

# TENANT QUESTIONNAIRE SUPPLEMENTAL

<b>Community</b>		<b>Unit</b>	
<b>HOUSEHOLD INFORMATION</b>			
<b>Name</b>	<b>Relationship to Head of Household</b>	<b>M / F</b>	<b>Social Security Number</b>
<b>Current Address</b>			
<b>City, State, Zip</b>			
<b>Day Time Phone#</b>		<b>Evening #</b>	

		<b>Circle One</b>	
Do you expect any additons to the household within the next 12 months?		<b>Y</b>	<b>N</b>
<b>Name &amp; Relationship</b>			
<b>Explanation why?</b>			
Is ther anyone living with you now who won't be living with you at this property?		<b>Y</b>	<b>N</b>
<b>Name &amp; Relationship</b>			
<b>Explanation why?</b>			
Do you have full custody of your child(ren)? <i>(If no, obtain proof of amount of time child(ren will be living in the unit.)</i>		<b>Y</b>	<b>N</b>
<b>Name &amp; Relationship</b>			
Are there any household members absent who under normal conditions would be living with you? <i>(For example, a spouse away in the military)</i>		<b>Y</b>	<b>N</b>
<b>Name &amp; Relationship</b>			
<b>Explanation why?</b>			

<b>HUD / USDA / HOME</b>			
Does anyone in the unit benefit from Handicap Assistance?		<b>Y</b>	<b>N</b>
If Elderly/Disabled Household, are there any Medical Expense for the Household?		<b>Y</b>	<b>N</b>
<b>HH Member</b>			
<b>Amount Monthly</b>			
Are there Child Care Expenses paid in order fo you to continue your education or work?		<b>Y</b>	<b>N</b>
<b>HH Member- Child(ren)</b>			
<b>Amount Monthly</b>			
If employed, is child care paid as a result of work or looking for work?		<b>Y</b>	<b>N</b>
<b>HH Member- Child(ren)</b>			
<b>Amount Monthly</b>			
Other Allowable Expenses:		<b>Y</b>	<b>N</b>
<b>Explain</b>			
<b>Amount Monthly</b>			

<b>APPLICANT STATUS</b>			
Are you or any other ADULT household members claiming zero income?		<b>Y</b>	<b>N</b>

# TENANT QUESTIONNAIRE SUPPLEMENTAL

<b>Community</b>		<b>Unit</b>	
HH Member			
Explanaaation			
Are you or any other household member require a live-in care attendant to live independently?			Y N
HH Member(s)			
Name of Attendant			
Relationship (if any)			
Will your household be receiving Section 8/Housing Choice Voucher rental assistance at move in?			Y N
Name of Agency			
Agency Contact Person			
Will your household be receiving Section 8/Housing Choice Voucher rental assistance in the next 12 months?			Y N
Expected Date			
Name of Agency			
Agency Contact Person			
Are you currently receiving Federal Section 8 or RD Subsidy at your current address?			Y N
If yes, where?			
Phone number			
Have you ever been evicted for fraud related to a housing program?			Y N
If yes, explain			
Do any household members have special needs?			Y N
If yes, explain			
<b>EMERGENCY CONTACT</b>			
Primary Contact Name			
Address			
City, State, Zip			
Phone			
Relationship			
Years Known			
Secondary Contact Name			
Address			
City, State, Zip			
Phone			
Relationship			
Years Known			
In the event of my demise, I authorize these individual(s) to remove my belongings from my unit.	X		



# TENANT INCOME CERTIFICATION QUESTIONNAIRE

*One Form per Adult Member of the Household*

<b>NAME:</b> _____  <input type="checkbox"/> <b>Initial Certification</b> <input type="checkbox"/> <b>Re-certification</b> <input type="checkbox"/> <b>Other</b>	<b>TELEPHONE NUMBER:</b> _____  <b>BIN #</b> _____  <b>Unit #</b> _____
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## INCOME INFORMATION

	YES	NO		MONTHLY GROSS INCOME
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self employment) _____	(use <u>net</u> income from self-employment only) \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;"><u>Name of Employer</u></div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
3.	<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments.	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	If yes, from how many persons do you receive support? _____ I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____ _____	\$ _____
12.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____	\$ _____ \$ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received <i>*For Households receiving Section 8 Assistance Only</i>	\$ _____

## ASSET INFORMATION

	YES	NO		INTEREST RATE	CASH VALUE
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have an EBT, Debit Visa, MasterCard account(s). (Including Social Security wages, Unemployment, Public Assistance, Disability, Etc...) If yes, list sources(s) of income being received/type of account(s) 1) _____ 2) _____ 3) _____		\$ _____ \$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

#### STUDENT STATUS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College, Trade School, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of the previous three questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - <b>not</b> SSA/SSI)
<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing (or are entitled to file) a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (currently age 18-24)

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE



**EMPLOYMENT VERIFICATION**

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		SSN	
P		RE	
F		Phone	

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Sincerely,  
Management, Visionary Property Management

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Employee Name				Job Title			
Presently Employed (circle one)	Y	N	Date First Employed			Date Terminated	
Current Wages (check one)	\$		Hourly	Weekly	Bi-Weekly	Semi Monthly	Monthly
							Yearly
							Other
Average of Regular Hours Per Week		YTD Earnings	\$	From		To	
Overtime Rate Per Hour	\$			Average of OT Hours Per Week			
Commissions, Tips, Bonuses, Other	\$		Hourly	Weekly	Bi-Weekly	Semi Monthly	Monthly
							Yearly
							Other
Shift Differential Rate Per Hour	\$			Average # of Shift Differential Hours Per Week			
List Any Anticipated Change in Employee's Rate of Pay Within The Next 12 Months						Effective Date	
If the Employee's work is seasonal or sporadic, Please indicate the layoff period(s)							
Additional Remarks							

**VERIFIED BY**

Name		Title	
Company Name		Address	
Phone		City, State, Zip	
Fax		Email	
Signature		Date	

