



CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

SECTION A

Owner/Agent requesting release of information (Owner should provide the full name and address of the Owner): KMG Prestige Inc 102 S. Main Street Mt. Pleasant, MI 48858	Michigan State Housing Development Authority (MSHDA) Director of Asset Management/Director of Compliance 735 E Michigan Ave PO Box 30044 Lansing, MI 48909
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Notice to Tenant: Do not sign this form if the space above naming the organizations requesting your consent to release of information is left blank. You do not have to sign this form when you receive it. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/agent.

SECTION B

Name	Social Security #	Relationship to Head	Birth Date	Age	Sex M/F

CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

Purpose of Requiring Consent to the Release of Information: In signing this consent form, you are authorizing the Owner/Agent (O/A) of the housing project to which you are applying for eligibility to request information from third parties, including but not limited to the Office of Child Support (OCS), about the persons named above. MSHDA requires the O/A to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible and that the eligibility is set at the correct levels. The O/A may provide MSHDA with the information you have submitted and the information the O/A receives under this consent. The undersigned authorize the O/A and MSHDA to contact any agencies, offices, groups, organization, or employers for the purpose of obtaining information pertinent to eligibility and/or housing assistance and authorize the release of the requested information. O/A or MSHDA may use this authorization to obtain information on wages, unemployment compensation, child support, other income, and eligibility information through a computer matching operation. Use of this authorization is subject to the conditions below.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age, and each family head, spouse, or co-head, regardless of age must sign this certification and authorization of release of information.

Conditions: The O/A may not take action to terminate, deny, suspend, or reduce the eligibility your household receives based on information obtained about you under this consent until the 1) O/A has independently verified the information you have provided with respect to your eligibility and 2) with respect to income (including both earned and unearned income), and levels of benefits (the O/A has verified whether you actually received such income, wages, or benefits).

If a member (or members) of the household is/are required to sign the consent forms and is/are unable to sign on time, due to extenuating circumstances, the O/A may document the file as to the reason for the delay and specify the plans to obtain the proper signature(s) as soon as possible.

Individual consents to the release of information expire 15 months after the earliest signature date on the form. The O/A may use these individual consent forms during the 120 days prior to the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating the information you have provided may be incorrect. Unauthorized uses are prohibited.

The O/A may not make inquiries into information you have provided that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information covering the last 5 years of your participation in a housing assistance program.

Certification and Authorization of release of information by Head of Household, Spouse, Co-Head: In addition to consenting to the above certification of release of information, I certify that only the people listed in Section B of this form will occupy the unit. I hereby attest that I have reviewed this entire form and that all of my family information, income, assets and expenses have been accurately reported to the O/A and/or MSHDA. I understand that providing false information may result in denial or termination of eligibility and/or benefits.

Signature of Head of Household _____
Name (type or print) _____

Date

Signature of Spouse _____
Name (type or print) _____

Date

Signature of Co-Head _____
Name (type or print) _____

Date

Certification and Authorization of release of information by Other Adult Members: In addition to consenting to the above certification and authorization of release of information, I hereby attest that I have reviewed this entire form and that all of my information, income, assets and expenses have been included and accurately reported. I understand that providing false information will result in denial or termination of eligibility and/or benefits.

Adult Signature _____
Name (type or print) _____

Date

Adult Signature _____
Name (type or print) _____

Date

Adult Signature _____
Name (type or print) _____

Date

The applicant/resident certifies that the information given to O/A or MSHDA regarding household members, income, net family assets, allowances, and deductions is accurate. The applicant/resident understands that providing false statements or information is punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of eligibility and/or housing assistance under State and Federal Law.

The O/A or MSHDA (or any employee of O/A and MSHDA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information based on this consent form is restricted to the purposes on the consent form. Any persons, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of O/A or MSHDA responsible for the unauthorized disclosure or improper use.

Original is retained on file at the project site.

For Office Use Only	Date Rec'd	Time Rec'd	Initials
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Preliminary Rental Application

Please note that this is a preliminary application and gives no lease or rent rights.

Community Carriage Place Apartment Office Phone (248) 332-8345 Date _____

Unit Size 1 2 3 4 Unit Type: Apartment Studio Townhouse

Would you or a member of your household benefit from the design features of a barrier free unit? Yes No

Applicant: _____ Email _____ Phone () _____

Co-Applicant _____ Email _____ Phone () _____

Current Marital Status Unmarried Married Widowed Separated Divorced

Do you have any pets Yes No If yes, please list type of pet _____

How were you referred to our community? _____

Applicant's History	
Applicant:	Co-Applicant
Current Address: _____ Date From _____ Rent \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone: _____	Current Address: _____ Date From _____ Rent \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone: _____
Previous Address: _____ Date From _____ Rent \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone: _____	Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone: _____
Previous Address: _____ Date From _____ Rent \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone: _____	Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone: _____

If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet.



