Appendix E

Sample Forms

1. Annuity Verification
2. Asset Verification
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11. Live-in Care Attendant Certification
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ANNUITY VERIFICATION

TO: _____ From: _____

_____ _____

_____ _____

SUBJECT: Verification of Information Supplied by an Applicant

Name: _____ **Address:** _____

Social Sec. #: _____ **Account #:** _____

I hereby authorize release of my annuity information.

_____ _____

Signature of Applicant/Tenant Date

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

_____

Project Owner/Management Agent

INSURANCE AGENT / ADMINISTRATOR – PLEASE COMPLETE APPLICABLE SECTIONS

Type of account:	Fixed	Deferred	Market Value:	$_____
	Variable	Life	Surrender or	
		Other	Withdrawal Fee:	$_____

Is this person receiving regular payments? _____ Yes _____ No

If yes, what is the gross amount? $_____ per (circle one) Month / Quarter / Other _____

Date benefits began: _____ Effective date of current amount: _____

Deductions from gross amount for medical insurance premiums: $_____

Total amount holder has invested in this account: $_____

Total amount holder has received in payments to date: $_____

If no, does the holder receive interest income? _____ Yes _____ No (Reinvested into account)

If yes or reinvested into account, what is the interest rate? _____% _____ Fixed _____ Variable

Is the holder able to withdraw the balance of the annuity/account? _____ Yes _____ No

If yes, what is the amount? $_____ What is the tax rate? _____%

Minus the penalty amount, if any $_____

Net amount of withdrawal: $_____

_____ Date: _____

Signature of Agent or Administrator:

_____ Telephone #: _____

Print your name:

Address: _____

_____

IHCDA - 2007

ASSET VERIFICATION

TO: _____ From: _____

_____ _____

_____ _____

SUBJECT: Verification of Information Supplied by an Applicant

Name: _____ Address: _____

Social Sec. #: _____ Account #: _____

I hereby authorize release of my Section 8 information.

_____ _____

Signature of Applicant/Tenant Date

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

_____

Project Owner/Management Agent

TO BE COMPLETED BY THE INSTITUTION MANAGING THE ASSET ACCOUNT:

Please provide complete information on all assets held by the above named person(s). Include information on any and all **STOCKS, BONDS AND SECURITIES.** (Use an additional verification form if necessary.)

Type of Asset	Date Purchased	# of Shares	Price/Share	Dividend/Share	Earnings in last year

Please provide complete information on all assets held by the above named person(s). Include information on any and all **PENSION, ANNUITY, RETIREMENT, 401K, LIFE INSURANCE, TRUST FUND, OR OTHER ASSETS.**

Type of Asset	Date Purchased if applicable	Cash Value	Dividend / Interest Rate	Earnings in last year

Are any of the above assets held jointly and/or to the benefit of anyone other than the person listed above? Yes: ☐ No: ☐
If 'yes', please explain: _____

If this is a pension or retirement plan, can any portion of this plan be withdrawn without retiring or terminating employment?
Yes: ☐ No ☐ If 'yes', what amount can be withdrawn? _____

What costs would be incurred to liquidate this asset?_____

Signature of Person
Verifying Information:_____ Title:_____

Telephone:_____ 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, handicap or familial status

BANK VERIFICTION

TO: _____ From: _____

_____ _____

_____ _____

SUBJECT: Verification of Information Supplied by an Applicant

Name: _____ **Address:** _____

Social Sec. #: _____ **Account #:** _____

I hereby authorize release of my bank account information.

_____ _____

Signature of Applicant/Tenant Date

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

_____

Project Owner/Management Agent

TO BE COMPLETED BY THE BANK OR OTHER FINANCIAL INSTITUTION:

Please provide complete information on all accounts held by the above named person(s). Include information on any and all **CHECKING, SAVINGS, IRA, KEOGH, CERTIFICATES OF DEPOSIT, MUTUAL FUNDS, MONEY MARKET**, ETC. (Use an additional verification form if necessary.)

Type of Account	Account Number	Date Opened	Current Balance	* 6 month Average Balance on Checking	Current Interest Rate
1.					
2.					
3.					
4.					

**** 6 month average balance needed for checking accounts only.***

Are any of the above accounts held jointly and/or to the benefit of anyone other than the person listed above? Yes: No:
If 'yes', describe (with whom, which accounts & % ownership): _____

Does the above named person rent a SAFE DEPOSIT BOX at your institution? Yes: No:

Signature of Person
Verifying Information:_____ **Title:**_____

Telephone:_____ **Date:**_____

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CHILD (or SPOUSAL) SUPPORT CERTIFICATION

Please check either 'A', 'B' or 'C' below as appropriate. Indicate which child(ren) the statement applies or indicate 'self' if the statement applies to you with regards to spousal support.

A. ☐ I am **not court ordered** to receive child support, spousal support or other compensation pursuant to any court order or non-court ordered private agreement. I am not in the process of seeking any monies for support and do not anticipate doing so within the next 12 months. **I am not entitled to receive support for the following reason**.

_____

_____

This statement applies to: _____ _____

B. ☐ Although I am **not currently entitled** to receive child support, spousal support or other compensation pursuant to any court order, **I believe that I will receive such an order within the next 12 months**. I expect to receive $ _____ per month commencing on _____ 20____.

