

Resident Eligibility Application (REA) Instruction

Purpose: To obtain required employment status and income and asset information for all members of the household.

General Information:

For the purpose of completing this form, "Adult" means any household member who is currently 18 years of age or older, as well as a 17-year-old who will be turning 18 within 12 months of the household's certification. "Adult" also refers to any adults who are members of the household but who may be temporarily absent from the household.

The head of household completes pages 1-4 and all other household Adults must complete their own pages 2-4 of the REA (one set of pages for each Adult).

- The head of household completes page one. All adult household members must complete all sections of separate pages two through four, regardless of monetary contribution, and have their signatures witnessed by on-site staff.
- Birthdates of all household members must be completed.
- Each adult must disclose all of their income and assets on their page 2 - 4. In addition, employment for all members must be disclosed on the bottom of page 1 (use page 1a-Additional Employment if more space is needed).

Instructions 1-18 Pertain to Page One of the Rental Eligibility Application

Specific Instructions: Site staff may only complete #1-7.

1. Management enters property name and unit number.
2. Management enters name of head of household.
3. Management enters number of people in the household.
4. Management enters the number of bedrooms in the unit.
5. Management enters the Effective Date of Certification. This will be either the date the lease is effective (i.e. the date the household can take occupancy) for new move-ins; for re-certifications the date should be move-in anniversary date.
6. Management enters the effective date of the **initial** certification (the date the household originally took occupancy of the unit or the date they were first certified on a rehab).
7. Management checks applicable box – indicating initial certification or annual recertification.
8. Resident enters names, birthdates, and last four digits of Social Security Number * of all household members occupying the unit.

9. Resident checks the applicable Student Status “FT” (Full-Time), “PT” (Part-Time) or N/A (Not a Student) box (refer to Chapter 2 of the Tax Credit Compliance Procedures Manual) regarding student status.
10. **A separate section is to be completed for each employment source for all household members.** Resident enters employed household member’s name.
11. Resident enters their occupation.
12. Resident enters complete phone number of the employer.
13. Resident enters complete name and address (Street, city, state and Zip code) of the employer.
14. Resident enters resident’s hire date.
15. Resident enters gross income at this job
16. Resident enters frequency of pay periods.
17. Resident enters average number of hours. DO NOT enter a range of hours.
18. Resident enters employers’ fax or email address.
(Repeat for additional employers)

Instructions 19-25 pertain to pages 2 – 4 of the REA (Income/Assets Questionnaire)

19. Management enters property name and unit number (will auto fill).
20. Management enters household member name.
21. Resident checks appropriate box.
22. Resident checks boxes to answer questions 1 through 30. If the resident checks “Yes” s/he must enter amount(s) in column.

Special Note about Question #7: If applicant/resident has indicated “No” and there is no court-ordered support the *Child Support Affidavit* is not required.

23. Resident or Power of Attorney (POA) Signs, prints name, and dates form. If signed by a POA, the POA should sign their name and indicate it is ‘as POA for [Resident’s name]’ and provide a copy of the POA document.
24. Management’s representative must sign as a Witness, print name, and date for each resident/applicant form.
25. If a third party assisted Resident in completing this form as a reasonable accommodation, they should sign, print their name, indicate their relationship to the Resident, provide their phone number, and date the form. Site staff should only assist Resident in completing this form if the Resident has no one else to assist them.

* **Note:** For privacy reasons, a resident may elect to **not** provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign the *Identification Certification* form.

RESIDENT ELIGIBILITY APPLICATION (REA)

Property Name: (1) Unit #: (1)

Household Name: (2) Certification Type: **(7)**

Current HH Size: (3) Effective Date of Certification: (5) Initial Certification

Number of Bedrooms: (4) Original Certification Date: (6) 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	(8) First Name	(8) Last Name	(8) MI	(8) Date of Birth mm-dd-yyyy	(8) SSN *Last 4 digits	(9) 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 (10)			Occupation (11)			Employer Phone (12)		
Name and Street Address of Employer (13)					City (13)		State	Zip Code (13)
Date Hired (14)	Salary (15)	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly (16) <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		Hours per week (17)	Employer Fax or Email (18)			

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			

RESIDENT ELIGIBILITY APPLICATION (REA)

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: (19) Unit #: (19)

Household Member Name: (20)

HOUSEHOLD MEMBER: (please check one) (21) 1 (**Head**) 2 3 4 5 6 7

INCOME INFORMATION:

	Yes	No	(22)	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).	\$ _____
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.) _____	\$ _____ \$ _____

Property Name: (19)

Unit #: (19)

Household Member Name: (20)

	Yes	No	(22)	Annual Gross Income
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	(22)	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.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
23.	<input type="checkbox"/>		I have a pension or annuity asset. (NOT receiving income currently.) If Yes List banks a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
24.	<input type="checkbox"/>		I <input type="checkbox"/> own <input type="checkbox"/> or am in the process of selling or <input type="checkbox"/> have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation.	\$ _____	\$ _____

Property Name: (19) Unit #: (19)

Household Member Name: (20)

	Yes	No	(22)	Balance or Value	Interest Earned
25.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life or universal life insurance policy. If yes, how many policies? _____	\$ _____	\$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals.	\$ _____	\$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets within the last two years for less than fair-market value. If "yes," attach explanation.	\$ _____	\$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have online financial accounts, including but not limited to: Peer lending, real estate investing, robo investing, crypto currency. (Venmo, Pay Pal, Fundrise, Lending Club, Robinhood, Acorn, Stash, etc.) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
29.	<input type="checkbox"/>	<input type="checkbox"/>	I have funds not held in a financial institution.	\$ _____	\$ _____
30.	<input type="checkbox"/>	<input type="checkbox"/>	I have assets other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____

I understand that any changes to my household income and/or composition after the date of my signature but prior to initial occupancy must be disclosed immediately to management staff.

Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement and/or prosecution.

Signatures must be those of the Applicant/Resident, except where Power of Attorney (POA) documentation authorizes another individual to sign legal documents. If so, copies of current POA, government-issued photo ID, and address and phone number of the POA must be included in the certification.

(23)

Applicant/Resident Signature	Print Applicant/Resident Name	Date
------------------------------	-------------------------------	------

I certify that I have observed the above-signed Applicant/Resident complete, sign, and date this document.

(24)

Property Representative Signature	Print Property Representative Name	Date
-----------------------------------	------------------------------------	------

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature, printed name, relationship, phone number and date to the bottom of this page.

I certify that I have assisted the above-signed Applicant/Resident complete this document as a reasonable accommodation.

(25)

Third Party Signature	Print Third Party Name	Relationship	Phone #	Date
-----------------------	------------------------	--------------	---------	------