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

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Please list all persons that will occupy the residence.

Name (First, Middle Initial, Last)	Maiden Name (If Applicable)	Date of Birth	Relationship of Head Of Household	Social Security Number
1			Head of Household	
2.				
3.				
4.				
5.				
6.				

Employment

Applicant		Co-Applicant	
Employer:	_____	Employer:	_____
Address:	_____	Address:	_____
Phone:	_____	Phone:	_____
Length of Employment:	_____	Length of Employment:	_____
Position Held:	_____	Position Held:	_____
Salary/Wage: _____ Per _____		Salary/Wage: _____ Per _____	
Supervisor:	_____	Supervisor:	_____
Status: _____ Full-Time _____ Part-Time		Status: _____ Full-Time _____ Part-Time	
List average hours per week worked _____		List average hours per week worked _____	

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc)

Source _____	Amount: \$ _____	Frequency: _____
Source _____	Amount: \$ _____	Frequency: _____
Source _____	Amount: \$ _____	Frequency: _____

Provide asset information below.

(Including but not limited to: Checking, Savings, Debit Card, Real Estate, 401k, IRA, Stocks, Bonds, etc)

Type of Assets	Name of Bank Stock or Bond	Account Number	Balance/ Current Value	Rate of Interest	Dividend	Real Estate
1.						
2.						
3.						
4.						
5.						

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? Yes No

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? Yes No

If "yes", please explain _____



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Have you or any member of your household ever been convicted of a crime, felony, misdemeanor? Yes No
If "yes", please explain: _____

Have you or any member of your household lived in subsidized housing? Yes No
If "yes", when and where? _____

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No
If "yes", please explain: _____

PERSONAL REFERENCES: List 3 people (not related to you) that we can call for a personal reference

Name	Address/City/Zip	Relationship	Telephone Number
1			
2			
3			

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

Head of Household	Date	Co-Applicant, Spouse/Co-Head	Date
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Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 8/30/2017)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household	Name of Household Member	

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary HUD may not collect this information and you are not required to complete this form unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to self-certify during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



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Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **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."
 2. **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.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **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.
 3. **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."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

form HUD-27061-H (9-2003)



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DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION

KMG Prestige, Inc., Affinity Property Management, LLC. and/or _____
 Apartments is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

- Employment purposes, or
- Housing at _____ Apartments

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

“Consumer” means an individual.

“Consumer Report” means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

“Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

“Employment Purposes” means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

“Adverse Action” means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initiated by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a “Consumer Report” and/or Investigative Report on you for employment purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.



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If we are obtaining a "Credit Report" with respect to your application for housing, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize KMG Prestige, Inc., Affinity Property Management, LLC., and/or _____ Apartments to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:

- Employment purposes
- Housing purposes
- Both

I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community. As set forth in the disclosure, I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.

I acknowledge that I have received a copy of this document for my records.

Applicant

Date

Applicant

Date



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Michigan State Housing Development Authority

ANNUAL STUDENT ELIGIBILITY CERTIFICATION

(For LIHTC and Bond-Financed Projects)

This form must be completed for all households in which any of the occupants are students, either full-time or part-time. All household members age 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and at least annually thereafter or whenever there is a change in student status during the entire compliance period of the project.

Property Name: Carriage Place Apartments	MSHDA #
Unit Address/Number: 255 Carriage Circle Dr	TIC Effective Date

	Name of Household Member	Currently a Student		If not currently a student, was the member a student at any time during the past year?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Head		<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"/>
3		<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"/>
5		<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"/>

- A. At least one household member (_____) is currently a non-student and has not been (and will not be) a student during any part of any five different months of the calendar year. A **Student Status Verification** form must be completed if this individual attended school at any time during the past twelve months.
- B. Household contains all students, but is qualified because the following occupant (_____) is currently a **part-time student** and this part-time student has not been (and will not be) a full-time student during any part of any five months (consecutive or different) of the calendar year. A **Student Status Verification form** is required for the part-time student.
- C. Household contains all full-time students but is qualified because the household meets one or more of the exceptions provided in IRC Section 42 and listed below.
- At least one student is receiving assistance under Title IV of the Social Security Act (i.e. welfare, AFDC, TANF, etc.) Yes No Program:
 - At least one student was previously under the care and placement responsibility of the state agency responsible for administering foster care? If yes, attach documentation of previous foster care participation. Yes No
 - At least one student participates in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? If yes, attach documentation of current participation.

