

PHOTOCOPY this file for a COMPLETE* set of

FORM INSTRUCTIONS

Resident Certification Package Forms

As of December 2011

BEGIN USING THE NEW FORMS AS SOON AS POSSIBLE

A complete set of CAMERA READY FORMS are available at:

www.wshfc.org/managers/forms-RC.htm

*** Check your Regulatory Agreement to determine which Special-Needs Commitments apply to your property and the forms that are needed to verify these Commitments.**

Compliance Forms Checklist

Purpose: This form lists the order in which resident files should be packaged and is a tool to use to ensure the required documentation is being provided to the Commission.

Note: This form is purely for management's use and should not be included with resident packets sent to the Commission.

Specific Instructions:

1. Enter name of property and unit number.
2. Print resident's name.
3. Check boxes that pertain to the individual household.

Household Eligibility Certification

Purpose: To summarize a household's qualification for tax credit or bond-financed properties. This form is to be completed by on-site personnel or other representative of the Owner.

General Information:

This form is designed to be filled out electronically. Fill out all fields on-screen and then print the form at the time it will be signed. Note that several fields on Page 1 will fill in automatically. In the instructions below, any auto-fill field will be noted by the word "auto" at the end of the instructions for that field. Be sure to use the income and rent limits for the correct county, income set-aside percentage, and correct number of household members.

Note: Signatures of Resident/Applicant member are optional based on Owner/Management requirements.

Specific Instructions:

PART I. DEVELOPMENT DATA

1. Enter the property name.
2. Enter the unit number.
3. Enter the Household name.
4. Enter the number of bedrooms in the unit.
5. Enter the number of persons in the household.
6. Enter the Effective Date of this certification, i.e., the date the lease is effective or the recert effective date. (mm-dd-yyyy)
7. 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). (mm-dd-yyyy)
8. Enter "X" in the appropriate box to indicate what type of certification this is (Initial or Re-Certification).

PART II. HOUSEHOLD COMPOSITION

9. Enter household members' names.
10. Choose relationship to HOH from drop down menu: spouse, adult co-resident, child, foster child/adult, live-in caretaker, or other.
11. Enter date of birth. (mm-dd-yyyy)
12. Enter student status: Choose "Yes" from dropdown menu if resident has been or will attend school for five calendar months.
13. Enter last four digits of Social Security Number. If household member does not have a Social Security number, enter "N/A."

PART III. GROSS ANNUAL INCOME

14. Enter household member number as listed in Part II for any household member with income.
15. Enter employment or wages, Social Security or pensions, public assistance or other income for each household member that has income. (automatically rounds to nearest dollar)

16. Enter totals for each column. (auto)
17. Add the totals from columns (A) through (D), above. Enter this amount as the Total Income (E). (auto)

PART IV. INCOME FROM ASSETS

18. Enter household member number as listed in Part II for any household member with assets.
19. Choose type of asset (F) from the dropdown menu.
20. Choose C (for Current) – if the family currently owns or holds the asset, or Enter I (for Imputed) – if the family has disposed of the asset for less than fair market value within two years of the effective date of certification from the dropdown menu.
21. Enter the cash value of each asset (H).
22. Enter annual income for each asset (I).
23. Enter asset totals for columns (H) and (I). (auto)
24. Enter total from column (H), Cash Value of Asset, **only** if total is over \$5,000 and multiply by 2% = imputed income (J). (auto)
25. Enter the greater of the total of column (I) or (J) = (K). (auto)
26. Enter total annual household income [(E) plus (K) equal (L)]. (auto)

PART V. DETERMINATION OF INCOME ELIGIBILITY

27. Enter amount from line (L). (auto)
28. Enter the Maximum Allowable Income Limit, based on household size.
Only use limits issued by the Commission.
29. Enter the household size at the time of move-in.
30. Enter the household's income at the time of move-in.
31. Click in the circle corresponding to the income set-aside percentage being selected for the household.
32. For recertifications, enter Maximum Allowable Income Limit multiplied by 140%. (auto)
33. Check "Yes" or "No" indicating if household income exceeds 140% of Income Limit. (auto)

PART VI. RENT

34. Enter portion of rent that household pays.
35. Enter Maximum Allowable Rent (Commission – issued limit).
36. Enter correct utility allowance.
37. Enter the type and amount of rental assistance, if any. (i.e. Section 8/\$400)
38. Enter amount of any non-optional charges.
39. Enter the gross rent. This amount is household portion of rent paid plus utility allowance and other non-optional charges. (auto)
40. Click in the circle corresponding to the rent set-aside percentage being selected for the household.

PART VII. STUDENT STATUS

41. Check "Yes" or "No" indicating whether all occupants are fulltime students.
42. If "Yes" was checked, enter the appropriate student explanation number in the box.

PART VIII. PROGRAM TYPE

43. Mark the program(s) for which this household's unit will be counted toward the property's occupancy requirements.

PART IX. SPECIAL-NEEDS COMMITMENTS MET BY HOUSEHOLD

44. Check appropriate box(es) if household meets a special-needs population the property owner elected to serve.
45. The Owner or Owner's representative must sign and date on this line.
46. Signatures of household members are **optional** on this form based on requirements of the owner and management company.

PART X. INCOME CALCULATION

NOTE: *[If your company has its own calculation worksheet] this page is optional. Remember to include this page or your company's version showing how income was calculated.*

47. Enter the name of each household member who has any income.
 48. Enter the type of income the household member receives (e.g. unemployment, wages, tips, Social Security, TANF, pension, regular gift, etc.).
 49. Enter the frequency of pay; Hourly, Weekly, Bi-weekly, Monthly or Annually.
 50. Enter the rate of gross pay or payment. If the resident is paid hourly, enter the hourly amount. If paid weekly, enter the weekly amount. If paid bi-weekly, enter that amount etc.
 51. If paid hourly, enter the number of hours worked per week.
 52. If paid weekly or bi-weekly, enter the number of weekly or bi-weekly payments per year.
 53. If paid monthly, enter the number of monthly payments per year.
 54. Enter the total annual income by multiplying the appropriate columns.
- For lines 54 through 60: Calculate Year-to-Date annual income for each household wage-earner. Compare the calculated annual income (column 53) to the YTD calculated annual income (column 59) and count whichever total is greater.**
55. Enter the name of each wage-earning household member.
 56. In the YTD Period column, enter the start and end dates of the YTD period from the Employment Verification form or from the paystub.
 57. Enter the total amount of income paid to the household member during this period of time.
 58. Enter the number of weeks from start date to end date. Do not round partial weeks up to the next week.
 59. After dividing the YTD amount by the number of weeks in the period, enter the result in the Weekly Amount column.

60. Multiply the weekly amount by 52 and enter the result in the YTD Annual Income column.

61. Enter the total *anticipated* gross annual income for all household members.

To do this, circle or put an asterisk next to the annual income amounts to be totaled for all household members, then add these amounts together. For wage earners, circle/asterisk the higher of their annual income in the top income section, or their annual income as calculated in the YTD section.

PART XI. ASSET CALCULATION

NOTE: *This section is optional.*

62. Enter the name of each household member with assets.

63. Enter the type of asset the household member has (e.g. checking or savings account, CD, stocks, bonds, annuity payments, real estate, etc.).

64. Enter the interest rate, if applicable. If an asset does not accumulate interest, leave this field blank or indicate N/A.

65. Only use if the asset in question doesn't have a % rate (#63), but does show a year-to-date income amount on the asset verification (e.g. stock portfolios, mutual funds, IRA's, etc.) Annualize the YTD amount and place it in (#66). Each asset should only have a % rate (#63) or YTD income (#64) – NOT both.

66. Enter the current balance or market value of the asset.

67. Enter the anticipated annual income from the asset by multiplying the interest rate earned by the market value/current balance. If no income is earned, enter "0."

NOTE: *For assets with YTD amounts listed in (#64), calculate based on YTD statement/analyzing YTD amount.*

68. Enter any fees that might be incurred to convert an asset to cash. For example, many CDs, IRAs and annuities may have penalties for early withdrawal. For the sale of real estate, deduct 10% of the value and enter that amount as fees.

69. Enter the cash value of the asset. If liquidating the asset incurs some kind of fee, then the amount in this column is the result of subtracting (#67) from (#65). If there are no fees involved, enter the amount from (#65).