This statement applies to: _____ _____

C. ☐ I am **court ordered** to receive child support, spousal support or other compensation pursuant to a court order in the amount of $ _____ per _____ (week/bi-week/month). (Attach supporting documents or provide name of county and case number where filed.) However, **I do not expect to receive the full amount of money** due me because:

_____

_____

This statement applies to: _____ _____

D. ☐ **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. (must attach a printout from the court showing child support payment history for previous 12 months.)**

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

_____ _____

Signature of Applicant/Resident Date

Witnessed and accepted by an authorized agent of the owner this _____ day of _____, 20____.

_____ _____

Signature of Witness Printed Name of Witness

EQUAL HOUSING OPPORTUNITY

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, handicap or familial status.

CRIME FREE ADDENDUM

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, lessor and Lessee agree as follows:

1. Lessee, any member of the Lessee's household or a guest or other person under the Lessee's control shall not engage in criminal activity, including drug-related criminal activity. "Drug related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with the intent to manufacture, sell, distribute, or use a controlled substance (as defined in Section 102 of the controlled Substance Act 21 U.S.C. 802).

2. Lessee, any member of the Lessee's household or a guest or other person under the Lessee's control shall not engage in any act intended to facilitate criminal activity, including drug related criminal activity.

3. Lessee or members of the household will not permit the dwelling unit to be used for or to facilitate criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household, or a guest.

4. Lessee, any member of the Lessee's household or a guest or other person under the Lessee's control, shall not engage in the unlawful manufacturing, selling, using, storing, keeping or giving of a controlled substance, as defined in I.C. 35-489, at any location whether on or near the dwelling unit, premises or otherwise.

5. Lessee, any member of the Lessee's household or a guest or other person under the Lessee's control, shall not engage in any illegal activity, including prostitution, as defined in I.C. 35-45-4-2, criminal street gang activity as defined in I.C.35-45-9-1, threatening or intimidating as prohibited by I.C.35-45-2-1, battery at prohibited in I.C.35-45-2-1, including but not limited to the unlawful discharge of firearms, or any breach of the lease agreement that otherwise jeopardizes the health, safety and welfare of the landlord, his agent or other tenants or involving imminent or actual serious property damage.

6. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY. A single violation of any provision of this added addendum shall be deemed a serious violation and a material and irreparable noncompliance. It is understood that a single violation shall be good cause for immediate termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be a preponderance of the evidence.

7. In case of conflict between provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern.

8. This LEASE ADDENDUM is incorporated into the lease executed or renewed this day between Lessor and Lessee herein referenced by lessor (as owner) and lessee.

_____	_____
Lessee's Signature Date	Lessee's Signature Date
_____	_____
Property Manager's Signature Date	Property

APPLICANT CRIMINAL BACKGROUND CHECK
RELEASE AND AUTHORIZATION FORM

I, _____ hereby authorize _____ or other authorized representative of the apartment community bearing this release, or copy thereof, to obtain any information pertaining to criminal court records. I hereby direct you to release such information to _____ or other authorized representative of the apartment community.

I, _____ hereby fully release and discharge _____, their employees, agents, attorney, and their respective affiliates from all claims and damages arising out of or relating to any investigations of my background for residency at _____.

Name: _____
First, Middle, Last – Print clearly

Current Address: _____
Street

_____
City, State, Zip Code

How long at this address? _____

Previous Address (if less than one year at above address):

_____
Street

_____
City, State, Zip Code

Other Name / Alias / Maiden Name: _____

Date of Birth: _____ Social Security #: _____

Have your ever been convicted for any crime, including sex-related or child-abuse related offenses? No _____ Yes _____ . If yes, please provide detailed explanation on the back.

_____ _____
Signature Date

EQUAL HOUSING OPPORTUNITY

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DISPOSAL OF ASSETS CERTIFICATION

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

A ASSET	B CASH VALUE*	C DATE DISPOSED	D ACTUAL AMOUNT RECEIVED

If you state in column D that you received money, where is the money now? *(Please provide receipts if possible)*

_____

_____

_____

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

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

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

_____ _____

Signature Date

_____

Name (Print)

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EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) Date: _____

_____

_____

_____

RE: _____ _____ _____
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

_____ _____
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of the federal Housing Tax Credit Program. Federal regulations (IRS Code Section 42) require that we must verifya housing program that requires verification of income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Sincerely,

_____
Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ____ Date First Employed _____ No ____ Last Day of Employment _____

Current Wages/Salary: $_____ (circle one) per hourly weekly bi-weekly semi-monthly monthly yearly other_____ _____(circle one)

Average # of regular hours per week: _____ Year-to-date earnings: $_____ through __/____/____

Overtime Rate: $_____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: $_____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: $_____ (circle one) per hourly weekly bi-weekly semi-monthly monthly yearly other_____ _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____
Is employee eligible for unemployment compensation? ____ Yes ____ No If yes, how long? _____ How much? _____

Additional remarks: _____

_____ _____ _____
Employer's Signature Employer's Printed Name Date

_____
Employer [Company] Name and Address

_____ _____ _____
Phone # Fax # E-mail

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.

LEASE ADDENDUM FOR UNITS PARTICIPATING IN GOVERNMENTAL REGULATED AFFORDABLE HOUSING PROGRAMS

1. **ADDENDUM**. This is an addendum to the lease contract executed by _____, the resident(s), of the dwelling you have agreed to rent. That dwelling is described as: Apt. # _____ located at

_____
(name of community)

_____
(street address)

_____
(city, state, zip)

2. **PARTICIPATION IN GOVERNMENT PROGRAM**. We, as the agents for the dwelling you are renting, are participating in a government regulated affordable housing program. This program requires both you and us to verify certain information and to agree to certain provisions contained in this addendum.

