

RENTAL APPLICATION

PLEASE COMPLETE ALL SECTIONS.

If items do not apply, mark "N/A" for not applicable. People age 18+ must complete their own application.

1. PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

SSN _____ DOB _____ Age _____ Gender _____ Phone _____

Email _____ Drivers License # _____ State Issued _____

Marital Status Single Married Widowed Separated Divorced How many times? _____

Race (check all that apply) Asian Black or African American White American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander Other Prefer not to answer

Ethnicity Hispanic or Latino Not Hispanic or Latino Prefer not to answer

Are you a student? No Yes Part-Time Full-Time School _____

2. OTHER OCCUPANTS

If no other occupants, complete N/A for Occupant #2 Full Name

OCCUPANT #2

Full Name _____ DOB _____

Gender _____ Relationship _____ SSN _____

OCCUPANT #3

Full Name _____ DOB _____

Gender _____ Relationship _____ SSN _____

OCCUPANT #4

Full Name _____ DOB _____

Gender _____ Relationship _____ SSN _____

OCCUPANT #5

Full Name _____ DOB _____

Gender _____ Relationship _____ SSN _____

OCCUPANT #6

Full Name _____ DOB _____

Gender _____ Relationship _____ SSN _____



3. ADDRESS HISTORY: 2 CONSECUTIVE YEARS REQUIRED For additional space, please attach a separate page

CURRENT ADDRESS Date of Residency (month/year) _____ to Present Monthly Amount \$ _____
Address / City / State / Zip _____
Residency Status I own a Home Apartment Lease Home Other _____
Landlord/Mortgage Company _____ Landlord/Mortgage Company Phone _____
Landlord/Mortgage Address / City / State / Zip _____
Reason for moving: _____ Is landlord a relative? No If yes, list relationship _____
Is your lease in any other name? No Yes Name & Reason _____

PREVIOUS ADDRESS Date of Residency (month/year) _____ to _____ Monthly Amount \$ _____
Address / City / State / Zip _____
Residency Status Owned Home Apartment Leased Home Other _____
Landlord/Mortgage Company _____ Landlord/Mortgage Company Phone _____
Landlord/Mortgage Address / City / State / Zip _____
Reason for moving _____ Was landlord a relative? No If yes, list relationship _____
Is your lease in any other name? No Yes Name & Reason _____

4. EMPLOYMENT INFORMATION _____ If not currently employed, complete N/A for Current Company

CURRENT COMPANY _____ Date of Employment _____ to Present
Job Title _____ Hourly Wage _____ Phone _____ Fax _____
Address/City/State/Zip _____
Supervisor's Name _____ Supervisor's Title _____
Supervisor's Email _____ Is this job seasonal or temporary Yes No

PREVIOUS COMPANY _____ Dates of Employment _____ to _____
Job Title _____ Hourly Wage _____ Phone _____ Fax _____
Address/City/State/Zip _____
Reason for leaving _____ Supervisor's Name _____
Supervisor's Title _____ Supervisor's Email _____

5. OCCUPANCY REQUIREMENTS / OTHER REQUIRED INFORMATION

of Bedrooms Needed _____ Date Needed _____ How did you hear about us? _____
Do you receive Section 8? No Yes Caseworker _____

COMPLETE EACH OF THE BELOW STATEMENTS

NO YES

- I expect additions to our household within the next 12 months. Details _____
- There are absent household members that would normally live with me. Details _____
- I have special needs. Details _____
- I have or anticipate having pets other than a service animal. Details _____
- I have primary physical custody of all children listed on the application. Details _____
- I have been evicted or asked to move from a rental unit of any type. Details _____
- I have broken a rental agreement or lease contract. Details _____
- I have filed for bankruptcy. Details _____
- I have been convicted of a felony. Details _____
- I have been arrested/convicted of a drug related crime. Details _____



6. ADDITIONAL INFORMATION

EMERGENCY CONTACT Name _____ Relationship _____ Phone _____

Address/City/State/Zip _____

In the event of a serious illness or death of resident, the above person **may** enter, remove and/or store all contents found in the dwelling, common areas or mailbox.