**PENALTIES FOR MISUSING THIS CONSENT:** 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). \*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\* 408(a) (6), (7)





**SEASONAL EMPLOYMENT VERIFICATION**

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

<b>From</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	

To		Date	
		Unit	
		SSN	
P		RE	
F			

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME

SIGNATURE

DATE

Employee Name				Job Title			
Is this seasonal work?	Y	N	Most Recent Start Date:	Dates of Season/Anticipated Season: Range MM/DD/YYYY	Season Start	Season End	
Does employee work multiple seasons during the year?	Y	N	Dates of Season/Anticipated Season: Range MM/DD/YYYY	From	To	Job Title	
Presently Employed (circle one)	Y	N	Date First Employed	Date Terminated			
Current Wages (check one)	\$		Hourly	Weekly	Bi-Weekly	Semi Monthly	Monthly
Average of Regular Hours Per Week		YTD Earnings	\$	From	To		
Overtime Rate Per Hour	\$	Average of OT Hours Per Week					
Commissions, Tips, Bonuses, Other	\$	Hourly	Weekly	Bi-Weekly	Semi Monthly	Monthly	Yearly
List Any Anticipated Change in Employee's Rate of Pay Within The Next 12 Months	YES / NO (circle one)		Estimated hours per week at this rate?		Effective Date		
What is the estimated gross amount you expect to pay this employee for the season(s) for the next 12 months?			\$				
Type of Business (farm, cannery, trucking, etc.)							
Is the employer paid by the owner(s) of the land? YES / NO (circle one)			If no, please explain:				
Does the employee work strictly with raw (unprocessed products)? YES / NO (circle one)			If no, please explain:				
Is there any other form of compensation paid to this employee? YES / NO (circle one)			If yes, please explain:				

**VERIFIED BY**

Name		Title	
Company Name		Address	
Phone		City, State, Zip	
Fax		Email	
Signature		Date	



## General Income Verification

Source's Name: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_  
Source's Mailing Address: \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_  
\_\_\_\_\_  
Recipient: \_\_\_\_\_ Social Security # \_\_\_\_\_

The recipient named above has applied for an apartment governed by a federal government housing program. By regulation, we are required to verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible in the envelope provided.

**Your assistance in completing this form accurately and timely is greatly appreciated!**

### Applicant/Tenant Release Statement:

**Applicant/Tenant Name:** \_\_\_\_\_  
**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

**PENALTIES FOR MISUSING THIS CONSENT:** 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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408, f, g and h.

\_\_\_\_\_ does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name: \_\_\_\_\_ Voice: \_\_\_\_\_  
Address: \_\_\_\_\_ TDD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check the type(s) of income received, the GROSS amount CURRENTLY receiving and date began receiving benefit:**

<u>Income Type</u>	<u>Amount</u>	<u>Frequency</u>
<input type="checkbox"/> Veteran's Benefit, Retirement Pay or Annuity	\$ _____	_____
<input type="checkbox"/> Severance Pay	\$ _____	_____
<input type="checkbox"/> Insurance Settlement or Life Insurance Dividends	\$ _____	_____
<input type="checkbox"/> Disability or Death Benefit:	\$ _____	_____
<input type="checkbox"/> Contributions to Household:	\$ _____	_____
<input type="checkbox"/> Income from Real Estate:	\$ _____	_____
<input type="checkbox"/> Other: _____	\$ _____	_____

(Please list type)

**Are there any expected changes in the next 12 months?** ☐ YES ☐ NO

**Comments:** \_\_\_\_\_

**Signature of Source:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Date Completed Form:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

### Office Use Only:

**Date Received:** \_\_\_\_\_ **Calculations:** \_\_\_\_\_





VISIONARY  
PROPERTY  
MANAGEMENT  
of CALIFORNIA

## Building Homes, Strengthening Communities

### AFDC & GENERAL ASSISTANCE VERIFICATION

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		Regarding	
Phone		SSN	
Fax			

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely, **Management, Visionary Property Management**

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

#### THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.

Number in the Family		
Aid to Families with Dep. Children Benefits	\$	<b>Monthly</b>
General Assistance Benefits	\$	<b>Monthly</b>
Amount Specifically Designated for Shelter and Utilities	\$	<b>Monthly</b>
Other Assistance: (Please Specify):	\$	<b>Monthly</b>
	\$	<b>Monthly</b>
TOTAL INCOME	\$	<b>TOTAL MONTHLY</b>
Other Income Source:	\$	<b>Monthly</b>
Maximum Allowance for Rent & Utilities	\$	<b>Monthly</b>
Medi-Cal Share of Cost	\$	<b>Monthly</b>
Amount of Public Assistance Given During the Past 12 Months	\$	<b>12 MO. TOTAL</b>
Date Assistance Became Effective		
Date Assistance is Expected to Terminate		
Remarks:		

#### VERIFIED BY

Name	
Title	
Phone Number	
Date	
Signature	

**PENALTIES FOR MISUSING THIS CONSENT:** 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).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\* 408(a) (6), (7)







**GIFT OR SUPPORT INCOME VERIFICATION**

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		SSN	
P:		RE:	
F:			

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely,

**Management, Visionary Property Management**

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.  
Please check the applicable boxes for the type of Gift/Support.**

	From Parents	Amount	\$	Per		Month	Year
	From Other Family Member	Amount	\$	Per		Month	Year
	From Friends	Amount	\$	Per		Month	Year
Remarks:							

**VERIFIED BY**

<b>Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>CDL or Social Security Number</b>	
<b>Date</b>	
<b>Signature</b>	

**PENALTIES FOR MISUSING THIS CONSENT:** 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).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\* 408(a) (6), (7)





**SOCIAL SECURITY BENEFIT VERIFICATION**

From	
Phone	
Fax	
Email	

To	Social Security Administration	Date	
		Unit	
		SSN	
PH	877-803-6314	RE:	