3. **ACCURATE INFORMATION IN APPLICATION**. By signing this addendum, you are certifying that the information provided in the supplemental rental application regarding your household annual income and assets is true and accurate.

4. **FUTURE REQUEST FOR INFORMATION**. By signing this addendum, you agree that the annual income and other eligibility requirements for participation in this government regulated affordable housing program are substantial and material obligations under the Lease Contract. You agree to comply promptly with all requests for information regarding annual income and eligibility, including requests by the owner/agent and the appropriate government monitoring agency. These requests may be made to you now and any time during the Lease Contract term or renewal period. If during the recertification process, your income increases to the point of exceeding 140% of the area median income, the owner may terminate your lease for noncompliance of income limits in a rent-restricted unit or you may be required to move to a market rate unit if the property you reside at offers such.

5. **INCOME INCREASES**. By signing this addendum you understand that your income is allowed to increase up to 140% of the current applicable income limit and still remain income eligible. If your income increases above 140% of the maximum allowable income as governed by the housing Credit Program, management may increase your rent to the maximum Housing Credit rent with a _____ day notice.

6. **INACCURATE INFORMATION AS GROUNDS FOR EVICTION**. If you refuse to answer or if you do not provide accurate information in response to these requests, it will be considered a substantial violation of the Lease Contract and you can be evicted. It makes no difference whether the inaccuracy of the information you furnished was intentional or unintentional.

7. **HOUSEHOLD STUDENT STATUS.** Program requirements state that full-time student must meet certain eligibility requirements to be program qualified. By signing this addendum, you agree that if any adult household member becomes a full-time student during the lease period or your current full-time student status changes, you must immediately notify management. At such time your continuing compliance to program requirements will be reviewed. If it is determined that your no longer qualify for the program management will issue a 30 day notice to vacate the unit.

8. **ANNUAL INSPECTIONS**. By signing this addendum, you are agreeing to allow the Owner/Agent to due periodic inspections of your unit with prior 24-hour notice, except when emergency situations make such notices impossible.

Resident(s)

_____
Signature Date

_____
Signature Date

AGENT:

_____
Signature Date

EQUAL HOUSING OPPORTUNITY

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, handicap or familial status.

LEASE RENEWAL ADDENDUM

WHEREAS, (Insert Property), Lessor and (Insert Tenant), Lessee heretofore entered into a rental agreement, dated _____ herein called "Original Agreement", pursuant to which (Insert Property) furnished for Lessee the following apartment unit: _____, and,

WHEREAS, Lessor and Lessee desire at this time to further extend and amend said original agreement as hereinafter set forth.

NOW THEREFORE, it is mutually agreed that the "Original Agreement" shall be further extended and amended as follows:

a. The length of the lease term is _____ months, from _____ to _____.

b. The Lessee shall pay rent for the full term in the sum of _____ dollars, ($_____), payable in equal consecutive monthly installments of _____ dollars ($_____).

c. Any deposits under "Original Agreement" shall continue in effect for the period of the lease term.

WHEREAS, all the terms and provisions of said "Original Agreement" except as herein modified, are to remain in full force and effect and are made a part of this Renewal Agreement.

WHEREAS, The parties hereto agree to the above conditions and covenants, by their respective signatures hereafter. Dated this _____ day of _____, 20___.

_____ Tenant:	_____ Landlord:
_____ Tenant:	_____ By:
_____ Tenant:	_____ By:

EQUAL HOUSING OPPORTUNITY

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LIVE-IN CARE ATTENDANT CERTIFICATION

Re: _____

I, _____, duly state the following:

1. I am/will be residing with _____.

2. I am **ESSENTIAL** to the care and well-being of said person.

   Please provide verification of need by said person's healthcare professional or case manager.

3. I am **NOT** obligated or responsible for the financial support of said person.

4. I would not otherwise be living in the unit **EXCEPT** to provide the necessary supportive care services for said person.

5. I understand that I have no rights to the apartment unit that will be/is rented to said person, however, I understand that I must abide by the lease agreement signed by the said person. If said person vacates the residence for **ANY REASON**, I will vacate premises as well. I understand that if I would like to occupy an apartment, I will be required to complete the Certification Process on my own accord.

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

_____ _____

Signature of Live-in Care Attendant Date

Subscribed and sworn to before me under oath OR Witnessed and accepted by an authorized agent of the owner this _____ day of _____, 20____.

_____ _____

Signature of Notary Public OR Witness Printed Name of Notary Public OR Witness

IF Notary -

Notary Public, State of _____. My commission expires _____, 20___.

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, handicap or familial status.

TELEPHONE CONVERSATION / MANAGEMENT CLARIFICATION REPORT

Applicant/Residents Name: _____ Date: _____

Type of Contact ☐ Phone Call

☐ In Person

☐ Other: _____

Name of other party: _____

Company Name: _____

Title: _____

Telephone Number: _____

In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of tax credit housing, this statement is provided as witness to telephone verification.

I hereby swear that the following information is an accurate and complete summary to the best of my knowledge.

_____
Employee Contact Signature

Reason for Contact:_____

_____

_____

_____

_____

Summary: (State all questions asked and full responses received. Attach additional pages as needed).

