



## Ellsworth Highlands

### Items needed when returning application:

- \$18.00 check or money order for application fee per adult- (unless married one fee)
- Copy of all household members Social Security Card
- Copy of all adult household members Photo ID
- Copy of all children under age 18 Birth Certificates
- If divorced: Copy of Divorce Decree
- If receiving Child Support-Copy of Court Order
- If receiving Social Security-Copy of Award Letter dated within 120 days

### Application:

- Fill in all spaces, if not applicable write N/A
- Page 2 of Application-List all States at the top of page
- Page 3 of Application-Fill in all lines for monthly and yearly earnings under Income and Financial Institution and Cash Value on Assets. You can put a line through the ones you do not have or write N/A.
- Page 4 of Application -Fill out full page

### Citizenship Form:

- Alien Registration NO., Admission Number & Save Verification Number-Write N/A
- Nationality-Put Nation or Country you owe allegiance to (ex. USA)

### Credit and Criminal Background:

- Need 5 years, if needed use another piece of paper

### Child Support Affidavit:

- If children are in the household and other parent is not present this form needs to be filled out. If children have different mother or father fill one out per child.

**Please do not use White-Out. If you make a mistake put a line through and initial.**

Thank you,  
Management  
Housing Residential Management Services, LLC.

# Tenant Selection Plan

*Ellsworth Highlands*

Ellsworth, KS

636-527-2003

## **Project Eligibility Requirements**

1. All persons desiring to apply for occupancy, whether as the initial applicant household or as a person (s) later joining an existing tenant household, will be provided the opportunity to submit a complete application. In order to maintain the designation, the Development's residency is limited to those who are 18 and older.
2. Each family member must declare citizenship or immigration status by completing and signing the HUD Citizenship declaration Form, providing any required paperwork as required in Section 3-12 of the HUD Occupancy Handbook. US Citizens and Eligible Non-Citizens can benefit from federal rental assistance. All applicants must provide documentation of identification and citizenship or immigration status.

All applicants and household members must disclose and provide verification of the complete and accurate Social Security Number. Failure to disclose and provide documentation and verification of SSNs will result in an applicant not being admitted or a household's tenancy being terminated.

### **Income Limits-effective 04/1/2020**

Number in Household	50%-Income Limit	60%-Income Limit
1	\$23,700	\$28,440
2	\$27,050	\$32,460
3	\$30,450	\$36,540
4	\$33,800	\$40,560
5	\$36,550	\$43,860
6	\$39,250	\$47,100

## **Procedure for Accepting Applications and Selecting from the Waitlist**

### **Application Requirements**

All persons desiring to apply for occupancy, whether as the initial applicant household or as a person later joining an existing tenant household, will be provided the opportunity to submit a complete application.

1. A complete application has all information that is required filled out.
  - a. Name, address and telephone number.
  - b. Social Security number of every household member.
  - c. Date of birth of every household member.
  - d. Household income including assets of every household member.
  - e. Age and number of household members.
  - f. Present landlord's name, address and phone number.
  - g. Previous address and landlord's name, phone number and address.
  - h. Employer of every adult household member.
  - i. Sources of all income if unemployed.
  - j. A minimum of two credit references.
  - k. Signature of all adult applicants and date of application.
2. All family members are required to be 18 years or older and will be required to sign consent and verification forms. All information reported by applicants is subject to verification. When the application is complete, and occupancy by the application is expected within 90 days of completing the application, eligibility will be

determined, according to OHFA's LIHTC Program. Verification of application and verifications will be initially satisfied upon sufficient review of the information to determine whether the applicant is clearly eligible or not eligible.

3. Applicants will be added to the waiting list; as long as the application is filled out completely regardless of whether they are offered immediate occupancy or the project has no vacancies.
4. Once an application/s is submitted and denied because the household income exceeds the income level set, the applicant may not re-apply for 6 months.

#### **Application and Waiting List Procedure**

An eligible applicant will be selected from a waiting list (s) identifying the category on basis of the applicant's unit size needed or from a priority waiting list when the available size unit meets the applicant's need.