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely,

**Visionary Property Management Group**

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.**

Current Monthly Gross Amount of Social Security	
Current Monthly Gross Amount of SSI	
Deductions From Gross for Medical Insurance Premiums	
Overpayment Balance Owing as of Today	
Date of Initial Award	
Effective Date of Current Award	

**VERIFIED BY**

Name	
Title	
Name of Institution	
Phone Number	
Date	
Signature	





Effective Dates: 05/11/2012 - Present

[Previous](#) | [Next](#)

TN 1 (04-05)

## GN 03311.007 A Standard Fee for Non-Program SSN Printouts for Third Parties with Consent

### A. Purpose

The purpose of this message is to inform you of a change in determining the amount to charge third parties for SSN printouts for non-program requests. Instead of computing a fee based on the schedule in [GN 03311.005E.3.](#), we will charge a standard fee, plus an additional amount for any additional work involved in processing the request. The decision to collect a standard fee applies to third parties requesting SSN printouts.

**Do not confuse this fee-based, third party verification service with the “free” SSN Printouts for hired employees we provide to employers and their agents.** This fee-based SSN printout service is for purposes other than wage and tax reporting.

### B. Background

It is SSA policy to charge third parties a fee for verification of SSNs for non-program purposes ([GN 03311.005E.2.](#)). SSA must be compensated for the work it does for others so that the Social Security Trust Funds do not bear the costs of such activities. We may consider a proposed use program related if the information is needed:

- to pursue some benefit under the Social Security Act (e.g., Social Security benefits, SSI payments, Medicare, Medicaid, etc.)
- solely to verify the accuracy of information obtained in connection with a program administered under the Social Security Act
- in connection with an activity that has been authorized under the Act
- by an employer to report or pay taxes under the Federal Insurance Contributions Act or Section 218 of the Social Security Act.

### C. Standard Fee

The Commissioner has approved the charging of \$46 for a single SSN printout request. This fee consists of two parts. There is a \$20 charge to process the SSN printout and provide a “match/no match” response. This fee covers personnel and overhead costs and is based on information captured by SSA’s Cost Analysis System. There is an additional \$26 charge for the full cost to the Agency to process the associated remittance. The fee for multiple requests from a single requestor would be \$46 for the first SSN and \$20 for each additional SSN in that particular request.

*Due to the costs associated with the third party verification as indicated by the Social Security Administration webpage <https://secure.ssa.gov/poms.nsf/lnx/0203311007>, second party award letters are accepted due to the hardship associated with the cost for the affordable project.*





**DISABILITY BENEFIT VERIFICATION**

From	
Phone	
Fax	
Email	

To	Employment Development Department	Date	
		Unit	
		Applicant	
Phone		SSN	
Attn.	Verifications Department		

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely,

**Management, Visionary Property Management**

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME

SIGNATURE

DATE

**THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.**

**It is imperative that this form is completed in its entirety. Please do not leave any questions blank and do not answer with N/A**

Gross Weekly Payment	\$
Date of Initial Payment	
Duration of Benefits - # of Weeks	
Is the claimant eligible for further benefits?	Yes / No <i>(circle one)</i>
If YES, how many weeks?	
If NO, what is the termination date of benefits?	

**VERIFIED BY**

Name	
Phone Number	
Date	
Signature	

**PENALTIES FOR MISUSING THIS CONSENT:** 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).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\* 408(a) (6), (7)



Applicant/Resident Name \_\_\_\_\_

Development Name \_\_\_\_\_

Unit Number/Identification \_\_\_\_\_

**Child support and/or spousal support payments that are received shall be included as income whether or not there is yet a court order awarding payment.**

**Child/Spousal support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.**

**As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:**

**A. Do you receive child support and/or spousal support?** Yes ☐ No ☐  
Go to B Go to C.1

**B. I receive:**

1. Payment amount \$ \_\_\_\_\_
2. Frequency \_\_\_\_\_
3. Name(s) of Recipient(s) \_\_\_\_\_  
\_\_\_\_\_
4. Name of source \_\_\_\_\_  
*Complete multiple affidavit forms if there are multiple sources.*
5. Go to C.1

**C. 1. Have you been awarded child or spousal support by court order?** Yes ☐ No ☐  
Go to C.2 Sign Form

**2. Provide copy of entire document, enter amount of award**  
\$ \_\_\_\_\_, and frequency \_\_\_\_\_; go to C.3.

**3. Is payment being received as awarded?** Yes ☐ No ☐  
Go to 3.a Go to 3.b

**a. Indicate the manner by which payment is received and sign form.**

- i. \_\_\_\_\_ Enforcement agency *Name agency* \_\_\_\_\_  
*and provide agency print out*
- ii. \_\_\_\_\_ Court of Law *Name court* \_\_\_\_\_
- iii. \_\_\_\_\_ Direct from responsible party *Name source* \_\_\_\_\_  
*and provide affidavit or statement from the source.*
- iv. \_\_\_\_\_ Other (Explain) \_\_\_\_\_

**b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.**

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. 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 a lease agreement.

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

\_\_\_\_\_  
Date

## **Child and/or Spousal Support Verification**

Date \_\_\_\_\_

Applicant/Resident Name \_\_\_\_\_

Development Name \_\_\_\_\_

Unit Number/Identification \_\_\_\_\_

TO: *(Name and Address of Payer)*

RETURN TO: *(Rental Community Address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Almond Terrace Apartments  
2004 Evans Road  
Ceres, CA 95307

**I hereby authorize release of the information requested below** in order to determine my eligibility for residency at the above rental community in the upcoming year.

Signature	_____	Social Security #	_____
Printed Name	_____	Date	_____

The following information is requested as part of the household qualification process required by federal and/or state housing programs with jurisdiction over this rental community. Information provided will remain confidential. Your assistance by completing and returning this form in a timely manner will be greatly appreciated. Please call if you have questions.

