

(Management Company Letterhead)

SAMPLE RENTAL APPLICATION

For: _____
 (Name of Housing Complex) (Address)

1. Applicant's Name	Social Security #	Home Phone #
2. Present Street Address	City, State, Zip Code	# of Years at Present Address:
3. Former Street Address	City, State, Zip Code	# of Years at Former Address:
4. Names of other persons in Household:	# of Full-Time Students in the Household:	# of Bedrooms Requested:
5. Name and Address of Employer	Type of Business	Self-Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Business Telephone #	Position/Title	# of Years on the Job
7. Name and address of previous employer (if employed at present position for less than 2 years)	City, State, Zip Code	Business Telephone #
1. Co-Applicant's Name	Social Security #	Home Phone #
2. Present Street Address	City, State, Zip Code	# of Years at Present Address:
3. Former Street Address	City, State, Zip Code	# of Years at Former Address:
4. Name and Address of Employer	Type of Business	Self-Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Business Telephone #	Position/Title	# of Years on the Job
6. Name and Address of previous employer (if employed at present position for less than 2 years).	City, State, Zip Code	Business Telephone #

Household Composition:

List the head of your household and all members who are expected to live in this apartment/house. Give the relationship of each family member to the head of the household.

Member No.	Full Name	Relationship	Age and Birthdate	Social Security No.	Citizenship Status
Head of HH					
2					
3					
4					
5					
6					
7					
8					

Background Information:

Please answer the following questions with a yes or no answer. You may provide an explanation for any or all of your answers by attaching it to this application.

1. Have you ever been convicted of a felony? Yes No
2. Do you currently have an outstanding felony charge that has not yet been settled in a Court of Law? Yes No
3. Have you ever filed Bankruptcy? Yes No
4. Have you ever been evicted from another apartment/housing complex before? Yes No
5. Have you ever left another apartment/housing complex still owing rent or money for damages? Yes No
6. Do you understand this apartment complex is governed by specific rules of the U.S Department of Housing & Urban Development and the State of Kansas? These regulations may affect your ability to qualify for housing here. Are you prepared to complete a tenant income certification for your household and have the information verified by third party? Yes No

Certification/Consent:

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purpose of income and asset verification related to my/our application for tenancy as well as a criminal background check.

Applicant

Date

Co-Applicant

Date

**TENANT INCOME CERTIFICATION
FOR THE KANSAS HOME RENTAL HOUSING PROGRAM**

Each applicant applying for HOME Program housing in Kansas must complete the Kansas tenant income certification. Please answer each question presented below and do not leave any questions blank. You may request the assistance of the leasing agent or property manager to help you. It may also be the requirement of the management company to assist you.

Property Name: _____ Unit Number: _____

Bedroom Type: _____ Rent: _____ Utility Allowance: _____

Initial Certification: (yes/no) If yes, effective date of this Cert: _____
(Within 5 days of lease Date)

Recertification: (yes/no) If yes, effective date of this Recert: _____

A. Household Information

	Head	Co-Head	Member	Member	Member	Member	Member
Last Name							
First Name							
Relationship							
Illegal Alien (Write Yes or No)							
Male/Female							
Current Age							
SSN							
Birth date							
*Marital Status (Single, Married, Divorced, Separated or Widowed)							

*If divorced, you will need to supply a copy of your divorce decree. If there are no continuing obligations between you and your ex-spouse such as child support or alimony, you may mark single.

Total Number of Household Members Expected to occupy the unit during the next 12 Months. (You may include an unborn child(ren) if you are currently pregnant so long as you are willing to have the pregnancy verified by your physician prior to occupancy): _____

B. Household Income Information

Complete questions 1-13 below, then list all pertinent sources of income on the chart. (Do not include income from assets. Assets are handled under Section "C").

	Yes	No
Are any of the occupants receiving rental assistance through a Section 8 Certificate/Voucher? If so, what is the subsidy amount? _____	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household employed full-time, part-time, or seasonally? Number in the household employed. _____	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household not currently employed expect to work for any period during the next twelve (12) months? (<i>Persons 18 yrs. and older</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household work for someone who pays them in cash or who earns tips? (<i>Persons 18 yrs. and older</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your household now receive or expect to receive unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household now receive or expect to receive child support?	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household entitled to receive child support that he/she is not now getting?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household now receive or expect to receive alimony?	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household entitled to alimony that he/she is not now getting?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive welfare assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive social security or SSI benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive income from a pension or annuity?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	<input type="checkbox"/>	<input type="checkbox"/>

<i>Tenant</i>	<i>Source of Income</i>	<i>Amount (\$)</i>

*The **Total Gross Annual Income** from above is \$ _____

C. Household Asset Information

Please check yes or no to the following questions regarding assets. Checking “yes” indicates you have the asset and checking “no” indicates you do not have the asset. After answering the questions, complete the chart below.

