



**THANK YOU FOR YOUR INTEREST IN OUR APARTMENT HOMES**

Applying for affordable housing requires disclosing and verifying all your income and assets. This process may seem intrusive and time consuming, but we follow the IRS guidelines for the Section 42 Housing Program and must ensure you are qualified to live in an affordable housing apartment. Your rent amount is not based on your income; we have minimum and maximum income requirements.

**THIS PROCESS CAN TAKE AN AVERAGE OF 14 DAYS TO VERIFY EVERYTHING AND IT MAY REQUIRE YOU TO COME TO THE OFFICE MULTIPLE TIMES TO FILL OUT ADDITIONAL PAPERWORK. All paperwork will be submitted to the Compliance Department. ONCE THEY COMPLETE THEIR VERIFICATION PROCESS AND CONFIRM WE HAVE ALL THE REQUIRED DOCUMENTATION, THEN WE CAN SCHEDULE YOUR MOVE IN.**

\*\*\*\*\*

Applications will not be accepted without the following:

- A scheduled appointment time to submit the application.
- The application must be completed in full. **We will not accept partially filled out applications.**
- All applicants eighteen and older, must have a photo ID
- **The application fee is \$13.65 per adult – we do not accept paper payments in the office, we will email or text you a link to make the payment when you bring in your application.**
- Proof of Income - last eight pay stubs, most recent year’s tax statement if self-employed, or current social security benefits letter, etc are required..
- If you answer YES to any of the income or asset questions, please bring account numbers and documents to support your answer.
- For child or spousal support, we need a copy of the court order as well as the past 12 month’s payment history
- If you have a housing voucher, please bring a copy of your rent burden test form. If you have not given your 30 day notice, please understand you will not be placed on an unit that is available for immediate occupancy.

**All pages must be filled out. If they do not apply to you, answer NONE or N/A.**

**DO NOT USE WHITE OUT – IT WILL VOID THE APPLICATION**

**DATE and INITIAL ANY ITEMS YOU SCRATCH OUT**

*We look forward to welcoming you home to our community!*

Please email [windmillerpointe@kittleproperties.com](mailto:windmillerpointe@kittleproperties.com) with any questions.



**RENTAL APPLICATION – Windmill Pointe Apartments, LP**

**FOR OFFICE USE ONLY**

**NEW APPLICATION / INITIAL CERT**

**NEW APPLICATION ONLY**

Was the application completed on site?  Yes  No

If the application was not completed on site, what method was the application received by the site staff?

By mail  Hand Delivered  Other \_\_\_\_\_

Application received by: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

What apartment size is the applicant applying for? \_\_\_\_\_ Bedroom(s) Apartment assigned: \_\_\_\_\_

Household size? \_\_\_\_\_

Application fee: \$ \_\_\_\_\_

**INITIAL INCOME ELIGIBILITY DETERMINATION**

What is the Maximum Gross Income allowed for the household to be eligible? \$ \_\_\_\_\_

Based on the Gross Income information provided by the applicant(s), does the household qualify for the program type  Yes  No

**RE-CERTIFICATION**

\*Please note, special arrangements will be made to assist individual(s) who complete this application if such a request is made. Do you require assistance?  Yes \_\_\_\_\_ (please initial)  No

Is the head of household or spouse/co-head disabled?  Yes  No (for program and unit size eligibility only)

I/We certify that the unit applied for will serve as the applicant's primary residence  Yes  No

**THIS APPLICATION WILL BE REJECTED OR YOUR ELIGIBILITY MAY BE DELAYED IF THERE ARE ANY QUESTIONS NOT ANSWERED OR BOXES NOT CHECKED. USE "N/A" IF THE ANSWER IS NOT YES OR NO.**

Are you currently receiving:  Section 8 Voucher  Other Federal Assistance \_\_\_\_\_

**Please Print:**

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_ Estimated Move-In Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:  Divorced  Widowed  Married  Single  Separated (HKP-107 form is required)

\*If you answer yes that you require assistance, there should be only one type of handwriting on the application and questionnaire.