_____

_____

_____

_____

_____

_____

_____

EQUAL HOUSING OPPORTUNITY

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MARITAL SEPARATION STATUS CERTIFICATION

Please check either 'A' or 'B' below as appropriate with regard to your marital status:

PART A:

I, _____, duly state that I am currently legally separated from my spouse, and have attached a copy of my current legal separation agreement.

PART B:

I, _____, duly state that I am currently separated from my spouse, but have NOT taken any legal action with regard to my marital status. I also state that the following conditions apply to my situation:

1. MY REASONS FOR NOT PURSUING LEGAL ACTION ARE _____

   _____

2. MY FUTURE PLANS FOR PURSUING LEGAL ACTION ARE _____

   _____

3. INCOME AND ASSET DETERMINATION:
   a. I currently receive $_____per _____ from my spouse. I do not receive any other support from my spouse.
   b. I understand that all assets owned by my spouse OR myself, will be counted as joint accounts until legal documentation that states otherwise can be obtained.

4. REPORTING AND LEASE REQUIREMENTS:
   a. I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, asset amounts, household composition and marital status.
   b. I will not allow my spouse or any other individual to move into my apartment without PRIOR approval from management. I understand that if I do, this will be a breach of my lease and that eviction proceedings will begin immediately.

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

_____ _____

Signature of Applicant/Resident Date

Subscribed and sworn to before me under oath OR Witnessed and accepted by an authorized agent of the owner this _____ day of _____, 20____.

_____ _____

Signature of Notary Public OR Witness Printed Name of Notary Public OR Witness

IF Notary -

Notary Public, State of _____. My commission expires _____, 20___.

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, handicap or familial status.

TENANT NON-EMPLOYED STATUS CERTIFICATION

Applicant Name: _____ Unit # _____(if applicable):

In connection with the completion of the application/recertification I confirm that I am not now employed in any capacity:

☐

- I have no intention of becoming employed in the next 12 months.
- I am not under any affirmative obligation to obtain employment.
- I do not receive unemployment compensation or other benefits as a result of my non-employment status.

☐

- I do intend on becoming employed in the next 12 months.
  I have been hired and expect to begin employment with _____ on _____ day of _____, _____. I anticipate earning $ _____ over the next 12 months.

In addition to my employment status the following applies to my household income:

☐

- I do receive unearned income. (verification required)

☐

- I do not receive unearned income.

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency at the above named apartments and that any misrepresentation herein will be considered a material breach of the lease agreement and subjects me to immediate eviction.

Under penalties of perjury, I certify the above representations to be true as of the date shown below.

_____ _____

Signature Date

EQUAL HOUSING OPPORTUNITY

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SUPPORTING DOCUMENT FROM PUBLIC HOUSING AUTHORITY
FOR RESIDENTS/APPLICANTS RECEIVING SECTION 8 HOUSING ASSISTANCE PAYMENTS

In accordance with IRS Regulation 1.42-5 (b)(vii) the following is submitted as documentation to support the low-income tenant income certification for the following resident/applicant, in the case of a resident/applicant receiving housing assistance payments under Section 8, of the United States Housing Act of 1937.

TO BE COMPLETED BY OWNER/OWNER REPRESENTATIVE

Building Number: _____ Unit Number: _____

Head of Household Name: _____

Social Security Number (last four digits) of head: _____

The applicable income limit under section 42(g) for family size of _____ residing in the County of

_____ is $_____ on _____ (effective date of applicable income limit).

TO BE COMPLETED BY PUBLIC HOUSING AUTHORITY REPRESENTATIVE

The above named applicant/resident's income does not exceed the applicable income limit under Internal Revenue Code Section 42(g). The household's gross income (before allowances) is $_____.

_____ _____
PHA Representative Date

_____ _____
Telephone Number E-Mail Address

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

_____ _____
Applicant/Resident Date

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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 employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h).

AFFIDAVIT

I _____ swear
Printed Owners' Name

under penalties of perjury, that all of the non-compliance issues, which are outlined

in the _____ inspection report,
Name of Inspection Agency

for the physical inspection conducted on _____
Date of Inspection

at _____
Name of Development

__(IN-_____) have been corrected.
Building Identification Number (BIN#)

_____ _____
Owners Printed Name **Owners Signature**

_____
Date

COVER SHEET / FAX TRANS.

AUTHORIZATION TO RELEASE INFORMATION

Date: _____

Number of pages including cover sheet: _____

To be completed by office:

Applicant, do not write in this Section.

To:
Attn.: _____
Company: _____
Address: _____
_____
Phone: _____
Fax: _____

From:
_____
_____
_____
_____
Phone: _____
Fax: _____

The undersigned individual(s) has applied for residency at_____. The property is operated under the LIHTC program within Section 42 of the Internal Revenue Code, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of LIHTC housing, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Residences and Rental Activity
Employment, Income, and Asset	Medical Allowances	Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand I/we have a right to review my/our file and correct any information that can proven is incorrect.
The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the LIHTC program.

To be completed by applicant

Applicant/Resident Name (Printed): _____

Social Security Number: _____

Authorizing Signature: _____

Co-Applicant/Co-Resident Name (Printed): _____

Social Security Number: _____

Authorizing Signature: _____

EQUAL HOUSING OPPORTUNITY

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, handicap or familial status.