	Yes	No
Does anyone in the household have a checking account?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have a savings account?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have Certificates of Deposit (CDS)?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have stocks or bonds?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have IRA’s or Other Retirement Funds?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have Mutual Funds?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have Trust Accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have Life Insurance? (<i>Whole or Universal</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have personal property held as an investment?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have real estate? Is the real estate for sale or for rent?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do you have any assets you disposed of <i>For Less Than Fair Market Value</i> Within the last 2 years? Please list them here: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other current assets? Please list them here: _____	<input type="checkbox"/>	<input type="checkbox"/>

<i>Asset Description or Type of Asset</i>	<i>Percent of Ownership</i>	<i>Value of Asset (\$)</i>	<i>Actual Income generated by the Asset (\$--in dollar value)</i>	<i>Disposed of for Less than Fair Market Value?</i>
<i>Total Actual Income</i>				

Total Imputed Income: If the Total Value of all Assets exceeds \$5,000 multiply the Total Value of Assets by 2% and list the amount here:

\$ _____ If the total amount does not exceed \$5,000 just put zero (0).

Compare the “Actual” amount in the chart to the “Imputed” amount above, and add the greater of imputed or actual asset income to the **Total Gross Annual Income** from Part B (*), page 3. Write the answer in the space below:

Total Anticipated Gross Annual Household Income (including assets): \$ _____

Maximum Allowed for this household size per the Income/Rent Chart: \$ _____

D. Recertification

In signing this income certification, I/We understand that in accordance with HOME Program regulations regarding recertification, I/We will be required to complete another certification within the next 12 months and within each 12 month period thereafter, and that failure to do so jeopardizes my/our ability to continuing living at this housing development.

F. Tenant's Certification

I/We certify under penalty of perjury that all information I/We provided for the purpose of completing this form is true and complete to the best of My/Our knowledge and belief. I/We understand that willful misrepresentation of any information provided herein constitutes fraud and may be dealt with in a Court of Law.

Tenant Signature Date

Co-Tenant Signature Date

Co-Tenant Signature Date

Co-Tenant Signature Date

Managers Signature Date

(Management Company Letterhead)

TENANT RELEASE AND CONSENT

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 _____, 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 not limited to: personal identify; 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 CONTACTED

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

- | | |
|------------------------------------|--|
| Past and Present Employers | Welfare Agencies |
| Veterans Administration | Previous Landlords (including public housing agencies) |
| State Unemployment Agencies | Social Security Administration |
| Retirement Systems | Support and Alimony Providers |
| Banks/Other Financial Institutions | |
| Medical and Child Care Providers | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

Signature Date

Signature Date

LEASE ADDENDUM FOR DRUG-FREE HOUSING

In consideration of occupancy at this housing complex and/or the execution of renewal of a lease of the dwelling unit identified in the lease, Owner and Tenant agree as follows:

1. Tenant, any member of the tenant’s household, or a guest or other person under the tenant’s control shall not engage in criminal activity, including drug-related criminal activity, on or near the project premises. “Drug-related criminal activity” means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sale, distribute or use, of controlled substance (as defined in section 102 of the Controlled Substance Act [21 U.S.C. 802]).
2. Tenant, any member of tenant’s control shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near project premises.
3. Tenant or members of the household will not permit the dwelling unit to be used for, or to facilitate, criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest.
4. Tenant or members of the household will not engage in the manufacture, sale, or distribution of illegal drugs at any location, whether on or near project premises or otherwise.
5. Tenant, any member of the tenant’s household, or a guest or other person under the tenant’s control shall not engage in acts of violence or threats of violence, including but not limited to, the unlawful discharge of fire arms, on or near project premises.
6. Violation of the above provisions shall be a Material Violation of the Lease and Good Cause for Termination of Tenancy. A single violation of any of the provisions of the Addendum shall be deemed a serious violation and a material noncompliance with the lease. It is understood and agreed that a single violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be a preponderance of the evidence.
7. In case of conflict between the provisions of the Addendum and any other provisions of the lease, the provisions of the Addendum shall govern.
8. This Lease Addendum is incorporated into the Lease executed or renewed this day between Owner/Agent and Tenant.