70. Add the anticipated income from all assets and enter here. (auto)

71. Add the cash value of all assets and enter here. (auto)

Property Name: (1) _____

Unit #: (2) _____

Household Name: (3) _____

PART VI. RENT

Household Paid Rent: _____ (34)

Maximum Allowable Rent for this Unit: _____ (35)

Utility Allowance: _____ (36)

Rent Assistance Type: _____ (37) Amt: _____ (37)

Other Non-Optional Charges: _____ (38)

Unit Meets Rent Restriction at: (40)

- 60% 50%
- 45% 40%
- 35% 30%

GROSS RENT FOR UNIT: _____ (39)
(Household paid rent plus Utility Allowance & other non-optional charges)

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULLTIME STUDENTS? (41)
YES NO

- Student Explanation:
- 1 TANF Assistance
 - 2 Previous Foster Care Assistance
 - 3 Job Training Program
 - 4 Single Parent/Dependent Child
 - 5 Married/Joint Return

If "YES", Enter Student Explanation* (42)
(also attach documentation) Enter 1-5

PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a through e) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. Tax Credit

b. HOME

c. Tax-Exempt Bond

d. _____

See Part V Above

Income Status

Income Status

Name of Program

Income Status

(43)

- ≤ 50% AMGI
- ≤ 60% AMGI
- ≤ 80% AMGI
- OI*

- ≤ 50% AMGI
- ≤ 60% AMGI
- ≤ 80% AMGI
- OI**

- _____
- _____
- _____
- OI*

* Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

PART IX. SPECIAL-NEEDS COMMITMENT(S) MET BY HOUSEHOLD

- (44)
- Disabled
 - Farm Worker
 - Homeless
 - Elderly
 - Large Household
 - Transitional

Households cannot be counted toward more than one Special-Needs Set-Aside Commitment unless the property is 100% Elderly or 75 to 100% Farmworker; Homeless; or Transitional.

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in this *Resident Eligibility Certification* and on the accompanying *Rental Eligibility Application* is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Extended Use Agreement (Regulatory Agreement), to live in a unit at this Property.

(45)
Signature of Property Representative

(45)
Date

By signing below, I understand that the Owner is relying on this information in filing his/her tax return and that a State Agency and the Internal Revenue Service may review this information. I hereby swear that this document's information is true and complete to the best of my knowledge as of the effective date of this certification.

(46)
Head of Household Signature Date

Member #2 Signature Date

Member #3 Signature Date

Member #4 Signature Date

Property Name: (1) _____

Unit #: (2) _____

Household Name: (3) _____

PART X. INCOME CALCULATION

Calculate annual income for all of the household's income sources. For wage earners, use separate line(s) to calculate additional employment compensation (e.g., overtime, tips, pay increases, bonuses, etc.). For each wage earner, also calculate their Year-to-Date earnings using the "YTD" section below. Count the greater of anticipated or YTD wage earnings. Circle or identify amounts used to calculate Total Household Annual Income [X].

Resident Name	Type of Income	Pay Frequency	Pay Rate (gross)	# hours per week	# weeks per year	# months per year	Annual Income
(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)

Additional for Wage Earners Only - Calculate Total Year-to-Date (YTD) Income

Resident Name	YTD Period -		Total YTD Amount	/	# of Weeks in YTD Period	=	Weekly Amount	x 52 = OR # of weeks	YTD Annual Income
	Start Date	End Date							
(55)	(56)	(56)	(57)	/	(58)	=	(59)	x 52 =	(60)
				/		=		x 52 =	
				/		=		x 52 =	
				/		=		x 52 =	
				/		=			
				/		=			
				/		=			

TOTAL HOUSEHOLD ANNUAL INCOME: (61)

PART XI. ASSET CALCULATION

Resident Name	Type of Asset	% Rate	YTD Income	Current Balance (Market Value)	Actual Income/ YTD Annualized	Fees to convert to cash?	Cash Value
(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)
TOTAL:					(70)	TOTAL:	(71)

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.

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.

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

Household Member Name: (17)

ASSET INFORMATION:

	Yes	No	(19)	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.) _____	\$ _____ \$ _____	\$ _____ \$ _____

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



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

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

Self-Certification of Annual Income

Purpose: This form may be used for 100% Low Income Tax Credit Properties for the third year and beyond. Initial certification and third-party certification for the second year of occupancy is required; the third year you may use this form.

NOTE: Properties approved for Post-Year 15 monitoring and those with the IRS Recertification Waiver may use this form for all of their recertifications.

NOTE: Back-up documentation is not required by WSHFC but may be required by other funders.

General Information:

This form is to be effective on the lease anniversary date (or initial certification anniversary for in-place residents in an acquisition/rehab) and must be completed within 120 days prior to that date by every household. Remember that a “Head of Household”(HOH) can also be an emancipated minor. There is a “management use only” portion at the end of the form; otherwise, households must complete the form themselves.

Specific Instructions:

1. Enter property name and unit number (management staff may fill this in).
2. Print head of household name (HOH).
3. Enter number of bedrooms.
4. Enter number of persons in household.
5. Print name of HOH.
6. Print HOH date of birth.
7. Check “Yes” or “No” box in response to student question.
8. Print names of additional household members on additional lines.
9. Enter dates of birth for additional household members.
10. Check “Yes” or “No” boxes in response to student question for each additional household member.
11. Print name of HOH.
12. Enter total gross income received by HOH, including assets (see **NOTES** on second page of form). If the HOH has more than one income source, add income from all of his/her individual sources together and enter total. Do not include any income of other household members on this line.
13. Initials of HOH go on this line.

Head of Household completes items 2 – 18

**Management
Completes items
19 - 26**

14. Print names of all additional household members on additional lines.
15. Enter total gross income received by additional household members, including assets and unearned income of minors, on additional lines.
16. Print initials of additional adult household members (18 or older or emancipated minor) go on additional lines, even if the adult receives no income.
17. HOH signs, prints name and dates where indicated.
18. Additional adult household members (18 or older or emancipated minor) sign, print and date.
19. Enter original move-in date.
20. Enter effective date of re-certification; this date should be the anniversary date of the initial certification.
21. Enter total gross income amount for entire household (based on self-certification and any back-up documentation).
22. Enter only the resident portion of rent paid.
23. Enter the applicable utility allowance for the unit.
24. Enter subsidy portion of rent, if applicable.
25. Enter the qualifying income set-aside percentage.
26. Management representative who conducts interview or collects information from HOH signs, prints name, and enters date here.

Household Declaration Supplement to REA

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

Note: This form is optional.

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

Specific Instructions:

1. Enter property name and unit number.
2. Print resident's name.
3. Applicant answers "Yes" or "No" to these three questions.
4. Head of Household signs and dates the form.
5. Other adult household members sign and date the form.

Household Demographics

Purpose: To collect demographic data on all household members mandated by federal HERA (Housing and Economic Recovery Act) Legislation of 2008.

Note: This form is required at initial occupancy. It is required at recertification only if there have been changes to the household composition.

Special Mention:

- ▶ To avoid a fair housing issue we strongly recommend that this form be completed **after** the household has been approved for residency.

General Information:

Each household must be offered the opportunity to disclose their race, ethnicity, and disability.

Residents may choose not to disclose; however, they still need to complete the top portion, "Household Composition," and check the "choose not to disclose" boxes (line 6 under "Racial Categories", line 3 under "Ethnic Categories", and line 2 under "Disability Status.") and sign and date at the bottom of the form.

Parents or guardians are asked to disclose on behalf of all children in the household who are under the age of 18.

All adult members (18 years or older) must sign and date at the bottom of the form as proof that the option to disclose was made available.

Specific Instructions:

1. Enter property name.
2. Enter unit number.
3. Enter household name.
4. Enter household members' names.
5. Enter relationship to head of household.
6. Each adult is to complete Racial Categories. More than one box may be checked.
7. Each adult is to complete "Ethnic Categories." Choose only one.
8. Each adult is to complete "Disability Status" if applicable.
9. Head of Household signs and dates form.
- 10 - 12. Other adult members of the household should sign and date.

THIS FORM TO BE COMPLETED BY APPLICANT/RESIDENT

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

The following racial and ethnic definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD-27061), used by the U.S. Department of Housing and Urban Development (HUD):

A. Household members can select one or more of the following applicable racial definitions:

White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

B. Household members can select one of the following applicable ethnic definitions:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

Not Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The following definition of "disabled" comes directly from the Fair Housing Act:

C. Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at: http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

Authorization to Release Confidential Information

Purpose: This form may be used to show resident has given you authorization to verify information and/or statements made in the rental application process. This form may be attached to various verification forms if the original verification form has been lost in the mail.

