

RESIDENT ELIGIBILITY APPLICATION (REA)

Property Name: _____ **Unit #:** _____

Household Name: _____ **Certification Type:**
 Current HH Size: _____ Effective Date of Certification: _____ Initial Certification
 Number of Bedrooms: _____ Original Certification Date: _____ Re-Certification

THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT

DIRECTIONS: Please complete the table below listing each member of the household. Include all members who you anticipate will live in the unit at least 50% of the time during the next 12 months.

* This property has requested your Social Security number on this and other forms on behalf of the Washington State Housing Finance Commission. Internal Revenue Service regulations allow us to ask for this information. Your Social Security number will be used for income eligibility verification purposes only. Equivalent identification would be a Work Visa, Alien Registration Receipt Card, Temporary Resident Card, IRS Individual Taxpayer Identification Number (ITIN), or Employment Authorization Card. Failure to provide your Social Security number or equivalent number could hinder or delay this property's ability to review your application for housing.

** A full-time student is anyone currently enrolled, expects to become enrolled or was previously enrolled for any part of 5 months in the calendar year. The five months need not be consecutive. Include grades K-12, college, university, technical, trade and mechanical schools. International students on a student visa are considered full-time students.

HOUSEHOLD COMPOSITION:						
Hshld Mbr	First Name	Last Name	MI	Date of Birth mm-dd-yyyy	SSN *Last 4 digits	Student Status**
Head	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
2.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
3.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
4.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
5.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
6.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
7.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A

Complete a separate section for each employment source

Household Member Name			Occupation		Employer Phone		
Name and Street Address of Employer					City	State	Zip Code
Date Hired	Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		Hours per week	Employer Fax or Email		

Household Member Name			Occupation		Employer Phone		
Name and Street Address of Employer					City	State	Zip Code
Date Hired	Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		Hours per week	Employer Fax or Email		

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All **Adult** household members (see Instructions page for definition of **Adult**) must complete separate Pages 2-4 of the REA. Adults should list all their income/assets for the next 12-month period beginning on the anticipated date of move-in or recertification.

Property Name: _____ Unit #: _____

Household Member Name: _____

HOUSEHOLD MEMBER: (please check one)

1 (Head) 2 3 4 5 6 7

INCOME INFORMATION:

	Yes	No		Annual Gross Income
1.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: Annual Gross Regular Wages/Salary Annual Overtime Annual Bonus/Commission/Tips	\$ _____ \$ _____ \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I am presently employed at an additional job. (NOT self-employed)	\$ _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (Attach signed tax return and appropriate schedules) Name of Business: _____	\$ _____ (use <i>net</i> income from business)
4.	<input type="checkbox"/>	<input type="checkbox"/>	I earn income from online sources (Including but not limited to the following activities: video gaming, blogging, teaching, reselling items, paid surveys, investing (Twitch, YouTube, Amazon, E-Bay, Etsy, Swagbucks, etc.)) If YES: Explain _____	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving, have applied or will apply in the next 12 months: (check all that apply) <input type="checkbox"/> Social Security (SSA); <input type="checkbox"/> Supplemental Social Security (SSI); or <input type="checkbox"/> WA State (SSI).	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <i>unearned</i> income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.). Name of Member(s): _____	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/> *	Do you receive child support? *If NO and there are children in the household, are you eligible for child support, or is there a court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of court-ordered child support cases: _____	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal payments.	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (TANF, GAU, FIP, ADATSA).	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment, workers comp (L&I) or disability benefits (not SSI).	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am a member of the Armed Forces (Active, National Guard or Reserves).	\$ _____

Property Name: _____ Unit #: _____

Household Member Name: _____

	Yes	No		Annual Gross Income	
12.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) _____ b.) _____	\$ _____ \$ _____	_____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	\$ _____	_____
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive rental income (attach signed tax return with Schedule E).	\$ _____	_____
15.	<input type="checkbox"/>	<input type="checkbox"/>	I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule. (Only count interest portion of payment.)	\$ _____	_____
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have income or sources of income, other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____	_____

ASSET INFORMATION:

	Yes	No		Balance or Value	Interest Earned
17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a Money Market account(s). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have a trust fund. <input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable If yes, list bank(s)/trustee _____	\$ _____	\$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.) _____	\$ _____	\$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I have a pension or annuity asset. (NOT receiving income currently.) If Yes List banks a.) _____	\$ _____	\$ _____

