



25th & Quincy
872 25th Street
Ogden, Utah 84401
(385) 865-8146

LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

The information you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

PROPERTY INFORMATION (For Office Use Only):

Date Received: _____
Unit Address: _____
Unit Number: _____
of Bedrooms: _____

_____ Initial Certification
_____ Recertification
_____ Other _____
Proposed Effective Date: _____

How did you hear about our community? (If referred, by whom?) _____

HOUSEHOLD COMPOSITION AND STATUS:

List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. **Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered.** List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.

Household Member's Full Name (first, middle and last)	Relationship to Head S=Spouse O=Other Adult C=Biological Child SC=Step Child F=Foster Adult or Child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If "Yes" Part time (PT) or Fulltime (FT)?*	If a child, please list both biological parents' full names.

*For each household member listed above – List this member as full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.



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1. If every household member listed on first page is indicated as a full-time: (If every member is not a full time student, please mark here): ☐ NA

- Circle One
- a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF) Yes or No
- b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act, Workforce Investment Act or similar Federal, State, or local programs? Yes or No
- c. Are any full-time students married and entitled to file a joint tax return? Yes or No
- d. Is the household comprised entirely of a single parent & child(ren) none of whom are dependents of another individual? Yes or No
- e. Has any full-time student received foster care assistance within the last 5 years? Yes or No

2. Are there any temporarily absent family members in your household? Yes or No
(i.e. spouses employed out of state, estranged spouses, etc...)
If yes, please explain: _____

If you are divorced or separated, please provide the date effective: _____
If divorced within last 3 years, please provide full copy of divorce decree.

3. Will this be your only place of residence? Yes or No
4. Do you expect any changes in the household in the next 12 months? Yes or No
If yes, please describe change _____
When will this change occur? _____
(If adding a new member, this person should be listed as a household member on page 1 of this application)
5. Are any household members, under the age of 18, claiming emancipation (yourself included)? Yes or No
If yes, please provide documentation to validate emancipation.
6. Will you or anyone in your household require a live-in care attendant? Yes or No
7. Do you have full custody of your children? Yes or No
No Children
If No, please explain: _____

8. **RECERTIFICATION ONLY:** Are there any changes to your income or assets from your last certification?

Yes or No or NA

If yes, please list changes: _____

DEMOGRAPHICS (OPTIONAL) Providing one's race and ethnicity is an optional disclosure for applicants/tenants.
Declining to do so will **not affect** your eligibility for this program. This is being tracked for informational purposes only.

Race (Mark corresponding box(es) and indicate number in household)

- ☐ White ☐ Native Hawaiian ☐ Other multiple race combinations
☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Ethnicity (Mark box(es) and indicate number in household) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

☐ I do not wish to disclose Race or Ethnicity



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CURRENT EMPLOYMENT INFORMATION (Head of Household):		
Company Name:		Title:
Address:		Date of Hire:
City/State/Zip:		Monthly Gross Wage: \$
Phone:	Fax:	Supervisor:
ADDITIONAL EMPLOYER INFORMATION:		
Company Name:		Title:
Address:		Date of Hire:
City/State/Zip:		Monthly Gross Wage: \$
Phone:	Fax:	Supervisor:
PREVIOUS EMPLOYMENT INFORMATION: (If above employment is less than 6 months)		
Company Name:		Title:
Address:		Date Left:
City/State/Zip:		Monthly Gross Wage: \$
Phone:	Fax:	Supervisor:

Do you receive tips?

Yes or No

If yes, amount per week \$

Do you expect to earn substantial overtime?

Yes or No

If yes, amount per week \$

CURRENT EMPLOYMENT INFORMATION (Additional Household Member over 18):		
Company Name:		Title:
Address:		Date of Hire:
City/State/Zip:		Monthly Gross Wage: \$
Phone:	Fax:	Supervisor:
ADDITIONAL EMPLOYER INFORMATION:		
Company Name:		Title:
Address:		Date of Hire:
City/State/Zip:		Monthly Gross Wage: \$
Phone:	Fax:	Supervisor:



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PREVIOUS EMPLOYMENT INFORMATION: (If above employment is less than 6 months)

Company Name:		Title:
Address:		Date Left:
City/State/Zip:		Monthly Gross Wage: \$
Phone:	Fax:	Supervisor:

Do you receive tips? Yes or No
If yes, amount per week \$ _____

Do you expect to earn substantial overtime? Yes or No
If yes, amount per week \$ _____

OTHER INCOME INFORMATION:

Identify each source of income currently received or anticipated to be received in the next 12 months for all adults in household.	Circle Yes or No for each item listed	Monthly Gross Income & Household Member (Enter N/A if none)
1. Self-Employment	Yes or No	\$ _____
2. Not Employed	Yes or No	_____
3. Unemployment Compensation	Yes or No	\$ _____
4. Disability/Worker's Compensation/Severance Pay	Yes or No	\$ _____
5. Social Security/SSI Benefits	Yes or No	\$ _____
6. VA Benefits	Yes or No	\$ _____
7. Pension/Annuity	Yes or No	\$ _____
8. Other retirement benefits such as 401k or IRA (including cash out)	Yes or No	\$ _____
9. Military Pay	Yes or No	\$ _____
10. Public Assistance (AFDC/TANF/W-2) *Not Food Stamps	Yes or No	\$ _____
11. Child Support/Alimony/Family Maintenance	Yes or No	\$ _____
12. Recurring Gift/Contribution (Monetary or not)	Yes or No	\$ _____
13. Rental Income *Not Housing Assistance	Yes or No	\$ _____
14. Lottery Winnings Paid Periodically	Yes or No	\$ _____
15. Adoption Assistance	Yes or No	\$ _____
16. Trust Income	Yes or No	\$ _____
17. Educational Financial Assistance	Yes or No	\$ _____
18. Other Income (i.e. inheritance, insurance policies)	Yes or No	\$ _____
19. Zero Income (No income from any source)	Yes or No	_____



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ASSET INFORMATION: <i>List all assets for every household member, including minors.</i>				
Type of Asset:	Circle One	Name of Financial Institution (s) & Household Member	Interest Rate	Amount
1. Checking	Yes or No	_____	_____	\$ _____ \$ _____
2. Savings	Yes or No	_____	_____	\$ _____ \$ _____ \$ _____
3. Cash on Hand	Yes or No			\$ _____ \$ _____
4. Stocks/Mutual Funds	Yes or No	_____	_____	\$ _____ \$ _____
5. CD/Money Markets	Yes or No	_____	_____	\$ _____ \$ _____
6. Treasury Bill	Yes or No	_____	_____	\$ _____ \$ _____
7. Bonds	Yes or No	_____	_____	\$ _____ \$ _____
8. Pension/Annuity	Yes or No	_____	_____	\$ _____ \$ _____
9. Whole Life & Universal Life Insurance *Not Term	Yes or No	_____	_____	\$ _____ \$ _____
10. Crypto Currency	Yes or No	_____	_____	\$ _____ \$ _____
11. Land Contract/Deed of Trust	Yes or No	_____	_____	\$ _____ \$ _____
12. Real Estate	Yes or No	_____	_____	\$ _____ \$ _____
13. Safety Deposit Box	Yes or No	_____	_____	\$ _____ \$ _____
14. Personal Property Held as an Investment	Yes or No	_____	_____	\$ _____ \$ _____



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15. Trusts	Yes or No	_____	_____	\$ _____ \$ _____
16. Lottery Winnings (Lump Sum)	Yes or No	_____	_____	\$ _____ \$ _____
17. Lump Sum Receipts	Yes or No	_____	_____	\$ _____ \$ _____
18. Any other asset not listed above: Asset:	Yes or No	_____	_____	\$ _____ \$ _____
	Yes or No	_____	_____	\$ _____ \$ _____
	Yes or No	_____	_____	\$ _____

Circle One

1. Do all combined assets of the entire household total **less than \$50,000**?

Yes or No

2. In the past two (2) years, have you sold or given away any type of asset for more than \$1,000 less than Fair Market Value?

Yes or No

If yes, please complete the following:

Asset Disposed: _____
Date Disposed: _____
Amount Disposed: _____
Fair Market Value as of _____
Date Disposed: _____

Was the disposal of this asset due to:

Bankruptcy Yes No
Foreclosure Yes No
Marital Separation Yes No
Divorce Yes No

Asset Disposed: _____
Date Disposed: _____
Amount Disposed: _____
Fair Market Value as of _____
Date Disposed: _____

Was the disposal of this asset due to:

Bankruptcy Yes No
Foreclosure Yes No
Marital Separation Yes No
Divorce Yes No

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years?