Note: This form is optional. However, owners should always have applicants/residents sign some kind of release prior to requesting any third-party verifications. Owners cannot refuse to complete this form if the applicant/resident requests to use it.

Specific Instructions:

1. Enter property name.
2. Enter unit number.
3. Management signs **before** the applicant/resident.
4. Management representative prints name and dates form.
5. After management completes bottom portion of form the applicant/resident signs, prints his or her name and writes the date.

Verification Cover Letter

Purpose: To get a better response from employers, banks, and other entities where verifications are sent.

Special Mention:

- ▶ This form is optional. Remember to include a self-addressed envelope.

Specific Instructions:

1. Enter name of the property and unit number.
2. Enter applicant's/resident's name.
3. Enter your fax number.
4. Enter your phone number.
5. Print your name on this line.

Employment Verification

Purpose: To verify an applicant's/resident's income.

Note: This form must be mailed or faxed to the resident's employer by on-site personnel. The resident cannot "hand carry" the form to his/her employer.

Specific Instructions:

1. Enter name and address of employer.
2. Use this section to document when the verification was sent.
3. Enter the fax number and the person's name that the verification was sent.
4. Enter applicant's/resident's name.
5. Enter Social Security number. *
6. Enter unit number if assigned.
7. Have resident sign his/her name and enter date before mailing to employer.
8. Property Representative signs.
9. Enter Property Representative's phone number including area code.
10. Enter project name and address.

Lower portion of form to be completed by employer only. There is a new sentence that requires the employer to view picture identification if no Social Security number was provided. Make sure that each question/section is completed. If a question is not answered by the employer, you need to call and clarify.

* **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.

Income Verification/ Clarification by Telephone

Only enter items
that are being
clarified in
lines 7 – 22

Purpose: To verify a resident's income.

Note: If this form is being used to verify income, all blanks must be filled in, either with "N/A" or "would not disclose," etc. This will ensure that nothing has been overlooked, such as pay raises and bonuses.

If this form is being used to clarify income you only need to complete the top portion and the items that you are clarifying, then date and sign.

Specific Instructions:

1. Enter property name and unit number.
2. Enter resident's full name.
3. Enter name of the resident's employer.
4. Enter employer's phone number.
5. Enter full name and title of the employer's representative who verified the resident's income.
6. Enter resident's full name.
7. Enter job title of resident.
8. If "Yes," enter starting date of employment.
If "No," enter last date of employment
9. Enter dollar amount of the current wage and/or salary and check only ONE of the choices listed (hourly, weekly, etc.).
10. Enter number of hours worked per week if resident is paid hourly.
11. Enter year-to-date earnings amount and the "paid from" and "paid through" date.
12. Enter dollar amount per hour of overtime worked per week.
13. Enter average # of overtime hours per week if the employer will not commit to a specific number, and gives a range of hours, always use the highest amount.
14. Enter dollar amount per hour for a shift differential.
15. Enter average # of shift differential hours per week (if the employer will not commit to a specific number, and gives a range of hours, always use the highest amount.)
16. Enter amount of tips, commissions and/or bonuses received per week. If tips are not provided by the employer, add 20% of gross income for food servers and personal care providers such as hair stylists; add 40% for employees in the gaming industry. Call your compliance officer if you have questions regarding tip income.
17. Enter if commissions, bonuses, tips are included in YTD.

18. Enter dollar amount of any pay increase during the next 12 months.
19. Enter effective date of next pay raise.
20. Indicate whether resident participates in a 401(k) program and whether the resident can access the account.
21. Enter layoff periods if the employee work is seasonal or sporadic.
22. If resident did not provide a Social Security number, did the employer view picture identification?
23. Enter date you spoke to the employer on the phone.
24. Sign and print your name.

INCOME VERIFICATION/CLARIFICATION BY TELEPHONE

Property Name: (1) Unit: (1)

Resident Name: (2)

Employer (Company): (3) Phone Number: (4)

Name and Title of Person Contacted: (5) (5)
Name Title

If this form is being used as an alternative to the *Employment Verification*, include back-up documentation (such as a copy of a pay stub).

If this form is being used to verify income, all blanks must be filled in, either with "N/A" or "would not disclose," etc. This will ensure that nothing has been overlooked, such as pay raises or bonuses. If you are using this form to **clarify** information you need only to complete what you are clarifying.

Only enter items that are being clarified.

Employee Name: (6) Job Title: (7)

Presently Employed: Yes Date First Employed: (8) No Last Date of Employment: (8)

(9) Current **Gross** Wages/Salary: \$ (9) (check one below) Average # of regular hours per week: (10)
 hourly weekly bi-weekly monthly semi-monthly yearly other

Year-to-date **gross** earnings: \$ (11) from (11) through (11)
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ (12) per hour Average # of overtime hours per week: (13)

Shift Differential Rate: \$ (14) per hour Average # shift differential hours per week: (15)

(16) Commissions, bonuses, tips, other: \$ (16) (check one below) Included in Y-T-D figure above? Yes No (17)
 hourly weekly bi-weekly monthly semi-monthly yearly other

List any anticipated increase in the employee's rate of pay within the next 12 months: (18) Effective Date: (19)

(20) Does the employee participate in a 401(k) Retirement account? Yes No Can employee access the account? Yes No

If the employee work is seasonal or sporadic, please indicate the layoff period(s): (21)

(22) If no Social Security number was provided, did employer view picture identification? Yes No

Additional Remarks: _____

This form was completed on: (23)
Date

By: (24)
Management Representative Signature

(24)
Print Name

Self- Employment Income Worksheet

Purpose: To assist in determining self-employment income.

Special Mention:

- ▶ The line numbers mentioned in this form are from Schedule C, IRS 1040 forms (2010).

Income from a Business

When calculating annual income, owners must include the net income from operation of a business or profession including self-employment income. Net income is gross income less business expenses, interest on loans, and depreciation computed on a straight-line basis.

- In addition to net income, owners must count any salaries or other amounts distributed to family members from the business, and cash or assets withdrawn by family members, except when the withdrawal is a reimbursement of cash or assets invested in the business.
- When calculating net income, owners must not deduct principal payments on loans, interest on loans for business expansion or capital improvements, other expenses for business expansion, or outlays for capital improvements.
- Excessive amounts claimed on lines 24 and 27 need to be explained.
- If the net income from a business is negative, it must be counted as zero income. A negative amount must not be used to offset other household income.

Specific Instructions:

1. Enter name of property and unit number.
2. Print applicant's or resident's name.
3. Follow line-by-line instructions on the form to determine self-employment income.

The completed *Self-Employed Income Worksheet* should be placed on top of the IRS 1040 with Schedule C and other appropriate schedules.

Self- Employment Verification

Purpose: This form should be completed by self-employed applicants.

Note: If the applicant/resident has been self-employed long enough to have filed a tax return, this form does not take the place of a tax return but rather should be used in conjunction with the tax return including appropriate schedules.

Specific Instructions:

1. Enter property name and unit number.
2. Resident writes his/her name here.
3. Resident enters name of business.
4. Resident enters business mailing address and phone number.
5. Resident enters type of business and tax payer identification number.
6. Resident enters date business began and position or occupation.
7. Resident enters past year's income.
8. Resident enters what s/he expects to earn for the year.
9. Resident indicates if business had been continuous and the number of months per year. If the business has not been continuous place a check mark in the "No" box.
10. Resident checks the appropriate box.
11. Resident signs and dates.

SELF-EMPLOYMENT VERIFICATION

Property Name: (1) Unit: (1)

Resident Name: (2)

Name of Business: (3)

Mailing Address: (4) Phone Number: (4)

Type of Business: (5) Taxpayer ID #: (5)

Business income counted toward income eligibility is net income from the operation of a business or profession, including cash withdrawals from the business. Do NOT deduct depreciation, payments made to expand the business, or principal payments on debt.

1. Date Began: (6) Position/Occupation: (6)

2. Last Year's Income: (7)

3. Anticipated Income: (8)

4. Has business been continuous (i.e.: months per year?) Yes No # Months per Year: (9)

Attached is a SIGNED, complete copy of my most recent federal income tax return (with appropriate schedules).

(10) or

This is a new business. Attached is a Profit and Loss Statement if available.

I hereby certify that the statements above are true and accurate to the best of my knowledge.