Selections are to be made from the waiting list or category maintained for the particular unit size and/or type in which a vacancy exists. Applicants requiring the features of an accessible unit will be notified when available. If there are no applicants on the waitlist requiring the features of an accessible unit, applicants will be pulled from the waitlist in chronological order. This applicant will need to sign a document certifying they understand they will need to move in the event 1. An applicant requires the features of an accessible unit, 2. The applicant is approved for residency, and 3. There is another comparable unit non-accessible available the applicant placed in the accessible unit will need to vacate to the comparable non-accessible unit.

If the applicant cannot accept the unit at the time, the reason for not accepting the living unit will be documented in the project records. The applicant's name will then be removed from the waiting list, unless the management company determines that hardship exists for reasons such as documented health problems or project rent exceeds 30% of adjusted monthly income without rental assistance in which case the applicant's name will remain on the list in chronological order. An applicant whose name has been removed from the waiting list may reapply.

Updates to contact information on the waitlist will be required every 6 to 12 months. Management will send communications to all applicants on the waitlist requiring a response within a specific amount of time. Those that do not comply will be removed for the waitlist. An applicant whose name has been removed from the waiting list may reapply.

The waitlist may be closed when that wait is excessive (i.e. one year or more.) The closing of the waitlist will be published in the same manner as the waitlist was opened.

#### **Applicant Screening Criteria**

After due consideration of mitigating circumstances, applicants determined ineligible will be notified in writing of the specific reasons for the rejection. The letter will include the following statement: "The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forward to the *Kansas Housing Resources Corporation, 611 S. Kansas Avenue, Suite 300, Topeka, KS, 66603*. This statement can be placed on all material and correspondence done by the borrower, owner or Management Company.

1. Any applicant household may be rejected due to:
  - Credit History-** Unjustified or chronic nonpayment of financial obligations.
  - Rental History-** Past record of destruction, disturbance of neighbors, violations of the terms of a previous rental agreement, consistent late or unpaid rent, police activity, poor housekeeping, any action that threatens the health and safety of other tenants or any household member that has been evicted from a Federally-assisted housing complex or convention housing.
  - Criminal History Note: The same criteria regarding criminal history applies to live-in aides.**
    - a. Any household member who has been convicted of or on probation for a violent, drug related, Felony crime. Criminal history does not automatically result in denial of application. A management

representative will make direct contact with applicant within a week if further detail is needed to make an informed decision.

- b. A household in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety and right to peaceful enjoyment of the property by other residents.
- c. Any household member that has been evicted from a Federally-assisted housing for drug-related criminal activity, for three years from the date of eviction. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, the Owner may, but is not required to admit the household.
- d. Any household member who is subject to a lifetime registration requirement or is currently registered under a state sex offender registration program. During the admissions screening process, the Owner must perform the necessary criminal history background checks in the state where the housing is located and in other states where the household members are known to have resided.
- e. The Owner determines that there is reasonable cause that a household member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety and right to peaceful enjoyment of the property by other residents.
- f. Any member of the household that has a history of violent criminal activity (i.e., assault, domestic disturbance, property damage, and murder.)
- g. Fails to meet the age requirements to legally sign documents.
- h. Family size excess the standard set for a certain bedroom size.
- i. Household income exceeds the income limit. If a property receives tax credits, the tax credit income level is to be used. These income limits are based on current income as of the date of move-in.
- j. Failure to obtain information to complete the application or verification process.
- k. Household income falls below the minimum requirement set by the management company. This would apply to households receiving rental assistance. A house should have two times the income as the basic rent.
- l. Full time student households status unless the following criteria are met for LIHTC properties only:
  - a. The applicant is married and files a joint tax return.
  - b. The applicant currently receives assistance under Title IV of the Social Security ACT. (TANF and AFDC)
  - c. The applicant currently participates in the Job Training Partnership Act or other similar federal, state or local programs.
  - d. The applicant is a single parent with minor children and neither the parent nor the minor children are claimed as a dependent on another person's tax return.
  - e. A student member of the household has previously received foster care and placement assistance by the state agency plan under Title IV, Part B or E of the Social Security ACT.

