

TAX CREDIT SECTION 42 CRITERIA FOR RESIDENCY RESIDENT SCREENING AND SELECTION PROCESS



CAMBRIDGE
real estate services

Thank you for applying to live at our community. This criteria is provided to you to define the process we use to select our residents. Cambridge Real Estate Services is an Equal Housing Opportunity provider, and seeks to process all applicants in a fair and consistent manner.

OCCUPANCY POLICY

1. Occupancy is based on the number of bedrooms in a unit. A bedroom is defined as a habitable space within the premises that is used primarily for sleeping, with at least one window and a closet space for clothing.
2. Two persons are allowed per bedroom plus one additional occupant will be allowed for the apartment.
3. In addition to maximum occupancy guidelines, certain communities which have received funding from the HOME program may require minimum occupancy of 1 person for a one bedroom; 2 persons for a two bedroom; 4 persons for a three bedroom; and, 6 persons for a four bedroom apartment. Exceptions may be granted based on demonstrated need and following approval by government agencies and/or their designated program compliance administrators. Contact the site manager for further information regarding program restrictions and exceptions.
4. In order to provide housing to the greatest number of qualified individuals and comply with state and federal regulations, Cambridge Real Estate Services reserves the right to follow HUD, Rural Development and Tax Credit program guidelines designed to encourage the optimal utilization of housing. This may require that Cambridge declines applications in cases where the minimum number of occupants is less than one individual per bedroom for the apartment selected. This condition shall apply throughout the entire term of tenancy and may, if violated, require that the tenant vacate the premises following the legally required procedures for termination or, if all other conditions of residency continue to be met, relocate within the community (upon re-screening) to the next available apartment of appropriate size upon written notification from the landlord.
5. Management maintains property waiting lists that select tenants in chronological order by the date of application receipt, with the exception of ADA accessible units and units with established preferences. WestTown on 8th has Two apartments with established preferences for applicants who income qualify and who experience chronic mental illness. A referral from a specific social service organization may be required for eligibility. Consult with property management if you have questions. If after a period not to exceed 7 calendar days, no preference eligible applicants are referred, secondary preference will be given to all other waiting list applicants.

APPLICATION PROCESS

Steps to become a resident.

1. Select your apartment.
2. Complete the LIHTC Rental Application (one for each adult), Certification of Tenant Eligibility, and Section 42 Certification. Note: Inaccurate or falsified information will be grounds for denial.
3. Pay your non-refundable screening charge of \$_____. The screening charge is the cost of ordering a resident screening report. Screening entails verification that individual applicants meet the requirements listed below.
4. Be prepared to wait 5-7 business days for the application verification process to be completed. More time must be allowed if the information proves difficult to verify. All verification forms including but not limited to Income Verifications, Employment Verifications and Asset Verification must be completed by qualified third parties before your application will be approved.
5. If the application is approved and you accept the available unit, you will be required to: 1) sign a minimum 6 month lease in which you will agree to abide by all the rules and regulations; and 2) pay your security deposit and pro-rated rent for the month. (After the 25th of the month, the following month's rent will be required as well.)
6. If the application is approved and you decide not to rent or the application is denied you will forfeit your \$_____ non-refundable screening charge.
7. You are encouraged to read the lease agreement at the time of application. If you require assistance in completing the application, please contact the Manager.

GENERAL REQUIREMENTS

1. Positive identification with a picture will be required for each adult applicant (photocopy may be kept on file).
2. A complete and accurate Rental Application listing your current and at least one previous rental reference with phone numbers will be required (incomplete applications will be returned to the applicant).
3. Each legal applicant will be required to qualify individually. Any legal applicant who fully meets the criteria for this property may be admitted regardless of the qualification status of any co-applicants.
4. Applicants must be eighteen years of age or older, married, emancipated, or under the age of 18 and (a and/or b):
 - a) pregnant and expecting the birth of a child who will be living in the primary applicant's physical custody;
 - b) the parent of a child or children living in the physical custody of the person.
5. Household consisting solely of full time students may not qualify. Consult Manager for exceptions.
6. Except for the birth, adoption or custody of a minor dependent, there shall be no changes in the household composition within the first six months of residency.

INCOME REQUIREMENTS

1. Monthly household income should be at least 2.5 times the stated monthly rent.
2. Some form of verifiable income will be required for applicants. (Verifiable income may mean, but is not limited to: bank accounts, alimony/child support, trust accounts, social security, unemployment, insurance benefits, AFDC, grants/loans, retirement funds) If you are unemployed and have no other source of income, either a security deposit which equates to twice the monthly rental amount or at least six months of living expenses on hand will be required. "Living expenses" will be defined as the minimum required household income as specified in the rental criteria.
3. Self employed applicants will be required to show proof of income through copies of the previous year's tax returns.
4. If monthly household income does not meet 2.5 times the stated monthly rent, a security deposit equal to a full month's rent or qualified roommate may be required. If monthly income falls \$500 or more below 2.5 times the states monthly rent, then either a security deposit equal to twice the monthly rental amount or at least six months of living expenses on hand will be required. If you are an applicant that holds a current Section 8 voucher or any other similar rental assistance program voucher, your monthly household income will not be considered a factor in determining a required security deposit amount. All sections in the additional screening criteria will apply to applicants holding current Section 8 vouchers or any other similar rental assistance program vouchers when determining the required security deposit amount.
5. You will be denied if your source of income cannot be verified.

