

RESIDENT ELIGIBILITY APPLICATION (REA)

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

Household Name: _____

Current HH Size: _____ Effective Date of Certification: _____ Initial Certification
 Number of Bdrms: _____ Original Certification Date: _____ Re-Certification

Certification Type:

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

HOUSEHOLD COMPOSITION:

| Hshld Mbr | First Name | Last Name | MI | Date of Birth <small>mm-dd-yyyy</small> | SSN <small>*See page 4 Last 4 digits</small> | Fulltime Student Status ** |
|-----------|------------|-----------|-------|--|---|--|
| Head | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*** Have you in this calendar year or will you in the next calendar year, be a fulltime student for five months or more?*

Household Member's Name: _____

Income Source or Employer: _____ Phone: _____

Address: _____

Position: _____ Hire Date: _____

Supervisor: _____ Income/Salary: \$ _____

Household Member's Name: _____

Income Source or Employer: _____ Phone: _____

Address: _____

Position: _____ Hire Date: _____

Supervisor: _____ Income/Salary: \$ _____

RESIDENT ELIGIBILITY APPLICATION (REA)

Each Household Member 18 Years or Older Must Complete Pages 2 through 4

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 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: _____ | \$ _____ <small>(use net income from business)</small> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | I am receiving: (check all that apply) <input type="checkbox"/> Social Security (SSA); <input type="checkbox"/> Supplemental Social Security (SSI); or <input type="checkbox"/> WA State (SSI). | \$ _____ |
| 5. | <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): _____ | \$ _____ |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Do you receive child support; are you eligible for child support; or is there a court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | I receive alimony/spousal payments. | \$ _____ |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance Income (TANF, GAU, FIP, ADATSA). | \$ _____ |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment, Labor & Industries or disability benefits (not SSI). | \$ _____ |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | I am a member of the Armed Forces (Active, National Guard or Reserves). | \$ _____ |
| 11. | <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.) _____ | \$ _____ \$ _____ |
| 12. | <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). | \$ _____ |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | I receive income from real or personal property (attach signed tax return with Schedule E). | \$ _____ <small>(use net earned income)</small> |
| 14. | <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. | \$ _____ <small>(only count interest portion of pymnt)</small> |
| 15. | <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.) _____ | \$ _____ \$ _____ |

Property Name: _____ Unit #: _____

Household Member Name: _____

ASSET INFORMATION:

| | Yes | No | | Balance or Value | Interest Earned |
|-----|--------------------------|--------------------------|--|----------------------|----------------------|
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | I have a checking account(s). If yes, list bank(s) a.) _____ b.) _____ | \$ _____ \$ _____ | \$ _____ \$ _____ |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | I have a savings account(s). If yes, list bank(s) a.) _____ b.) _____ | \$ _____ \$ _____ | \$ _____ \$ _____ |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | I have a Money Market account(s). If yes, list sources/bank names a.) _____ b.) _____ | \$ _____ \$ _____ | \$ _____ \$ _____ |
| 19. | <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.) _____ | \$ _____ \$ _____ | \$ _____ \$ _____ |
| 20. | <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 _____ | \$ _____ | \$ _____ |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.) _____ b.) _____ | \$ _____ \$ _____ | \$ _____ \$ _____ |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | I have a pension or annuity asset. (NOT receiving income currently.) If yes, list bank(s) a.) _____ b.) _____ | \$ _____ \$ _____ | \$ _____ \$ _____ |
| 23. | <input type="checkbox"/> | <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. | \$ _____ | \$ _____ |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | I have a whole life insurance policy. If yes, how many policies? _____ | \$ _____ | \$ _____ |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals. | \$ _____ | \$ _____ |
| 26. | <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. | \$ _____ | \$ _____ |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | I have cash on hand. | \$ _____ | \$ _____ |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | I have assets other than those listed above. If yes, list type below: a.) _____ b.) _____ | \$ _____ \$ _____ | \$ _____ \$ _____ |