(11)
Signature

(11)
Date

Seasonal Worker Statement

Purpose: The purpose of this form is to find out what the intentions are or what income the resident intends to earn during the off-season.

Specific Instructions:

1. Enter property name and unit number.
2. Enter applicant or resident name.
3. Applicant/resident should enter how many weeks s/he will not be working in a calendar year. Income for all other weeks needs to be verified – may be from several employers.
4. Applicant/resident should check one of the boxes and fill in applicable lines.
5. Applicant/resident should sign and date.

SEASONAL WORKER STATEMENT

Property Name: (1) Unit: (1)

Resident Name: (2)

I am employed as a seasonal worker. I anticipate not working (3) weeks out of the year.

While I am not working, I will support myself by: (4)

Collecting unemployment. If yes, how much per week? _____

Living off of savings or cash on hand. **NOTE:** Savings or cash on hand must be verified.

Other _____

(5)
Signature of Resident

(5)
Date

Child Support Affidavit

Purpose: To verify child support income when an applicant is receiving child support but does not have acceptable verification (as outlined in the Income & Assets chapter of the Tax Credit or Bond Compliance Procedures Manual), or receives none or only a portion of what the court has awarded.

Special Mention:

- ▶ This form is optional. It is not required if an acceptable verification of child support is obtained or if the *Resident Eligibility Application (REA)* indicates no support is being received or court ordered.

Please note that Owners must count child support amounts **awarded by the court** unless the applicant certifies that payments are not being made and that he or she has taken all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment. A support history from DSHS, Division of Child Support/Support enforcement is sufficient for this purpose.

Specific Instructions:

1. Enter property name and unit number.
2. Print resident's name.
3. Resident should check the applicable box(es); list each child in the household under one of the three statements; fill in the appropriate dollar amounts, and attach documentation when required.
 - Statement I – If all children in the household are listed here then the *Resident Eligibility Application (REA)* should declare no support is being received or court ordered and the Commission does not require the *Child Support Affidavit* form or any further documentation.
 - Statement II – This section is for self-certification of anticipated support not yet being received where there is no court-ordered amount. This amount should be counted as anticipated income.
 - Statement III – This section is for the declaration of support for which documentation is not available, or not being paid at the ordered amount.
4. Person completing this form signs and dates in the presence of Notary.
5. This section must be completed by a Notary.

CHILD SUPPORT AFFIDAVIT

Property Name: (1) Unit: (1)

I, Applicant/Resident Name: (2) do hereby attest to the following:

Select the appropriate statements (list each child once):

- I. I am not entitled to receive child support under any court order or non-court agreement and I am not in the process of seeking any monies for child support for the following child/children living in my household:

- II. I am not currently entitled to receive any child support under any court or other agreement. However, I believe I will receive such an order within the next 12 months. I expect to receive \$ _____ per month, commencing on _____, 20__ for the following child/children: _____
- (3) III. I am entitled to receive child support under a court order or other agreement in the amount of \$ _____ per month for the following child/children: (Attach applicable agreement – i.e., divorce decree) _____
- IV. Notwithstanding the above, I expect to receive no more than \$ _____ over the next 12 months because:

If court ordered, I have made all reasonable efforts to collect the monies due me.
(Attached documentation proving efforts to collect.)

I understand that this affidavit is made as part of the qualification procedure to determine the eligibility of residency at the above-referenced property and that any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I will notify management of any changes in the status of my child support. Under penalties of perjury, I certify the above representations to be true as of the signature date below.

(4)
Signature of Applicant/Resident

(4)
Date

NOTE: Sign in Presence of Notary

(5)
STATE OF WASHINGTON)
) ss.
COUNTY OF)

On this _____ day of _____, _____, personally appeared before me _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged to me under oath that she/he signed the same of her/his free and voluntary act and deed, for uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.

NOTARY PUBLIC in and for the State of Washington
Residing at: _____
Printed Name: _____
My Commission expires: _____

Public Assistance Verification

Purpose: To verify income received from public assistance such as Temporary Assistance to Needy Families (TANF) or other DSHS benefits.

Special Mention:

- ▶ As a courtesy, provide a self-addressed envelope if you are mailing this form.

Specific Instructions:

1. Enter name of property and unit number.
2. Print resident's name.
3. Enter resident's Social Security number. *
4. Use this section to document when the verification was sent.
5. Enter the fax number and the person's name that the verification was sent.
6. Print your name.
7. Enter your phone number.
8. Sign your name here.
9. Applicant/resident signs his/her name and dates here.

* **Note:** For privacy reasons, a resident may elect not to 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.

Unemployment Benefits Verification

Purpose: To verify an applicant's or resident's unemployment benefits.

Note: This form must be mailed or faxed to the applicable unemployment office shown on the form. The resident cannot "hand carry" the form.

Special Mention:

- ▶ Remember to include a self-addressed envelope.

Specific Instructions:

1. Enter property name and unit number.
2. Enter date.
3. Enter name and address of property. Include your phone number and your fax number (if you want request faxed back to your office).
4. Enter name of the applicant or resident.
5. Enter applicant's Social Security number. *
6. Have applicant sign and date before mailing.
7. Mail or Fax to the Employment Security Department's Records Disclosure Unit once form is filled out.

* **Note:** For privacy reasons, a resident may elect not to 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.

Military Pay Verification

Purpose: To verify an applicant's/resident's military income.

Note: A Leave and Earning Statement ("LES") may be substituted for this verification form. If you use an LES in lieu of the *Military Pay Verification Request* form make sure to get verification of the clothing and housing allowance.

Special Mention:

- ▶ This form may not be hand carried. It should be mailed or faxed to the resident's commanding officer or personnel officer.
- ▶ As a courtesy, enclose a self-addressed envelope.

Specific Instructions:

1. Enter property name and unit number.
2. Enter name and address or the name and fax number of the Commanding Officer.
3. Enter property name and address.
4. Enter applicant's name.
5. Enter applicant's Social Security number. *
6. Applicant signs and dates here.
7. Property Representative sign your name; print your title, date, and include your phone number.

* **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.

Pension Verification

Purpose: To verify an applicant's/resident's pension.

Note: This form must be mailed or faxed to the applicable plan administrator's office. The resident cannot "hand carry" the form.

Special Mention:

- ▶ As a courtesy, provide a self-addressed envelope.

Specific Instructions:

1. Enter property name and unit number.
2. Enter the name and the address of the plan administrator's office.
3. Enter your property's name and address (contact name and phone number is also helpful).
4. Enter name of the applicant or resident.
5. Enter applicant's Social Security number. *
6. Have applicant sign and date.

* **Note:** For privacy reasons, a resident may elect not to 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.

Annuity or Stock Verification

Purpose: To verify an applicant's or resident's annuity or stock benefits.

Note: This form must be mailed or faxed to the applicable plan administrator's office. The resident cannot "hand carry" the form.

Special Mention:

- ▶ As a courtesy, include a self-addressed envelop.

Specific Instructions:

1. Enter name of property and unit number.
2. Enter address of plan administrator's office.
3. Enter your property's name and address (contact name and phone number is also helpful).
4. Enter name of the applicant or resident.
5. Enter account number.
6. Enter applicant's Social Security number.*
7. Have the applicant/resident sign and date.

* **Note:** For privacy reasons, a resident may elect not to 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.

Gift Affidavit

Purpose: To be used when a household receives an on-going gift from organizations or persons not living in the unit.

Note: This form may be completed by either the person giving the gift or receiving the gift. It must always be notarized.

Specific Instructions:

1. Enter property name and unit number.
2. Enter applicant's/resident's name.
3. Person who is completing this form enters his/her name.
4. Person completing this form enters his/her address.
5. Person completing this form circles whether s/he is giving or receiving the gift.
6. Enters dollar amount of the gift.
7. Check applicable box.
8. Person completing this form signs and dates in front of notary.
9. This section to be completed by a notary.

Zero Income Certification

Purpose: To be completed by an adult household member who is 18 years or older who is not employed and receives no other income.

Note: A separate statement should be completed for each household member 18 years or older, who has no income or who is unemployed.

Specific Instructions:

1. Enter property name and unit number.
2. Enter resident's full name.
3. Resident must complete #3.
4. Resident signs and dates form.

ZERO INCOME CERTIFICATION
(To be completed by adult household members.)