RENTAL REQUIREMENTS

1. One year of positive verifiable rental history from a third party reference will be required within the past two years from the date of application.
2. Rental history demonstrating residency, but not third party rental history, will require a security deposit equal to a full month's rent.
3. A security deposit equal to one full month's rent for first time renters will be required when rental history does not meet the stated third party rental criteria, but residency can be verified with parents, student housing or military housing.

4. Home ownership will be verified through the county tax assessor's office. Home ownership negotiated through a land sales contract must be verified through the contract holder.
5. Five years of eviction free rental history will be required.
6. Three 72-hour notices (or 144-hour notices) within a period of one year will result in a security deposit equal to 1 months rent. Four or more 72 hour notices (or 144-hour notices) within a period of one year will result in denial.
7. Three or more NSF checks within a period of one year will result in denial.
8. Rental history reflecting damage and/or past due rent will require a security deposit equal to a full month's rent (when the debt is settled).
9. Rental history reflecting unpaid damage and/or past due rent will be denied.
10. Rental history demonstrating documented noise or disturbance complaints caused or contributed to by applicant, will be denied when the former manager would not re-rent.

CREDIT REQUIREMENTS

1. A credit report will be obtained.
2. Outstanding bad debt (i.e. slow pay, collections, bankruptcies, repossessions, liens, judgement & wage garnishment programs not medically related) being reported on the credit bureau which is more than \$2,500 will require a deposit equal to a full month's rent.
3. Fifteen or more collections on the credit bureau will result in denial.
4. Discharged bankruptcy listed on the credit report will result in a security deposit equal to a full month's rent to be required. Bankruptcy with subsequent outstanding bad debt (as defined in #2) will result in denial.
5. Delinquent or past due mortgage payments without subsequent bad credit (as defined in #2, #3, and #4), will result in a security deposit equal to two full month's rent to be required.

CRIMINAL CONVICTION CRITERIA

1. Upon receipt of the rental application and screening charge, landlord will conduct a search of public records to determine whether the applicant or any proposed tenant has been convicted of, or pled guilty to or no-contest to, any crime.
 - a) A conviction, guilty plea or no-contest plea for any felony ever involving serious injury, kidnapping, death, arson, rape, sex crimes and/or childsex crimes, extensive property damage or drug-related offenses (sale, manufacture, delivery or possession with intent to sell) class A/felony burglary or class A/felony robbery shall be grounds for denial of the rental application.
 - b) A conviction, guilty plea or no-contest plea for any other felony (other than listed above) where the date of disposition, release or parole occurred within the last seven (7) years shall be grounds for denial of the rental application.
 - c) A conviction, guilty plea or no-contest plea for any misdemeanor or gross misdemeanor involving assault, intimidation, sex related, drug related (sale, manufacture, delivery or possession with intent to sell) property damage, weapons charges, obscenity and related violations where the date of disposition, release or parole occurred within the last seven (7) years shall be grounds for denial of the rental application.
 - d) A conviction, guilty plea or no-contest plea, for any B or C misdemeanor in the above categories, or those involving criminal trespass I, theft, dishonesty, prostitution, where the date of disposition, release, or parole have occurred within the last five (5) years shall be grounds for denial of the rental application.
2. Pending charges for any of the above (a, b, c, or d) will result in a suspension of the application process until the charges are resolved. Upon resolution, if an appropriate apartment is still available, the processing of the application will be completed. No apartment will be held awaiting resolution of pending charges.
3. Denials resulting from certain misdemeanor convictions at times may be overturned by following the rejection policy outlined below.

DISABLED ACCESSIBILITY

1. Cambridge Real Estate Services allows existing premises to be modified at the full and complete expense of the disabled person, if the disabled person agrees to restore the premises at their own expense to the pre-modified condition. Cambridge Real Estate Services requires:
 - The applicant to seek the landlord's written approval before making modifications.
 - Reasonable assurance (in writing) that the work will be performed in a workmanlike manner.
 - Reasonable details regarding the extent of the work to be done.
 - Names of qualified contractors that will be used.
 - Appropriate building permits and the required licenses must be made available for inspection by the landlord.
 Cambridge's policy regarding payment for modifications is subject to adjustment for properties constructed with direct Federal or State Subsidies including HOME funds.