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

### **THIS SECTION TO BE COMPLETED BY PAYER**

Name(s) of Recipient(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment amount \_\_\_\_\_ Frequency \_\_\_\_\_

Are payments paid to offset an AFDC/TANF grant? ☐ Yes ☐ No

Are changes expected in the next 12 months? ☐ Yes ☐ No

If yes, provide details \_\_\_\_\_

Note: Child support and/or Spousal support payments awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

I hereby certify that the information supplied is true and complete.

Signature	_____	Completion Date	_____
Printed Name	_____	Title	_____
Firm/ Organization	_____	Telephone Number	_____

## STUDENT CERTIFICATION – SELF AFFADAVIT

Resident/Applicant		TIC Effective Date	
Initial Certification	Check Here <input type="checkbox"/>	Recertification	Check Here <input type="checkbox"/>

You have applied to live in an apartment that is governed by the Housing Credit Program. This program has restriction son full time student s and requires us to determine your student status. We must determine this prior to granting your eligibility and, if such eligibility is granted, annually thereafter.

YES	NO	Declaration
		<b>I am a full time student or was enrolled as such during 5 or more months during the current calendar year. School Name:</b>
		<b>I am the parent or guardian of children enrolled in K-12<sup>th</sup> grade.</b>
List Minor's Names Here		

Please check all that apply: To be eligible, one of the following must be answered **YES** with documentation in the file.

YES	NO	Declaration
		<b>At least one member of the household is marred and entitled to file a joint tax return</b>
		<b>The household consists of single parents and their children, and such parents and children are not dependents of another individual</b>
		<b>At least one member of the household received assistance under TITLE IV of the Social Security Act (i.e. AFDC or it's successor TANF)</b>
		<b>At least one member of the household is enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar federal, state or local laws</b>
		<b>All household members are full time students, and one adult household member was formerly in foster care</b>
		<b>At least one household member will be residing in the unit who is NOT a full time student.</b>

### FOR HUD PROPERTIES ONLY:

I have applied to live in an apartment that is governed by the US Department of Urban & Housing Development. This program has restrictions on students and requires us to determine your student status. We must determine this prior to grant your eligibility and, if such eligibility is granted, annually thereafter.

YES	NO	Declaration
		<b>I am a student attending an Institute of Higher Education.</b>

Please check all that apply: To be eligible, one of the following must be answered **YES** with documentation in the file.

YES	NO	Declaration
		<b>Is the student a dependent moving in/currently living with their legal parents or legal guardians?</b>
		<b>Is the student over the age of 23?</b>
		<b>Is the student married?</b>
		<b>Are there any dependents of the student residing in the household?</b>
		<b>Is the student a veteran of the US Military?</b>
		<b>Is the student disabled and was receiving subsidy assistance on or before November 30, 2005?</b>

**IF YOU ARE A STUDENT AND ANSWRED NO TO ALL THE QUESTIONS ABOVE, YOU MUST BE ABLE TO PROVIDE FURTHER DOCUMENTATION THAT YOUR PARENTS ARE INCOME ELIGIBLE FOR THE PROGRAM.**

I certify that the information given above is true and correct to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Resident/Applicant Signature		Date	
Agent for Owner		Date	



## STUDENT VERIFICATION

### THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:

Project Name	
Building Address	
Unit Number	

**I hereby grant disclosure of the information requested below from**

Name of Educational Institution	
Address of Educational Institution	
City State Zip	
Phone Number of Educational Institution	
Fax Number of Educational Institution	

RESIDENT AUTHORIZATION / RELEASE:

Resident Signature of Release	
Printed Name of Resident	
Date	
Student ID #	

**Return Form to:**

P:  
F:

### THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

**Is the above-named individual a student at this educational institution?**    YES    NO

**If so, part-time or full-time?**    PART-TIME    FULL-TIME

**If full-time, the date the student enrolled as such:** \_\_\_\_\_

**Expected date of graduation:** \_\_\_\_\_

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

Tel. #: \_\_\_\_\_

Title: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

**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 Verification (September 2000)



## Marital Separation Status Affidavit

**To be completed by tenant:**

**RE:** \_\_\_\_\_  
Applicant / Tenant Name                      Social Security Number                      Applicant / Tenant Address

### **Part I**

I \_\_\_\_\_, am currently legally separated from my spouse and a copy of my current legal separation agreement is attached.

### **Part II**

I \_\_\_\_\_, am currently separated from my spouse since \_\_\_\_\_  
(mm/dd/yyyy), and have **NOT** taken any legal action with regard to my marital status because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Income Determination:**

- I currently receive or anticipate receiving \$\_\_\_\_\_ per \_\_\_\_\_ from my spouse during the next twelve (12) months. I do not receive any other support from my spouse. Please attach the most recent payment documentation.
- I currently receive no compensation from my spouse nor do I intend (expect) to receive any compensation for the next twelve (12) months because \_\_\_\_\_

### **Asset Determination:**

- I understand that all assets owned by my spouse or myself will be counted as marital property until legal documentation that states otherwise can be obtained.

### **Reporting Requirements:**

- I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, asset amounts, household composition and marital status.
- I will not allow my spouse to move into my apartment without PRIOR approval from management. I understand that due to the requirements of Section 42 of the Internal Revenue Code, management has the right to deny the addition of any household member(s).

*Under penalties of perjury, I certify the above representations to be true as of the date shown below. I understand and agree that if for any reason my marital status changes, I am obligated to notify the landlord immediately. I further understand that any misrepresentation herein will be considered a material breach of the lease agreement and subject to immediate action, including the possibility of eviction.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Representative Signature

\_\_\_\_\_  
Date

# UNEMPLOYED/NON-EMPLOYED AFFIDAVIT

Resident/Applicant		Unit	
Initial Certification	Check Here <input type="checkbox"/>	Recertification	Check Here <input type="checkbox"/>
Social Security #		Property	
Address			

1. For **unemployed** applicants/residents **receiving unemployment benefits**, lease check the box below. The amount disclosed below will be include on the Tenant Income Certification.