NAME OF APARTMENT COMMUNITY: _____

APARTMENT NUMBER: _____ **RENT AMT:** _____ **QUALIFY AT** _____**%**

NAME OF CO-APPLICANT (if applicable – additional application must be completed) _____

_____ **NEW APPLICATION** ____**HOUSEHOLD ADDITION** ____**TRANSFER**

(Please Print)

Date: _____ Time: _____

A) Name: _____ Phone: ( ) _____

B) Address: _____

(Street) (City) (State) (ZIP)

C) Marital Status: Divorced / Widowed / Married / Single / Separated

D) Driver's License # and State: _____

HOUSEHOLD COMPOSITION List all persons that will be occupying the unit.

Full Name	Relationship to Head of Household	Birth Date	Social Security Number	Employed	Student
	Head of Household		- -	**Y / N**	**Y / N**
			- -	**Y / N**	**Y / N**
			- -	**Y / N**	**Y / N**
			- -	**Y / N**	**Y / N**
			- -	**Y / N**	**Y / N**
			- -	**Y / N**	**Y / N**

RENTAL HISTORY -- Last Two Years

Use Additional sheet if necessary

D) Present Landlord Name: _____ Phone: ( ) _____

Landlord Address: _____City: _____ St: ___ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How?_____

E) Previous Address: _____

Previous Landlord Name: _____ Phone: ( ) _____

Landlord Address: _____ City: _____ St: ___ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How?_____

F) Previous Address: _____

Previous Landlord Name: _____ Phone: ( ) _____

Landlord Address: _____ City: _____ St: ___ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How?_____

1) yes no Have you or any household member ever been convicted of a felony?

2) yes no Have you ever been evicted? Reason: _____

3) yes no Have you or any household member been arrested/convicted of a drug related crime?

4) yes no Does anyone not listed in the household composition on page one plan to live with you in the next 12 months?
If yes, explain _____

5) yes no Will the Household be receiving Section 8 housing assistance?
(If yes list agency name, contact person and phone number.)

_____

6) yes no Are there any absent household members who under normal conditions would live with you?

7) yes no Does an adult of this household have primary physical custody of every child listed on this application?

8) yes no Does your household have or anticipate having any pets other than those used as a service animal?

9) yes no Does anyone in your household have special needs?
If yes explain? _____

CREDIT REFERENCES

Loans: _____

Credit Cards: _____

Other: _____

CHARACTER REFERENCES

Name: _____Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT NUMBER

In case of emergency, notify: _____

Home Phone: ( ) _____ Work Phone: ( ) _____

Applicant certifies the above information is true and accurate and understands that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the apartment if this application is approved. Apartment owner or agents may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on apartment owner or agent until approved in writing.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program requires us to certify all of your income asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. The undersigned is the person(s) named above and hereby authorizes Apartment Credit Services to conduct a search of my Criminal Record, Police Record and Motor Vehicle Record information for the purpose of obtaining housing. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility from doing so. A faxed copy of this authorization shall be as valid as the original.

If applicant cancels after two (2) days, all moneys deposited shall be forfeited to the apartment owner. If approved all moneys deposited with this application will be applied toward security deposit and/or processing fee at owner's discretion. If an application is denied for ANY reason a 90-day wait period is required before reapplying to this property.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Agent for _____:

Agent's Signature: _____ Date: _____

EQUAL HOUSING OPPORTUNITY

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, handicap or familial status.

SECTION 8 ELIGIBILITY VERIFICATION

TO: _____ From: _____

_____ _____

_____ _____

SUBJECT: Verification of Information Supplied by an Applicant

Name: _____ **Address:** _____

Social Sec. #: _____ **Account #:** _____

I hereby authorize release of my Section 8 information.

_____ _____

Signature of Applicant/Tenant Date

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

_____

Project Owner/Management Agent

The total annual gross income for the above-named household, as verified by this Public Housing Authority is:

$ _____

Amount of rent applicant will be responsible for: _____

Number of household members _____

Certificate or Voucher (circle one)

Signature of PHA Worker: _____

Name of PHA: _____

Date: _____ Phone: _____

EQUAL HOUSING OPPORTUNITY

We encourage and support the nation's affirmative housing program in which there are no bar riers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

TENANT SELF EMPLOYMENT CERTIFICATION

Name of Self Employed Person(s): _____
Name of Business:_____
Soc. Sec. Number(s): _____
Address: _____

For the purposes of this form, income will be defined as net income from the operation of a business or profession, including cash withdrawals from the business for use by you or any family member. In determining net income, do not deduct depreciation, payments made to expand the business or principal payments on debt.

Occupation (Type of Business): _____

How long have you been in this business? _____

Anticipated income for the next 12 months? _____

Income earned from the past 12 months? _____

Income earned in the previous 13-24 months? _____

Please comment on how you arrive at your projection for the upcoming year.

_____
_____
_____

You must attach a **SIGNED** copy of your Federal Tax Return for the two most recent fiscal years.

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

_____ _____
Signature of Applicant/Resident Date

Witnessed and accepted by an authorized agent of the owner this _____ day of _____, 20____.

_____ _____
Signature of Witness Printed Name Witness

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, handicap or familial status.

SOCIAL SECURITY VERIFICATION

TO: _____ From: _____

_____ _____

_____ _____

SUBJECT: Verification of Information Supplied by an Applicant

Name: _____ **Address:** _____

Social Sec. #: _____ **Account #:** _____

I hereby authorize release of my social security information.