REJECTION POLICY

You have the right to dispute the accuracy of any information provided to the landlord by a screening service or credit reporting agency. If your application is rejected due to unfavorable information received during the screening process you may:

1. Contact the screening company that supplied the information to discuss your application. The screening company that processed your application is Background Investigations. Their name and the reference number for your file will be printed on the acceptance or denial letter.
Background Investigations, 27600 SW 95th Avenue, Suite 100, Wilsonville, OR 97070
2. Contact the credit reporting agency to identify who is reporting unfavorable information.
3. Correct any incorrect information through the credit reporting agent as per their policy.
4. Request the credit reporting agency to submit a corrected credit check to the appropriate screening company.
5. Upon receipt of the corrected and satisfactory information, your application will be evaluated again for the next available apartment.

Be advised:

- Incomplete, inaccurate or falsified information will be grounds for denial.
- Any applicant that is a current illegal drug user or addicted to a controlled substance or has been convicted by any court of competent jurisdiction of the illegal manufacture or distribution of a controlled substance shall be denied.
- Any individual whose tenancy may constitute a direct threat to the health or safety of an individual, or whose tenancy would result in physical damage to the property of others will be denied.
- Applications and background screenings will be valid for a 90 day period from the date of submission. If the applicant(s) fails to execute a rental agreement within the stated 90 day period, an updated application/background screening will need to be obtained with costs paid by the applicant.
- The Criteria for Residency applies throughout the duration of tenancy. Management reserves the right to update records to confirm continued eligibility for housing.

If your application has been denied and you feel that you qualify as a resident under the criteria set out above, you should do the following:

Write to: Equal Housing Opportunity Manager
Cambridge Real Estate Services
PO Box 2968, Portland, OR 97208

In the letter explain the reasons you believe your application should be approved and request a review of your file. Within seven working days of receipt of your letter, your application file will be reviewed and you will be notified of the outcome of the review. Please be aware that an apartment cannot be held during the appeal process.

AFFORDABLE HOUSING APPLICATION

PLEASE FILL OUT THIS APPLICATION COMPLETELY. ALL BLANKS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE CONSIDERED COMPLETE AND CAN BE PROCESSED FOR ELIGIBILITY. IF THE BLANK DOES NOT APPLY TO YOUR SITUATION PUT N/A IN THE BLANK.



ID Verified

MANAGER USE ONLY

DATE RECEIVED _____
TIME RECEIVED _____
MANAGER INITIAL _____

PROJECT CODE/PROPERTY NAME WestTown on 8th	UNIT #
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HEAD OF HOUSEHOLD (Last, First, Middle Initial)	DRIVER'S LICENSE #	PHONE #	EMAIL
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CURRENT STREET ADDRESS	CITY	STATE	ZIP
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HOW LONG AT CURRENT ADDRESS?	ARE YOU PRESENTLY RENTING?	MONTHLY RENT	REASON FOR MOVING
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CURRENT LANDLORD NAME	CURRENT LANDLORD PHONE NUMBER
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CURRENT LANDLORD ADDRESS	CITY	STATE	ZIP
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PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
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HOW LONG AT PREVIOUS ADDRESS?	PLEASE LIST ALL COUNTIES YOU HAVE RESIDED IN THE PREVIOUS 7 YEARS
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PREVIOUS LANDLORD NAME	PREVIOUS LANDLORD PHONE NUMBER
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PREVIOUS LANDLORD ADDRESS	CITY	STATE	ZIP
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If you did not live at your current or previous residence for at least two (2) years, please complete the following information:

OTHER PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
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HOW LONG AT OTHER PREVIOUS ADDRESS?	OTHER PREVIOUS LANDLORD NAME
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OTHER PREVIOUS LANDLORD ADDRESS	CITY	STATE	ZIP
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LIST ALL PERSONS WHO WISH TO RESIDE IN YOUR UNIT:
Please print full name – last, first, middle initial. Include unborn children, if applicable.

APPLICANT'S FULL NAME (Last, First, Middle Initial)	STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
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Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SPOUSE (Last, First, Middle Initial)	STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
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Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME (Last, First, Middle Initial)	STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
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Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES ANYONE IN HOUSEHOLD REQUEST A SPECIAL HANDICAP ACCESSIBLE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY UNIT TYPE REQUIRED		
HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN A FULL TIME STUDENT AT ANY TIME DURING THIS CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE THERE ANY HOUSEHOLD MEMBERS OVER THE AGE OF 17 THAT ARE PART-TIME/FULL-TIME STUDENTS? (HUD PROPERTIES ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO		
SOURCES OF INCOME: List all income sources.		
This includes, but is not limited to, full and/or part-time employment, all income from Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces Reserves, Unemployment Compensation, Child Care, Alimony, Child Support, Student Grants, Income from sale of property, Interest on Assets, Dividends, Annuities, and Regular Contributions from people not residing with you. Income earned by members temporarily absent from the household must be included. Furthermore, household income must include income received by members 18 years of age or older; include pro-rata income for those members of the household anticipated to reach 18 years of age during the upcoming 12 month period.		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		

