RESIDENT ELIGIBILITY APPLICATION (REA)

Property Name:				Unit #:					
Househo	ld Name:							Certification Type:	
Curr	ent HH Size:	Eff	fective Date of Certification:				Initial Certification		
	of Bedrooms:		Original Certification					Re-Certification	
THE F	OLLOWING SEC	TION IS TO BE	COMPLETED E	NTIR	ELY BY THE	APPL I	CANT/RI	ESIDENT	
	: Please complete th unit at least 50% of t			f the h	nousehold. Inclu	ıde all ı	members v	who you anticipate	
Finance Comr will be used for Receipt Card,	ly has requested you mission. Internal Re or income eligibility vo Temporary Residen to provide your Soci on for housing.	venue Service reg erification purpose t Card, IRS Individ	gulations allow us to es only. Equivalent dual Taxpayer Iden	ask ident tificat	for this informati ification would b ion Number (ITI	ion. Yo e a Wo N), or E	our Social S ork Visa, A Employmer	Security number lien Registration nt Authorization	
** A full-time student is anyone currently enrolled, expects to become enrolled or was previously enrolled for any part of 5 months in the calendar year. The five months need not be consecutive. Include grades K-12, college, university, technical, trade and mechanical schools. International students on a student visa are considered full-time students.									
HOUSEHO	LD COMPOSIT	ION:							
Hshld Mbr	First Name	Last Name	. MI		te of Birth	SSN *Last 4 d		Student Status**	
Head								FT PT N/A	
2							⊏	FT □ PT □ N/A	
3							□	FT 🗆 PT 🗀 N/A	
4							□	FT 🗆 PT 🗆 N/A	
5							□	FT 🗆 PT 🗆 N/A	
6							□	FT 🗆 PT 🗆 N/A	
7							□	FT PT N/A	
Complete a separate section for each employment source									
Household N	Occupation		Employer Phone						
Name and St	reet Address of Em	ployer			City		State	Zip Code	
Date Hired	Salary	,	eekly [] Bi-weekly nly [] Monthly ner	Н	ours per week	Empl	oyer Fax (or Email	
Household Member Name O			Occupation			Fmnlo	yer Phone		
nousenoia ii	Tember Hame		Occupation			LIIIPIO	yer i none		
Name and St			City		State	Zip Code			
Date Hired	Salary		eekly [] Bi-weekly nly [] Monthly	Н	ours per week	Empl	oyer Fax o	or Email	

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All Adult household members (see Instructions page for definition of Adult) must complete separate Pages 2-4 of the REA. Adults should list all their income/assets for the next 12-month period beginning on the anticipated date of move-in or recertification.

Pro	perty	Name	Unit #:				
Household Member Name:							
н	OUSE	IOLD	<u> </u>				
INC	INCOME INFORMATION:						
	Yes	No		Annual Gross Income			
1.			I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: Annual Gross Regular Wages/Salary Annual Overtime Annual Bonus/Commission/Tips	\$ \$ \$			
2.			I am presently employed at an additional job. (NOT self-employed)	\$			
3.			I am self-employed. (Attach signed tax return and appropriate schedules) Name of Business:	\$(use net income from business)			
4.			I earn income from online sources (Including but not limited to the following activities: video gaming, blogging, teaching, reselling items, paid surveys, investing (Twitch, YouTube, Amazon, E-Bay, Etsy, Swagbucks, etc.)) If YES: Explain				
			Law receiving have applied or will apply in the payt 12 months.	\$			
5.			I am receiving, have applied or will apply in the next 12 months: (check all that apply) ☐ Social Security (SSA); ☐ Supplemental Social Security (SSI); or ☐ WA State (SSI).	\$			
6.			The household receives <i>unearned</i> income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.). Name of Member(s):	\$			
7.		*	Do you receive child support? *If NO and there are children in the household, are you eligible for child support, or is there a court order for child support? Number of court-ordered child support cases:	\$			
8.			I receive alimony/spousal payments.	\$			
9.			I receive Public Assistance Income (TANF, GAU, FIP, ADATSA).	\$			
10.			I receive unemployment, workers comp (L&I) or disability benefits (not SSI).	\$			
11.			I am a member of the Armed Forces (Active, National Guard or Reserves).	\$			

Property Name:					Unit #:		
Hou	seho	ld Me	mber Name:				
	Yes	No		-	 Annu	al Gross Income	
12.			I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) b.)				
13.			I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).				
14.			I receive rental income (attach signed tax return with Schedule E).				
15.			I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule. (Only count interest portion of payment.)			\$	
16.			I have income or sources of income, other than those listed above. If yes, list type below:				
			a.) b.)		\$ \$		
					<u> </u>	_	
ASS	SET I	NFO	RMATION:				
17.	Yes	No	I have a checking account(s). If yes, list bank(s) a.)	Balance or		Interest Earned \$	
			b.)	\$		\$	
18.			I have a savings account(s). If yes, list bank(s) a.) b.)	\$ \$		\$ \$	
19.			I have a Money Market account(s). If yes, list sources/bank names a.) b.)	\$ \$		\$ \$	
20.			I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account). If yes, list sources/bank names a.) b.)	\$ \$		\$ \$	
21.			I have a trust fund. ☐ Revocable ☐ Non-Revocable If yes, list bank(s)/trustee	\$		\$	
22.			I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.)	\$		\$	
23.			I have a pension or annuity asset. (NOT receiving income currently.) If Yes List banks				

a.)___

Pro	perty	Name	e:	Un	it #:	
Ηοι	ıseho	ld Me	ember Name:			
	Yes	No		Balance or Value	Interest Earned	
24.			I □ own □ or am in the process of selling or			
			☐ have sold real estate in the last 2 years. If yes,			
			attach explanations and supporting documentation.	\$	\$	
25.			I have a whole life or universal life insurance policy.			
			If yes, how many policies?	\$	\$	
26.			I own personal property held strictly as investment assets		•	
			(arts, coins, etc.) If "yes," attach appraisals.	\$	\$	
27.			I have disposed of assets within the last two years for less than fair-market value. If "yes," attach explanation.	\$	\$	
				Ψ	Ψ	
28.		Ш	I have online financial accounts, including but not limited to: Peer lending, real estate investing, robo investing, crypto			
			currency. (Venmo, Pay Pal, Fundrise, Lending Club, Robinhood, Acorn, Stash, etc.)			
				\$	\$	
			a.) b.)	\$	\$ \$	
29.			,	Φ.	•	
29.			I have funds not held in a financial institution.	\$	\$	
30.			I have assets other than those listed above.			
			If yes, list type below:	¢	\$	
			a.) b.)	\$	Φ	
			any changes to my household income and/or composition			
islea gnatu	edge and ding of the second se	nd be r inco st be th ss. If so	perjury, I certify that the information presented in this application. I further understand that providing false representation of the least complete information may result in the termination of the least cose of the Applicant/Resident, except where Power of Attorney (POA), or, copies of current POA, government-issued photo ID, and address and incent/Resident Signature.	ns herein constitutes se agreement and/or documentation authorized phone number of the F	an act of fraud. False prosecution. es another individual to sign	
	100110011001100110011	//100//100//100//100		90 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	
I cer	rtify th	at I h	ave observed the above-signed Applicant/Resident co	mplete, sign, and d	ate this document.	
Property Representative Signature Print Property Re			y Representative Signature Print Property Rep	resentative Name Date		
			commodation: If a third party is required to assist with the cod name, relationship, phone number and date to the bottom		nent, add their	
	rtify th ommo		ave assisted the above-signed Applicant/Resident con n.	nplete this documer	nt as a reasonable	
				nship Phor		