**HOUSEHOLD COMPOSITION – List all persons that will occupy the unit**

Full Name	Relationship to Head of Household	Gender	Social Security #	Full-Time Student	DOB	*Race	Ethnicity Hispanic/ Not Hispanic/ Decline to answer
	HOH	M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D

\*Race codes: **AI/AN** (American Indian/Alaskan Native), **A** (Asian), **B/AA** (Black/African American), **PI/NH** (Pacific Islander/Native Hawaiian), **W** (White), **D** (Decline to answer). You can select 1 or multiple codes

**ELIGIBILITY INFORMATION**

- 1) Yes No Are you or any adult member (18 or older) in the household employed?  
If yes, provide the contact information of your employer below:  
(If yes, HKP-201 form is required; if no, HKP-105 form is required)

Employer’s Name: \_\_\_\_\_

Please list your previous employer:

Previous Employer’s Name: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

- 2) Yes No Are there any adult household members claiming zero income?  
If yes, list name(s) \_\_\_\_\_  
If yes, you must complete an HKP-104 form.
- 3) Yes No Does anyone not listed in the household composition section above plan to live with you in the next 12 months? If pregnant, please indicate approximate due date.  
If yes, explain \_\_\_\_\_
- 4) Yes No Are there any absent household members who under normal conditions would live with you? If yes, explain \_\_\_\_\_
- 5) Yes No N/A Does an adult of this household have physical custody of every child listed on this application at least 50% of the time? Custody documentation may be required depending on the program type.



6) Yes No Does anyone in your household require a live-in care attendant? (HKP-114, 117, & 122 forms)  
 If yes, who? \_\_\_\_\_. Provide the physician's name and contact information who will verify the need for an attendant:  
 Physician's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

7) Yes No Has anyone in your household ever been evicted?  
 If yes, explain: \_\_\_\_\_

8a) Yes No Have you or any household member ever been arrested or convicted of any criminal act other than traffic violation/citation?  
 If yes, who? \_\_\_\_\_ When? \_\_\_\_\_  
 Explain: \_\_\_\_\_

8b) Yes No Is any member of the household subject to Lifetime Sexual Offender Register?

9a) Yes No Does your household have or anticipate having any pets other than those used as a service animal?  
 If yes:  
 Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Color \_\_\_\_\_  
 Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Color \_\_\_\_\_

9b) Yes No Do you have a service animal?  
 If yes: Breed (for identification purposes only) \_\_\_\_\_ Color \_\_\_\_\_

10) Yes No Has anyone in your household filed for bankruptcy?  
 If yes, was the bankruptcy discharged?  Yes  No If no, provide documentation from your attorney that no additional debt may be added.

E-mail address: \_\_\_\_\_ Alternative Phone #: ( ) \_\_\_\_\_

Automobile Information:  
 Vehicle #1 Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_  
 Vehicle #2 Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Please provide at least one emergency contact.**

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home/Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home/Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_



## Student Status

### Part A

Is **every** household member a full-time student (**adults and children**)?  Yes  No

Have you or any member of the household attended school, or plan to attend school, for 5 calendar months during the calendar year (January 1 – December 31)?  Yes  No

If the answer is yes, list the name(s) of the household member(s) who attended school:

\_\_\_\_\_

**If you answer “Yes” to either of the above questions, proceed to answering “Part B” below.**

### Defining “Student”

IRC §152(f)(2) defines, in part, a “student” as an individual, who during each of 5 calendar months during the calendar year [January 1 – December 31] in which the taxable year of the taxpayer begins, is a full-time student at an educational organization described in IRC §170(b)(1)(A)(ii) or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IR §170(b)(1)(A)(ii) or of a state or political subdivision of a state. Treas. Reg. §1.151-3(b) further provides that the five calendar months need not be consecutive.

### Part B

**If you answer “No” to both questions above, DO NOT complete any of the questions in this section**

- Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?  
 Yes  No
- Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?  Yes  No
- Married and/or eligible to file a joint tax return?  Yes  No
- I am a full-time student and I am not the dependent of another individual. My child is also a full-time student, but is claimed as a dependent on either my tax return or that of the other parent. (Copy of tax return is required and included.)  Yes  No
- At least one household member will be residing in the unit who is currently or has previously received foster care assistance.  Yes  No
- List one household member who IS NOT a full-time student. \_\_\_\_\_

**Please note, there may be a state specific form that must be completed as well.**



**SIGNATURE CLAUSE**

**Each household 18 or older must sign/initial in the space provided acknowledging they have read the information below:**

\_\_\_\_\_ I understand that management is relying on the information I provided in this application and all future required documentation to prove my household’s eligibility for the Housing Credit Program and/or other affordable housing. I certify that all information and answers provided in this application and subsequent documentation are true and complete to the best of my knowledge. I consent to release the necessary information to determine my/family eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

\_\_\_\_\_ I do hereby authorize Whispering Creek Apartments LP , **their agent** and/or its staff or authorized representatives to contact any agencies, including city, county, state, federal agencies, past/present employers, local police departments, offices, credit bureaus, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing.

