 140%	For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current income limit, then the available unit rule must be followed.

### **Part VI – Rent**

Tenant Paid Rent	Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8 and FmHA).
Rent Assistance	Enter the amount of rent assistance, if any. If no rental assistance is given, insert “0”.
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Other non-optional charges	Enter the amount of <u>non-optional</u> charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Owner-based rental assistance	Enter the amount of rent assistance that is provided by the owner, if any. If owner-based rental assistance is given, insert “0”.
Gross Rent for Unit	Enter the total of Tenant Paid Rent plus Utility Allowance, and other non-optional charges.
Maximum Rent Limit for this unit	Enter the maximum allowable gross rent for the unit.
Unit Meets Rent Restriction at	Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project.

### **Part VII - Student Status**

If all household members are full time\* students, check “yes”. If at least one household member is not a full time student, check “no”. If “yes” is checked, the appropriate exemption must be listed in the box to the right. If none of the exemptions apply, the household is ineligible to rent the unit.

*\*Full time is determined by the school the student attends.*

### **Part VIII – Certification Notes and Comments**

Insert any notes and/or comments that are pertinent to the household’s eligibility.

### **SIGNATURE OF OWNER/REPRESENTATIVE**

It is the responsibility of the owner or the owner’s representative to sign and date this document immediately following execution by the resident(s). At move-in, it is recommended that the TIC be signed by the owner/manager no earlier than 5 days prior to the effective date of the certification. No signatures should be acquired after the effective date of the certification.

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in tax credit compliance.

*These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.*

## TENANT RELEASE AND CONSENT FORM

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to \_\_\_\_\_

(Owner or agent)

for purposes of verifying information on my/our apartment rental application.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers  
Previous Landlords (including  
Public Housing Agencies)  
Support and Alimony Providers

Welfare Agencies  
State Unemployment Agencies  
Social Security Administration  
Medical and Child Care Providers

Veterans Administration  
Retirement Systems  
Banks and other  
Financial Institutions

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for twelve months from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

---

### SIGNATURES

\_\_\_\_\_  
Applicant/Resident

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Resident

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Household Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Household Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, AREQUEST FOR COPY OF TAX FORM@ MUST BE PREPARED AND SIGNED SEPARATELY.**

## UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.  
Complete only one form per household; include assets of children.

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Complete all that apply for 1 through 3:**

1. My/our assets include:

(A) Fair Market Value	(B) Int. Rate	(A*B) Annual Income	Source	(A) Fair Market Value	(B) Int. Rate	(A*B) Annual Income	Source
a. \$ _____	_____	\$ _____	Savings Account	m. \$ _____	_____	\$ _____	Checking Account
b. \$ _____	_____	\$ _____	Cash on Hand	n. \$ _____	_____	\$ _____	Safety Deposit Box
c. \$ _____	_____	\$ _____	Certificates of Deposit	o. \$ _____	_____	\$ _____	Money market funds
d. \$ _____	_____	\$ _____	Stocks	p. \$ _____	_____	\$ _____	Bonds
e. \$ _____	_____	\$ _____	IRA Accounts	q. \$ _____	_____	\$ _____	401K Accounts
f. \$ _____	_____	\$ _____	Keogh Accounts	r. \$ _____	_____	\$ _____	Trust Funds
g. \$ _____	_____	\$ _____	Equity in real estate	s. \$ _____	_____	\$ _____	Land Contracts
h. \$ _____	_____	\$ _____	Lump Sum Receipts	t. \$ _____	_____	\$ _____	Capital investments
i. \$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
j. \$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above: _____				
k. \$ _____	_____	\$ _____	Personal property held as an investment*: _____				
l. \$ _____	_____	\$ _____	Other (list): _____				
<b>TOTAL Add [(a) through (t)]</b>				Fair Market Value		Annual Income	
				<div style="border: 2px solid black; width: 100px; height: 20px;"></div>		<div style="border: 2px solid black; width: 100px; height: 20px;"></div>	

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts that are.