In the event of a serious illness or death of resident, the above person **may not** enter, remove and/or store all contents found in the dwelling, common areas or mailbox.

VEHICLE (Car/Truck/SUV/Motorcycle) _____ Make/Model/Color _____

VEHICLE (Car/Truck/SUV/Motorcycle) _____ Make/Model/Color _____

PETS Do you have a pet? (Management Approval Required) No Yes Number of Pets _____

Description of Pets (Name/Type/Breed/Weight) _____

7. APPLICATION FEE AND SIGNATURE CLAUSE

Applicant has submitted the sum of \$ _____ which is non-refundable payment for a credit and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment. In the event this application is disapproved by Management or canceled by the applicant, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. This application, along with an applicant questionnaire completed by each adult in household, must be completed in total and signed before it will be processed by Management.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(2) and deposit(s) as liquidated damages for owner's time and expenses of processing this application and (3) terminate resident's right of occupancy. Owner receives the right to regularly and routinely furnish information to consumer reporting agencies about performance of leasing obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit program. This program requires us to certify all of your income, asset, and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility, and if such eligibility is granted, each subsequent year you remain in the unit.

Management has reviewed documentation, including but not limited to: Driver's License, Social Security ID, etc. to form a reasonable belief that the identity of the applicant is the same to whom the credit report pertains to the best of management's knowledge.

Management Initials: _____

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

 _____

Signature of Applicant

Date

Signature of Management

Date



MARITAL STATUS AFFIDAVIT

(To be completed by all applicants)

Applicant/Tenant: _____ **Unit #:** _____

I certify that:

- I have never been married. (If checked, stop here and sign and date bottom of form.
- I am married and spouse is included in household
- I am divorced
- I am separated
- I am widowed
- I am estranged. (If checked, please answer estranged status questions below.)

from my spouse(s) whose name(s) is/are: _____

Date of divorce(s)/separation(s)/etc. _____

Check this box if you are ESTRANGED from your spouse and initial:

I am estranged from my spouse (not yet legally separated or divorced). They will not be contributing financially and will not be living in the apartment at any time during my tenancy. Initial here: _____

Check A or B:

- A. I am not and will not be receiving any form of spousal contributions to my household.
- B. I am or do anticipate receiving spousal contributions to my household

Spousal contribution in the amount of \$ _____ per month will be received during the next 12-month period (verification is required). I will immediately notify the office of any change in this amount.

Answer the following:

I have been awarded income such as alimony, child support, or survivor benefits

YES NO

I am in possession of and am providing copies of legal documents to verify divorce, separation, etc.

YES NO If no, please state why:

The following legal actions have been made to attempt to collect payments owed to me:

Signature of Applicant

Date

These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.

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 that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.



Custody & Child Support Affidavit

Applicant/Tenant: _____ Unit #: _____

Please complete a separate form for each minor in this unit not living with both biological or adoptive parents:

Child Name/SSN(last four digits)/DOB : _____ / _____ / _____

Name of Absent Parent: _____

Will this child live with you in the tax credit apartment at least 50% of the time?

YES NO

Who claimed the child as a dependant on their most recent tax return?

I did The absent parent Other: _____ No one

Do you receive support (monetary or not) for this child? YES NO

(Note: "Support" may be legally ordered or an informal agreement)

If YES list amount \$ _____ per _____

Have you ever been awarded an amount of child support for this child through the courts?

YES NO

If awarded but not paid, have you taken legal action to collect child support?

YES NO

If yes, please describe efforts and proof: _____

Do you expect to receive child support for this child in the next 12 months?