_____ _____

Signature of Applicant/Tenant Date

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

_____

Project Owner/Management Agent

==========

Indicate information needed by checking spaces below:

_____ The gross amount of the monthly social security benefit is: $_____

The amount deducted for Medicare is: $_____

The net amount of social security check each month is: $_____

The above amount became effective _____

Month Year

_____ The monthly amount of the supplemental security income payment: $_____

The above amount became effective _____

Month Year

_____ Other information needed - please specify on reverse side.

==========

COMPLETE ONLY IF YOU ARE UNABLE TO VERIFY INFORMATION REQUESTED.

_____ Claim still pending

_____ No record based on identifying information

_____ Other – explain: _____

Signature of Authorized Social Security Official: _____

Printed Name of Authorized Official: _____

Date: _____ Telephone: _____

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, handicap or familial status.

STUDENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

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

Project Name: _____

Building Address: _____

Unit Number if assigned: _____

I hereby grant disclosure of the information requested below from _____

Name of Educational Institution

_____ Signature

_____ Date

_____ Printed Name

_____ Student ID#

Return Form to:

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

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

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

Grades: Elementary Jr. High High School College Grad School

Other:_____

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

If full-time, the date the student enrolled as such: _____

Expected date of graduation: _____

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

Signature: _____ Date: _____

Print your name: _____ Tel. #: _____

Title: _____

Educational Institution: _____

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

TENANT INCOME CERTIFICATION

☐ Initial Certification ☐ Recertification ☐ Other _____

Effective Date: _____
Move-in Date: _____
(MM/DD/YYYY)

PART I - DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____

Address: _____ Unit Number: _____ # Bedrooms: _____

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Gender	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Special Needs	Social Security or Alien Req. No.
1			HEAD					
2								
3								
4								
5								
6								
7								

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Add totals from (A) through (D), above TOTAL INCOME (E): $0.00

PART IV. INCOME FROM ASSETS

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
		TOTALS:	$ 0.00	$ 0.00

Enter Column (H) Total If over $5000 (H1) $_____ X Passbook Rate .02 % (J) Imputed Income $

Enter the greater of the total of column I, or J: imputed income **TOTAL INCOME FROM ASSETS (K)** $

(L) Total Annual Household Income from all Sources [Add (E) + (K)] $ 0.00

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. 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 the lease agreement.

_____ _____ _____ _____
Signature *(Date)* Signature *(Date)*

_____ _____ _____ _____
Signature *(Date)* Signature *(Date)*

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1 $ 0.00

Household Meets Income Restriction at:

☐ 60% ☐ 50%
☐ 40% ☐ 30%
☐ _____%

RECERTIFICATION ONLY:

Current Income Limit x 140%: $

Household Income exceeds 140% at recertification:
☐ Yes ☐ No

Current Income Limit per Family Size: $

Household Income at Move-in: $

Household Size at Move-in:

PART VI. RENT

Tenant Paid Rent $
Utility Allowance $

Rent Assistance: $
Other non-optional charges: $

GROSS RENT FOR UNIT:
(Tenant paid rent plus Utility Allowance & other non-optional charges) $

Unit Meets Rent Restriction at:

☐ 60% ☐ 50% ☐ 40% ☐ 30% ☐ _____%

Maximum Rent Limit for this unit: $

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

☐ yes ☐ no

If yes, Enter student explanation*
(also attach documentation)

*Student Explanation:

☐ TANF assistance
☐ Job Training Program
☐ Single parent/dependent child
☐ Married/joint return
☐ Former Foster Child

PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. Tax Credit ☐	b. HOME ☐	c. Tax Exempt ☐	d. AHDP ☐	e. _____
				(Name of Program)
See Part V above.	*Income Status*	*Income Status*	*Income Status*	*Income Status*
	≤ 50% AMGI	50% AMGI	50% AMGI	_____
	≤ 60% AMGI	60% AMGI	80% AMGI	_____
	≤ 80% AMGI	80% AMGI	OI**	OI**
	OI**	OI**		

** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

_____ _____
SIGNATURE OF OWNER/REPRESENTATIVE DATE

INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

This form is to be completed by the owner or an authorized representative.

Part I - Development Data

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, designate the purpose of the recertification (i.e., a unit transfer, a change in household composition, or other state-required recertification).

Move-in Date	Enter the date the tenant has or will take occupancy of the unit.
Effective Date	Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.
Property Name	Enter the name of the development.
County	Enter the county (or equivalent) in which the building is located.
BIN #	Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).
Address	Enter the address of the building.
Unit Number	Enter the unit number.
# Bedrooms	Enter the number of bedrooms in the unit.

Part II - Household Composition

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

H	-	Head of Household	S	-	Spouse
A	-	Adult co-tenant	O	-	Other family member
C	-	Child	F	-	Foster child(ren)/adult(s)
L	-	Live-in caretaker	N	-	None of the above

Enter the gender, date of birth, student status, special needs code, and social security number or alien registration number for each occupant.

If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

Any household member, who meets State definition of Special Needs Population, as provided in IC 5-20-1-4.5, should be coded using the following underlined code:

1) PDD - Persons with physical or developmental disabilities
2) PMI - Person with mental impairments
3) SPH – Single parent households
4) VDV – Victims of domestic violence
5) AC – Abused children
6) PCA – Persons with chemical addictions
7) HP – Homeless persons
8) ELD – The elderly

Part III - Annual Income

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.