**Note: Rejection of applicants on an arbitrary basis is prohibited. Exceptions are in those properties designated for elderly, disabled, handicapped, where occupancy by non-elderly or non-disabled can be prohibited.**

### **Screening Service**

Each applicant will be required to pay a non-refundable application fee for background screening. **This fee is \$18.00 per person over the age of 18 or \$18.00 per married couple.** The screening company will investigate each applicant's past rental history, credit history, and criminal record. This process is achieved in 1-2 business days and a final determination is made based on the information provided. Questions about the information will be directed to the screening company upon request.

### **Notification to Applicant**

The applicant who has submitted a complete application will be notified in writing in accordance with the Department of Housing and Urban Development time frames that he or she has been selected for immediate occupancy, placed on waiting list or rejected.

### **Occupancy Standards**

Selection of unit by apartment size shall determine the number of persons eligible to occupy each unit by the following standards:

3 Bedroom unit	Up to 6 persons
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In determining the appropriate bedroom size, count all members of the household, foster children and resident assistants. An unborn child will be considered as a household member for the purpose of determining household size.

### **Unit Transfers**

Current tenants requiring a unit transfer for the following reasons will be given preference over applicants and those on the waiting list.

1. A required unit transfer due to family size or changes in family composition.
2. A unit transfer for a medical reason certified by a doctor or the need for an accessible unit.

Current tenants requesting a unit transfer for any other reason will be added to the waiting list of applicants provided there is no record of consistent late or unpaid rental obligations, no record of police activity and inspection of the tenant's current unit must indicate there is no damage to the property or poor housekeeping habits resulting in health or safety hazards.

### **Fair Housing Restrictions and Provisions**

It shall be unlawful for a person to make an inquiry to determine whether an applicant for a housing unit, or anyone associated with that applicant, has a handicap, or disability or to make inquiry as to the nature or severity of a handicap or disability of such a person. However, the following inquiries are not prohibited, provided these inquiries are made of all applicants, whether or not they have handicaps or disabilities.

1. Inquiry into an applicant's ability to meet the requirements of tenancy.  
Eligibility and history of meeting financial obligations without being a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others.
2. Inquiry to determine whether an applicant is qualified for a housing unit or adjustment to income available only to persons with handicaps or disabilities or to person with a particular type of handicap or disability.
3. Inquiry to determine whether an applicant for a housing unit is qualified for a priority available to persons with handicaps or disabilities or to persons with a particular type of handicap.
4. Inquiring whether an applicant for a dwelling is a current illegal user of a controlled substance or has a previous conviction of the same.
5. Inquiring whether an applicant has been convicted of the illegal manufacturing or distribution of a controlled substance.
6. Inquiry to determine whether or not a live-in attendant has a criminal background of any type.

No qualified individual with a disability should, only by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

### **VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other “good cause” for termination of assistance, tenancy or occupancy of a victim who is protected from acts under the domestic or family violence laws of the jurisdiction.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within an agreed upon extension date, to receive protection under the VAWA.
4. Victims may qualify for an emergency transfer if they either reasonable believe there is a threat of imminent harm from further violence if they remain in their dwelling unit, or the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer. Emergency transfer may be made available with priority placement after disabled applicants requiring an accessible unit. For full details review the Emergency Transfer Policy.

**Limited English Proficiency (LEP)**

For persons who do not speak English as their primary language and those who have a limited ability to speak, read, write, or understand English; we will make reasonable efforts to provide language assistance. We will arrange to provide forms relating to tenancy in a language that is understood by the individual. We will make every effort to obtain oral interpretation and written translation services if deemed necessary.

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Manager’s Signature \_\_\_\_\_

Date \_\_\_\_\_



**Application for Residency  
Affordable Housing Property**

Property Name \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Number Household Members \_\_\_\_\_ Unit Size \_\_\_\_\_

**Please print legibly. Answer all questions, leaving no blanks. If the question does not apply please write N/A in the space provided. A separate application must be filled out for each adult 18 years or older, except in the case of married applicants.**

**I acknowledge that I have read and understand the Tenant Selection Criteria and certify the information I provide on this application is true and accurate. Falsification will result in the rejection of the Application. Please initial \_\_\_\_.**

**Household Composition**

List everyone that will occupy the unit at least 50% of the time during a 12-month period. Please note that residents of elementary and high school age are considered to full time students.