\_\_\_\_\_ I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence.

\_\_\_\_\_ Furthermore, I hereby release and hold harmless any agent of Whispering Creek Apartments LP , **their agent** and/or its staff, Credit Reporting Agencies, present and/or past employers, present and/or past residences, its officers and employers that shall provide information to Whispering Creek Apartments LP , **their agent** and/or its staff upon request, from and against any and all claims, demands, suits or expenses arising from or related to the content, validity or handling of said reports.

\_\_\_\_\_ 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 Housing Credit Program requirements. I understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit.

**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). VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 USC 408 (A) (6), (7) AND (8).

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

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

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

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

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

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

**We encourage and support the nation’s affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, disability or familial status.**



By signing below, I acknowledge that I have received a copy of the **Notice of Occupancy Rights under Violence Against Women Act.**

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**Signature**

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**Date**



By signing below, I acknowledge that I have received a copy of the **Notice of Occupancy Rights under Violence Against Women Act.**

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**Signature**

---

**Date**





NOTE: All household members 18 years of age or older are required to complete a separate income and asset statement. All applicable questions must be completed in their entirety.

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

S.S.# (Last four digits): \_\_\_\_\_

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

Document YES answers with third party verification.

INCOME			
Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Job 1	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Job 2	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Self Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
<i>Includes digital income sources such as and others: App Based Driving Services (e.g. Uber, Lyft, Doordash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); Video-based platforms (e.g. Youtube Influencer)</i>			
Social Security	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
TANF/ AFDC	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Unemployment Benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Workers' Compensation	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Educational Financial Assistance	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
<b>Do you receive regular or periodic payments from:</b>		<b>Amount</b>	<b>Frequency</b>
Persons not Living in the Unit? Holder/Provider: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Trust, Annuity or Other Claims? Holder/Provider: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Peer-to-Peer Payment Systems? <i>(e.g. Paypal, Venmo, Blockchain, Square, etc.)</i> Holder/Provider: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Do you currently receive Assistance with your housing payment? <i>If yes; Agency Name? _____</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Do you HAVE a court-order (or agreement) for child support or alimony? <i>(This means there is an order for you to receive child support or alimony, not pay support to someone else)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	Ordered Amount: _____
Are you currently receiving child support or alimony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	Amount Received: _____
Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? List State _____ and County _____ where granted.	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	_____	_____
Are you a student (either full or part-time) enrolled in an institution of higher learning?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____



NOTE: All household members 18 years of age or older are required to complete a separate income and asset statement. All applicable questions must be completed in their entirety.

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

S.S.# (Last four digits): \_\_\_\_\_

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

Document YES answers with third party verification.

INCOME			
Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Job 1	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Job 2	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Self Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
<i>Includes digital income sources such as and others: App Based Driving Services (e.g. Uber, Lyft, Doordash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); Video-based platforms (e.g. Youtube Influencer)</i>			
Social Security	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
TANF/ AFDC	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Unemployment Benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Workers' Compensation	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Educational Financial Assistance	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
<b>Do you receive regular or periodic payments from:</b>		<b>Amount</b>	<b>Frequency</b>
Persons not Living in the Unit?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Holder/Provider: _____			
Trust, Annuity or Other Claims?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Holder/Provider: _____			
Peer-to-Peer Payment Systems? <i>(e.g. Paypal, Venmo, Blockchain, Square, etc.)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Holder/Provider: _____			
Do you currently receive Assistance with your housing payment? <i>If yes; Agency Name? _____</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you HAVE a court-order (or agreement) for child support or alimony? <i>(This means there is an order for you to receive child support or alimony, not pay support to someone else)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>		Ordered Amount: _____
Are you currently receiving child support or alimony?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Amount Received: _____
Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? List State _____ and County _____ where granted.	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		
Are you a student (either full or part-time) enrolled in an institution of higher learning?	YES <input type="checkbox"/> NO <input type="checkbox"/>		