Tenant	Date	Tenant	Date
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Tenant	Date	Tenant	Date
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Management Agent

UNIT INSPECTION RECORD

Unit Address: _____ Apt. # _____ Unit Size _____ BR

Items	Move-in Condition	Move-out Condition
KITCHEN		
Doors		
Walls		
Ceiling		
Floor		
Range		
Counter tops		
Sink		
Garbage Disposal		
Refrigerator		
Dishwasher		
Cabinets		
Other:		
BATHROOM #1		
Doors		
Walls		
Ceiling		
Floor		
Toilet		
Basin		
Tub		
Shower		
Vanity		
Other:		
BATHROOM #2		
Doors		
Walls		
Ceiling		
Floor		
Toilet		
Basin		
Tub		
Shower		
Vanity		
Other:		

Item	Move-in Condition	Move-out Condition
LIVING ROOM		
Doors		
Walls		
Ceiling		
Floor		
Fireplace		
Other:		
BEDROOM #1		
Doors		
Walls		
Ceiling		
Floor		
Other:		
BEDROOM #2		
Doors		
Walls		
Ceiling		
Floor		
Other:		
BEDROOM #3		
Doors		
Walls		
Ceiling		
Floor		
Other:		
WINDOWS		
SCREENS		
LOCKS		
SHADES		
DRAPES		
PORCH & STAIRS		
HOT WATER HEATER		
KEYS		
BUILDING EXTERIOR		
YARD		
TRASH PICK-UP		
FURNACE/HEATING		
ELECTRICAL FIXTURES		
ELECTRICAL OUTLETS		

Resident's Signature & Date

Resident's Signature & Date

Manager's Signature & Date

ASSET VERIFICATION FORM

Name of Bank: _____

Address: _____

RE: _____

Social Security #: _____

The person listed above has indicated that he/she has assets in your institution. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Property Management Agent

I hereby authorize the above-named management agent to make inquiries regarding my financial circumstances.

Signed: _____ Date: _____

Checking Account Balance: _____ Rate of Interest: _____

Average Balance for Previous Six (6) Months: _____

Current Savings Account Balance: _____ Rate of Interest: _____

Certificates of Deposit # _____ Value _____ Rate of Interest: _____

Certificates of Deposit # _____ Value _____ Rate of Interest: _____

Certificates of Deposit # _____ Value _____ Rate of Interest: _____

Money Market Certificate: Value _____ Rate of Interest: _____

Other Accounts:

Signature of Authorized Representative _____

Title: _____

Date: _____

PLEASE RETURN FORM TO:

FUND/PENSION VERIFICATION FORM

Name: _____ Date: _____

Address: _____

_____ RE: _____

The person listed above has indicated that he/she has assets in your institution. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Property Management Agent

I hereby authorize the above-named management agent to make inquiries regarding my financial circumstances.

Signed: _____ Date: _____

Weekly _____ Monthly _____ Payments to Employee: \$ _____

Weeks or amount still to be paid: _____

Effective Date: _____ Ending Date if Known: _____

Retirement Pension Number: _____

Current Gross Monthly Retirement Income: \$ _____

Total Gross Pension Income Expected for the Next 12 Months: \$ _____

Remarks (please indicate any anticipated changes): _____

By: _____ Date: _____

Title: _____ Phone: _____

PLEASE RETURN FORM TO:

VERIFICATION OF SECTION 8 ELIGIBILITY

Client: _____ Date: _____

Address: _____

SS#: _____

TO WHOM IT MAY CONCERN:

The client listed above has indicated that he/she is receiving Section 8 housing assistance from your agency. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a HOME Investment Partnerships assisted project.

Sincerely,

Property Manager

I hereby authorize the above-named management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

Signed: _____ Date: _____

The total annual gross income for the above-named household, as verified by this Public Housing Authority is: _____

Signature of PHA Worker: _____

Name of PHA: _____

Date: _____ Phone: _____

PLEASE RETURN TO:

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) _____ Date: _____

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**

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ No ___ Date First Employed _____ Last Day of Employment _____

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

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

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 _____

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.