YES NO

If no, please explain: _____

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 that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Household Member)

Date

(Signature of Manager)

Date





DEMOGRAPHIC DATA COLLECTION FORM

Name of Property & Address: _____ Date: _____

Data Collection for: Wait List Tenant Applicant

Please list All Members of your Household with Head of Household as #1:

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

Ethnic Categories	Select One Ethnic Category for EACH Household Member							
Household Member	1	2	3	4	5	6	7	8
Hispanic or Latino								
Not Hispanic or Latino								
Racial Categories	Select All Races that Apply for Each Household Member							
American Indian or Alaska Native								
Asian								
Black or African American								
Native Hawaiian or Other Pacific Islander								
White								
Other								
Other Categories	Add Information for Each Household Member							
Age								
Disability ("Yes" or "No" for all over 5 yrs. of age)								

There is no penalty for persons who do not complete the form. Initial here if you choose not to disclose race and/or ethnicity information for your household. If you choose not to disclose, head of household ONLY should sign and date below. Otherwise, every adult must sign:

Head of Household Signature

Adult Co-Tenant Signature

Adult Co-Tenant Signature

Adult Co-Tenant Signature

Adult Co-Tenant Signature

Adult Co-Tenant Signature



Instructions for the Race and Ethnic Data Reporting (Based on 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 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.

INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

Initial Certification Recertification Addition of Household Member

RENTAL ASSISTANCE

YES NO

1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below. Housing Authority Name _____	Note: This is not counted as household income.
2. <input type="checkbox"/>	<input type="checkbox"/>	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below. Program Name _____ Organization providing rental assistance _____	Note: This is not counted as household income.

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

3. <input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc. List types: 1) _____ 2) _____	(Use <u>net</u> income from business) \$ _____ \$ _____
4. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer. Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____ 1) Date of Hire: _____ 2) Date of Hire: _____

Revised 8/1/24



We encourage and support the nations affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



YES NO

MONTHLY GROSS INCOME

<p>5. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do not count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization.</p> <p><u>Name of Person Providing Contribution</u></p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
<p>6. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive unemployment benefits.</p>	<p>\$ _____</p>
<p>7. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Veteran’s Administration, GI Bill, or National Guard/Military benefits/income.</p>	<p>\$ _____</p>
<p>8. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments</p>	<p>\$ _____</p>
<p>9. <input type="checkbox"/> <input type="checkbox"/></p>	<p>The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).</p>	<p>\$ _____</p>
<p>10. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive disability or death benefits other than Social Security.</p>	<p>\$ _____</p>
<p>11. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic payment from lottery winnings.</p>	<p>\$ _____</p>
<p>12. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Public Assistance Income (examples: TANF) DO NOT INCLUDE FOOD STAMPS</p>	<p>\$ _____</p>
<p>13. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive child support payments through court order or other agreement. If yes, from how many persons do you receive support? _____</p>	<p>\$ _____ (amount received)</p>
<p>14. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive alimony/spousal maintenance payments</p>	<p>\$ _____ (amount received)</p>
<p>15. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements. If yes, list sources: 1) _____ 2) _____</p>	<p>\$ _____ \$ _____</p>
<p>16. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive income from real or personal property.</p>	<p>(Use <u>net</u> earned income) \$ _____</p>

Revised 8/1/24



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YES 17. <input type="checkbox"/>	NO <input type="checkbox"/>	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loans, other grants, scholarships, etc.).	\$ _____ per semester
18. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income and will be required to complete a separate zero income certification form if my entire household is claiming zero income	

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO		INTEREST RATE	CASH VALUE
19. <input type="checkbox"/>	<input type="checkbox"/>		
	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/>	<input type="checkbox"/>		
	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>		
	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/>	<input type="checkbox"/>		
	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
23. <input type="checkbox"/>	<input type="checkbox"/>		
	I have a revocable trust(s) If yes, list bank _____	_____%	\$ _____

Revised 8/1/24



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YES NO		INTEREST RATE	CASH VALUE
24. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: Keep Sell Rent Give Away Foreclose		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments).		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____

Revised 8/1/2024



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HTC FORM 600 A - ASSET SELF-CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.

(Complete only one form per household; include assets of children.)