ASSETS

BANK				ACCOUNT #			
STOCKS/BONDS <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	TRUST <input type="checkbox"/>	IRA / 401K <input type="checkbox"/>	CD <input type="checkbox"/>	MONEY MARKET <input type="checkbox"/>	BALANCE
BANK				ACCOUNT #			
STOCKS/BONDS <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	TRUST <input type="checkbox"/>	IRA / 401K <input type="checkbox"/>	CD <input type="checkbox"/>	MONEY MARKET <input type="checkbox"/>	BALANCE
BANK				ACCOUNT #			
STOCKS/BONDS <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	TRUST <input type="checkbox"/>	IRA / 401K <input type="checkbox"/>	CD <input type="checkbox"/>	MONEY MARKET <input type="checkbox"/>	BALANCE
LIFE INSURANCE POLICY NUMBER					FACE VALUE		
REAL PROPERTY: DO YOU OWN ANY PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, TYPE OF PROPERTY			
LOCATION OF REAL PROPERTY					APPX. MKT. VALUE		
HAVE YOU SOLD/DISPOSED OF ANY PROPERTY/ASSETS IN THE LAST 2 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, TYPE OF PROPERTY/ASSETS					DATE SOLD/DISPOSED OF		
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (EXCLUDING) HOUSEHOLD GOODS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, WHAT?							

PERSONAL REFERENCES: (2 PERSONS NOT RELATED OR LIVING WITH YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

AUTOMOBILES

MAKE/MODEL	YEAR	LICENSE #
MAKE/MODEL	YEAR	LICENSE #

WHO SHOULD BE CONTACTED IN CASE OF EMERGENCY? NAME
ADDRESS
PHONE #

HOW DID YOU FIND OUT ABOUT OUR BUILDING? NEWSPAPER DRIVE BY RENTAL MAGAZINE ACQUAINTANCE OTHER _____

WHEN DO YOU DESIRE TO OCCUPY THE APARTMENT?

DO YOU INTEND TO HAVE AN ANIMAL AT THIS RESIDENCE? YES NO IF YES, WHAT KIND?

FOR USDA RURAL DEVELOPMENT HOUSEHOLDS THAT MEET THE DEFINITION OF ELDERLY/DISABLED:
DO YOU WISH TO CLAIM A \$400 DEDUCTION FROM YOUR HOUSEHOLD INCOME BASED ON AN "ELDERLY HOUSEHOLD" STATUS, WHERE THE TENANT OR CO-TENANT IS 62 OR OLDER, HANDICAPPED, OR DISABLED? YES NO

DO YOU HAVE A LETTER OF PRIORITY ISSUED BY USDA-RURAL DEVELOPMENT DUE TO DISPLACEMENT FROM ANOTHER PROPERTY? YES NO

ARE YOU CURRENTLY A USER OF AN ILLEGAL CONTROLLED SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A DRUG VIOLATION (USE, ATTEMPTED USE, POSSESSION, MANUFACTURE, SALE OR DISTRIBUTION)? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EVICTED FROM A RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU SUCCESSFULLY COMPLETED A CONTROLLED SUBSTANCE ABUSE RECOVERY PROGRAM OR PRESENTLY ENROLLED IN SUCH A PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED, PLED GUILTY OR PLED NO CONTEST TO ANY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT CRIME(S), WHEN, AND WHERE?
WILL THIS APARTMENT SERVE AS THIS HOUSEHOLD'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

The undersigned authorize Cambridge Real Estate Services or any screening service to contact my present and previous landlords, my credit references and employers (as listed above) and any credit reporting agency. It is understood and agreed that the sum paid at the time of application will be used as follows: A screening fee will be retained by the landlord as payment for the cost of application screening. Applicant screening entails the checking of your credit, income and other criteria for residency. As part of the application process, Landlord may obtain an Investigative Consumer Report which may include information of your character, general reputation, personal characteristics and mode of living. You have a right to request a written summary of your rights under the Federal Fair Credit Act as well as a complete and accurate disclosure of the nature and scope of the investigation requested. The request should be made to the Landlord or the credit reporting firm listed on the Criteria for Residency. You have the right to dispute the accuracy of any information provided to the landlord by the screening service or credit reporting agency. The name and address of the screening company can be obtained from either the Criteria for Residency form or the manager. Applicant's copy of this application shall be the receipt for the screening fee. If this application is approved, applicants will have 72 hours from the time of notification to return to execute a Rental Agreement and to pay the amount required as a security deposit, as determined by the application screening process. If applicants fail to execute a rental agreement and to pay the security deposit referenced above, they will be deemed to have refused the unit and the next application for the unit will be processed. Landlord shall have no liability to applicant until such time as a rental agreement is signed by both parties. I/We understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this will be grounds for termination of tenancy. Applicant acknowledges receipt of a copy of the Criteria for Residency. The information contained in this application is true and complete. By signing below, and through the process of applying for housing, I/we do hereby certify that the apartment applied for shall serve as our primary residence.

Applications and background screening will be valid for a 90 day period from the date of screening report. If the applicant(s) fails to execute a rental agreement within the states 90 day period, an updated application/background screening will need to be obtained with costs paid by the applicant.