Property Name: (1) **Unit:** (1)

Resident Name: (2)

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
 - b. Income from operation of a business.
 - c. Rental income from real or personal property.
 - d. Interest or dividends from assets.
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
 - f. Unemployment or disability payments.
 - g. Public assistance payments.
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
 - i. Sales from self-employed resources (Avon, Mary Kay, EBay, etc.).
 - j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

- ➔ 3. I will be using the following sources of funds to pay for rent and other necessities:
(3)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(4)
Signature of Applicant/Resident

(4)
Date

Deposit Verification Request

Purpose: To verify an applicant's/resident's checking, savings, or other accounts.

Note: This form must be mailed or faxed to the financial institution. The resident cannot "hand carry" the form.

Special Mention:

- ▶ Include a self-addressed envelope with your request.

Specific Instructions:

1. Enter name of property and unit number.
2. Enter bank name and address or fax number
3. Enter your property's name and address.
4. Apartment manager should sign here.
5. Enter your title, date, and phone number (with area code).
6. Enter type of accounts, names, account numbers and balances.
7. Enter name and address of applicant or resident.
8. Have applicant or resident sign.
9. Have resident enter his or her Social Security number. *

Part II and III are to be completed by the bank.

* **Note:** For privacy reasons, a resident may elect not to 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.

**Under \$5,000
Asset
Certification or
Sworn
Statement of
Net Household
Assets**

Purpose: This form is used if the applicant's/resident's assets are less than \$5,000.

Note: All household members 18 years or older need to initial, date, and sign this form. If assets exceed \$5,000, you must verify the income received from the assets using third party verification or by providing the most recent complete, signed federal income tax return.

Specific Instructions:

1. Have residents read, initial and date page one.
2. Enter property name and unit number.
3. Enter full name of resident(s).
4. If household assets do not exceed \$5,000, resident writes the amount of annual income received from the asset.
5. Residents sign and date form.

UNDER \$5,000 ASSET CERTIFICATION OR SWORN STATEMENT OF NET HOUSEHOLD ASSETS

Included for your use is a Sworn Statement of Net Household Assets ("Sworn Statement") with the Definition of Net Household Assets as described in 24 CFR 813.102. Revenue Procedure 94-65 of the Internal Revenue Code requires this form to be used by residents, whose net household assets are less than \$5,000, to meet the asset requirements of the tax credit program.

Owners and managers should be aware that this form is only to be used to satisfy requirements for income from assets. Furthermore, the owner and management company should be aware that you may not rely on this statement if a reasonable person in the owner's or management company's position would conclude the resident's asset income is higher than the annual asset income represented in the application. In this case, you must obtain other documentation of the resident's annual asset income to satisfy program requirements.

Each potential or existing qualified resident whose net household assets are less than \$5,000 is required to read and sign the Sworn Statement. **A copy of the Definition of Net Household Assets must be attached to the Sworn Statement.** The original signed statement must remain with your files.

The Commission will review the sworn statement and other income documentation for qualification and signatures when reviewing project documentation.

DEFINITION OF NET HOUSEHOLD ASSETS 24 CFR 813.102

Net Household Assets means the cash value, after deducting reasonable costs, that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investments, excluding interests in Indian trust land and the equity in a housing cooperative unit or in a manufactured home in which the household resides. The value of necessary items of personal property such as furniture and automobiles shall be excluded. (In case where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining Annual Income under 813.106.) In determining net household assets, owners shall include the value of any business for household assets disposed of by an applicant or resident for less than fair-market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or re-examination, as applicable, in excess of the consideration of a disposition as part of a separation received thereof. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair-market value if the applicant or resident receives important consideration not measurable in dollar terms.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center; color: red; font-weight: bold; font-size: small;">(1)</div> <div style="text-align: center;">Applicant's/Resident's Initial Here</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center; color: red; font-weight: bold; font-size: small;">(1)</div> <div style="text-align: center;">Date</div>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center; color: red; font-weight: bold; font-size: small;">(1)</div> <div style="text-align: center;">Applicant's/Resident's Initial Here</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center; color: red; font-weight: bold; font-size: small;">(1)</div> <div style="text-align: center;">Date</div>
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Real Estate Evaluation Worksheet

Purpose: Use this form to determine an applicant's/resident's income derived from real estate assets.

Specific Instructions:

1. Enter name of property and unit number.
2. Enter applicant's/resident's name.
3. The value of the real estate should be entered here. This figure could be the selling price (if the property is up for sale), the tax assessors assessed value for taxation purposes, or the appraised value.
4. If there is an outstanding lien, such as a deed of trust or mortgage against the property, the balance owing, as reflected on a statement from lien holder, goes here.
5. Enter balance of second deed of trust, if applicable.
6. Enter 10% of value for selling cost. To arrive at this figure multiply the value of the real estate by 10%.
7. Enter any other deductions for additional liens, or buy-in or entrance fee to life-care facility (a statement will need to be obtained from resident). A letter is required from the life-care facility to verify the entrance fee.
8. Enter the balance after deducting items 4 through 7. You then multiply by HUD passbook rate.* There may be instances where your calculation will show a negative amount. This is acceptable. It basically means they are not realizing any funds from real estate and therefore have nothing to value.

* **Note:** When this form was updated, HUD's current passbook rate was 2%. Check our website for rate changes.

Cash on Hand Affidavit

Purpose: This form may be used to verify cash on hand when assets are over \$5,000 and the cash needs to be verified.

Specific Instructions:

1. Enter property name and unit number.
2. Enter applicant's/resident's name.

The following must be completed by the applicant/resident:

3. Applicant/resident enters his/her name.
4. The amount of cash is entered here.
5. Applicant/resident signs and dates.

Notary completes the bottom section.

CASH ON HAND AFFIDAVIT

Property Name: (1) Unit: (1)

Applicant/Resident Name: (2)

Certification of Cash on Hand	
I, <u>(3)</u> certify that I have cash savings in the amount of \$ <u>(4)</u>	
It is being held by me either in my home or in someone else's care. I certify that these monies are set aside to pay for rent and other necessities when needed. I understand that these monies must be included in my assets for qualification purposes.	
<u>(5)</u> Applicant/Resident Signature	<u>(5)</u> Date
By my dated signature above, I certify that the information I have given on this affidavit is complete and accurate.	

NOTE: Sign in Presence of Notary Only

STATE OF WASHINGTON)
) ss.
COUNTY OF)

On this _____ day of _____, _____, personally appeared before me _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged to me under oath that she/he signed the same of her/his free and voluntary act and deed, for uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.

NOTARY PUBLIC in and for the state of Washington

Residing at: _____

Printed Name: _____

My Commission expires: _____

Disability Certification

Purpose: This form should be given to all households of properties with the Commission's Special-Needs Housing Commitments for Person(s) with Disabilities.

* Check your Regulatory Agreement (for TC only) to see if your property elected the Commission's Disabled Commitment.

General Information: This form to be completed only at *initial move-in*.

Specific Instructions:

1. Enter name of the property and unit number.
2. Enter household name.
3. Adult applicant checks the "Yes" or "No" box.
4. Adult applicant prints the name of the qualifying household member.
5. Adult applicant signs the Certification.
6. Adult applicant enters the date s/he signed the form.

DISABILITY CERTIFICATION

Property Name: (1) Unit: (1)

Applicant Name: (2)

A certain number of units at this property have been set-aside for households with a household member who falls within the following definition:

“DISABILITY” means:

A physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.

Do you or a member of your household fall within this definition?

(3) Yes* No

* Qualifying household member's name: (4)

(5)
Signature of Applicant

(6)
Date

* If “YES,” provide an executed copy of the *Disability Verification* or attach a written verification from the applicant's physician, relative, social worker, or caregiver. The verification should simply state that the applicant falls within the definition of being disabled.

Disability Verification

Purpose: To provide acceptable verification of disability to meet the requirements of the Commission's Disabled Housing Commitment.

Special Mention:

- ▶ The Commission will also accept a Benefit Statement from SSI as verification of disability if a "D" or "DC" follows the Social Security number.

Specific Instructions:

1. Enter property name and unit number.
2. Print resident's name.
3. Enter name of qualifying disabled household member.

Note: The bottom portion should be completed by an appropriate third-party. On-site personnel may *not* complete this form unless permission is obtained from their compliance officer for a *specific* applicant/resident.

DISABILITY VERIFICATION

Property Name: (1) _____ Unit: (1) _____

Applicant/Resident Name: (2) _____

Name of Qualifying Household Member: (3) _____

The above-referenced property rents units under programs administered by the Washington State Housing Finance Commission. Under these programs, the Owner has agreed to provide some of the units for persons with disabilities as defined below.