Yes or No

Gifted To: _____
Date Gifted: _____
Amount Gifted: _____

Gifted To: _____
Date Gifted: _____
Amount Gifted: _____



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RESIDENTIAL HISTORY: Please provide 3 years of housing history

Current Address: _____		Own _____ Rent _____ Other _____
City/State/Zip: _____		Date Moved In: _____
Landlord Name/Mortgage Company: _____		Rent/Mortgage: _____
Phone: _____	Reason for leaving: _____	
Previous Address: _____		Own _____ Rent _____ Other _____
City/State/Zip: _____		Date Moved In: _____
Landlord Name/Mortgage Company: _____		Rent/Mortgage: _____
Phone: _____	Reason for leaving: _____	
Previous Address: _____		Own _____ Rent _____ Other _____
City/State/Zip: _____		Date Moved In: _____
Landlord Name/Mortgage Company: _____		Rent/Mortgage: _____
Phone: _____	Reason for leaving: _____	

OTHER INFORMATION:

Have you ever filed for bankruptcy?	Yes	or	No
Have you ever evicted for any reason?	Yes	or	No
Have you ever been convicted of a felony?	Yes	or	No
Do you have any pets?	Yes	or	No If yes, type:
Do you have any special housing needs?	Yes	or	No If yes, explain:

Vehicles: Automobiles, boats, motorcycles, trailers, etc. you would keep on the property:

Vehicle Make & Model: _____	Year: _____	License Plate #: _____
Vehicle Make & Model: _____	Year: _____	License Plate #: _____
Vehicle Make & Model: _____	Year: _____	License Plate #: _____
HOH Driver's License #: _____	State: _____	Expires: _____
Spouse Driver's License #: _____	State: _____	Expires: _____

Rental Assistance:

Will anyone in your household be receiving, or anticipate receiving any form of rental assistance? Yes or No	If Yes, where will the rental assistance be coming from?: _____	If Yes, is the assistance a voucher or a certificate? _____ Assistance Amount: \$ _____
---	---	--

Contact Information:

HOH Current Email Address: _____	Cell Phone: _____	Alternate Phone: _____
Spouse Email Address: _____	Cell Phone: _____	Alternate Phone: _____

Emergency Contact Information:

Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____



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All questions answered YES will be verified through the appropriate third-party source. It is your responsibility to provide management with all necessary information in a timely manner to properly process your application and verify your eligibility.

CERTIFICATION BY APPLICANTS:

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statement or misrepresentation to any Department or Agency of the US as to any matter within its jurisdiction.

I/We certify that I understand and have answered all the questions on this application. I/We certify that all answers are true and correct to the best of my/our knowledge and any misrepresentation of information will be reported to the Internal Revenue Service (IRS) and may lead to denial of my/our application and possible eviction. I/We also understand I/We will be required to recertify for the Section 42 program each year (or when otherwise necessary) and agree to provide to management any necessary documentation needed for this process in a timely manner.

I/We understand I/We must report any changes to household composition and student status to management PRIOR to such change.

____ Initials

____ Initials

IF COMPLETED BY A MARRIED COUPLE, BOTH MUST SIGN BELOW

Applicant Printed Name

Applicant Signature

Date

Applicant Printed Name

Applicant Signature

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I/We, the undersigned, hereby authorize and direct any federal, state or local agency, organization, business, school or individual to release without liability, information regarding employment, income, assets and/or student status to 25th & Quincy Apartments. I/We understand and agree this information will be used to verify my application for tax credit eligibility at 25th & Quincy Apartments, and/or to maintain my conditioned residence at 25th & Quincy Apartments, which operates under Section 42 of the Internal Revenue Code.

INFORMATION COVERED

I/We understand previous or current information regarding me or any members of my household (including dependent children) may be needed. 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. Verifications and inquiries that may be requested include, **but are not limited to:**

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| ✓ Identity of Family Composition | ✓ Residences & rental activity | ✓ Credit & Criminal Background |
| ✓ Employment (Past and current) | ✓ Income | ✓ Assets |
| ✓ Character/Behavior Background | ✓ Student Status | |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information includes **but is not limited to:**

- | | | |
|--|-----------------------------------|--|
| ✓ Previous/current landlords
(including Public Housing
Agencies) | ✓ Court and Post Offices | ✓ Schools and Colleges |
| ✓ Law Enforcement | ✓ Past/Present Employers | ✓ State Unemployment/Welfare
Agencies |
| ✓ Social Security Administration | ✓ Retirement Systems | ✓ Veterans Administrations |
| ✓ Banks/Financial Institutions | ✓ Credit Providers/Credit Bureaus | ✓ Military/Government Agencies |
| | ✓ Support and Alimony Providers | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with 25th & Quincy Apartments and will stay in effect for a year and one month from the date signed.