Check if Applicable		<b>I am not presently employed. However, I am currently receiving unemployment benefits (verification attached) in the amount disclosed below, per week. Unemployment benefits must be annualized and included in anticipated gross annual income.</b>
Weekly Benefit Amount		\$

2. For **non-employed** applicants/residents, please check the appropriate box below and select appropriate reason for non-employment, if applicable.

Check if Applicable		<b>I am not presently employed and do not anticipate becoming employed within the next twelve (12) months. The reason for the non-employment status is stated below (i.e. retired, disabled/handicapped, student, full time parent, etc.)</b>
Reason for NON EMPLOYMENT		
Check if applicable		<b>I am not presently employed. However, I do anticipate becoming employed within the next twelve months.</b>
Type of Work Anticipated		

I understand that this certification is made as part of the qualification procedure to determine eligibility for residency at these apartments and that providing false information or any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above representations are true to the best of my knowledge and belief. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Resident/Applicant Signature		Date	
Agent for Owner		Date	



**UNEMPLOYMENT BENEFIT VERIFICATION**

From	
Phone	
Fax	
Email	

To	Employment Development Department	Date	
	PO Box 19007	Unit	
	San Bernardino, CA 92423-9007	Applicant	
Phone	800-563-2441	SSN	
Attn.	Verifications Department		

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely,  
**Management, Visionary Property Management**

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME

SIGNATURE

DATE

**THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.**

**It is imperative that this form is completed in its entirety. Please do not leave any questions blank and do not answer with N/A**

Gross Weekly Payment	\$
Date of Initial Payment	
Duration of Benefits - # of Weeks	
Is the claimant eligible for further benefits?	Yes / No <i>(circle one)</i>
If YES, how many weeks?	
If NO, what is the termination date of benefits?	

**VERIFIED BY**

Name	
Phone Number	
Date	
Signature	

**PENALTIES FOR MISUSING THIS CONSENT:** 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).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\* 408(a) (6), (7)

## CERTIFICATION OF ZERO INCOME

(To be completed by adult household members who are claiming zero income from any source, if appropriate.)

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

2. Choose one:

- ☐ Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.
- ☐ Currently, I have no income of any kind and I will not be seeking employment at this time.

3. I will be using the following sources of funds to pay for rent and other necessities: \_\_\_\_\_

\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

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

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

## UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$4999.99.

Complete one form for households with joint assets or one form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement (**Joint**) next to the applicable asset.

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

### Complete the following:

#### 1. Choose one:

- ☐ I/we do not have any assets at this time. (if this box is checked, draw a line through the asset information below, place a zero in #3, sign and date)

**OR**

- ☐ My/our assets include:

(Please complete fully. Put a zero in any columns that do not apply)

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	EBT/Debit Visa or MC	\$ _____	_____	\$ _____	Certificates of Deposit
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

**PLEASE NOTE:** Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

#### 2. Choose one:

- ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

**OR**

- ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_  
\_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred).

#### 3. Please complete:

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) from the net family assets is \$ \_\_\_\_\_. This amount is included in total gross annual 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.

Applicant/Tenant

Date

Applicant/Tenant

Date

## INSTRUCTIONS FOR COMPLETING UNDER \$5000 ASSET VERIFICATION FORM

*This form is to be completed by tenants whose combined total net assets do not exceed \$4999.99. Complete one form per households with joint assets or on form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement (**Joint**) next to the applicable asset.*

Household Name                      Enter Last name of the Head of Household

Unit No.                                Enter the Unit number the household is occupying

Development Name                  Enter the name of the Property

City:                                      Enter the name of the City where the Property is located

### Complete the Following:

- Question 1:                              Tenant must select **one** of the two options:  
**Option 1** – I / we do not have any assets at this time. If this box is checked, draw a line through the Asset information below, sign and date form.  
**Option 2** – My / our assets include. If this box is checked, the tenant must list all applicable assets, interest rates and annual income. A zero notation should be put in any columns that do not apply.
- Question 2:                              Tenant must select **one** of the two options:  
**Option 1** - I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years. If this box is checked, go onto Part 3.  
**Option 2** - Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred). If this box is checked and the total amount when added to the total annual income from the asset, does not exceed \$5000, go onto Part 3. If the amount exceeds \$5000, then 3<sup>rd</sup> party verification of **all** assets (including those noted above) must be obtained.
- Question 3:                              **The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) from the net family assets is \$\_\_\_\_\_.**  
**This amount is included in total gross annual income.** All totals in the Annual Income column should be added together and the number written on the line. If no assets are present or Question 1 indicates that there are no household or individual assets, place a Zero on the line.

### Signature Statement

It is the responsibility of the tenant(s) to sign and date the document, as accurate under penalty of perjury. Management should ensure that the form is filled out completely and in its entirety.

*These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.*



**BANK VERIFICATION**

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		SSN	
		Checking #	
RE		Checking #	
		Savings #	

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely,

**Management, Visionary Property Management**

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.**

ACCOUNT NUMBER	TYPE OF ACCOUNT	CURRENT BALANCE	6 MONTH AVERAGE BAL.	INTEREST EARNED YTD	ANNUAL INTEREST RATE

**VERIFIED BY**

<b>Name</b>	
<b>Phone Number</b>	
<b>Date</b>	
<b>Signature</b>	

**PENALTIES FOR MISUSING THIS CONSENT:** 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).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\* 408(a) (6), (7)





**BANK/PAY CARD VERIFICATION**

From	
Phone	
Fax	
Email	

To	<b>Pay Card</b>	Date	
	<b>No need to 3<sup>rd</sup> party verify</b>	Unit	
	<b>&amp; attach current cash balance receipt/statement provided by household</b>	SSN	***
	<b>Include ending cash balance as savings</b>	Checking #	
	<b>acct on cert docs</b>	Savings #	

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party.

