

TENANT QUESTIONNAIRE - RURAL DEVELOPMENT

Community	Villa De San Joaquin		Unit	
HOUSEHOLD INFORMATION				
Name	Relationship to Head of Household	M / F	Birthdate MM/DD/YYYY	Social Security Number
Current Address				
City, State, Zip				
Day Time Phone#		Evening #		

			Circle One	
Do you expect any additions to the household within the next 12 months?			Y	N
Name & Relationship				
Explanation why?				
Is there anyone living with you now who won't be living with you at this property?			Y	N
Name & Relationship				
Explanation why?				
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>			Y	N
Name & Relationship				
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>			Y	N
Name & Relationship				
Explanation why?				

INCOME INFORMATION					
Income is counted for anyone 18 or older (including legally emancipated.) However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.					
INCOME FROM WAGES	<i>Employment Wages or Salaries - Include overtime, tips, bonuses, commissions and payments received in cash.</i>			Y	N
	HH Member	Amount	Name of Company		
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

TENANT QUESTIONNAIRE - RURAL DEVELOPMENT

Community	Villa De San Joaquin	Unit		
SELF EMPLOYMENT		\$		
		\$		
	<i>Self Employed - Include overtime, tips, bonuses, commissions and payments received in cash.</i>		Y	N
	HH Member	Amount	Business Type	
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
REGULAR PAY AS A MEMBER OF THE ARMED FORCES/MILITARY	<i>Please specify if you receive hostile pay separately (danger pay).</i>		Y	N
	HH Member	Amount	Base Name & Branch	
		\$		
UNEMPLOYMENT BENEFIT OR WORKMANS'S COMPENSATION		\$		
	<i>Please list each HH Member separately</i>		Y	N
	HH Member	Amount	Caseworker	
		\$		
		\$		
PUBLIC ASSISTANCE, GENERAL ASSISTANCE, AAFTC, TANF		\$		
	<i>Please list each HH Member separately</i>		Y	N
	HH Member	Amount	Caseworker	
		\$		
		\$		
CHILD SUPPORT OR ALIMONY		\$		
	<i>We must have a court ordered support whether or not it is received unless legal action has even taken to remedy. We must also count support that is not court ordered, rather received directly from payer.</i>		Y	N
	HH Member	Amount	Payer	
		\$		
		\$		
How is the support Received	Child Support Agency	<input type="checkbox"/> Agency:		
	Court of Law	<input type="checkbox"/> Court:		
	Directly from Individual	<input type="checkbox"/> Person:		
	Other	<input type="checkbox"/> Explain:		
CHILD SUPPORT OR ALIMONY	<i>If court ordered but not received, are you taking action to remedy? If so explain:</i>		Y	N
PUBLIC ASSISTANCE, GENERAL ASSISTANCE, AFDC, TANF	<i>Please list each HH Member separately</i>		Y	N

TENANT QUESTIONNAIRE - RURAL DEVELOPMENT

Community	Villa De San Joaquin	Unit		
SOCIAL SECURITY, SSI OR ANY OTHER PAYMENTS FROM SOCIAL SECURITY	HH Member	Amount	SSA Office	
		\$		
		\$		
	<i>Please list each HH Member separately</i>			Y N
	HH Member	Amount	Source of Benefit	
		\$		
REGULAR BENEFIT PAYMENTS FROM A VETERANS BENEFIT PENSION, RETIREMENT BENEFIT OR ANNUITY?		\$		
	<i>Please list each HH Member separately</i>			Y N
	HH Member	Amount	Source of Benefit	
		\$		
		\$		
		\$		
REGULAR PAYMENTS FROM A SEVERANCE PACKAGE	<i>Please list each HH Member separately</i>			Y N
	HH Member	Amount	Source of Benefit	
		\$		
		\$		
		\$		
		\$		
REGULAR PAYMENTS FROM ANY TIME OF SETTLEMENT	<i>Please list each HH Member separately</i>			Y N
	HH Member	Amount	Source of Benefit	
		\$		
		\$		
		\$		
		\$		
REGULAR GIFTS OR PAYMENTS FROM ANY OUTSIDE OF THE HOUSEHOLD	<i>Please list each HH Member separately</i>			Y N
	HH Member	Amount	Source of Money	
		\$		
		\$		
		\$		
		\$		
REGULAR PAYMENTS FROM LOTTERY WINNINGS OR INHERITANCE	<i>Please list each HH Member separately</i>			Y N
	HH Member	Amount	Source of Benefit	
		\$		
		\$		
		\$		
		\$		
REGULAR PAYMENTS FROM RENTAL PROPERTY OR OTHER TYPES OF REAL ESTATE TRANSACTION	<i>Please list each HH Member separately</i>			Y N
	HH Member	Amount	Source of Money	
		\$		
		\$		
		\$		
		\$		
ANY OTHER INCOME SOURCES OR TYPES NOT LISTED (ie GRANTS, SCHOLARSHIPS)	<i>Please list each HH Member separately</i>			Y N
	HH Member	Amount	Source of Money	
		\$		
		\$		
		\$		
		\$		
MEMBERS EXPECT ANY CHANGES TO YOUR INCOME IN THE NEXT 12 MONTHS	<i>If so explain:</i>			Y N