## ASSET SOURCES

YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Checking Account?	6 Month	Avg. Balance	\$ _____	Interest Rate	_____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Savings/Holiday Account?	Balance	\$ _____	Interest Rate	_____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Certificates of Deposit (CD)?	Cash Value	\$ _____	Interest Rate	_____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Direct Express® Card? <i>(or any card where benefits or pay are deposited)</i>	Balance	\$ _____			
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cash on Hand?	Amount	\$ _____			
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cryptocurrency? (e.g. Bitcoin)	Cash Value	\$ _____	Annual Earnings	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Internet Based Funding? (e.g. Go Fund Me)	Cash Value	\$ _____	Annual Earnings	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Stocks, Bonds or Annuities?	Cash Value	\$ _____	Annual Earnings	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Safety Deposit Box? What is held in the Box? _____			Cash Value	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have any Personal Property held as an Investment?*			Cash Value	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you own a Home, Rental Property or other Capital Investments? <i>(Market Value less unpaid balance and selling costs = Cash Value)</i>			Cash Value	\$ _____	

Current Status/Intention:  Keeping  Selling  Renting  Being Foreclosed  Giving Away

Notes: \_\_\_\_\_

YES  NO  Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)  
When? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

YES  NO  Do you have Whole Life Insurance or Universal Life Insurance policies? Cash Value \$ \_\_\_\_\_ Annual Earnings \$ \_\_\_\_\_

YES  NO  Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?  
If yes, list items: \_\_\_\_\_ Date: \_\_\_\_\_

YES  NO  Are there minor children in the household that have any assets (Savings Account, Certificates of Deposit, Savings Bond(s), etc.)?  
If yes, please provide:

Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____

YES  NO  Other: \_\_\_\_\_

**Total of Net Family Assets** \$ \_\_\_\_\_ (Total Value of Assets Listed Above)

*\*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 limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.*

**The information provided on this form will be used to determine maximum income eligibility.**

\_\_\_\_\_  
Applicant/Tenant Signature Date Printed Name

\_\_\_\_\_  
Owner/Owner Agent Signature Date Printed Name

*Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.*

**TO BE COMPLETED BY ALL APPLICANTS/TENANTS 18 AND OVER**

Applicant/Tenant: \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Have you, are you or will you be a student this calendar year? (HUD/HOME, LIHTC)	<input type="checkbox"/>	<input type="checkbox"/>

"Student" includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses or those pursuing a GED. **If you are not sure, please mark "yes" and the property management company will verify your student status, as well as any exceptions that you claim.**

**If you answered NO, please skip the following questions and sign below.**

**If you answered Yes, please complete the following questions:**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student? (Will you or have you attended school for five months or more this calendar year with a full-time status? The months do not need to be consecutive.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you married? (HUD/HOME, LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a single parent with a child(ren)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes:  |                          |                          |
| a. Are you a dependent of someone else? (LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is your child(ren) a dependent of someone other than a parent? (LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you receiving assistance under Title IV of the Social Security Act (e.g.TANF)? (LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you enrolled in a government-sponsored job training program (e.g. Job Corp, AmeriCorp)? (LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were you previously in foster care at any time through the age of 18? (LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |

**The following questions apply only to households applying for/assisted by a HUD or HOME program. If you are not applying for/assisted by a HUD or HOME program, please skip the remaining questions and sign below.**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 7. Are you disabled?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were you receiving Section 8 assistance as of November 30, 2005?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you over 23 years of age?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a dependent child(ren)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, does your child(ren) live with you at least 50% of the time?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you a veteran of the Armed Forces of the United States or currently serving on active duty in the Armed Forces other than training purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Will you be living with your parents?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are your parents receiving or eligible to receive Section 8 assistance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you receive financial assistance from your parents?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy?              | <input type="checkbox"/> | <input type="checkbox"/> |
| If no:   |                          |                          |
| a. Were you an orphan or a ward of the court through age 18?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you a graduate or professional student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you receiving any financial aid to pay for your education?   | <input type="checkbox"/> | <input type="checkbox"/> |

Owner/owner agent is responsible for reviewing [Student Independence Verification Requirements](#).