Sincerely,

**Management, Visionary Property Management**

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME

SIGNATURE

DATE

**PENALTIES FOR MISUSING THIS CONSENT:** 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).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\* 408(a) (6), (7)

Attach copy of current cash balance receipt in this box and highlight ending balance in yellow\*







**WHOLE LIFE / UNIVERSAL LIFE INSURANCE ASSET VERIFICATION**

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		HH	
Phone			
Fax/Email		SSN	

Dear Account Representative:

The person named below has applied to live at our apartment community. Because this property receives benefits from the US Government, we are required to verify certain information from the third-party source of any income or assets that the applicant holds.

Please note that the applicant is permitting you to release this information to us by their signature below. Without this information, we cannot rent an apartment home to this applicant. We are required to inform each third party that intentionally falsifying information relative to this applicant can result in penalties for fraud. We appreciate your prompt attention to this request and welcome any questions you may have. Please return completed form in the enclosed self-addressed envelope or by fax.

The US Government requires the following:

- All questions must be answered YES / NO or, If it does not apply, put N/A
- If uncertain, sue best available information
- Use of "white-out" is prohibited
- If information must be changed, strike through and initial change
- Signature and date of person completing this form is required.

Sincerely,

**Management, Visionary Property Management**

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. See Attached Authorization to Release Information.

PRINT NAME

SIGNATURE

DATE

**THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.**

TYPE (circle one)	POLICY #	DEATH BENEFIT/ FACE VALUE (a)	SURRENDER/ CASH VALUE (b)	INTEREST RATE (%) (c)	3 YR AVERAGE YIELD (d)
Whole Life/Universal					
Whole Life/Universal					
Whole Life/Universal					
Whole Life/Universal					

**VERIFIED BY**

Name	
Phone Number	
Date	
Signature	

**PENALTIES FOR MISUSING THIS CONSENT:** 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).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\* 408(a) (6), (7)





## INSTRUCTIONS FOR CALCULATING INCOME USING THE WHOLE LIFE/UNIVERSAL LIFE INSURANCE ASSET VERIFICATION

(For Office Use Only)

- I. Please use the information on the reverse side of this verification to perform the calculations below, only after all blanks have been clarified with the third party and the third party has signed and dated the verification.

- II. The  
same  
  
third

(b) Cash Value	
\$	
\$	
\$	
\$	

letters and line numbers in the formulas below refer to the letters and number sequences on the reverse side of this completed verification form. Simply enter the corresponding amounts that have been provided by the party to complete the calculations below.

- III. List

the cash value as follows:

**Formula: (b) = Cash Value**

- Line 1.  
2.  
3.  
4.

- IV. Enter the Cash Value for each asset type onto the Tenant Income Certification exactly as it appears in each box.

- V. Calculate the annual income as follows:

**Formula: (a) x (c) = Annual Income**

**If (c) is blank, use (d). (If both are blank, contact third party)**

	(a) Market Value	X	(c) Interest Rate	Or	(d) 3 Yr. Avg. Yield	= Annual Income
Line 1.						\$
2.						\$
3.						\$
4.						\$

- VI. Enter the Annual Income onto the Tenant Income Certification exactly as it appears in each box.

- VII. If the tape totals are used, please attach tapes to the front of this form where indicated.





**Verification Asset**  
**Stocks Bonds-Treasury Bills- Mutual Funds**

From	
Phone	
Fax	
Email	

To		Date	
		Unit	
		Regarding	
Phone		SSN	
Fax			

The above referenced individual is an applicant or resident at our community. This property is operated under a program which requires that we obtain written confirmation of the assets of all household members.

To comply with this requirement, we ask that you complete and return this form to our office within 10 working days, via mail **and** fax or email scan. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

Sincerely,  
Management, Visionary Property Management

I authorize the release of the requested information and understand I have the right to review files maintained on me by the Management Company.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THE ABOVE BOX MUST BE COMPLETED OR THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE.**

**Area to be completed by Financial Organization**

**(Please answer all questions. Answer N/A if the question doesn't apply.)**

Dividends paid in the last quarter or Stocks account # \_\_\_\_\_ Current Market Value \_\_\_\_\_  
Cash Value\* \_\_\_\_\_ interest rate: \_\_\_\_\_

**\*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)**

Dividends paid in the last quarter or Stocks account # \_\_\_\_\_ Current Market Value \_\_\_\_\_  
Cash Value\* \_\_\_\_\_ interest rate: \_\_\_\_\_

**\*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)**

Dividends paid in the last quarter or Bonds account # \_\_\_\_\_ Current Market Value \_\_\_\_\_  
Cash Value\* \_\_\_\_\_ interest rate: \_\_\_\_\_

**\*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)**

Dividends paid in the last quarter or Treasury Bill account # \_\_\_\_\_ Current Market Value \_\_\_\_\_  
Cash Value\* \_\_\_\_\_ interest rate: \_\_\_\_\_

**\*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)**

Dividends paid in the last quarter or Mutual Funds account # \_\_\_\_\_ Current Market Value \_\_\_\_\_  
Cash Value\* \_\_\_\_\_ interest rate: \_\_\_\_\_

**\*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)**

**VERIFIED BY**

Name and Title of person Supplying the Information		Firm/Organization Name	
Phone Number			
Date & Signature			

**PENALTIES FOR MISUSING THIS CONSENT:** 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).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\* 408(a) (6), (7)



## 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 my/our employment, income, and/or assets to for **Property**  purposes of verifying information

Provided as part of 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 identity; 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 ASKED

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

Past/Present Employers (and their 3 <sup>rd</sup> Party Reporting Agencies)	Previous Landlords (Including Public Housing Agencies)	Veterans Administration
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems/ Pension Plans
Insurance Providers	Social Security Administration	Banks and other Financial Institutions
Welfare Agencies	Medical and Child Care Providers	Third Party Recurring Gift Providers
Internal Revenue Service	Real Estate Title Companies	Tax Assessor's Office

### 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 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 I/we can prove is incorrect.