From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

Column (A)	Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.
Column (B)	Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.
Column (C)	Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).
Column (D)	Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
Row (E)	The totals from Columns (A) through (D), above, will auto-calculate. The totals of all columns will auto-populate field (E), Total Income.

Part IV - Income from Assets

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

Column (F)	List the type of asset (i.e., checking account, savings account, etc.)
Column (G)	Enter C (for current, if the family currently owns or holds the asset), or I (for imputed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification).
Column (H)	Enter the cash value of the respective asset.
Column (I)	Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
TOTALS	The totals of Column (H) and Column (I) will auto-calculate.

If the total in Column (H) is greater than $5,000, you must input the total cash value of the assets on line (H1). The imputed value of the asset will auto-calculate on line (J), Imputed Income.

Row (K)	Enter the greater total of Column (I) or (J) in (K), Total Income From Assets.
Row (L)	Total Annual Household Income From all Sources will auto-calculate adding fields (E) and (K) together.

HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification. For move-in, it is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

Part V – Determination of Income Eligibility

Total Annual Household Income from all Sources	The amount from item (L), Total Annual Household Income from All Sources, will auto-populate this field.

Current Income Limit per Family Size	Enter the Current Move-in Income Limit for the household size.
Household income at move-in Household size at move-in	For recertifications, only. Enter the household income from the move-in certification. On the adjacent line, enter the number of household members from the move-in certification.
Household Meets Income Restriction	Check the appropriate box for the income restriction that the household meets according to what is required by the set-aside(s) for the project.
Current Income Limit x 140%	For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current income limit, then the available unit rule must be followed.

Part VI - Rent

Tenant Paid Rent	Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).
Rent Assistance	Enter the amount of rent assistance, if any.
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Other non-optional charges	Enter the amount of non-optional charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Gross Rent for Unit	Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges.
Maximum Rent Limit for this unit	Enter the maximum allowable gross rent for the unit.
Unit Meets Rent Restriction at	Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project.

Part VII - Student Status

If all household members are full time* students, check "yes". If at least one household member is not a full time student, check "no".

If "yes" is checked, the appropriate exemption must be checked in the box to the left of the exemption. If none of the exemptions apply, the household is ineligible to rent the unit.

**Full time is determined by the school the student attends.*

Part VIII – Program Type

Mark the program(s) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification. If the property does not participate in the HOME, Tax-Exempt Bond, Affordable Housing Disposition, or other housing program, leave those sections blank.

Tax Credit	See Part V above.
HOME	If the property participates in the HOME program and the unit this household will occupy will count towards the HOME program set-asides, mark the appropriate box indicting the household's designation.
Tax Exempt	If the property participates in the Tax Exempt Bond program; mark the appropriate box indicating the household's designation.
AHDP	If the property participates in the Affordable Housing Disposition Program (AHDP), and this household's unit will count towards the set-aside requirements, mark the appropriate box indicting the household's designation.

Other If the property participates in any other affordable housing program, complete the information as appropriate.

SIGNATURE OF OWNER/REPRESENTATIVE

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following execution by the resident(s).

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in tax credit compliance.

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

TENANT INCOME CERTIFICATION QUESTIONNAIRE

NAME: _____

TELEPHONE NUMBER: ( )

☐ **Initial Certification**
☐ **Re-certification**
☐ **Other**

BIN #_____

Unit #_____

INCOME INFORMATION

YES	NO		MONTHLY GROSS INCOME
☐	☐	I/we am self employed. (List nature of self employment) _____	(use net income from business) $_____
☐	☐	I/we 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 1)_____ 2)_____ 3)_____	$_____ $_____ $_____
☐	☐	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	$_____
☐	☐	I/we receive unemployment benefits.	$_____
☐	☐	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	$_____
☐	☐	I/we receive periodic social security payments.	$_____
☐	☐	The household receives unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	$_____
☐	☐	I/we receive Supplemental Security Income (SSI).	$_____
☐	☐	I/we receive disability or death benefits other than Social Security.	$_____
☐	☐	I/we receive Public Assistance Income (examples: TANF, AFDC)	$_____
☐	☐	I/we am entitled to receive child support payments.	$_____
☐	☐	I/we am currently receiving child support payments. If yes, from how many persons do you receive support? _____	$_____
☐	☐	I/we am/are currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
☐	☐	I/we receive alimony/spousal maintenance payments	$_____
☐	☐	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1)_____ 2)_____	$_____ $_____
☐	☐	I/we receive income from real or personal property.	(use net earned income) $_____

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
☐	☐	I/we have a checking account(s). If yes, list bank(s) 1)_____ 2)_____	_____% _____%	$_____ $_____

☐ ☐	I/we have a savings account(s) If yes, list bank(s) 1)_____ 2)_____	 _____% _____%	 $_____ $_____
☐ ☐	I/we have a revocable trust(s) If yes, list bank(s) 1)_____	 _____%	 $_____
☐ ☐	I/we own real estate. If yes, provide description: _____		$_____
☐ ☐	I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1)_____ 2)_____ 3)_____	 _____% _____% _____%	 $_____ $_____ $_____
☐ ☐	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1)_____ 2)_____ 3)_____	 _____% _____% _____%	 $_____ $_____ $_____
☐ ☐	I/we have an IRA/Lump Sum Penion/Keohg Account/401K. If yes, list bank(s) 1)_____ 2)_____	 _____% _____%	 $_____ $_____
☐ ☐	I/we have a whole life insurance policy. If yes, how many policies _____		$_____
☐ ☐	I/we have cash on hand.		$_____
☐ ☐	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1)_____ 2)_____		 $_____ $_____
☐ ☐	I/we have income from assets or sources other than those listed above. If yes, list type below: 1)_____ 2)_____	 _____% _____%	 $_____ $_____