By signing this application you consent to the release of wage matching data to RHS and the borrower.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____

**The Federal Government has asked managing agents to track this information.
Answering these questions is on a voluntary basis.**

SEX: MALE FEMALE

ETHNICITY: HISPANIC OR LATINO (OF ANY RACE) NOT HISPANIC OR LATINO

RACE: AMERICAN INDIAN/ALASKA NATIVE
 ASIAN
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 WHITE

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

This institution is an equal opportunity provider.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

If you are applying for residency under the HOME Program: This application and your occupancy of the premises are governed by the Regulations of the State of California, Department of Housing and Community Development, HOME Investment Partnerships Program (HOME Program), Title 25 of the California Code of Regulations, Section 9200, et. Seq. and the Federal Final Rule 24 CFR Part 92 (Rule).

CAMBRIDGE

real estate services

MOVE-IN REQUIREMENT SUMMARY

We are focused on providing you with the most efficient and highest quality service possible during the complex process of approving your application for housing.

This community shall be operated in accordance with certain local, state and federal guidelines which establish income eligibility guidelines. The information contained in this summary will help you prepare for certain compliance-related aspects of the application screening process.

In order to approve your application for housing, we will need the following documents. All documents received must be legible and verifiable.

- 1) If you are presently employed, we will require three months (or 6-8 for HUD properties) of **CONSECUTIVE** pay stubs indicating your wages earned, hours worked and certain deductions. Pay stubs must be current within the past 90 days. If you hold more than one job, pay stubs will be required for all jobs.
- 2) If currently unemployed and receiving unemployment benefits, please bring in current statement of benefits.
- 3) Bank contact information for all bank accounts must be provided. If applying for a unit with HOME funding, you are also required to provide six (6) months of consecutive bank statements for all checking accounts and the most current bank statement for all savings accounts. Please defer to the management staff to understand if the unit you are applying for has HOME funding.
- 4) If applicable, a divorce decree and/or documentation regarding child support or alimony received or to which you are entitled.
- 5) Federal Tax Return for most recent one year; second year may be requested. (If applicable)
- 6) For self-employed applicants, we will require your business profit and loss statement (IRS Form Schedule C) as well as your most recent Federal Tax Return.
- 7) Current documentation (within the last 90 days) of any 401k, IRA, stocks, or pension funds you hold.
- 8) If applicable, a copy of the benefit award letter documenting Social Security, Supplemental Social Security, Pension or Military Benefits paid to all members of your household.

Additional information may be required depending on your individual circumstances. We will notify each applicant on a case by case basis of additional documentation needed and/or forms required for signature. Such a notification will follow within one to three business days of your completed application reaching the on-site manager.

The items noted above will be requested from you only after your background screening has been approved. Please do not forward this information to the on-site manager with your application for housing. Instead, please gather and hold this information until you are notified by the on-site manager that your application for housing has received preliminary approval.

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

SUPPLEMENT TO APPLICATION

Thank you for your interest in WestTown on 8th Apartments.

Application Fee(s) \$ _____
(Application fees must be paid before screening initiated) (excludes HUD properties)

BELOW PLEASE FIND A LIST OF ALL APPLICABLE CHARGES AND DEPOSITS. AMOUNTS LISTED ARE SUBJECT TO CHANGE PRIOR TO SIGNING OF THE LEASE AGREEMENT.

Security Deposit Amount \$ _____
(Security deposit must be paid within 72 hours of approval)

Pet Deposit (if applicable) \$ _____

Other Deposit (if applicable) \$ _____

Other Deposit (if applicable) \$ _____

Monthly Stated Rent \$ _____ (may reflect range of rents offered)

Other Monthly Charge (if applicable) \$ _____

Other Monthly Charge (if applicable) \$ _____

Late Fee \$ _____ (10% of monthly stated rent, excluding HUD properties)

NSF Fee \$35 plus applicable bank charges (excludes HUD properties)

Non-Compliance Fees \$50 per non-compliance (excludes HUD properties)

- Late Payment of Utility
- Failure to Clean Pet Waste (\$5.00 HUD properties)
- Failure to Clean Garbage/Rubbish
- Parking Violations or Improper Use of Vehicles

Smoke Alarm/Carbon Monoxide Alarm Tampering Fee \$250 (excludes HUD properties)

Lease Break Fee Equal to 1.5 x monthly stated rent (excludes HUD properties)
(applicable only if tenant vacates prior to lease end date)

This institution is an equal opportunity provider.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.



TENANT INCOME CERTIFICATION QUESTIONNAIRE

TO BE COMPLETED BY EACH ADULT APPLICANT.