Yes, Program Name: _____ No

- At least one student is 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 other (or absent) parent? If yes, attach documentation such as a tax return or court order establishing custody.

Yes No Explanation:

- At least one student is married and entitled to file a joint tax return. If yes, attach a copy of the marriage license or the most recently filed tax return.

Yes No Document Attached

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. I/we agree to notify management immediately of any changes in this household's student status. 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 Printed Name of Applicant/Tenant Date

Signature of Applicant/Resident Printed Name of Applicant/Tenant Date

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.

Note: The five months need not be consecutive. If the individual attended school full-time for even one day of calendar month, that month counts toward the five months.

AUTHORIZATION FOR CRIMINAL HISTORY CHECK

OF 202

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with KMG Prestige. It is KMG Prestige's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

Full Name <i>(no nicknames)</i> _____					
Maiden Names(s), Nickname(s), Other Name(s) <i>(please include dates used)</i>			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Social Security Number _____		Date of Birth _____			
Driver's License Number _____		State _____			
Is Your Driver's License Valid?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Please give details</i>	
All addresses for the last 7 years <i>(Street / City / County / State / Years From-To)</i>					
In the event you do not remember the exact street address please include a city, state and the approximate dates of residence.					
	Street Address	City	County	State	Years From-To
1.	_____ /	_____ /	_____ /	_____ /	_____ /
2.	_____ /	_____ /	_____ /	_____ /	_____ /
3.	_____ /	_____ /	_____ /	_____ /	_____ /
4.	_____ /	_____ /	_____ /	_____ /	_____ /
5.	_____ /	_____ /	_____ /	_____ /	_____ /
6.	_____ /	_____ /	_____ /	_____ /	_____ /
List ALL States you have ever resided in:					
_____		_____			
_____		_____			
_____		_____			
(attach additional pages if necessary)					

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release KMG Prestige, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from KMG Prestige is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

X			
	Signature		Date



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NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Property Name Requesting Information: Carriage Place Apartments

By signing this consent form, I am authorizing the above-referenced housing community for which I am applying to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing assistance. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information, which I have provided on my original application for housing.

Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification and at each recertification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age, they must also sign the relevant consent forms.

Signatures:

Head of Household

Date

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date



This institution is an equal opportunity provider

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CHECKLIST

Complete a separate form for each household member who is age 18 or older or an emancipated minor.

Name: _____ Unit: _____
 Phone: _____ Email: _____

	YES	NO	COMPLETE EACH ITEM	FORM #
1.			I am a citizen of the United States or a permanent legal resident.	
2.			A member of my household is subject to a registration requirement under a state sex offender program.	
3.			Is there an expected family addition? <input type="checkbox"/> Pregnancy <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Child	126
4.			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other: _____ Name of School: _____	167 & 110
5.			I was a student sometime during the current calendar year. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other Name of School: _____ I anticipate becoming a student some time during the upcoming twelve-month period. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other Name of School: _____	167 & 110

	YES	NO	INCOME	FORM #
6.			I have a job and receive money/wages, tips or bonuses. (List the companies that pay you) Start date of employment: _____	131
7.			I am not currently employed. If you checked yes, please check those that apply below: a. <input type="checkbox"/> I receive income through another source such as SSI, SS, or Pension/Retirement accounts. List source of income: b. <input type="checkbox"/> I have not been employed since _____. I do not intend on becoming employed in the next 12 months due to: _____. c. <input type="checkbox"/> I have been laid off from my employer and anticipate returning to work on _____. d. <input type="checkbox"/> I have accepted a position with _____ (employer) that will begin on _____ (date). e. <input type="checkbox"/> I am currently looking for employment and have not accepted any positions with a potential employer.	106 & prior years taxes 131 131 or offer letter 106 & prior year taxes
8.			I am self-employed. (List the name of your company and the type of jobs you do.)	108
9.			I receive or have applied for Social Security or Rail Road Retirement Act income.	Benefit Letter
10.			I receive or have applied for Supplemental Security Income (SSI).	Benefit Letter
11.			I receive quarterly payments from DHS for the State-paid portion of a SSI grant (Quarterly SSI).	148
12.			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security).	Benefit Letter
13.			I receive/expect to receive periodic payments from retirement funds or pensions. How many funds or pensions? _____ List name(s) of fund or pension provider.	144
14.			I receive or have applied for disability or death benefits other than Social Security.	127
15.			I receive or have applied for Veteran's Administration benefits.	171
16.			I receive Public Assistance (other than Food Assistance (FAP) and Medicaid)	148
17.			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.	116
18.			I receive or have applied for unemployment benefits.	170
19.			I receive or have applied for periodic payments from Workers' Compensation.	127