Last Name	First Name	MI	Relationship	DOB	Age	Social Security No.	Student Y/N
			HEAD				

**Current Marital Status:** ☐ Single ☐ Married (Date \_\_\_\_\_) ☐ Divorced (Date \_\_\_\_\_) ☐ Legally Separated (Date \_\_\_\_\_) ☐ Separated (Date \_\_\_\_\_) ☐ Widowed (Date \_\_\_\_\_)

Full Current Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Head of Household Email Address \_\_\_\_\_ May we contact you via email? ☐ Y ☐ N

Have you ever been convicted or placed on probation for a felony? ☐ Y ☐ N If yes, please explain \_\_\_\_\_

Are you or any household member subject to State lifetime sex offender registration in any state? ☐ Y ☐ N

If yes, please list household members effected and all states where registration is required \_\_\_\_\_

Maiden Name/Other Name(s) Used \_\_\_\_\_

Have you ever been evicted? ☐ Y ☐ N If yes, explain \_\_\_\_\_

Have you ever filed bankruptcy? ☐ Y ☐ N If yes, explain \_\_\_\_\_

1. Do you have full custody of your children? ☐ Y ☐ N Please explain custody arrangements \_\_\_\_\_

2. Will this be your only place of residence? ☐ Y ☐ N If no, Explain \_\_\_\_\_

3. Will you have a pet? ☐ Y ☐ N

Type \_\_\_\_\_ Age \_\_\_\_\_ If dog, Breed \_\_\_\_\_

4. Is there an expected change in household composition in the next 12 months? ☐ Y ☐ N If yes, explain \_\_\_\_\_



**Residential Information****LIST ALL STATES YOU HAVE RESIDED IN:** \_\_\_\_\_

Beginning with your current place of residence, list places of residence for the past 5 years.

<b>Current Address</b>	<b>Rent Amount</b>	<b>Move in Date</b>	<b>Move out Date</b>
<b>Reason for leaving</b>	<b>Property or Landlord</b>	<b>Address</b>	<b>Phone</b>
<b>Previous Address</b>	<b>Rent Amount</b>	<b>Move in Date</b>	<b>Move out Date</b>
<b>Reason for leaving</b>	<b>Property or Landlord</b>	<b>Address</b>	<b>Phone</b>
<b>Previous Address</b>	<b>Rent Amount</b>	<b>Move in Date</b>	<b>Move out Date</b>
<b>Reason for leaving</b>	<b>Property or Landlord</b>	<b>Address</b>	<b>Phone</b>

**Student Status:**

1. Are you currently attending school, have been a school within the last 12 months, or plan to attend school within the next 12 months? ☐Y ☐N If yes, please explain.- \_\_\_\_\_

2. Does any household member anticipate enrolling in school in the next 12 months? ☐Y ☐N

If yes, list Student Name (s) \_\_\_\_\_  
 School \_\_\_\_\_ Address \_\_\_\_\_

- a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? ☐Y ☐N  
 b) Are any of the students enrolled in a job training program receiving assistance under the Job Training Partnership Act or under similar Federal, State, Local laws? ☐Y ☐N  
 c) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/AFDC? ☐Y ☐N  
 d) Are any of the students a single parent with minor children and neither the student, nor any of the minor children in the household are claimed as a dependent of a third party? ☐Y ☐N  
 e) Did any students previously receive Foster Care and Placement Assistance by the State agency plan under Title IV, Part B or E of the Social Security Act? ☐Y ☐N

**Employment History****Head of Household** - Please provide current and previous employment.Retired ☐Y ☐N Disabled ☐Y ☐N Anticipate Employment within the next 12 months ☐Y ☐N

**Current Employer:** \_\_\_\_\_ Position: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Monthly Salary \$ \_\_\_\_\_ Address: \_\_\_\_\_