SIGNATURES FOR ALL APPLICANTS OVER 18 YEARS OF AGE

Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date

APPLICATION CRITERIA – TAX CREDIT/HOME

Thank you for choosing this J Fisher Property as your potential new home. We are delighted that you are interested in our community and the following resident selection criteria is being provided to identify the evaluation process through which your application will be processed.

It is our policy to comply with all applicable federal, state, and local fair housing laws and not to discriminate against any person based on race, color, national origin, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, age, source of income, military status, or any other basis prohibited by law.

It is our policy to consider any and all requests for reasonable accommodations or modifications when they are necessary to provide a person with a disability an equal opportunity to use and enjoy their apartment home and/or the community common areas. If you have any questions on how to submit a reasonable accommodation or modification request, please contact the leasing office and ask to speak with the Property Manager.

The acceptance and processing of the rental application and its application fee does not constitute a guarantee of acceptance for housing. All applicants must meet the itemized criteria listed below to be considered for tenancy. All documentation requested during the application process must be submitted immediately. Failure to supply information or documentation within forty-eight (48) hours of the request may result in an application being rejected. Applications may take up to ten (10) business days to process.

Screening Application Fees/Holding Deposits

Screening application fees are \$50 for every application processed. Application fees are non-refundable and cover the costs of obtaining information about you, including but not limited to the cost of using a tenant screening service or a consumer credit reporting service and the reasonable time spent to validate, review, or otherwise process your application. Application fees are deposited on the same business day.

The apartment holding deposit is \$200. Holding deposits are paid at the time the apartment reservation is made. The holding deposit is not refundable when: 1) the applicant has been approved for move-in; including affordable program compliance approval, or 2) seventy-two (72) hours have expired since the holding deposit on the apartment home was made and applicant withdraws or cancels their application. At move in the holding deposit will be applied to the move in deposit/move in costs.

Acceptable forms of payment for the holding deposit and application fee: **Cash is never accepted**

CASHIER'S CHECK	MONEY ORDER

Rental Application

All persons eighteen (18) years of age or older will be required to complete an application. Only applications that are fully completed and signed will be processed for consideration. An applicant's intentional misrepresentation or intentional omission of any information on the application will be sufficient reason for rejection of the application.

APPLICATION CRITERIA – TAX CREDIT/HOME

Rental Application

All persons eighteen (18) years of age or older will be required to complete an application. Only applications that are fully completed and signed will be processed for consideration. An applicant's intentional misrepresentation or intentional omission of any information on the application will be sufficient reason for rejection of the application.

Occupancy Guidelines

In accordance with the following guideline, the household composition must be appropriate for the apartment size in which the household is applying.

If the household exceeds the maximum occupancy during tenancy, the household may be allowed to remain in the unit until the lease expires, or for a reasonable period of time after, before being transferred to a larger unit or move from the property. This is not applicable to the addition of adult occupants. Adding unauthorized occupants, without first obtaining management approval, is considered a violation of the lease.

BEDROOM SIZE	MINIMUM PERSONS	MAXIMUM PERSONS
1 Bedroom	1	3
2 Bedroom	2	5
3 Bedroom	3	7
*3 bedroom not available at all properties		

Income/Assets

Residency at this community is limited to those households meeting specific income restrictions and requires that households meet certain income qualifying standards established by the affordable program this community participates with. Household annual income must not exceed the affordable program income limits of the apartment home the household is applying for. Income limits are available in the leasing office.

Every applicant shall provide proof of all income and assets which may be verified by a third-party. Income must be legal and verifiable.

Adding unauthorized household occupants, without first obtaining management approval, is considered a violation of the lease. Additions to an existing household requires a full third-party recertification of all existing household members in addition to the income certification for the new member of the household; including third-party verification.