TENANT QUESTIONNAIRE - RURAL DEVELOPMENT

Community	Villa De San Joaquin		Unit				
ASSET INFORMATION							
Include all assets held and the income derived from the asset. INCLUDE all assets held by ALL household members including minors:							
CHECKING OR SAVINGS ACCOUNT	HH Member	Amount	Interest	Source	Y	N	
		\$					
		\$					
CD, MONEY MARKET ACCOUNTS OR TREASURY BILLS	HH Member	Amount	Interest	Source	Y	N	
		\$					
		\$					
STOCKS, BONDS OR SECURITIES	HH Member	Amount	Interest	Source	Y	N	
		\$					
		\$					
TRUST FUNDS	HH Member	Amount	Interest	Source	Y	N	
		\$					
		\$					
PENSIONS, IRAS, KEOGH OR OTHER RETIREMENT ACCOUNTS	HH Member	Amount	Interest	Source	Y	N	
		\$					
		\$					
WHOLE LIFE INSURANCE POLICY	HH Member	Amount	Interest	Ins. Carrier	Y	N	
		\$					
		\$					
CASH ON HAND OVER \$500	HH Member	Amount	Interest	Source	Y	N	
		\$					
		\$					
REAL ESTATE, RESIDENTIAL PROPERTY, LAND CONTRACTS/CONTRACTS FOR DEEDS OR OTHER REAL ESTATE HOLDINGS	<i>This includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property.</i>				Y	N	
	Addresses	HH Member	Amount	Interest	Source		
			\$				
SAFETY DEPOSIT BOX	HH Member	Amount	Interest	Source	Y	N	
		\$					
		\$					
ASSET DISPOSITION	<i>Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past two (2) years?</i>				Y	N	
	HH Member						
	Explanation						
HUD / USDA / HOME							

TENANT QUESTIONNAIRE - RURAL DEVELOPMENT

Community	Villa De San Joaquin	Unit		
Does anyone in the unit benefit from Handicap Assistance?			Y	N
If Elderly/Disabled Household, are there any Medical Expense for the Household?			Y	N
HH Member				
Amount Monthly				
Are there Child Care Expenses paid in order for you to continue your education or work?			Y	N
HH Member- Child(ren)				
Amount Monthly				
If employed, is child care paid as a result of work or looking for work?			Y	N
HH Member- Child(ren)				
Amount Monthly				
Other Allowable Expenses:			Y	N
Explain				
Amount Monthly				
APPLICANT STATUS				
Are you or any other ADULT household members claiming zero income?			Y	N
HH Member				
Explanation				
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				
EMERGENCY CONTACT				
Primary Contact Name				
Address				

TENANT QUESTIONNAIRE - RURAL DEVELOPMENT

Community	Villa De San Joaquin	Unit	
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		
SIGNATURE CLAUSE			

I understand that management is relying on this information to provide my household's eligibility for the Affordable Housing Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application or eviction. I also understand that such action may result in criminal penalties. I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Affordable Housing Program requirements.

Adult HH Member	_____	Date	_____
Adult HH Member	_____	Date	_____
Adult HH Member	_____	Date	_____
Adult HH Member	_____	Date	_____
Adult HH Member	_____	Date	_____
Adult HH Member	_____	Date	_____
Adult HH Member	_____	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.

From	
Phone	
Fax	
Email	

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

VERIFIED BY

Name	
Title	
Phone Number	
Date	
Signature	

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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

Name	
Address	
Phone Number	
CDL or Social Security 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)





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
		I am a full time student or was enrolled as such during 5 or more months during the current calendar year. School Name:
		I am the parent or guardian of children enrolled in K-12th grade.
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
		At least one member of the household is married and entitled to file a joint tax return
		The household consists of single parents and their children, and such parents and children are not dependents of another individual
		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)
		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
		All household members are full time students, and one adult household member was formerly in foster care
		At least one household member will be residing in the unit who is NOT a full time student.

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
		I am a student attending an Institute of Higher Education.

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

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

IF YOU ARE A STUDENT AND ANSWERED 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)

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		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.
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		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.)
Reason for NON EMPLOYMENT		
Check if applicable		I am not presently employed. However, I do anticipate becoming employed within the next twelve months.
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 (circle one)
If YES, how many weeks?	
If NO, what is the termination date of benefits?	

VERIFIED BY

Name	
Phone Number	
Date	
Signature	

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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



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

Name	
Phone Number	
Date	
Signature	

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BANK/PAY CARD VERIFICATION

From	
Phone	
Fax	
Email	

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

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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	

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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			

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Wage Match Notice to Tenants

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will receive wage and benefit information from the State Department of Labor (SDOL). This information will then be compared against information provided on your Tenant Certification (Form RD 3560-8) or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures (HUD-50059). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any further questions, please contact the owner or management agent of your housing development.

Borrower or Manager Signature

Date

Tenant/Applicant Signature

Date

"This institution is an equal opportunity provider."



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 rd 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.

_____	_____
Vacating Resident Signature	Date

_____	_____
Vacating Resident Signature	Date

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

Resident(s):	Date:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
Agent for Owner	Date