**2<sup>nd</sup> or Previous Employer:** \_\_\_\_\_ Position: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Monthly Salary \$ \_\_\_\_\_ Address: \_\_\_\_\_

**Spouse** - Please provide current and previous employment.Retired ☐Y ☐N Disabled ☐Y ☐N Anticipate Employment within the next 12 months ☐Y ☐N

**Current Employer:** \_\_\_\_\_ Position: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Monthly Salary \$ \_\_\_\_\_ Address: \_\_\_\_\_

**2<sup>nd</sup> or Previous Employer:** \_\_\_\_\_ Position: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Monthly Salary \$ \_\_\_\_\_ Address: \_\_\_\_\_





### Household Income

Please indicate the amount of income anticipated over the next 12 months.

Income Source	Monthly Earnings	Yearly Earnings
Wages or Salaries	\$	\$
Social Security	\$	\$
Supplemental Security Income	\$	\$
Pension, Veterans Benefits	\$	\$
Public Assistance	\$	\$
Military Pay	\$	\$
Child Support	\$	\$
Unemployment Compensation	\$	\$
Income from Insurance Policies	\$	\$
Self-Employment- Net Income from a Business	\$	\$
Regular monetary gifts or contributions	\$	\$
Lottery winnings	\$	\$
Educational Grants, Scholarships, etc.	\$	\$
Rental Properties	\$	\$
Other	\$	\$

### Adjustment for income

Some applicants may qualify for a medical adjustment or other income adjustment. Please answer the following?

Are you disabled or over the age of 62 years? Yes No

If yes, do you have medical expenses that are not covered by insurance? Yes No

Do you pay childcare expenses that allow you to work or attend school? Yes No

Do you pay expenses for care of an individual with disabilities that allow you to work? Yes No

### Asset Income

Listed below for each occupant is a true list of the value of all assets. Please use NONE if assets do not apply to you.

Source	Financial Institution	Cash Value
Savings Account		\$
Checking Account		\$
Certificate of Deposit		\$
Pension Fund		\$
Stocks, Bonds		\$
Money Market		\$
Christmas Club Account		\$
Payroll Card/Direct Express		\$
Cash on Hand	N/A	\$
Safety Deposit Box		\$
Money held in Trust		\$
Treasury Bills		\$
Retirement Plan (IRA, 401K, Keogh)		\$
Life Insurance		\$
Real Estate		\$
Property held as investment (collections, antiques, etc.)		\$
Other		\$

Have any household members disposed of any assets within the last two years? ☐ Y ☐ N If yes, provide date of disposal. \_\_\_\_\_ Market value at the time of disposal \$ \_\_\_\_\_



**Vehicles**

Please include company vehicles or motorcycles that will be parked on site

Make	Model	Year	Color	License	State

**Emergency Contacts**

Name	Relationship	Address	Phone

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date/Time application Received: \_\_\_\_\_ / \_\_\_\_\_ Application fee Received \$ \_\_\_\_\_

Deposit Received by \_\_\_\_\_ Date and Time \_\_\_\_\_ / \_\_\_\_\_ Deposit Amount \$ \_\_\_\_\_

Comments:

Application Accepted \_\_\_\_\_ Application Rejected \_\_\_\_\_ Reason \_\_\_\_\_ Denial Letter Sent Date \_\_\_\_\_

Signature of Owner Representative \_\_\_\_\_ Date \_\_\_\_\_

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

<b>Ethnicity: (Select One)</b>		<b>Race: (Mark All that Apply)</b>	
1. Hispanic or Latino	<input type="checkbox"/>	1 - American Indian/Alaska Native	<input type="checkbox"/>
2. Not Hispanic or Latino	<input type="checkbox"/>	2 - Asian	<input type="checkbox"/>
<b>Gender:</b>		3 - Black or African American	<input type="checkbox"/>
Male	<input type="checkbox"/>	4 - Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
Female	<input type="checkbox"/>	5 - White	<input type="checkbox"/>



## 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  
Veterans Administration  
State Unemployment Agencies  
Retirement Systems  
Banks/Other Financial Institutions  
Medical and Child Care Providers

Welfare Agencies  
Previous Landlords (including public housing agencies)  
Social Security Administration  
Support and Alimony Providers  
Law Enforcement Agencies

### 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

\_\_\_\_\_  
Management Signature Date

**UNEMPLOYED APPLICANT'S AFFIDAVIT**

I, \_\_\_\_\_ (name of applicant), have made an application to rent an apartment in \_\_\_\_\_ (name of complex).