SOCIAL SECURITY VERIFICATION

Claimant Name: _____ Date of Birth: _____

Address: _____

SS #: _____ Social Security Claim #: _____

I hereby authorize the Social Security Administration to furnish to _____
Apartments information regarding the amount of the monthly payment made to me.

Signed: _____ Date: _____

Indicate information needed by checking spaces below:

_____ The gross amount of the monthly social security benefit is: \$ _____

The amount deducted for Medicare is: \$ _____

The net amount of social security check each month is: \$ _____

The above amount became effective _____
Month Year

_____ The monthly amount of the supplemental security income payment: \$ _____

The above amount became effective _____
Month Year

_____ Other information needed -- please specify on reverse side.

Complete only if you are unable to verify information requested.

_____ Claim still pending.

_____ No record based on identifying information.

_____ Other - see reverse side of form

Signature of Authorized Social Security Official: _____

Date: _____ Telephone No. _____

PLEASE RETURN FORM TO:

RAILROAD RETIREMENT VERIFICATION

Railroad Retirement Board Claim Number

Social Security Account Number

Date: _____

Railroad Retirement Board:

I, _____
First Name Middle Name Last Name

Number & Street City or Town State Zip Code

hereby authorize the Railroad Retirement Board to furnish to the _____
_____ the following information.

Signature of Applicant/Tenant Date: _____

Gross amount of Pension: _____

Effective Date: _____

Comments: _____

Signature & Title of Authorized Railroad Retirement Official:

Date: _____

PLEASE RETURN FORM TO:

PENSION OR WORKERS COMPENSATION VERIFICATION

Name: _____ Date: _____

_____ RE: _____

TO WHOM IT MAY CONCERN:

The person listed above has indicated that he/she is receiving payment from you. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Property Management Agent

You are hereby authorized to furnish all information requested on this inquiry.

Signed: _____ Date: _____

Weekly _____ Monthly _____ Payments to Employee: \$ _____

Weeks or amount still to be paid: _____

Effective Date: _____ Ending Date if Known: _____

Retirement Pension Number: _____

Current Gross Monthly Retirement Income: \$ _____

Total Gross Pension Income Expected for the Next 12 Months: \$ _____

Remarks (please indicate any anticipated changes): _____

By: _____ Date: _____

Title: _____ Phone: _____

PLEASE RETURN FORM TO:

VETERAN'S VERIFICATION

Veteran's Administration

RE: _____
Address: _____
Claim No. _____
Serial No. _____
Date of Birth: _____

You are hereby authorized to furnish all information requested on this inquiry.

Signed: _____ Date: _____

1. Periods of Active Duty: From: _____ To: _____

2. Compensation (Service Connected): Disability (); Death (); Dependency and Indemnity (); Pension (non-service connected): Disability (); Death (); Effective date of current award: _____. Monthly Award Amount: _____.

3. Other Payments (Monthly insurance, etc.): _____

4. Changes: If any change is contemplated, check here () and explain on reverse side.

5. Remarks: _____

VETERANS ADMINISTRATION CENTER:

By: _____

Title: _____

Date: _____

PLEASE RETURN FORM TO:

MILITARY PAY VERIFICATION

TO: (Name & Address of Employer) _____ Date: _____

 _____ RE: _____

The person listed above has indicated that he/she is employed by the military. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Property Management Agent

I hereby authorize the above-named management agent to make inquiries regarding my employment for the purpose of determining my eligibility for occupancy.

Signed: _____ Date: _____

Gross earnings anticipated over the next twelve (12) months:

Monthly Base Pay: _____
 BAQ: _____
 Fed-Rate: _____
 Commuted Rations: _____
 Clothing Allowance: _____
 Other Special Pay: _____
 Hazardous Duty Pay: _____

Total Annual Entitlement: _____ Total Monthly Entitlement: _____
 Grade Level: _____ Probability of Continued Enlistment: _____

Authorized Official (Name & Title):

Signature: _____ Date: _____

Military Agency: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

RETURN FORM TO:

MILITARY PAY VERIFICATION
(Commander's Authorization to Reside Off
Post/Verification of Pay Grade Change)

TO: (Name & Address of Unit Commander _____ Date: _____

_____ has applied for residency at _____ and has authorized the release of the information requested below. Please fill out completely.