NAME: _____

Telephone Number _____

Initial Certification

BIN # _____

Re-certification

Unit # _____

Other

Most Recent Federal Income Tax Return Attached

INCOME INFORMATION		MONTHLY GROSS INCOME	
YES	NO		
1.	<input type="checkbox"/> <input type="checkbox"/>	I am self employed. (List nature of self employment)	(use net income from business) \$ _____
		If yes, use C266	
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: Name of Employer:	
		CA & OR If yes, use OR003c	
		ID If yes, use ID003c ID	
		a) _____	\$ _____
		b) _____	\$ _____
		c) _____	\$ _____
3.	<input type="checkbox"/> <input type="checkbox"/>	I receive cash contributions -- including but not limited to gifts, recurring financial assistance both monetary and non-monetary, or assistance in meeting my financial obligations for expenses such as rent, utilities, car payments, fuel, insurance or the payment of accumulated debts, on an on-going basis from persons not living with me.	\$ _____
		If yes, use C304	
4.	<input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.	\$ _____
		If yes, use C304	
5.	<input type="checkbox"/> <input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
		If yes, use C304	
6.	<input type="checkbox"/> <input type="checkbox"/>	I receive periodic social security payments.	\$ _____
		If yes, use C302	
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.).	\$ _____
		If yes, use C304	
8.	<input type="checkbox"/> <input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
		If yes, use C302	
9.	<input type="checkbox"/> <input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
		If yes, use C304	
10.	<input type="checkbox"/> <input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) (example: Cash Assistance, Trust Fund disbursements, etc.).	\$ _____
		If yes, use C304	
11.	<input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
		If yes use C385 CA & C386 CA	
		<input type="checkbox"/> <input type="checkbox"/> I am currently receiving child support payments.	\$ _____
		If yes use C385 CA & C386 CA	
		<input type="checkbox"/> <input type="checkbox"/> If yes, from how many persons do you receive support? _____	
		If yes use C385 CA & C386 CA	
		<input type="checkbox"/> <input type="checkbox"/> I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____	
		If no to all use C385	

12.	<input type="checkbox"/> <input type="checkbox"/>	I receive alimony/spousal support payments.	\$ _____
		If yes, use C300	
13.	<input type="checkbox"/> <input type="checkbox"/>	I receive periodic payments from: trusts; annuities; inheritance; retirement funds or pensions; insurance policies; lottery winnings; or other accounts receivable, including debts I am owed from persons not living with me: If yes, list sources:	
		If yes, use C304	
		a) _____	\$ _____
		b) _____	\$ _____
14.	<input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	(use net earned income) \$ _____
		If yes, use C304	
15.	<input type="checkbox"/> <input type="checkbox"/>	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received	\$ _____
		If yes, use C429	
ASSET INFORMATION		INTEREST RATE	CASH VALUE
YES	NO		
16.	<input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s) (6 month average daily balance must be verified). If yes, list bank(s):	6 month average
		a) _____	\$ _____
		b) _____	\$ _____
17.	<input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s) (Current balance must be verified). If yes, list bank(s):	current value
		a) _____	\$ _____
		b) _____	\$ _____

18. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301	I have a revocable trust(s). If yes, list bank(s): a) _____	_____ %	\$ _____
19. <input type="checkbox"/> <input type="checkbox"/> If yes, use C305	I own real estate. If yes, provide description: _____	_____ %	\$ _____
20. <input type="checkbox"/> <input type="checkbox"/> If yes, use C305	I own stocks, bonds or Treasury Bills If yes, list sources/bank names: a) _____ b) _____ c) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names: a) _____ b) _____ c) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
22. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s): a) _____ b) _____	_____ % _____ %	\$ _____ \$ _____
23. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
24. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
25. <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: a) _____ b) _____		\$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301	I have income from assets or sources other than those listed above. If yes, list type below a) _____ b) _____		\$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/> If yes, use OR006c	Based on my answers above, I believe I have assets with a combined value of less than \$5,000. By initialing the 'yes' box, I agree to complete the "Under \$5,000 Asset Certification Form". (Not applicable to HUD properties)		

STUDENT STATUS

	Yes	No	
28. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: College/University, (trade school, etc.)?)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student in the previous 5 months?
<input type="checkbox"/> <input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)
<input type="checkbox"/> <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing (or are entitled to file) a joint tax return
<input type="checkbox"/> <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (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 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

MISCELLANEOUS EXEMPTIONS - FOR RURAL DEVELOPMENT & HUD PROPERTIES ONLY

YES No

<input type="checkbox"/>	<input type="checkbox"/>	a) DO YOU PAY DAYCARE FOR CHILDREN UNDER 13 OR DAYCARE FOR A DISABLED HOUSEHOLD MEMBER OVER AGE 13 TO ALLOW YOU TO WORK, ATTEND SCHOOL FULL-TIME OR LOOK FOR WORK?
<input type="checkbox"/>	<input type="checkbox"/>	b) IF PAYING DAYCARE, IS THERE ANOTHER PERSON IN THE HOUSEHOLD OVER 18 THAT IS AVAILABLE TO WATCH THE INDIVIDUAL RECEIVING THE CARE?
<input type="checkbox"/>	<input type="checkbox"/>	c) IS THE HEAD OF HOUSEHOLD, SPOUSE OR ADULT CO-TENANT OVER 62, HANDICAPPED OR DISABLED?
If question "c" above was answered "Yes", please continue. If "No", please skip to the signature section below.		