STUDENT STATUS

YES	NO	
☐	☐	Does the household consist of persons who are all full-time students (1st grade and higher. Examples: Elementary, High School, College/University, trade school, etc.)?
☐	☐	Does your household anticipate becoming a full-time student household in the next 12 months?
☐	☐	If you answered yes to either of the previous two questions are you:
☐	☐	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)
☐	☐	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
☐	☐	• Married and filing a joint tax return
☐	☐	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUES 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**

TENANT SELF CERTIFICATION

I, _____, certify that:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

_____ _____

Signature of Applicant/Resident Date

Subscribed and sworn to before me under oath OR Witnessed and accepted by an authorized agent of the owner this _____ day of _____, 20____.

_____ _____

Signature of Notary Public OR Witness Printed Name of Notary Public OR Witness

IF Notary -

Notary Public, State of _____. My commission expires _____, 20___.

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, handicap or familial status.

UNBORN CHILD CERTIFICATION

Date: _____Apt: _____
Households Name: _____

I, _____, HEREBY CERTIFY THAT I AM NOW PREGRANT.

My expected due date is: _____

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

_____ _____
Signature of Applicant/Resident Date

Subscribed and sworn to before me under oath OR Witnessed and accepted by an authorized agent of the owner this _____ day of _____, 20____.

_____ _____
Signature of Notary Public OR Witness Printed Name of Notary Public OR Witness
IF Notary -
Notary Public, State of _____. My commission expires _____, 20____.

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, handicap or familial status.

UNDER $5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed $5,000.
Complete only one form per household; include assets of children.

Household Name:_____ Unit No. _____

Development Name: _____ City:_____

Complete all that apply for 1 through 4:

1. My/our 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): _____				

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

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

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

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

3. ☐ 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.

4. ☐ I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) 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.

_____	_____	_____	_____
Applicant/Tenant	Date	Applicant/Tenant	Date

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Household Name:_____ Unit No. _____

Development Name: _____ City:_____

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

   a. Wages from employment (including commissions, tips, bonuses, fees, etc.);

   b. Income from operation of a business;

   c. Rental income from real or personal property;

   d. Interest or dividends from assets;

   e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;

   f. Unemployment or disability payments;

   g. Public assistance payments;

   h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;

   i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);

   j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

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

   _____

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

_____	_____	_____
Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date

Property Management Change Form

Development: _____ BIN: _____

New Management Company: _____

New Management Contact Person: _____

New Management Address: _____

New Management City/State/Zip: _____

New Management Telephone Number: _____

New Management Fax Number: _____

New Management e-mail: _____

Effective Date of Management Company Change: _____

Has this Management Company completed "Request Another Property" on the Indiana Housing Online Management system? If No, please complete at https://ihcdaonline.com/?

_____
Signature of Owner

_____
Date of Signature

Staff Unit Request Form

Date: _____
Development Name: _____
Owner Name: _____
BIN#: _____

1) Has the equity investor been notified of the requested modifications? ☐ Yes ☐ No

a) If no, when do you anticipate notifying the investor? _____

b) If yes, do they approve? ☐ Yes ☐ No

c) If investor does not approve, why? _____

_____

_____

2) Type of Request: (choose one)

☐ Add a manager's unit
☐ Add a maintenance unit
☐ Add a security unit
☐ Add a model unit

3) Will the manager/maintenance staff/security officer be considered full-time? ☐ Yes ☐ No

a) If yes, please provide definition of full-time. _____

_____

_____

b) If requesting a security unit, what will be the security officer's duties?

_____

_____

_____

4) What is the reason for the Development modification? **Note**: Supporting documentation must be submitted with the request.

_____

_____

_____

_____

_____

5) Is there currently a manager's, maintenance, security, or model unit on site? ☐ Yes ☐ No

a) If yes, how many and what type? _____

_____

b) If yes, in what building(s)? BIN #_____

c) If yes, what unit number(s)? _____

6) Will the manager's, maintenance, or security unit be considered a Low-Income Tax Credit Unit, a Market Rate Unit, or as Common Area? (choose one)

☐ Low-Income Tax Credit Unit ☐ Market Rate Unit ☐ Common Area

7) Will the manager's, maintenance, or security unit affect the applicable fraction? ☐ Yes ☐ No

a) If yes, what is the new applicable fraction? _____

b) If yes, what building(s) is affected? BIN #_____

8) What is the State Set-Aside for the Development?

30% units ____ # 50% units ____ # Market rate units ____

40% units ____ # 60% units ____

Note: Developments with market rate units will not be allowed to designate tax credit units as manager's, maintenance, or security units unless the tenant qualifies under Section 42 guidelines.

9) Will the manager's, maintenance, or security unit be charged rent? ☐ Yes ☐ No ☐ N/A

10) If requesting a model unit, how will the model unit be utilized in the Development? (choose one)

☐ Model during rent-up and later as a LIHTC unit rented to a qualified tenant

☐ Model during rent-up and throughout entire compliance period

☐ Qualified LIHTC unit that becomes vacant and is used as a model temporarily

☐ N/A

_____ _____

Owner's Signature Date of Signature