We are required to complete the verification process within certain time frames, and your prompt attention to this matter will be greatly appreciated.

“DISABILITY” means:

A physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.

I certify that the above referenced applicant falls within this Disability definition.

I certify this information as the the applicant’s (please check the appropriate box):

- Physician
- Relative
- Social Worker
- Caregiver
- Other _____

Signature Title Date

Print Name Phone #

Homeless Certification

Purpose: To verify homeless status for applicants of properties that have the Transitional or Permanent Housing for the Homeless Commitment.

General Information:

The applicant should check which box applies to his or her living situation and sign and date the form. Only one form needs to be completed per household and it only needs to be completed at the time of *initial qualification*.

A Service Provider* is required to complete and sign the bottom half of the form.

Specific Instructions:

1. Enter property name.
2. Enter unit number.
3. The applicant should check the appropriate box
4. The applicant should print his or her name.
5. The applicant should sign here.
6. The applicant should enter the date. Example: 06/15/08
7. A representative of the service provider ("Provider") enters the applicant's name.
8. The provider signs here.
9. The provider prints his or her name here.
10. The provider prints his or her title here.
11. The provider prints the name of the service organization.
12. The provider prints the date here.
13. The provider prints service organization phone number here.

* The service provider is the entity contracted with the owner to provide services to Homeless/Transitional households in the project. The service provider/owner relationship is spelled out in the Service Agreement. If the project owner is a non-profit service-providing agency, then no Service Agreement is necessary, since the owner itself is providing services to the residents.

Farmworker Household Initial Certification

Purpose: Each household at a Commission Property with a Farmworker Commitment must complete one of these forms. The principal occupation of the household should be Farm Work.

General: Use a separate line for each Farm Work job. Household members who have more than one Farm Work job should list their jobs on separate lines. Use additional forms if necessary. Farm Work income from household members that are under 18 and who are the head, spouse or co-head of a household may be used to help the household reach the \$3,000 from Farm Work requirement.

Specific Instructions:

1. Enter name of property and unit number.
2. Enter name of the head of household.
3. If head of household checks "YES", head of household must complete the rest of the questions and sign form.
4. If head of household checks "NO" the property CANNOT move this household into an empty (never been rented) unit. The property MAY be able to move this household into a vacant (previously rented but currently vacant) unit, if the property has no qualified Farmworker Household on a waiting list and markets the rent-ready unit to farm workers for at least 30 days. The property must provide documentation of these marketing efforts and complete a *Special Needs Set-Aside* and *Farmworker Commitment Vacancy Report*.
5. Enter name of household members that have Farm Work income. (see General comments above).
6. Enter type of work the household member did that would meet the definition of Farm Work. If a household member is claiming that they are receiving retirement or disability income derived from Farm Work, put "retired" or "disabled" in this column. The property **must** obtain documentation that supports the previous type of work of the individual that meets the definition of Farm Work. See "Exceptions."
7. Enter name of the Farm Work employer(s).
8. Enter amount of annual Farm Work income the household member received from this employer. Retirement or disability income derived from Farm Work may count towards the \$3,000 requirement.
9. Total income household is claiming to receive from Farm Work. The household should be able to demonstrate that they have received \$3,000 income from Farm Work in the last 12 months. Qualifying Farm Work income **must** be verified by the property manager using employment verification(s), W-2(s) or tax return(s).
10. Enter the amount the household anticipates receiving from Farm Work during the next 12 months.
11. Head of household checks one of the boxes.
12. Head of household signs, print name, and enters date.

EXCEPTIONS/CLARIFICATIONS

The following exceptions can be considered if fully documented:

1. Household with less than \$3,000 income from Farm Work in the last 12 months.

If a Household made less than \$3,000 during the last 12 months from Farm Work they **must** be able to document **all** of the following to qualify:

- At least one Household member has a history of meeting the Requirement for a Farmworker Household (including over \$3,000 per year in previous Farm Work income); **and**
- At least one Household member's **principal** current occupation and past 12 months occupation is Farm Work; **and**
- At least one Household member plans to continue doing Farm Work as their **principal** occupation.

2. Household with a disabled individual whose principal occupation for the 12-month period before their disability was Farm Work.

3. Household with an individual retired from Farm Work.

This Household must include at least one person who is at least 55 years of age or older and they must have:

- Spent the five years prior to retirement as a Farmworker.
or
- Spent the majority of ten years prior to retirement as a Farmworker.

Property manager must document above exceptions to verify Farm Work status with third-party verification(s), W-2(s) or tax return(s).

Clarifications to Farm Work Definition: Property managers should attach any necessary documentation to this form which demonstrates how household meets the Farm Work Definition. Further clarification of Agriculture and Aquaculture can be found in the RCWs and WACs listed in the Farm Work Reference www.wshfc.org/managers/forms-RC.htm#commission.

Farm Work W-2 Certification

Purpose: Only to be used at Farmworker properties and for individuals whose activities meet the definition of Farmworker when preferred methods of verification of income cannot be obtained.

Specific Instructions:

1. Enter property name and unit number.
2. Have resident enter applicable year.
3. Have resident sign, print name and date.
4. Have property representative witness, sign, print name and date the document.

Student Certification

Purpose: All RD/HUD households **must** complete this form unless the Commission's forms such as the *Resident Eligibility Application (REA)* are being used.. For straight tax credit properties this form only needs to be completed when all household members are or will be students to show that they are eligible for the program under certain criteria.

Note: See **Chapter 2** of the *Tax Credit Compliance Procedures Manual* and Frequently Asked Questions on our website for more information about the definition of a fulltime student.

Special Mention:

- ▶ To verify past participation in foster care the Owner must obtain written verification from a state foster care administrative entity (DSHS in Washington State) that the student was previously in a foster care program. Washington State DSHS has informed us that residents could obtain this information with a Social Security number. If the Owner agent is unable to obtain written verification directly from DSHS, the Commission will allow copies of documentation directly from the resident as proof of this exception to the fulltime student rule.

- ▶ A *Student Status Verification* form is available to send to education institutions to determine if an individual is a fulltime student.

Specific Instructions:

1. Enter property name and unit number.
2. Enter applicant's/resident's name.
3. Applicant/resident checks A, B, or C.
4. Applicant/resident checks appropriate "Yes" or "No" box for each exemption category; you will need to attach documentation when required.
5. Head of Household signs and dates form.

STUDENT CERTIFICATION

(For All Projects Regardless of Funding)

Property Name: (1) Unit: (1)

Head of Household Name: (2)

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. Household contains at least one occupant who is **not** a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- (3) B. Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.
- C. Household contains all fulltime students for five or more months during the current and/or upcoming calendar year(months need not be consecutive). If this item is checked, questions 1-5 below must be completed:

- | | YES | NO | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----|
| 1. Is at least one student receiving assistance under Title IV of the Social Security Act which includes but is not limited to TANF (Temporary Assistance for Needy Families)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (Provide documentation of previous participation.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (Attach documentation of participation.) | <input type="checkbox"/> | <input type="checkbox"/> | (4) |
| 4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than another parent? A signed copy of the last year's federal tax return OR the <i>Student Exception Affidavit</i> must be attached. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Are the students married and entitled to file a joint tax return? (Provide copy of tax return or marriage license.) | <input type="checkbox"/> | <input type="checkbox"/> | |

Household composed entirely of fulltime students that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this program.

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

(5)
Head of Household Signature

(5)
Date

NOTE: Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Student Exception Affidavit

Purpose: This form must be completed by any household wishing to claim the “single parent with dependents” exception (#3 of the four exceptions on the *Student Certification* form) to the fulltime student rule in tax credit properties.

General Information: Households wishing to claim this fulltime student exception must submit a previous year’s tax return along with this form, proving the head of household is not anyone else’s dependent. If the head of household is exempt from filing taxes, s/he may complete this form to self-certify that s/he is not listed as a dependent on anyone else’s tax return and that the children in the household are not dependents of anyone other than another parent. No other documentation is needed in this instance.

Review **Chapter 2** of the Tax Credit Compliance Procedures Manual and Frequently Asked Questions on our website for more information about fulltime students.

Note: Property staff cannot fill in anything beyond Line 1 of this form. Applicant/resident must sign/date this form in the presence of a Notary Public.