**WILL YOU SPEND MONEY ON ANY OF THE FOLLOWING ITEMS FOR YOURSELF OR YOUR DEPENDENTS DURING THE UPCOMING TWELVE (12) MONTHS?
(Do not say "yes" if insurance or any other person pays for the item)**

YES No

29. <input type="checkbox"/>	<input type="checkbox"/>	a) HEARING AID AND BATTERIES
<input type="checkbox"/>	<input type="checkbox"/>	b) GLASSES OR CONTACT LENSES
<input type="checkbox"/>	<input type="checkbox"/>	c) EYE EXAMS
<input type="checkbox"/>	<input type="checkbox"/>	d) DENTURES
<input type="checkbox"/>	<input type="checkbox"/>	e) DENTIST EXPENSES - HOW MANY DENTISTS?
<input type="checkbox"/>	<input type="checkbox"/>	f) DOCTOR EXPENSES - HOW MANY DOCTORS?
<input type="checkbox"/>	<input type="checkbox"/>	g) HOSPITAL EXPENSES
<input type="checkbox"/>	<input type="checkbox"/>	h) PRESCRIPTIONS - HOW MANY PHARMACIES?
<input type="checkbox"/>	<input type="checkbox"/>	i) MEDICAL INSURANCE PREMIUMS - # OF PROVIDERS?
<input type="checkbox"/>	<input type="checkbox"/>	j) IN-HOME CAREGIVERS, SENIOR AND DISABLED SERVICES, ETC.
<input type="checkbox"/>	<input type="checkbox"/>	k) FOOD & VITAMIN SUPPLEMENTS SUCH AS ENSURE, SUSTACAL, ETC.
<input type="checkbox"/>	<input type="checkbox"/>	l) CO-PAYS ON DOCTOR VISITS
<input type="checkbox"/>	<input type="checkbox"/>	m) UNDER GARMENTS SUCH AS ATTENDS OR POISE, ETC.
<input type="checkbox"/>	<input type="checkbox"/>	n) MILEAGE TO AND FROM MEDICAL APPOINTMENTS AND FACILITIES - PAID AT \$ _____ PER MILE
<input type="checkbox"/>	<input type="checkbox"/>	o) COST OF SPECIAL EQUIPMENT OR ITEMS A PHYSICIAN REQUIRES YOU TO HAVE
<input type="checkbox"/>	<input type="checkbox"/>	p) OVER THE COUNTER MEDICATIONS OR SUPPLIES, SYRINGES, PAINKILLERS, ETC.
<input type="checkbox"/>	<input type="checkbox"/>	q) COSTS RELATED TO MAINTAINING AN ASSISTANCE ANIMAL
<input type="checkbox"/>	<input type="checkbox"/>	r) MEDICARE PLAN D PAYMENTS
<input type="checkbox"/>	<input type="checkbox"/>	s) MONTHLY PAYMENTS ON ACCUMULATED MAJOR MEDICAL BILLS.
<input type="checkbox"/>	<input type="checkbox"/>	t) SPOUSE'S OR CHILDREN'S NURSING HOME CARE EXPENSES PAID FROM YOUR HOUSEHOLD'S INCOME.

I UNDERSTAND THAT CAMBRIDGE REAL ESTATE SERVICES IS RELYING UPON THIS INFORMATION PURSUANT TO THE REQUIREMENTS OF HUD, RURAL DEVELOPMENT OR THE IRS SECTION 42 TAX CODE GOVERNING THIS APARTMENT COMMUNITY.

I UNDERSTAND THAT IF THERE IS MATERIAL MISREPRESENTATION, MY APPLICATION COULD BE DENIED OR MY RENT COULD BE RAISED TO MARKET RATE OR MY TENANCY POSSIBLY TERMINATED. I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE



CHILD SUPPORT AFFIDAVIT

Use Form C386 XX "Child Support Verification" for Validation



CAMBRIDGE
real estate services

Applicant/Resident Name _____

Development Name WestTown on 8th Unit Number/Identification _____

Complete a separate Child Support Affidavit for each child support source.

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 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. Go to B. No. 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. Complete C and/or D if applicable. No. Complete D and/or E if applicable.

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

3. Is payment being received as awarded? Yes. Go to 3.a. No. 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 _____
(Provide affidavit or statement from the source. Also use form C386 XX Child Support Verification.)
- iv. **Other (Explain)** _____

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

D. All of my children are over the age of 18.

E. I have no children.

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 _____

SWORN SELF-CERTIFICATION OF CHILD SUPPORT AND/OR ALIMONY

Applicant/Tenant Name: _____

Unit #: _____

Project Name: WestTown on 8th

LIST THE NAMES OF ALL CHILDREN LIVING IN THE UNIT:

Child 1: _____ Child 2: _____ Child 3: _____
 Child 4: _____ Child 5: _____ Child 6: _____

CHILD SUPPORT (ALL CHILDREN MUST BE ACCOUNTED FOR) – CHECK ALL THAT APPLY:

- BOTH** parents of the following children reside in the unit (check all that apply): 1 2 3 4 5 6
- I DO NOT** receive any form of child support payments for the following child(ren): 1 2 3 4 5 6
- I DO NOT** anticipate seeking or receiving child support payments within the next 12 months due to the following:
- Domestic violence issues with absent parent Absent parent is incarcerated
 Location of absent parent is not known Absent parent is deceased
 Other (explain): _____

Child support has not been court-ordered, **or** Child support has been court-ordered but is not being received.