Check (a) or (b) as applicable:

- ☐ (a) I am not presently employed but anticipate becoming employed within the next twelve months.
- ☐ (c) I am not presently employed and do not anticipate becoming employed within the next twelve months.

**OR**

**SEASONAL UNEMPLOYED APPLICANT'S AFFIDAVIT**

I, \_\_\_\_\_ (name of applicant), have made an application to rent an apartment in \_\_\_\_\_ (name of complex).

Check (a) or (b) as applicable:

- ☐ (a) I verify that I am a seasonal employee and that I plan on seeking other employment but have no confirmed employment.
- ☐ (b) I verify I am a seasonal employee and have no plans to seek additional employment.

I understand that if I have confirmed employment, either permanently or seasonally, that I must provide proof of employment via third party verification.

*The Corporation does not recommend the use of unverified employment income for annual calculations and certifications unless the applicant/tenant provides historical data or has a history of sporadic previous employment (Example: Applicant/Tenant is an unemployed full time painter or a teacher who paints houses every summer and has tax returns proving self employment).*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Note:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

# Child Support Affidavit

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

Property Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Please check which applies to your household, and fill in the applicable information and children's names below.**

\_\_1. There is a child support agreement and I am receiving support as stated in this document (\$\_\_ per month). I have provided management with a copy of this agreement.

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_2. There is NOT a child support agreement or court order, but I AM receiving support in the amount of (\$\_\_ per week, month, etc.)

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_3. There is a child support agreement, but I am NOT receiving support as stated in this document. I have provided management with a copy of this agreement. The reason I am NOT receiving support is:

\_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_4. There is no court order for child support and I do not anticipated such an order in the next twelve months, nor do I anticipate receiving child support in the next twelve months. My reason (s) for not pursuing legal action is/are:

\_\_\_ Financial Reasons

\_\_\_ Incarceration

\_\_\_ Other (describe) \_\_\_\_\_

\_\_\_ Responsible party deceased/unable to locate

\_\_\_ Protective Custody

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

I, hereby certify the above statements are true and complete to the best of my knowledge. Any misrepresentation herein will be considered a material breach of the Lease and will subject me to immediate eviction.

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

\_\_\_\_\_  
Date

## Disposal of Assets Affidavit

(The use of white out, black out, or alteration of original information will void this document).

Property Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant/Tenant: \_\_\_\_\_ Apt. #: \_\_\_\_\_

\_\_\_\_ I, \_\_\_\_\_ hereby certify that I have **not** disposed of assets for less than fair market value during two years (24 month) period preceding the effective date of my certification or recertification of eligibility for tax credit housing participation.

\_\_\_\_ I, \_\_\_\_\_ hereby certify that during the two year (24 month) period preceding the effective date of my certification or recertification of eligibility for tax credit housing participation, I have disposed of the following assets(s) as identified below, (i.e. sold home, closed accounts, sold stock).

Asset	Fair Market Value	Cash Value	Date Disposed	Actual Amount Received
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

For actual amount(s) of money received, where is the money now? (Please provide receipts if possible).


CASH VALUE is the fair market value of asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. Penalties of withdrawing funds before maturity.
2. Broker/legal fees for the sale or conversion of assets.
3. Settlement costs for real estate transaction.

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

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

\_\_\_\_\_  
Date

**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.

## STUDENT STATUS AFFIDAVIT

**This affidavit is to be completed by the Head of Household. 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, college universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training):**

- ☐ A. Household contains at least one occupant who is not a student, has not been a student and will not be a student for five or more months during the current and/or upcoming **CALENDAR** year (months need not be consecutive). If this item is checked, no further information is needed.
- ☐ B. Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are part-time student(s). Documentation of part-time student status is required for at least one member of the household. (*Complete Sample Form 19A*)
- ☐ C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed.