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.*



**TO BE COMPLETED BY ALL APPLICANTS/TENANTS 18 AND OVER**

Applicant/Tenant: \_\_\_\_\_

**Yes    No**

Have you, are you or will you be a student this calendar year? (HUD/HOME, LIHTC)

“Student” includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses or those pursuing a GED. **If you are not sure, please mark “yes” and the property management company will verify your student status, as well as any exceptions that you claim.**

**If you answered NO, please skip the following questions and sign below.**

**If you answered Yes, please complete the following questions:**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student? (Will you or have you attended school for five months or more this calendar year with a full-time status? The months do not need to be consecutive.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you married? (HUD/HOME, LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a single parent with a child(ren)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes:  |                          |                          |
| a. Are you a dependent of someone else? (LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is your child(ren) a dependent of someone other than a parent? (LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you receiving assistance under Title IV of the Social Security Act (e.g.TANF)? (LIHTC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you enrolled in a government-sponsored job training program (e.g. Job Corp, AmeriCorp)? (LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were you previously in foster care at any time through the age of 18? (LIHTC)   | <input type="checkbox"/> | <input type="checkbox"/> |

**The following questions apply only to households applying for/assisted by a HUD or HOME program. If you are not applying for/assisted by a HUD or HOME program, please skip the remaining questions and sign below.**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 7. Are you disabled?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were you receiving Section 8 assistance as of November 30, 2005?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you over 23 years of age?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a dependent child(ren)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, does your child(ren) live with you at least 50% of the time?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you a veteran of the Armed Forces of the United States or currently serving on active duty in the Armed Forces other than training purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Will you be living with your parents?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are your parents receiving or eligible to receive Section 8 assistance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent’s tax return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you receive financial assistance from your parents?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy?              | <input type="checkbox"/> | <input type="checkbox"/> |
| If no:   |                          |                          |
| a. Were you an orphan or a ward of the court through age 18?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you a graduate or professional student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you receiving any financial aid to pay for your education?   | <input type="checkbox"/> | <input type="checkbox"/> |

Owner/owner agent is responsible for reviewing [Student Independence Verification Requirements](#).

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.*

## Child Support / Alimony Certification

Applicant / Resident: \_\_\_\_\_

Apt#: \_\_\_\_\_

Child(ren's) Name(s): \_\_\_\_\_

(If children are all listed under one order/agreement), only one form is needed. If multiple court orders or payment agreements, please complete one form per child.)

Please check only **one box** (and complete any blanks) that explains your entitlement to child support or alimony.

1. We certify that both legal parents are residing in the household; therefore, there is no current child support order.
2. I am not entitled to receive any alimony, spousal support, child support or other compensation pursuant to any court order or other agreement. I am not in the process of seeking any monies for alimony, spousal support, or child support through legal channels or otherwise. I am not under any affirmative obligation to seek such monies.

I am not seeking any monies through legal channels because:

\_\_\_\_\_

\_\_\_\_\_

3. I am entitled to receive alimony, spousal support, child support or other compensation pursuant to a court order or other agreement in the amount of \$\_\_\_\_\_ per \_\_\_\_\_. I certify that **I am** receiving child support as stated in my divorce decree, settlement agreement, paternity agreement or Court order and I will provide supporting documentation, such as print out from enforcement agency, Divorce Decree, or Court Order, that may be required.

4. I am entitled to receive alimony, spousal support, child support or other compensation pursuant to a court order or other agreement in the amount of \$\_\_\_\_\_ per \_\_\_\_\_. However, **I am not** receiving payments as ordered.

Notwithstanding the above, I expect to receive no more than \$\_\_\_\_\_ over the next twelve months. I have taken the required legal actions in attempt to collect the monies owed to me (I will provide supporting documentation that demonstrate my attempts); however, I do not expect to receive the full amount of money due to me because:

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that I have taken all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment. \_\_\_\_\_ (Initial)

5. Although I am not currently entitled to receive any alimony, spousal support, child support or other compensation pursuant to a court order or other agreement, I believe I will receive \$\_\_\_\_\_ per \_\_\_\_\_ commencing on \_\_\_\_\_, 20\_\_\_\_ due to a private agreement.

This private agreement is between myself and \_\_\_\_\_ (Name of Individual). I understand a verification is required to support this income agreement.

I/We understand that this verification is made as part of the qualification procedure to determine eligibility for residency at the above apartment community and that any misrepresentation herein will be considered material breach of the lease agreement and subject me/us to immediate eviction. I/We certify that the child(ren) listed above are in my/our custody for at least 50% of the certification period. Under penalties of perjury, I/We certify the above representations to be true as of the date shown below.

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

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

Co-Applicant 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. 408 (a) (6), (7), and (8).