\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2.  Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred); or
- I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
3.  I/we do not have any assets at this time.

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

Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date

## INSTRUCTIONS FOR COMPLETING Under \$5000 Asset Certification

*Only one form should be completed for each household certifying to a total asset cash value of \$5000 or less.*

Household Name	Enter the name of the Head of Household.
Unit Number	Enter the unit number.
Development Name	Enter the name of the development.
Effective Date	Enter the effective date of the certification.

### QUESTION #1

For lines “a” through “t”, please enter the fair market value (A), interest rate (B) and annual income of each applicable asset.

Fair Market Value	Enter the fair market value of the respective asset. For cash assets, the fair market value is the current value of the asset. However, for checking accounts, the FMV is the last six months average. If an asset does not apply, please enter \$0 or N/A.
Interest Rate	For interest bearing accounts (such as a savings account, stocks, IRA accounts, etc), please list the current interest rate for the asset. If the asset does not bear interest, please list \$0 or N/A.
Annual Income	Enter the annual Income of the Asset by multiplying the FMV by the Interest Rate.
TOTAL	To acquire the Total Fair Market Value and Annual Income, add amounts for lines “a” through “t” for each respective column.

### QUESTION #2

**For question #2, only one of the check boxes should be marked.** If the household has sold/given away assets for more than \$1000 below FMV within the last two years prior to the certification, the first check box should be marked. The total value of the disposed assets should be noted.

If the household has not sold/given away assets for less than fair market value in the last two years, the second check box should be marked.

### QUESTION #3

If the household listed \$0 or N/A for all assets in Question #1, the household should mark this checkbox.

## HOUSEHOLD CERTIFICATION AND SIGNATURES

Each household member age 17 or older must sign and date the Under \$5000 Asset Certification.

VERIFICATION OF CHILD SUPPORT AND/OR PUBLIC ASSISTANCE

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of Agency) Date:
Applicant/Tenant Name Social Security Number Unit # (if assigned)

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

By signing below I authorize the release of this information.

Participant's Signature Date

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

Project Owner/Management Agent Return Form To:

THIS SECTION TO BE COMPLETED BY AGENCY

This is a request for a record of child support payments made through the Child Support Division in the case referenced below:

Child(ren)'s Names:
Custodian: Non-Custodial Parent:
County: State: Account #:

Check One

- Currently there is no court order directing payments through this office.
There is a court order. However, there have been no records of payments received, or disbursed through this office to date since (date).
There is a court order. Payments are directed to this office and disbursed.
If checked, please attach a copy of payment record for past 12 months. Please indicate number of pages in the printout:
Date of court order Amount of court ordered payment per

Does the household receive any additional public assistance (i.e. SNAP or TANF)? Yes No
If yes, please indicate the type and gross monthly amount of the assistance.

I certify that the above information is true and correct to the best of my knowledge.

Signature Name (print)
Title Date
Agency Telephone Number

# VERIFICATION OF REGULAR CONTRIBUTION

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

TO: (Name & address of contributor)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

<b>Mode of Delivery:</b>		
<input type="checkbox"/> Mailed	Date:	_____
<input type="checkbox"/> Faxed	Date:	_____
<input type="checkbox"/> Hand Delivered*	Date:	_____

RE: \_\_\_\_\_  
Applicant/Tenant Name

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Unit # (if assigned)

I hereby authorize release of my income information.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant 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.

\_\_\_\_\_  
Project Owner/Management Agent

**Return Form To:**

**THIS SECTION TO BE COMPLETED BY PERSON PROVIDING REGULAR CONTRIBUTIONS**

I hereby certify that effective \_\_\_\_\_ (mm/dd/yy), I will contribute \$ \_\_\_\_\_ per ( month/  week/  bi-monthly)  
to the support of \_\_\_\_\_ (resident's name) who resides at \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ as of \_\_\_\_\_ (mm/dd/yy).  
(Address)

Additional remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Contributor's Signature

\_\_\_\_\_  
Contributor's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contributor's Name and Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

**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.