I receive/will be receiving **court-ordered*** child support each **week** or **month**, in the amount(s) of:

\$_____ (Child 1) \$_____ (Child 2) \$_____ (Child 3)
 \$_____ (Child 4) \$_____ (Child 5) \$_____ (Child 6)

*** The following items can be used to verify the amounts listed within this section: separation agreement, divorce decree, court clerk verification statement, a printout or verification from the child support enforcement agency, or a copy of the most recent support check with documentation regarding the frequency of payments.**

I receive/will be receiving **non-court-ordered**** child support each **week** or **month**, in the amount(s) of:

\$_____ (Child 1) \$_____ (Child 2) \$_____ (Child 3)
 \$_____ (Child 4) \$_____ (Child 5) \$_____ (Child 6)

****A notarized statement must be obtained by each Payer certifying to the amount of benefits being provided.**

ALIMONY – CHECK ALL THAT APPLY:

- I receive/will be receiving **court-ordered** alimony in the amount of \$_____ each **week** **month**.
- I receive/will be receiving **non-court-ordered** alimony in the amount of \$_____ each **week** **month**.
- I DO NOT** receive any form of alimony payments (there is no court-order).

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

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.

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are under \$5,000. Complete one form per household (include assets of children).

Household Name: _____

Unit #: _____

Property Name: WestTown on 8th

Household assets include:

(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
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money Market Funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in Real Estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	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): _____				_____

Note: Certain funds (e.g., Retirement, Pension, Trust) may not be (fully) accessible to you. Include only accessible amounts.

*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.

Please check A or B and complete C as it applies to your Household.

- A. 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).
- B. 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.
- C. The net family assets (as defined in 24 CFR Part 5) above do not exceed \$5,000 and the annual income 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.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

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

APPLICANT/TENANT QUESTIONNAIRE

Each household member 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate questionnaire. Check "Yes" or "No" and complete all questions as they apply to you. Form must be completed by the applicant/tenant.

Applicant/Tenant Name: _____ Unit #: _____

Yes No

Property: _____

- I filed a tax return last year for myself, jointly with my spouse, and/or for my business
I am married and file a joint tax return
I am a Student Part Time Full Time

Income

Applicant/Tenant Estimated Gross Monthly Income: \$ _____

- I am employed and received wages. If "Yes", are you employed at more than one job? Yes # No
I receive income from: tips\$ Per Week/ Commissions\$ Per month/ Bonuses \$ Per year
I am self-employed or own a business. Type of business:
I have secured new employment and will begin working on:
I am on leave of absence from work. If "Yes", for how long?
I receive income from Unemployment Workers Compensation Disability Compensation Severance
I receive/ am entitled to receive Child Support and/or Alimony payments
I receive Veteran's Benefits (VA)
I receive Social Security (SS) Supplemental Security (SSI) Social Security Disability (SSD)
I receive rental assistance such as Section 8, RD or Other:
I receive welfare/public assistance (i.e. TANF, AFDC, etc) (Exclude Food Stamps)
I receive income from a household member/s temporarily absent from the unit
I receive income from a Pension, Annuity, IRA, and Keogh, 401K, Trust or other form of retirement account
I receive periodic payments from family, friends, church, etc.: \$ Per month
I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me
I receive periodic income from Long-Term Care insurance, Disability, and/or Death Benefits
I have other forms of income not specified above. Source: \$ Per month

Yes No

Assets

- Total household assets are under \$5,000
Total household assets are over \$5,000
I have # Checking account(s): List Bank(s)
I have # Savings account(s): List Bank(s)
I have # Money Market account(s): List Bank(s)
I own # Certificates of Deposit: List Bank (s)
I have cash on hand or in a safe deposit box. Amount \$
I have investments in Stocks, Bonds, Treasury Bills and/or Mutual Funds
I have a Pension, Annuity, IRA, 401K, Trust or other form of retirement; I do NOT receive income from them
I own Real Estate. I have a mortgage on the property: Yes No
I own Real Estate and I am currently renting the property to others. Monthly rent amount \$
I own Real Estate and I am in the process of selling the real estate. Or, I have a reverse mortgage
I hold a Mortgage or Deed of Trust (I'm selling real property on contract)
I have a Life Insurance Policy (exclude Term Life)
I hold personal property as an investment (Coin collections, gems, antique cars, etc)
I have other forms of assets not specified above. Source Amount \$
I have disposed of assets for more than \$1,000 less than Fair Market Value (FMV) during the past 2 years

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 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.

Signature of Applicant/Tenant _____

Date _____

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