This section to be completed if it is determined the household is comprised of **full time students**.

- ☐ 1. At least one member of the household is a single parent with minor child(ren), and both the parent and children are not dependents of a 3<sup>rd</sup> party, and the children are only claimed by a parent. (*Please provide a copy of most recent tax return*).
- ☐ 2. At least one member of the household is married and *eligible* to file a joint income tax return. (*Please provide a copy of the marriage license OR a copy of most recent tax return*).
- ☐ 3. At least one member of the household receives assistance under Title IV of the Social Security Act, (or TANF). (*Please provide proof of assistance being received*).
- ☐ 4. At least one member of the household receives assistance from the Workforce Investment Act (formerly known as Job Training Partnership Act, (JTPA) or other similar federal, state or local program. Name of the Program: \_\_\_\_\_  
(*Please provide proof this type of assistance is being received*).
- ☐ 5. At least one member of the household was previously part of the Foster Care Program. (*Please provide proof/documentation from the State*).

**Households comprised entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If none of the above applies, or verification does not support the exception indicated, the household is considered an ineligible student household.**

I certify the statements made in this Student Affidavit are true and complete and I am aware that false statements are punishable under Federal law. I also understand that **I am to immediately report any changes in my student status** to the Management. I understand that my student status may affect my qualifications as a qualifying tenant under Section 42 of the Internal Revenue Code.

\_\_\_\_\_  
Applicant/Resident (Head of Household)

\_\_\_\_\_  
Date

# Marital Status Form

(The use of white out, black out, or alteration of original information will void this document.)

Property Name:		Property Number		Date	
Applicant/Tenant		SSN:		Apt. #	

☐ **Married**    ☐ **Single**    ☐ **Divorced**    ☐ **Widow**    ☐ **Separated**

**If divorced, please attach a copy of the recorded legal agreement.**

☐ **Y**    ☐ **N**

A. Are you legally separated from your spouse?  
If **"Yes"**, please attach a copy of your current legal separation agreement.

If **"No"**, please continue with questions b, c, and d.

B. My reasons for not pursuing legal action are:

\_\_\_\_\_

C. My future plans for pursuing legal action are:

\_\_\_\_\_

D: I currently receive \$\_\_\_\_\_ per week month year from my spouse for Spousal Support. Please list all assets currently in both names (checking account, savings account, real estate, etc.).

\_\_\_\_\_

\_\_\_\_\_

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, household composition and marital status. I will not allow my spouse or other individuals to move into my apartment without prior written approval from management. I understand that if I do, this will be a breach of my lease agreement and may be considered 'other good cause' for eviction.

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

\_\_\_\_\_  
Date

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.





## Credit and Criminal Background Check Consent Form

Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Please provide a minimum of five consecutive years of occupancy information.**

### **Current Address**

\_\_\_\_\_  
House Number and Street Name

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

How long did you live at this address? \_\_\_\_\_

### **Previous Address**

\_\_\_\_\_  
House Number and Street Name

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

How long did you live at this address? \_\_\_\_\_

### **Previous Address**

\_\_\_\_\_  
House Number and Street Name

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

How long did you live at this address? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant    Date

This consent form authorizes the (landlord, property owner, business owner or apartment manager) to conduct a credit and criminal background check and to review the accuracy of the information provided on the rental application and assess the credit worthiness of the prospective renter.

\_\_\_\_\_  
Management Signature    Date

The applicant has been informed that a copy of the fair credit reporting act is available for review in the leasing office and his or her signature above acknowledges their understanding and review of this document.

**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.

**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 3/31/2014)

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

Date (mm/dd/yyyy): \_\_\_\_\_

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

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**

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

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

**Exhibit 3-5: Sample Citizenship Declaration**

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

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (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 and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION**

I, \_\_\_\_\_ hereby declare, under

penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and 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 as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.\**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_