If there are any changes to a household's composition or income prior to move-in, management must be informed immediately.

All households will be required to recertify their income and assets annually prior to their move-in anniversary date. If

APPLICATION CRITERIA – TAX CREDIT/HOME

a household fails to comply, a notice to terminate tenancy will be issued and the household will be required to move.

Student Eligibility

This community is subject to certain student limitations. If applicable, the student status of each household member for the current calendar year must be certified and verified. Some students may not qualify for housing under one or more of the programs unless certain exemptions are met. Please check with the office staff for more detail regarding student status program requirements.

Waiting List

The applicant waiting list is maintained according to unit size and will remain open with the understanding that those who are listed are informed of its length, the policies and procedures for selecting individuals, and how applicants are added to the waiting list.

1. If no apartment homes are available, an eligible applicant will be placed on the applicant waiting list.
2. In order to maintain a balanced application pool, the property may restrict or suspend application acceptance and close the applicant waiting list. The property will also update the applicant waiting list by removing the names of those who are no longer interested in, or no longer qualify for housing.
3. If the applicant waiting list contains enough applicants to result in a wait of more than one full year for all applicable bedroom sizes, the wait list may be closed. The applicant waiting list may remain closed until it is reduced to less than a one-year wait for admission.
4. During the period when the applicant waiting list is closed, the property will not maintain a list of individuals who wish to be notified when the waiting list is reopened.
5. The applicant waiting list is updated approximately every six (6) months.

Waiting List Preferences:

- a. Current residents who need to transfer to a different unit
- b. Outside applicants wishing to move into the property
- c. Date of availability for move-in

Pets

If pet are accepted, applicants must fill out a Pet Application and follow the Pet Acceptance Criteria established for the community.

Smoking

This community is a smoke free community.

If the apartment home or any part of the community is smoke free, the resident, members of the resident's household, or resident's guest or visitors, shall not smoke anywhere prohibited and identified in the Smoke Free Addendum.

Photo Identification

All applicants will be required to provide a government-issued photo identification to confirm identity. If an applicant's identification cannot be verified, it is grounds for rejection.

Conduct

Applicants must be rejected for conduct displayed during the tour or application process that would constitute a

APPLICATION CRITERIA – TAX CREDIT/HOME

violation of the lease policies. Applicants must display the ability to comply with lease policies.

Denied/Approved with Conditions

Denied or conditionally approved applicants will be notified in writing of the reason for denial or conditional approval. Consideration may be given for extenuating circumstances where this would be required as a reasonable accommodation when determining the acceptability of tenancy. There may also be a grievance procedure in accordance with applicable state or federal program regulations for the resolution of disputes. A rejected applicant may not reapply for a period of ninety (90) days.

Applicant Acknowledgement:

I/we acknowledge that our application will be reviewed and a consumer credit report, public search and/or an investigative consumer report that discloses the consumer's character, general reputation, personal characteristics and mode of living will be obtained. A copy of any such report(s) will be provided to the applicant upon request.

I/we, the applicant(s), acknowledge that I/we have received a copy of the application criteria and understand the terms of possible residency.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

STUDENT SELF CERTIFICATION

This annual Student Self Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____

Development Name and Address: _____

Move-in Date if applicable: _____ Effective Date: _____

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

A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

C. _____ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5 below must be completed:**

1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) ☐ YES ☐ NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) ☐ YES ☐ NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) ☐ YES ☐ NO
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) ☐ YES ☐ NO
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) ☐ YES ☐ NO

Full-time student households satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked NO or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date

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)							
☐ Yes ☒ No		Within the past two (2) years, I/we have sold or given away assets for more than \$1,000 below their fair market value (FMV).					
Asset #1:		Date of Disposal:		FMV less Amount Received:			
Asset #2:		Date of Disposal:		FMV less Amount 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?						☐ Yes ☐ No	
Amount of return/credit:						\$	
PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)							
Check here if ☐		I/we do not have any non-necessary personal property					
Type of Asset	(A) Cash Value*	Interest Rate %	(B) Annual Income	Type of Asset	(A) Cash Value*	Interest Rate %	(B) Annual Income
Cash on Hand	\$	N/A	N/A	Cryptocurrency	\$		\$
Pre-paid Debit Card (including Govt. Benefits)	\$	N/A	N/A	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							
☐ Check here if		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

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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).