Applicant/Resident	(Printed Name)	Date
Co-Applicant/Resident	(Printed Name)	Date
Adult Member	(Printed Name)	Date
Adult Member	(Printed Name)	Date





*"Building Homes, Strengthening Communities"*

## Roommate Release Form

I/We \_\_\_\_\_ the undersigned

**Name of remaining resident(s)**

Resident of, \_\_\_\_\_ Apartments, residing in Unit # \_\_\_\_\_ agree

**Property Name**

To release \_\_\_\_\_

**Name of departing resident**

From responsibility for our lease.

I/We will accept full responsibility for the terms and conditions of the lease agreement.

\_\_\_\_\_  
**Remaining Resident's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Remaining Resident's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Remaining Resident's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Remaining Resident's Signature**

\_\_\_\_\_  
**Date**

I/ We, \_\_\_\_\_ am vacating

Unit # \_\_\_\_\_ as of \_\_\_\_\_ I/We realize by doing so that I/we will forfeit  
(Last day in apartment)

All deposits paid to lessor and any right to occupy the premise.

\_\_\_\_\_  
**Departing Resident's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Departing Resident's Signature**

\_\_\_\_\_  
**Date**

### Management Approval:

Does the remaining household meet management minimum income requirement?

☐ YES ☐ NO

Is the remaining household now a full-time student household? ☐ YES ☐ NO

If so, do they meet one of the student exceptions? ☐ YES ☐ NO

Does the remaining household include an adult from the original move in of this household?

☐ YES ☐ NO

If not, the remaining household must have an initial certification processed using current income limits and must qualify.

**All documentation must be sent to Compliance for review and approval and may only be signed off after Compliance Approval has been received**

\_\_\_\_\_  
**Community Manager's Approval**

\_\_\_\_\_  
**Date**

**Note: Roommate Release Addendum is not considered fully executed and enforceable until all parties have signed addendum and the Community Manager has approved.**





*"Building Homes, Strengthening Communities"*

# Roommate Change

It is agreed by all current Lessee(s) that \_\_\_\_\_  
**Vacating Resident(s) Name**

Will be moving Out of \_\_\_\_\_ **Unit #** \_\_\_\_\_  
**Address**

It is agreed, that the vacating resident(s) waive all rights to the security deposit that will be returned when the unit is vacated. Any agreement is regard to the present deposit must be made between the current Lessee(s) themselves. In so doing, the vacating resident(s) also waive any responsibilities for any costs or charges against the unit referenced above at a later date.

_____	_____
<b>Vacating Resident Signature</b>	<b>Date</b>

_____	_____
<b>Vacating Resident Signature</b>	<b>Date</b>

**The following will sign on the new Lease Agreement and accept all responsibility.**

<b>Resident(s):</b>	<b>Date:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
<b>Agent for Owner</b>	<b>Date</b>

## RESIDENT NOTIFICATION LETTER

As a Resident of \_\_\_\_\_ (*name of property*), a development funded under the Low Income Housing Tax Credit program, you have certain rights stated in your lease and the Lease Rider attached. Your landlord must follow the federal and state rules for the Housing Tax Credit Program. One of the important protections provided by federal law is that you cannot be evicted from your home without a good reason, or "good cause".

Your landlord may not evict you without good cause. Good cause is generally serious or repeated violations of the terms of your lease. The landlord must state the good cause in any notice seeking to terminate your tenancy. If you contest the eviction, the landlord must then file a court action and prove the good cause to a judge.

Attached are a Notice and "Lease Rider" that outline the protections you can enforce. The attached Lease Rider should already be signed by your landlord. You and all members of your household aged 18 or older must also sign the Lease Rider and return it to your landlord by \_\_\_\_\_ (*date*).

The Lease Rider only needs to be signed at initial move-in. If at any time additional adult household members enter the unit or a child turns 18, they should sign the existing form with the current date. You may view the current Lease Rider Form at the following web site:

<http://www.treasurer.ca.gov/ctcac/compliance/leaserider>. If you do not have Internet access, you may call (916) 654-6340 and request a copy of the current form.

If you have any questions concerning this matter, please contact your Resident Manager \_\_\_\_\_, or your landlord at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Property Representative Name (print)

\_\_\_\_\_  
(Property Name)

\_\_\_\_\_  
Date

Encl:

(1) Lease Rider

(2) Notice - Good Cause Eviction Protection

**LOW INCOME HOUSING TAX CREDIT LEASE RIDER**  
**(to be attached to resident lease)**

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

Dear Resident or Applicant:

The owner(s) of this property rents residential units under the federal Low-Income Housing Tax Credit Program (the "program") administered by the California Tax Credit Allocation Committee (TCAC). Under the program, the owner has agreed to rent some or all of the units in the property to low-income households and restrict the rents for those units. Another protection provided by federal law is that Low Income Tenants may not be evicted without good cause. The following Lease Rider is an important part of ensuring your rights to good cause for eviction.

The Lease or Rental Agreement dated \_\_\_\_\_ is hereby amended by adding the following provision:

**Lease Rider: Good Cause for Eviction**

Owner may not terminate the tenancy the Lease or rental agreement of a Low Income Tenant except for good cause, including a serious or repeated violation of the material terms and conditions of the Lease, or a violation of applicable Federal, State, or local law. To terminate the tenancy the Lease, Owner must provide written notice to the tenant of the grounds with sufficient specificity to enable the tenant to prepare a defense. The notice must be served at least three days before the termination of tenancy, and must comply with all requirements of California law and other applicable programs. Tenant has the right to enforce this requirement in state court, including presenting a defense to any eviction action brought by Owner.