	YES	NO	INCOME	FORM #
20.			I receive periodic payments from a trust, annuity or inheritance. If yes, from how many sources?	169/111
21.			I receive income from rental of real estate or personal property.	Current Lease
22.			I receive periodic payments from lottery winnings.	135
23.			I receive adoption assistance payments.	101
24.			I receive alimony.	120
25.			I receive GI Bill benefits.	Benefit Letter
26.			I receive military active duty allotments.	138
27.			I am a member of an Indian Tribe receiving gaming payments.	214
28.			I receive periodic payments from insurance policies, if yes, how many policies? _____	
29.			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.	127
30.			I receive other recurring or periodic income not listed above. (Includes financial aid under the Higher Education Act of 1965 from private sources or institution) Describe:	167

	YES	NO	CHILD SUPPORT	FORM #
31.			I receive child support. From how many parents do you receive support? _____	120 / FOC Print Out
32.			Is Child Support Paid Directly to DHS?	148 / FOC Print Out
33.			I have been awarded a judgment for child support but have not been receiving payments.	120 / FOC Print Out
34.			I have been awarded a judgment and reasonable efforts have been made to collect the amounts due including filing with courts or agencies responsible for enforcing the payments? List State _____ and County _____ where granted.	
35.			I anticipate filing a claim for child support within the next twelve months.	105

	YES	NO	ASSETS (Include all assets held or owned in or outside of the United States)	FORM #
36.			I have a savings account(s) and/or Money Market Account(s) at: List name(s) of Financial Institution(s) _____	113
37.			I have a checking account(s) at _____ (List name(s) of Financial institution(s))	113
38.			I have a prepaid card, debit Card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____ List name(s) of Financial institution(s) _____	258
39.			I have certificates of deposit at _____ (List name(s) of Financial institution(s))	113
40.			I have cash held in my home or in a safety deposit box.	102/107
41.			I have savings bonds. If yes, how many? _____ (Please provide copies)	Treasurydirect.com
42.			I have Treasury Bills. If yes, how many? _____ (Please provide copies)	Treasurydirect.com
43.			I have stocks at _____ (List name(s) of Financial institution(s))	166
44.			I have a 401k or 403b at _____ (List name(s) of Financial institution(s))	100
45.			I have bonds at _____ (List name(s) of Financial institution(s))	166
46.			I have Mutual Funds or securities at: _____ (List name(s) of Financial institution(s))	166



	YES	NO	ASSETS (continued) (Include all assets held or owned in or outside of the United States)	FORM #
47.			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution(s))	134
48.			I have an annuity(ies) at: _____ (List name(s) of institution(s))	111
49.			I own real estate. If yes, how many properties? _____ Address of Property(ies) _____	152/150
50.			I own a mobile home.	152
51.			I have land contracts. If yes, how many? _____	Amortization Schedule
52.			I hold a mortgage or deed of trust.	151
53.			I have revocable trusts. If yes, how many trusts? _____	Copy of Trust
54.			I have a whole life or universal life insurance policy(ies). If yes, how many policies? _____ at: _____ (List name(s) of institution(s))	172
55.			I have time share certificate (s) at: _____ (List name(s) of institution)	
56.			I have personal property held for investment purposes (gems, jewelry, collections, etc.)	Appraisal(s)
57.			I have lump sum receipts or one-time receipts	
58.			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets	
59.			I have joint ownership on one or more of the above assets.	
60.			I have income/assets from sources other than those listed above. (Describe) _____	
61.			A member of my household is under the age of 18 and has assets. (Describe) _____	

	YES	NO	COMPLETE EACH ITEM (Complete the items below for Section 8, Section 236, Section 202, 811 PHAC, Section 101, Section 221, Moderate and Rural Development Projects Only)	FORM #
62.			I am a single parent with Joint physical custody and the other parent resides in subsidized housing.	
63.			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.	Benefit Letter
64.			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.	137
65.			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.	137
66.			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.	137
67.			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.	121
68.			Family Independence Agency (FIA) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays: <input type="checkbox"/> full <input type="checkbox"/> partial.	148
69.			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.	121
70.			I pay handicap equipment expenses for a handicapped/disabled family member which is not covered by insurance.	137

	YES	NO	OTHER ITEMS	FORM #
71.			I have provided proof of Social Security numbers (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)	SS Card



		Initial Column		DISPOSAL / DIVESTITURE OF ASSETS (All tenants and perspective residents in all types of projects must complete the section below)	FORM #
72.	YES	NO	<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years for under Fair Market Value. Initial the "Yes" column or the "No" column at left. If yes, list Item(s) and date(s): _____</p> <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>		103

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date

