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: _______________________________  Unit #: ________

Household Name: _______________________________  Certification Type: ________

Current HH Size: ________  Effective Date of Certification: ________

Number of Bedrooms: ________  Original Certification Date: ________

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.

<table>
<thead>
<tr>
<th>Hshld Mbr</th>
<th>First Name</th>
<th>Last Name</th>
<th>MI</th>
<th>Date of Birth mm-dd-yyyy</th>
<th>SSN *Last 4 digits</th>
<th>Student Status**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>FT PT N/A</td>
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<td>2.</td>
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<td>FT PT N/A</td>
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<td>3.</td>
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<td>FT PT N/A</td>
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<td>4.</td>
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<td></td>
<td>FT PT N/A</td>
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<td>5.</td>
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<td>FT PT N/A</td>
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<tr>
<td>6.</td>
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<td></td>
<td>FT PT N/A</td>
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<tr>
<td>7.</td>
<td></td>
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<td></td>
<td>FT PT N/A</td>
</tr>
</tbody>
</table>

Complete a separate section for each employment source

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Occupation</th>
<th>Employer Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Street Address of Employer</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Date Hired (14)</td>
<td>Salary (15)</td>
<td>Hourly Weekly Bi-weekly Semi-monthly Monthly Yearly Other (16)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Occupation</th>
<th>Employer Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Street Address of Employer</td>
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<tr>
<td>Date Hired</td>
<td>Salary</td>
<td>Hourly Weekly Bi-weekly Semi-monthly Monthly Yearly Other</td>
</tr>
</tbody>
</table>
# 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:**  
**Unit #:**  

**Household Member Name:**  

**HOUSEHOLD MEMBER:** (please check one)  

1. (Head)  
2.  
3.  
4.  
5.  
6.  
7.  

## INCOME INFORMATION:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Annual Gross Income</th>
</tr>
</thead>
</table>
| 1. | | 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. | | I am presently employed at an additional job. (NOT self-employed) |
| | | $ |
| 3. | | I am self-employed. (Attach signed tax return and appropriate schedules)  
  - Name of Business: |
| | | $ | (use net income from business) |
| 4. | | 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 |  
  - Source of Benefits: |
| | | $ | a.) | b.) |
| 5. | | I am receiving, have applied or will apply in the next 12 months: (check all that apply)  
  - Social Security (SSA);  
  - Supplemental Social Security (SSI); or  
  - WA State (SSI). |
| | | $ |
| 6. | | The household receives *unearned* income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.).  
  - Name of Member(s): |
| | | $ |
| 7. | | 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?*  
  - Yes  
  - No |
| | | $ |
| 8. | | I receive alimony/spousal payments. |
| | | $ |
| | | $ |
| 10. | | I receive unemployment, workers comp (L&I) or disability benefits (not SSI). |
| | | $ |
| 11. | | I am a member of the Armed Forces (Active, National Guard or Reserves). |
| | | $ |
| 12. | | 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.) |
| | | $ | $ |

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www.wshfc.org/managers/forms-RC.htm  
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### Property Name: (19)  
Unit #: (19)  

#### Household Member Name: (20)  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>(22)</th>
<th>Annual Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>13.</td>
<td>☐</td>
<td>☐</td>
<td>I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).</td>
</tr>
<tr>
<td>15.</td>
<td>☐</td>
<td>☐</td>
<td>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.)</td>
</tr>
</tbody>
</table>
| 16. | ☐  | ☐    | I have income or sources of income, other than those listed above.  
If yes, list type below:  
   a.) ___________________________________________  
   b.) ___________________________________________ | $ ____________  
   $ ____________ |

### ASSET INFORMATION:  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>(22)</th>
<th>Balance or Value</th>
<th>Interest Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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</tr>
</tbody>
</table>
| 17. | ☐  | ☐    | I have a checking account(s).  
If yes, list bank(s)  
   a.) _______________________________ $ ____________ $ ____________  
   b.) _______________________________ $ ____________ $ ____________ |       |
| 18. | ☐  | ☐    | I have a savings account(s).  
If yes, list bank(s)  
   a.) _______________________________ $ ____________  
   b.) _______________________________ $ ____________ $ ____________ |       |
| 19. | ☐  | ☐    | I have a Money Market account(s).  
If yes, list sources/bank names  
   a.) _______________________________ $ ____________ $ ____________  
   b.) _______________________________ $ ____________ $ ____________ |       |
| 20. | ☐  | ☐    | 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. | ☐  | ☐    | I have a trust fund.  
☐ Revocable  ☐ Non-Revocable  
If yes, list bank(s)/trustee  
   _______________________________ $ ____________ $ ____________ |       |
| 22. | ☐  | ☐    | I have an IRA/Keogh Account/401K.  
If yes, list financial entity(ies)  
   a.) _______________________________ $ ____________ $ ____________  
   b.) _______________________________ $ ____________ $ ____________ |       |
| 23. | ☐  | ☐    | I have a pension or annuity asset. (NOT receiving income currently.) If Yes List banks  
   a.) _______________________________ $ ____________ $ ____________  
   b.) _______________________________ $ ____________ $ ____________ |       |
| 24. | ☐  | ☐    | I ☐ own ☐ or am in the process of selling or  
☐ have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation. | $ ____________ $ ____________ |
### Resident Eligibility Application | Rev. September 2019

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Balance or Value</th>
<th>Interest Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.</td>
<td>☐</td>
<td>☐</td>
<td>$</td>
<td>$</td>
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<tr>
<td>26.</td>
<td>☐</td>
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<td>27.</td>
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<td>30.</td>
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</tbody>
</table>

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.

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### Applicant/Resident Signature

Print Applicant/Resident Name

Date

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

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### 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.

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

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### Third Party Signature

Print Third Party Name

Relationship

Phone #

Date