To the extent that any terms contained in the Lease or rental agreement, or any other agreement between the owner and the tenant, contradict the terms of this Rider, the provisions of this Rider shall control.

**By signing below, I indicate my consent to this Lease Rider:**

<b>Property Representative Name (print)</b>	<b>(signature)</b>	<b>Date</b>
---	--------------------	-------------

\*\*\*\*\*

**By signing below, I indicate my consent to this Lease Rider. I/we have been given a copy of this Lease Rider.**

<b>Resident or Applicant Name (print)</b>	<b>(signature)</b>	<b>Date</b>
<b>Resident or Applicant Name (print)</b>	<b>(signature)</b>	<b>Date</b>
<b>Resident or Applicant Name (print)</b>	<b>(signature)</b>	<b>Date</b>
<b>Resident or Applicant Name (print)</b>	<b>(signature)</b>	<b>Date</b>



## **NOTICE – GOOD CAUSE EVICTION PROTECTION**

**As a resident in a “Housing Tax Credit Program” rental unit, you have a right to continue living in your rental unit unless you do something that gives your landlord “good cause” to evict you. This notice provides basic information about your rights.**

### **Why are you being notified of your right against eviction without “good cause”?**

The federal law that created the Housing Credit Program requires this protection. The California Tax Credit Allocation Committee requires your landlord to notify you and amend your lease. You and your landlord must also sign the “Lease Rider” to make this important resident protection part of your lease. This “Lease Rider” has already been signed by your landlord and should be attached to this notice for your signature.

### **What is “good cause” for your landlord to evict or to terminate your tenancy?**

There is no specific list of “good causes” to evict residents. Rather, this matter has been left to the courts to decide and define. However, your landlord would have “good cause” if you commit a serious or repeated violation of the significant terms of your lease. Some examples of what might be considered good cause are failure to pay rent on time, failure to cooperate with legal recertification requirements, and engaging in illegal activity on the premises.

### **What if your lease does not yet include protection against being evicted without “good cause”?**

Even if your lease does not state this protection, you have the right NOT to be evicted without “good cause.” To strengthen this protection, you should immediately sign and return the “Lease Rider.”

### **What procedures must the landlord follow to evict me?**

Before you can be evicted, your landlord must give you a **written notice** of the reasons – the “good cause” – that is specific enough for you to present a defense if you wish. You do not have to move out after the notice if you believe there is no good cause. Whether you agree or disagree with the notice, you should never ignore it. If you choose to stay and contest the eviction, the landlord must file and serve you with a court action, called an “unlawful detainer”. This court action must be based on the same good cause stated in the notice. You have the right to show why there is not good cause at a hearing in court. The judge will then decide whether the landlord has shown good cause. You only have to leave the premises if the court orders you to do so.

***IMPORTANT! If you receive an eviction notice or court papers, you should contact an attorney immediately for legal advice.***

### **Who should you contact if you have more questions?**

Please contact your resident manager, local legal services office, local housing rights organization, or a private attorney.



## LIHTC HOUSING ADDENDUM

This agreement is between

\_\_\_\_\_ and \_\_\_\_\_

Resident(s) Unit # \_\_\_\_\_

This agreement will be in effect for the duration of the Resident's occupancy of the above Tax Credit Housing Development. The resident(s) listed above live in a dwelling operated under Section 42 of the Internal Revenue Code, a Tax Credit Housing program. As required under this program, the above resident(s) hereby agree to follow all regulations under Section 42 of the Internal Revenue Code including, but not limited to the following:

1. To provide the required information on household composition, student status, income and assets for all household members and to authorize release of such information from third party sources. Such information is required.
  - a. Prior to initial move in to determine and certify eligibility.
  - b. Resident is required to report any changes in household members including if all residents become full time students.
  - c. Each resident(s) must recertify annually. The re-certification process is initiated 120 days prior to annual certification date to ensure that all documentation may be obtained in a timely manner. Reminder notices are also sent at 90 & 60 days prior to the annual certification. You must respond and provide all documents required to complete the re-certification no less than 45 days prior to the anniversary date of the certification. Failure to cooperate in the re-certification process will result in termination of the lease agreement.
2. The resident(s) understand that if the number of household members should increase or decrease so that household size is in conflict with occupancy criteria established for this apartment complex, the household will be required to move to the appropriate size unit within 30 days, of unit being available or will be required to move from the complex. If there is no appropriate size unit at the complex, resident(s) will be required to move.
3. Resident(s) further understand that if any time the household is composed solely of full-time students and the household does not meet the provision set forth in IRC Sec 42 (I)(3)(d), the household will no longer be eligible for the Tax Credit Housing Program and will be required to move from the complex.
4. The resident(s) understand as a result of misrepresentation or error(whether or not intentional) it is discovered that Lessee fails to qualify under the program then upon notice to Lessee from Lessor of such material misrepresentation or error the lease shall terminate and Lessee hereby consents to immediately surrender possession of the apartment.
5. Additional household members may not be added to the lease during the first year (12 months) of residency, if the new member affects eligibility under the LIHTC program. Exceptions may be made in the case of a Reasonable Accommodation Requests.
6. Resident(s) understand that unit inspections may occur for company, bank, bond, and state auditing purposes. Lessor will give proper written notice as State law requires.
7. Each year the government publishes its area median gross income statistics, which are used to determine the maximum allowable rents for tax credit units. Utility allowances are also adjusted throughout the year which may result in changes to the rental rate. Management has no control over the publication dates of these allowances; however, we must implement the changes within required time frames. If the area's medium gross income or utility rates have risen or lowered we will raise rents or lower rents and serve you with a written notice consistent with both Federal and State law.

Resident Initial(s) \_\_\_\_\_

Resident Initial(s) \_\_\_\_\_

### I HAVE READ, UNDERSTAND/AND AGREE TO THE ABOVE PROVISIONS.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Community Associate Signature \_\_\_\_\_ Date \_\_\_\_\_