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. *Cash value is **current market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*

Household Name:		Unit#:			
PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV).			
Asset #1:		Date of Disposal:	FMV - amt received:		
Asset #2:		Date of Disposal:	FMV - amt received:		
PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT					
Have you received a federal tax return or refundable federal tax credit in the last 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount of return/credit:			\$		
PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)					
<input type="checkbox"/> Yes <input type="checkbox"/> No		I/we do not have any non-necessary personal property			
Type of Asset	(A) Cash Value*	(B) Annual Income	Type of Asset	(A) Cash Value*	(B) Annual Income
Cash on Hand	\$	N/AP	Cryptocurrency	\$	\$
Pre-paid Debit Card (including Govt. Benefits)	\$	N/AP	Money Market/ CD	\$	\$
Checking/Savings	\$	\$	Annuities	\$	\$
Checking/Savings	\$	\$	Brokerage Account	\$	\$
Savings	\$	\$	Stocks/Bonds	\$	\$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	\$	\$	Other: _____	\$	\$
Whole Life Insurance	\$	\$	Other: _____	\$	\$
Non-Account Based					
Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business					
Description				(A) Cash Value *	
				\$	
				\$	
				\$	
				\$	
PART IV. REAL PROPERTY					
<input type="checkbox"/> Yes <input type="checkbox"/> No		I/we do not have any real property			
Description of Property		(C) Cash Value*		(D) Income	
		\$		\$	
		\$		\$	

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/Tenant

Date

Signature of Applicant/Tenant

Date

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant 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 HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

**HTC Form 800 A
STUDENT CERTIFICATION FORM**

Project Name: _____
Project Address: _____
City/State/Zip: _____
Resident/Applicant: _____

- | | | |
|--|-----|----|
| 1. Is there any member of the household who is not a full-time student? | YES | NO |
| 2. Are you married and entitled to file a joint federal income tax return? | YES | NO |
| 3. Are you a single parent who is not claimed as a dependent of any other person? | YES | NO |
| 4. Are any of the children in the household claimed as a dependent of any person other than the parent(s)? | YES | NO |
| 5. Are you receiving Aid to Families with Dependent Children (AFDC or TANF)? | YES | NO |
| 6. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act or funded by a State or Local government agency? | YES | NO |
| 7. Has any student formally received Foster Care assistance? | YES | NO |

If you are a full-time student and:

- 1) you answered **NO** to all of the above questions, **you are ineligible to rent a low-income apartment** as defined under section 42 of the Internal Revenue Code.
- 2) you marked **YES** to at least one of the above questions, please indicate the school you are attending so that we may request the following information:

STUDENT Completes:

I hereby certify that the statements above are true and complete to the best of my knowledge.

Applicant/Resident's Signature

Date

**HTC Form 800 B
STUDENT CERTIFICATION FORM**

STUDENT Completes:

School Name: _____ Student Name: _____
School Address: _____ Student ID #: _____

I hereby authorize the school I attend to disclose the information requested below.

Applicant/Resident's Signature Date

The above-named student has completed an application for rental housing. Student status must be verified by a third-party source. Please provide the information requested below:

1. Student currently attends school: *(please circle one)* Full-time Part-time
2. Date student was enrolled in school as a full-time student: _____
3. Expected Date of Graduation: _____
4. Amount of Student Grants, Scholarship, etc.: \$ _____
5. Amount of Tuition: \$ _____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature Date

Title Phone #

Badger State Lofts

1031 Maryland Ave

Sheboygan, WI 53081

920-627-4773

RESIDENT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of identifying or verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed above and/or the State and Local Agencies/Department 's service provider.

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 identity, student status, employment, income assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for an 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 | Welfare Agencies | Veterans Administration |
| Support and Alimony Providers | Education Institutions | Retirement Systems |
| State Unemployment Agencies | Social Security Administration | Medical and Child Care |
| Banks and other Financial | Previous Landlords (including | Providers |
| Institutions | Public Housing Agencies) | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose 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. Everyone 18 years of age and older must sign this form.

SIGNATURES

 Signature of Applicant/Resident Printed Applicant/Resident Name Date

 Signature of Co-Applicant/Resident Printed Co-Applicant/Resident Name Date

 Signature of Co-Applicant/Resident Printed Co-Applicant/Resident Name Date

 Signature of Co-Applicant/Resident Printed Co-Applicant/Resident Name Date

NOTE: Section 1001 of title 18 of the US 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.