Applicant's Signature _____ Date _____

Sincerely,

Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

I verify the above named soldier will/will not receive basic allowance for rations or housing. If the soldier will receive additional amounts please indicate the amount:

Basic Allowance for Quarters: _____

Basic Allowance for Rations: _____

Additional Subsistence in a High Cost of Living Area: _____

In the soldier is expected to participate in field training exercises please indicate the approximate number of months the soldier will not receive the Basic Allowance for Rations: _____ (Please indicate none or 0 if the soldier will not participate.)

I further verify the soldier will be promoted to the pay grade of _____ on _____ (If promotion is not imminent please state unknown.)

Authorized Official (Name & Title):

Signature: _____ Date: _____

Military Agency: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

RETURN FORM TO:

CHILD SUPPORT AND/OR ALIMONY VERIFICATION

(COMPLETED BY CLERK OF COURT)

To: _____

Date: _____

RE: _____

The person listed above has indicated that he/she is receiving court ordered support. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Property Management Agent

I hereby authorize the above-named management agent to make inquiries regarding my child support/alimony for the purpose of determining my eligibility for occupancy.

Signed: _____

Date: _____

This will certify that the above-named person receives \$_____ per
_____ in child support and \$_____ per _____ (A
copy of the account ledger may be substituted).

Signature of Clerk of Court Official

Date

PLEASE RETURN FORM TO:

CHILD SUPPORT AND/OR ALIMONY VERIFICATION

(COMPLETED BY SPOUSE)

To: _____ Date: _____

RE: _____

The person listed above has indicated that he/she is receiving support from you. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Property Management Agent

I hereby authorize the above-named management agent to make inquiries regarding my child support/alimony for the purpose of determining my eligibility for occupancy.

Signed: _____ Date: _____

This will certify that I pay \$_____ per _____ in child support to _____ for the support of: _____

_____. This will certify I pay \$_____ per month in alimony to _____ (Name)

Signature of Former Spouse

Date

PLEASE RETURN FORM TO:

CHILD SUPPORT OR ALIMONY VERIFICATION/CERTIFICATION

Applicant/Tenant: _____ Development: _____

This verification may be used for either child support or alimony paid or received. A copy of a divorce decree or settlement agreement showing the amount in question should be attached to this form.

1. Declaration of Payment Made: The person making the child support or alimony payment should fill out this section.

I, _____ who reside at _____
 (name) (address)

do certify that I pay the sum of \$ _____ per _____ for the obligation of
 (week/month)

_____. If child support, list names of children cared for.
 (alimony or child support)

1.	5.
2.	6.
3.	7.
4.	8.

How long must payments be made? _____

Signature: _____ Date: _____

Witness: _____ Date: _____

2. Declaration of Payment Received: The applicant or tenant requiring the child support or alimony should fill out this section if the maker of the payment is not able to be reached or will not complete the form, if the applicant is not receiving child support, or if the applicant is receiving a different amount than on a divorce decree or settlement agreement. This form must be notarized.

I, _____ who reside at _____
 (name) (address)

do certify that I received the sum of \$ _____ per _____ for the obligation of
 (week/month)

_____. If child support, list names of children cared for.
 (alimony/child support)

1.	5.
2.	6.
3.	7.
4.	8.

If child support or alimony is \$0, answer the following:

- | | |
|---|--|
| <input type="checkbox"/> I am entitled to receive child support | <input type="checkbox"/> I am not entitled to received alimony support |
| <input type="checkbox"/> I am entitled to received child support but do not currently received. | <input type="checkbox"/> I am entitled to received alimony but Do not receive. |

Please explain the likelihood of receiving either child support or alimony in the future, and ***attach a copy of your divorce decree and/or separation agreement.*** If there is no agreement, please state so. If the amount being received is different than the amount specified in the divorce decree or settlement agreement please explain the difference and what attempts have been made to collect the amount specified.

Signature: _____ Date: _____

Notary: _____ Date: _____

RETURN TO: _____

-OFFICE USE ONLY-

Date Sent: _____

Date Received: _____

Comments: _____

VERIFICATION OF SOCIAL SERVICES

CLIENT: _____ DATE: _____

ADDRESS: _____

TO WHOM IT MAY CONCERN:

The client listed above has indicated that he or she is receiving income from your agency. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

LIHTC Property Manager

I hereby authorize the above-named management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

Signed: _____ Date: _____

Detailed Budget Statement Provided: _____

Monthly payment from this Agency:

AFDC: _____ GA: _____

Child Support Pass Through: _____

Other: _____

Other Known Income: _____

Payments over the last 6 months: _____

Remarks - Please indicate any anticipated changes in:

(1) The monthly payment: _____

(2) The family status of the Applicant: _____

Signature of Social Service Worker: _____

Title: _____

Date: _____ Telephone: _____

PLEASE RETURN TO:

VERIFICATION OF UNEMPLOYMENT BENEFITS

RE: Client: _____

Address: _____

Claim No. _____

The above individual has indicated he/she is receiving benefits from your agency. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

By: _____

Title: _____

I hereby authorize the above-named management agent to make inquiries regarding my household income for the purpose of determining my eligibility for occupancy.

