Resident Eligibility Application (REA)

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

General Information:

For the purposes of this form, "adult" means any household member who is currently 18 years of age or older, or a 17 year old who will be turning 18 within 12 months of the household's certification.

- The head of household should complete page one. All adult household members must complete all sections of separate pages two through four, regardless of monetary contribution.
- Birthdates of all household members must be completed.
- If a household adult is not working, you must disclose what s/he is doing, e.g., collecting unemployment, going to school, staying at home to care for children, etc.
- All household adults, whether contributing financially or not, must sign and date the REA and have their signatures witnessed by on-site staff.

Instructions 1-15 Pertain to Page One of the Rental Eligibility Application

Specific Instructions:

1. Enter property name and unit number.
2. Enter name of head of household.
3. Enter number of people in the household.
4. Enter the number of bedrooms in the unit.
5. Enter 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. Enter 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. Check 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 "Yes" or "No" box (refer to Chapter 2 of the Tax Credit Compliance Procedures Manual) regarding student status.
10. Resident enters household member's name.

Resident Eligibility Application (REA) – con't.

11. Resident enters source of income, or name of the company the resident is employed by and the phone number of the employer.
12. Resident enters complete address of the employer.
13. Resident enters resident's job title and hire date.
14. Resident enters direct supervisor's name and the monthly gross income of resident.
15. Resident repeats steps 10-14 if more than one person in a household is working or if a resident has two jobs. You may use additional pages when needed to list additional employers or sources of income such as Social Security.

A separate household Income/Assets questionnaire must be completed for each household member 18 years of age or older. Only one household member can appear on each questionnaire (pages 2-4).

Instructions 16-21 pertain to the REA (Income/Assets Questionnaire)

16. Enter property name and unit number (will auto fill).
17. Enter household member name.
18. Resident checks appropriate box.
19. Resident checks boxes to answer questions 1 through 28. If the resident checks "Yes" s/he must enter amount(s) in column.

    Special Note about Question #6: If applicant/resident has indicated "No" and there is no court-ordered support the *Child Support Affidavit* is not required.
20. Resident prints name, signs, and dates form.
21. Management's representative must sign as a witness, print name, and date for each resident/applicant form.

* **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 Certification #2 on 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 Bdrms: (4) _____ Original Certification Date: (6) _____ ☐ Re-Certification

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

HOUSEHOLD COMPOSITION:

Hshld Mbr	(8) First Name	(8) Last Name	(8) MI	(8) Date of Birth mm-dd-yyyy	(8) SSN * *See page 4 Last 4 digits	(9) Fulltime Student Status **
Head						☐ Yes ☐ No
2.						☐ Yes ☐ No
3.						☐ Yes ☐ No
4.						☐ Yes ☐ No
5.						☐ Yes ☐ No
6.						☐ Yes ☐ No
7.						☐ Yes ☐ 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: (10) _____

Income Source or Employer: (11) _____ Phone: (11) _____

Address: (12) _____

Position: (13) _____ Hire Date: (13) _____

Supervisor: (14) _____ Income/Salary: $ (14) _____

Household Member's Name: (15) _____

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: (16) _____ **Unit #:** (16) _____

Household Member Name: (17) _____

HOUSEHOLD MEMBER: (please check one) (18) ☐ 1 (Head) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

INCOME INFORMATION:

	Yes	No	(19)	Annual Gross Income
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 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 am receiving: (check all that apply) ☐ Social Security (SSA); ☐ Supplemental Social Security (SSI); or ☐ WA State (SSI).	$ _____
5.	☐	☐	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): _____	 $ _____
6.	☐	☐	Do you receive child support; are you eligible for child support; or is there a court order for child support? ☐ Yes ☐ No	$ _____
7.	☐	☐	I receive alimony/spousal payments.	$ _____
8.	☐	☐	I receive Public Assistance Income (TANF, GAU, FIP, ADATSA).	$ _____
9.	☐	☐	I receive unemployment, Labor & Industries or disability benefits (not SSI).	$ _____
10.	☐	☐	I am a member of the Armed Forces (Active, National Guard or Reserves).	$ _____
11.	☐	☐	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.	☐	☐	I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	$ _____
13.	☐	☐	I receive income from real or personal property (attach signed tax return with Schedule E).	$ _____ (use *net* earned income)
14.	☐	☐	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 pymnt)
15.	☐	☐	I have income or sources of income, other than those listed above. If yes, list type below: a.) _____ b.) _____	 $ _____ $ _____

Property Name: (16) _____ **Unit #:** (16) _____

Household Member Name: (17) _____

ASSET INFORMATION:

	Yes	No	(19)	Balance or Value	Interest Earned
16.	☐	☐	I have a checking account(s). If yes, list bank(s) a.)_____ b.)_____	 $ _____ $ _____	 $ _____ $ _____
17.	☐	☐	I have a savings account(s). If yes, list bank(s) a.)_____ b.)_____	 $ _____ $ _____	 $ _____ $ _____
18.	☐	☐	I have a Money Market account(s). If yes, list sources/bank names a.)_____ b.)_____	 $ _____ $ _____	 $ _____ $ _____
19.	☐	☐	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.	☐	☐	I have a trust fund. ☐ Revocable ☐ Non-Revocable If yes, list bank(s)/trustee _____	 $ _____	 $ _____
21.	☐	☐	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.)_____ b.)_____	 $ _____ $ _____	 $ _____ $ _____
22.	☐	☐	I have a pension or annuity asset. (NOT receiving income currently.) If yes, list bank(s) a.)_____ b.)_____	 $ _____ $ _____	 $ _____ $ _____
23.	☐	☐	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.	 $ _____	 $ _____
24.	☐	☐	I have a whole life insurance policy. If yes, how many policies? _____	 $ _____	 $ _____
25.	☐	☐	I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals.	$ _____	$ _____
26.	☐	☐	I have disposed of assets within the last two years for less than fair-market value. If "yes," attach explanation.	$ _____	$ _____
27.	☐	☐	I have cash on hand.	$ _____	$ _____
28.	☐	☐	I have assets other than those listed above. If yes, list type below: a.)_____ b.)_____	 $ _____ $ _____	 $ _____ $ _____

Property Name: (16) _____ **Unit #:** (16) _____

Household Member Name: (17) _____

* 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.

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.

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

(20)	(20)	(20)
Print Applicant/Resident Name	Applicant/Resident Signature	Date

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

(21)	(21)	(21)
Print Property Representative Name	Property Representative Signature	Date