Specific Instructions:

1. Enter property name and unit number.
2. Print applicant/resident name.
3. Check applicable box.
4. Person completing this form signs and dates on this line in front of Notary.
5. This section to be completed by a Notary.

Foster Care Verification

Purpose: To verify that an applicant/resident was in a foster care program for purposes of qualifying a fulltime student.

Special Mention:

- ▶ As a courtesy, provide a self-addressed envelope if you are mailing this form.

Specific Instructions:

1. Enter name of property and unit number.
2. Print resident's name.
3. Enter resident's Social Security number. *
4. Use this section to document when the verification was sent.
5. Enter the fax number and the person's name that the verification request was sent.
6. Print your name.
7. Enter your phone number.
8. Sign your name here.
9. Applicant/resident signs his/her name and dates here.

* **Note:** For privacy reasons, a resident may elect not to 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.

FOSTER CARE VERIFICATION

Property Name: (1) Unit: (1)

RE: (2)

1st Request (4)

2nd Request (4)

3rd Request (4)

Fax #: (5)

Attn: (5)

SS#: (3)

Dear Sir/Madam:

We provide affordable housing that requires certain stipulations. One element deals with fulltime students, whereas in most cases we cannot rent to a household that is comprised totally of fulltime students. However, there are several exceptions, including if a household member was or still is under the care of a state foster care program. To comply with this requirement, we ask your cooperation in supplying the information requested below.

Your prompt return of this form will be appreciated. If you have any questions, please call:

Name: (6)

Phone # (7)

Sincerely,

(8)
Management Agent

I hereby authorize the release of requested information.

(9)
Applicant/Resident Signature

(9)
Date

TO BE COMPLETED BY DSHS STAFF

- The above named applicant is currently receiving foster care through the state of Washington.
- The above named applicant was, but is no longer receiving foster care through the state of Washington.
- The above named applicant has not received foster care from the state of Washington.

Signature Title Date

Print Name Phone Number

Student Status Verification

Purpose: Use this form to verify the student status (fulltime or part-time) of an applicant/resident at an educational institution.

Note: This form should be faxed or mailed to the educational institution. DO NOT allow the resident to hand carry this form. Be sure the educational institution completes all of the questions and identifying information.

Special Mention:

- ▶ As a courtesy, provide a self-addressed envelope.

Specific Instructions:

1. Enter property name.
2. Enter unit number.
3. Enter name of educational institution.
4. Obtain applicants/student's signature.
5. Enter the date the applicant/student signed the form.
6. Print the applicants/student's name.
7. Enter the student identification number.
8. Enter your property's return address.

STUDENT STATUS VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Status Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:

Property Name: (1) Unit: (2)

I hereby grant disclosure of the information requested below from: (3)
Name of Educational Institution

(4)
Applicant/Student Signature

(5)
Date

(6)
Applicant/Student Printed Name

(7)
Student Identification Number

Return Form to:

(8)

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at this educational institution? YES NO

If so, part-time or fulltime PART-TIME FULLTIME

If fulltime, the date the student enrolled as such: _____

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Print your name: _____ Telephone # _____

Title: _____

Educational Institution _____

NOTE: Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Fulltime Student Job Training Exception Verification

Purpose: This form may be used to verify that a student is enrolled in a qualified job-training program.

Special Mention:

- ▶ This form is for your convenience and is optional. Remember to include a self-addressed envelope.

Specific Instructions:

1. Enter name of the property and unit number.
2. Enter student's name.
3. Enter name of educational institution.
4. Student signs his/her name and writes date.
5. Student prints his/her name.
6. Student enters his/her student identification number.
7. Enter your name.
8. Enter your phone number.
9. Enter your name and property name and address.
10. This section is to be completed by the educational institution.

FULLTIME STUDENT JOB TRAINING EXCEPTION VERIFICATION

Property Name: (1) Unit: (1)

Student: (2)

I hereby grant disclosure of the information requested below from: (3)
Name of Educational Institution

(4)
Student Signature

(4)
Date

(5)
Student Printed Name

(6)
Student Identification Number

Requested By: (7)

Phone Number: (8)

RETURN FORM TO:
(9)

The above-named student has applied or resides at a property wherein the Low-Income Housing Tax Credit or Bond Program is utilized. The program(s) limit fulltime student-housing eligibility to specific exceptions, one being certain job training programs.

Please indicate below if this student is **enrolled** in one of the types of job training programs listed below. Participation in certain types of job training programs may influence if an individual is eligible for residency at a Tax Credit/Bond property.

If you have any questions, please contact the property using the contact information listed above.

----- THE FOLLOWING IS TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION -----

The above named student is (check one):

Enrolled in a job training program receiving assistance under the Workforce Investment Act or Job Training Partnership Act.

(10) Enrolled in a job training program similar to the Workforce Investment Act, receiving assistance from a federal, state, or local government agency.
Program Name: _____ Funding Source _____

NOT enrolled in a job training program covered by, or similar to, the Workforce Investment Act

I hereby certify that the information supplied above is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Print your Name: _____ Phone Number : _____

Title: _____

Educational Institution: _____

Estrangement Certification

Purpose: Use this form if an applicant/resident is separated from his or her spouse but a formal Separation Agreement or final Divorce Decree has *not* been filed.

Specific Instructions:

1. Enter property name and unit number.
2. Enter applicant's/resident's full name.
3. Have applicant/resident enter the full name of the spouse.
4. Have applicant/resident sign and date here.

ESTRANGEMENT CERTIFICATION

Property Name: (1) Unit: (1)

Applicant/Resident Name: (2)

I hereby certify that:

1. I am separated from my spouse.

Full Name of Spouse: (3)

2. If reconciliation occurs, my spouse will **not** be permitted to reside with me in the above-referenced property unless at least 12 months have elapsed since the beginning of the initial lease term.
3. If reconciliation occurs prior to expiration of the 12 month timeframe cited above, and my spouse wishes to reside with me in the above-referenced property, our entire household must meet occupancy and income qualifications. If our household does not qualify, I understand we must vacate the unit.

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

(4)
Signature of Applicant/Resident

(4)
Date

Identification Certification

Purpose: This certification is required if household members:

- ▶ Give you a document other than an original Social Security card;
- ▶ Do not have a Social Security number; or who
- ▶ Do not have an acceptable document to verify their Social Security number.

Note: The fact that an applicant is an undocumented worker does not mean (under the Tax Credit program) that you cannot rent to them.

Each household wage earner, 18 years or older, needs to complete a separate certification if an original Social Security card is not provided.

Specific Instructions:

1. Enter property name.
2. Enter unit number.

Use Certification #1 if the wage earner applicant (18 years or older) provides you with documentation other than a Social Security card, such as a Work Visa, Alien Registration Receipt Card, Temporary Resident Card, IRS Individual Taxpayer Identification Number (ITIN), or Employment Authorization Card. Apply a checkmark in the Certification #1 box.

Instructions for Certification #1

3. Print name of applicant/resident.
4. Enter name of alternative document.
5. Applicant signs and dates this line.

Use Certification #2 for wage earner applicant (18 years or older) who does not have a Social Security number or does not wish to disclose his/her Social Security number and provides an alternative type of documentation. Apply a checkmark in the Certification #2 box.

Instructions for Certification #2

3. Print name of applicant/resident.
4. Enter document provided as proof of identity.
5. Applicant signs and dates this line.

**Identification
Certification
(cont.)**

Use Certification #3 for wage earner applicant (18 years or older) who has a Social Security number but does not have an original. Apply a checkmark in the Certification #3 box.

Instructions for Certification #3

3. Print name of applicant/resident.
4. Enter document provided as proof of identity.
5. Applicant signs and dates this line.

Live-In Aide Agreement

Purpose: This form is optional. The form explains the fact that a Live-In Aide is not considered part of the household, and therefore has no rights to the unit and must vacate if the resident no longer requires the services of a Live-In Aide. It further states that the Live-In Aide must abide by property's House Rules and Regulations.

Note: A relative may be the Live-In Aide; however, no family members of the Live-In Aide (such as spouse or child) and/or pets may reside in the unit.

Specific Instructions:

1. Enter name of the property and unit number.
2. Enter name of the household.
3. Enter name of the household member who requires assistance.
4. Enter name of the Live-In Aide.
5. Have Live-In Aide sign and date this line.
6. The resident signs and dates here.
7. Management representative enters date here.
8. Management representative signs here.