Signature of Applicant

Date

Weekly payment to client: _____

Beginning date of payments: _____ Ending date, if known: _____

Is this client entitled to an extension of benefits? _____ If yes, for how long? _____

REMARKS:

By: _____

Date: _____

Title: _____

Phone: _____

PLEASE RETURN FORM TO:

UNEMPLOYED APPLICANT'S AFFIDAVIT

1. I have made application to rent an apartment in _____
_____.

2. Check (a) or (b) as applicable:

_____ (a) I am not presently employed but anticipate becoming employed within the next twelve months.

_____ (b) I am not presently employed and do not anticipate becoming employed within the next twelve months.

Applicant's Signature

DOCUMENT VIEWED OR TELEPHONE INFO. RECEIVED FORM

(VERIFICATION RECEIVED BY TELEPHONE OR PERSONAL CONTACT OR
FROM DOCUMENT RETAINED BY APPLICANT/TENANT)

RE: _____
Applicant/Tenant

Date: _____

Documents Viewed: _____

Or, Person Contacted: _____

Representing: _____

Item Verified: _____

Information Supplied: _____

Comments: _____

Property Name: _____

Signed: _____
(Authorized Representative)

**WRITTEN DECLARATION OF U.S.
CITIZENSHIP OR NONCITIZEN WITH ELIGIBLE
IMMIGRATION STATUS**

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet.

Last Name: _____

First Name: _____ Middle Name: _____

Relationship to Head of Household _____ Sex _____ Date of Birth: _____

Social Security No.: _____ Alien Registration No.: _____

Admission No. _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

SAVE Verification No.: _____
(to be entered by owner if/when received)

INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1 or 2:

DECLARATION:

I, _____ hereby declare, under penalty of perjury,
(print/type first, middle & last name)
that I am:

____ 1. A citizen or national of the United States

If you checked this block, no further information is required.
Sign and date below. If this block is checked on behalf of a child, the adult who resides in the tax credit unit who is responsible for the child should sign and date below.

(Signature) (Date)

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status in the category checked below:

_____ A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1101 (A)(20) AND 1101 (A)(15), respectively (immigrants). This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful temporary resident status;

_____ A noncitizen that entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

_____ A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) (refugee status); pursuant to the granting of asylum which has not been terminated under section 208 of the INA (8 U.S.C. 1158) asylum status; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7) before April 1, 1980 because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;

_____ A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) (parole statuses);

_____ A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h)) (threat to life or freedom); or

_____ A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) (amnesty granted under INA 245A).

(Signature)

(Date)

AFFIDAVIT OF ESTRANGEMENT

Before me on this _____ day of _____, 20_____,
_____ personally appeared before me and
being duly sworn, disposes and says:

1. I have applied for a HOME-assisted rental unit at the following property:

2. I understand that his community is governed under the HOME Investment Partnerships Program, which requires income verification for all household members.

3. I attest that due to estrangement in my marriage, my spouse is NOT a member of the household and WILL NOT be living in the apartment.

4. Check if applicable:

I am NOT and will NOT be receiving any form of spousal contributions to my household.

I AM and DO anticipate receiving spousal contributions to my household.

Spousal contributions in the amount of \$_____ per month will be received during the next 12 month period. I will immediately notify the office of any change in this amount.

5. The reason I have not yet pursued either formal separation or divorce is:

Attachments

- A statement from a person who provided counseling to the tenant in an official capacity as part of his or her occupation (i.e., attorney, therapist, marriage counselor, clergy). The statement must be notarized or prepared on the counselor's business letterhead.
- A copy of a legal restraining order or documentation that the tenant has experienced domestic violence.

Applicant's Signature

Date

Notary Public

Date

State of: _____ County of: _____

My Commission Expires: _____

(This form prepared, in part, by Spectrum Enterprises.)

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