Household Declaration Supplement to REA Instruction

Purpose: This form must be used at initial certification to identify any absent or anticipated household members.

Note: This form is required at initial Move-In Certification only.

General Information: This form should to be completed at *initial* certification only.

Specific Instructions:

- 1. Enter property name and unit number.
- 2. Enter resident's name.
- 3. Applicant answers "Yes" or "No" to questions 1, 2 & 3 and provides applicable documentation.
- 4. Head of Household signs, print name and dates the form.
- 5. Other adult household members signs, print name and dates the form.

HOUSEHOLD DECLARATION SUPPLEMENT TO REA

(REQUIRED for initial certifications only)

P	roper	ty Nai	me:	(1)				Jnit:	(1)	
Α	pplic	ant/Re	eside	nt Na	me: <u>(2)</u>					
th	ne forms you are currently completing are for the Low-Income Housing Tax Credit or Bond Program governed by the Washington State Housing Finance Commission in compliance with Section 42 and 142 of IRS Code. These tograms regulate the income limits of our rental households. If household members over the age of eighteen must sign the forms; have their income and assets third-party terified and be on the lease.									
ine me the Ine	cluding ember e apar come incé o	g spous must b tment r of anyo r roomn	es (hu e inclu nust be ne ant	isband uded ir e inclu iicipate nust als	or wife), roommand the total householded when determed to join the house be counted.	ates, and dependa nold income. The i nining income, unle sehold within the in	document temporar ints. Income of any t income of a spouse, less documentation of initial twelve (12) mon	emporarily even if he f a legal so ths of occ	/ absent household /she will not reside ir eparation is provided upancy such as a	
,		Yes		No			position in the hous			
2)	Do any household members have a spouse who is not listed as a household member on page 1 of the Rental Eligibility Application? If "Yes," provide the spouse's name and income information. This income mu									
(3)		Yes No be verified and included on the Household Eligibility Certification unless legal separation or estrangement documentation is provided.								
Sp	Spouses Name: Source of Income									
3)	Will anyone be joining your household within twelve (12) months?									
		☐ Yes ☐ No If "Yes," complete the following:								
Na	ame:				Whei	n expected:	Source of	Income:		
all ur or co	room ndersta anyor onside	mates a and that ne expe red frau	and an t omitti cted to d and	yone e ing any o join r is grou	expected to join now to join now to join now to join now the join now to join now the join now to join	ny/our household work the second members, the second within the next two	d members, the spou within the next twelve spouse of any housel elve (12) months fro d residency. I/We fur pproval.	e (12) mon hold mem m the tena	ths. I/We ber, any roommates ancy process is	
			(4							
		Head of			gnature	Print Hea	ad of Household Name		Date	
	Other	Adult Ho	useho		ber Signature	Print Other Adu	ult Household Member	Name	Date	
	Other	Adult Ho	ouseho	ld Mem	ber Signature	Print Other Adu	ult Household Member	Name		