LIVE-IN AIDE AGREEMENT

Property Name: (1) Unit: (1)

Applicant/Resident Name: (2)

Name of Household Member Requiring Assistance: (3)

Name of Live-In Aide: (4)

The applicant/resident hereby requests the management's approval for the Live-In Aide to reside in the unit.

As a condition of obtaining the management's approval, the applicant/resident and the Live-In Aide hereby acknowledge and agree as follows:

- 1) The Live-In Aide is not a resident of the property. The Live-In Aide shall not become a resident of the property regardless of the length of his/her/their stay in the unit or his/her/their relationship to the resident.
- 2) The Live-In Aide shall be living in the unit solely to provide support services to the household member requiring assistance, and shall not contribute income to the support of the household.
- 3) Family members of the Live-In Aide (such as spouse or child) and/or pets may not reside in the unit.
- 4) If the household member requiring assistance moves out or no longer occupies the unit, the Live-In Aide shall vacate the unit no later than the household member's departure date. Upon the termination of the Live-In Aide's services for any other reason, the Live-In Aide shall vacate the unit immediately.
- 5) The Live-In Aide shall not violate any of the House Rules and Regulations. Management may evict the Live-In Aide if he/she/they violate(s) any of the House Rules and Regulations.

Live-In Aide's Signature: (5) Date: (5)

Resident's Signature: (6) Date: (6)

Management hereby approves the Live-In Aide: Date: (7)

Management Representative Signature: (8)

Pregnancy Self-Certification

Purpose: Use this form if an applicant/resident is pregnant and you want to include the unborn child as part of the household so a higher Maximum Allowable Income may be used.

Specific Instructions:

1. Enter property name and unit number.
2. Enter applicant's/resident's full name.
3. Resident enters expected delivery date here.
4. Have the applicant/resident sign and date here.

PREGNANCY SELF-CERTIFICATION

Property Name: (1) Unit: (1)

Applicant/Resident Name: (2)

You have applied to reside at the above-mentioned apartment complex. The owner is subject to federal regulations which require verification of information supplied by applicant's/resident's regarding their annual gross income. Unborn children are considered household members for purposes of determining Maximum Allowable Income.

I hereby certify that I am pregnant with an approximate delivery date of (3) .

(4)
Signature of Applicant/Resident

(4)
Date

Bond Lease Rider

Purpose: The purpose of the *Bond Lease Rider* is to inform prospective residents of program requirements and to notify residents that annual recertification is required.

Note: This Bond Lease Rider supersedes all previous forms of Lease Rider provided in Owner Regulatory Agreements. All Household members 18 years or older must sign this new Lease Rider upon initial occupancy and upon the execution of any renewal.

Specific Instructions:

1. Enter property name and unit number.
2. Enter applicant's/resident's full name.
3. Property representative enters date here.
4. Applicant's/resident's sign and print names here.

A copy of the lease and *Bond Lease Rider* must be given to the resident.

Note: *A new Bond Lease Rider should be completed each time a new lease is signed.*

BOND LEASE RIDER
(to be attached to resident's lease)

Property Name: (1) Unit: (1)

Applicant/Resident Name: (2)

Dear Potential Resident/Existing Resident:

This apartment Project was financed with bonds issued by the Washington State Housing Finance Commission (the "Commission"). Under this program, the Owner received a below-market interest rate on his/her mortgage loan in exchange for renting a portion of his/her building to income-qualified individuals.

This apartment and the Commission spell out how to measure, report, and verify income under this program to ensure that the Property is reaching those individuals for whom it was designed. Substantial assets are converted by formula and included in the income total. Special rules are used for fulltime students. All income and assets must be documented and verified. The on-site personnel of the Property will provide the forms each Resident will be required to submit.

Because of the growing pressure on the government and the Commission to combat fraud, these forms must be prepared carefully so that every question is answered and that all answers are clearly legible. "N/A" (not applicable) should be written in all sections which do not apply.

For Projects that were funded under the new tax Code, annual recertification is required for all participating Residents. This means that a new set of these same forms must be completed annually. Again, all information must be accompanied by documentation. Once a new Resident is certified, s/he continues to be eligible until his/her income reaches 140% of the area median gross income. However, the Owner cannot evict him/her on the basis of his/her income, and the Property remains in compliance as long as the next available Unit is rented to a Qualified Resident.

All housing in this Property will be operated in a manner consistent with federal housing policy governing nondiscrimination and accessibility, as determined under the Americans with Disabilities Act, the Fair Housing Amendments Act of 1988, the rules and regulations of HUD, and federal, state, and local laws now provided or which may hereafter be provided.

To that end, the Owner shall not discriminate in making rental Units available for occupancy on the basis of race, creed, color, sex, national origin, religion, marital status, age, or disability. Furthermore, the Owner shall not discriminate against any Resident or potential Resident on the basis of that Resident's sources of income provided such sources of income are not in contravention of any federal, state, or local law.

All Units set aside for occupancy by individuals who meet the low-income or special-needs criteria of the program will be of the same quality construction as all other Units and will be

equipped and maintained in the same manner as all other Units (not including luxury amenities such as fireplaces).

When selecting Residents for occupancy, the Owner shall not apply selection criteria to a potential Resident that is more burdensome than selection criteria applied to any other Resident or potential Resident; and the Owner shall take into consideration the rental history of such potential Resident as evidence of the ability to pay the applicable rent, so long as: (i) the rental history is of a term of at least one year; and (ii) the history shows that the Resident has paid at least the same percentage of his/her income for rent during that period as s/he will be required to pay for the rent of the Unit for which s/he is applying.

This form was completed on: _____
Date

By: _____
Signature of Resident

Print Name

By: _____
Signature of Resident

Print Name

Tax Credit Lease Rider

Purpose: The purpose of the rider is to inform prospective residents of tax credit program requirements and to notify residents that annual recertification is required.

Note: This lease rider supersedes all previous forms of lease rider provided in owner regulatory agreements. All household members 18 years or older must sign this new lease rider upon initial occupancy, upon the execution of any renewal, or at their annual recertification date, whichever comes first.

Specific Instructions:

1. Enter property name and unit number.
2. Enter applicant's/resident's full name.
3. Property representative prints names, signs, dates and put phone number here.
4. Applicant's/Resident's sign and print names here.

A copy of the lease and lease rider must be given to the resident.

Note: *A new lease rider should be completed each time a new lease is signed.*

Special Needs

The owner(s) of this property **may** have chosen to reserve some of the program units for households that have special needs. Units **could** be reserved for households that meet the program definition for large household, disabled, elderly, homeless housing or farmworker. Households or individuals applying for one of these special needs units will be required to verify their eligibility. Ask your property representative for specific information.

Fulltime Student Households

A household where each member is a full-time student **may not** qualify for an income- and rent-restricted unit. A household where everyone becomes a full-time student after move-in **may no longer** qualify for an income- and rent-restricted unit. Ask your property representative for specific information.

Property Standards

The property must comply with federal housing policy governing nondiscrimination and accessibility. In making an apartment available, the owner(s) **cannot** discriminate against you because of your race, creed, color, sex, national origin, marital status, age, disability or familial status. Furthermore, the owner(s) **cannot** discriminate against you based on the sources of your income (including Section 8 subsidy), provided the sources of income do not violate any federal, state or local law. Additional state, local laws or ordinances may also apply. When selecting residents, the owner(s) **cannot** apply standards to a potential resident that are more burdensome than standards applied to any other potential or existing resident.

Good Cause Evictions/Nonrenewals

The owner is prohibited from evicting you, and is prohibited from refusing to renew your lease or rental agreement, other than for "good cause." Generally, good cause shall mean the serious or repeated violation of material terms of the lease or a condition that makes your unit uninhabitable. Any termination or non-renewal notice must state the specific factual violations. Under federal law, you have the right to enforce this requirement in state court as a defense to any eviction action brought against you.

By signing below, I indicated I have read and discussed information included in this lease rider. I have been given a copy of this lease rider along with my lease.

(3) _____	(3) _____	(3) _____
Print Property Representative Name	Property Representative Signature	Date

If you have questions about this form contact the property representative at: _____ (3)
Phone Number

(4) _____	(4) _____	(4) _____
Print Applicant/Resident Name	Applicant/Resident Signature	Date

(4) _____	(4) _____	(4) _____
Print Applicant/Resident Name	Applicant/Resident Signature	Date

(4) _____	(4) _____	(4) _____
Print Applicant/Resident Name	Applicant/Resident Signature	Date